



Prosser
Memorial Health

**Prosser Memorial Health
Board of Commissioners**

Board Packet

Aug 1, 2024

Vision

Patients
Employees
Medical Staff
Quality
Services
Financial



Prosser Memorial Health

Mission: Prosser Memorial Health will improve the health of our greater community.

Values

Accountability
Service
Promote Teamwork
Integrity
Respect
Excellence

BOARD OF COMMISSIONERS – WORK SESSION

TUESDAY, July 30, 2024

6:00 PM – 723 Prosser Memorial Health (Whitehead Conference Room)

Dinner 5:15 p.m.

AGENDA

COMMISSIONERS:

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

STAFF:

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

GUESTS: Adam Trumbour, Senior Project Manager, NV5
Paul Kramer, Project Director, NV5
Mac McGrath, Project Manager, Bouten
Kurt Broeckelmann, bcDG
Nick Gonzalez, Bouten
Bradley J. Berg, Foster Garvey
Gary Hicks, President, G.L. Hicks Financial

I. CALL TO ORDER

A. Pledge of Allegiance

II. PUBLIC COMMENT

III. SERVICES

A. Replacement Facility Update

1. Design-Update

a. DOH

2. Construction/Schedule Update

(Attachment H) (Attachment I) (Attachment L)

3. Budget **(Attachment J) (Attachment N)**

4. Board Resolution No.1083-Financing Equipment for the Replacement Facility
(Attachment O) (Attachment P) (Attachment Q) (Attachment R)

bcDG / NV5/Bouten

Bouten

NV5/Gary

Gary/Brad

IV. QUALITY

1. PMH Corporate Draft Review Bylaws **(Attachment BB)**

2. Education Session Q & A Legal Responsibilities of Commissioners

Brad/Craig

Brad

V. EMPLOYEE DEVELOPMENT

A. SEIU Negotiations Update (Attachment U) (Attachment V) (Attachment W)

Merry/Bryon

VI. ADJOURN

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BOARD OF COMMISSIONERS

THURSDAY, Aug 1, 2024

6:00 PM, WHITEHEAD CONFERENCE ROOM

5:15 p.m. Dinner

AGENDA

COMMISSIONERS:

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

STAFF:

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

I. CALL TO ORDER

- A. Pledge of Allegiance

II. PUBLIC COMMENT

III. APPROVE AGENDA

Action Requested – Agenda

IV. CONSENT AGENDA

Action Requested – Consent Agenda

- A. Board of Commissioners Meeting Minutes for June 27, 2024
- B. Payroll and AP Vouchers # 180809 through # 181380 dated 06-16-24 through 07-16-24 in the amount of \$10,471,043.43. Surplus Item Resolution # 1082 Level 1 Rapid Infuser.

V. MEDICAL STAFF DEVELOPMENT

- A. Medical Staff Report and Credentialing

Dr. Syed Hashmi

1. Advancement from Provisional

Action Requested – Advancement from Provisional

Alejandro Batalla, PAC – Advanced Practice Clinician in Family Medicine effective August 1, 2024, through December 31, 2025.

Dennis R. Moore, MD – Active Privileges in Pediatrics effective August 1, 2024, through December 31, 2025.

Gary M. Podhaisky, MD – Active Privileges in Pediatrics effective August 1, 2024, through November 30, 2025.

2. New Appointment

Action Requested – New Appointment and Requested Clinical Privileges

Hannah Burgett, CRNA – Provisional/Advanced Practice Clinician with requested privileges in Anesthesia effective August 1, 2024, through January 31, 2025.

Daniel J. Burritt, MD – Provisional/Telemedicine staff with requested privileges in Diagnostic Radiology effective August 1, 2024, through January 31, 2025.

David C. Carrington, MD - Provisional/Telemedicine staff with requested privileges in Diagnostic Radiology effective August 1, 2024, through January 31, 2025.

Andrew M. Ciccarelli, MD – Provisional/Telemedicine staff with requested privileges in Diagnostic Radiology effective August 1, 2024, through January 31, 2025.

Sean A. Feinberg, MD - Provisional/Telemedicine staff with requested privileges in Diagnostic Radiology effective August 1, 2024, through January 31, 2025.

Jeffrey J. Hebert, MD - Provisional/Telemedicine staff with requested privileges in Diagnostic Radiology effective August 1, 2024, through January 31, 2025.

Jesse R. Knight, MD - Provisional/Telemedicine staff with requested privileges in Diagnostic Radiology effective August 1, 2024, through January 31, 2025.

Meghan Romba, MD – Provisional/Telemedicine staff with requested privileges in Diagnostic Radiology effective August 1, 2024, through January 31, 2025.

Colin M. Thompson, MD – Provisional/Telemedicine staff with requested privileges in Diagnostic Radiology effective August 1, 2024, through January 31, 2025.

Judith Wolfstein, MD – Provisional/Telemedicine staff with requested privileges in Diagnostic Radiology effective August 1, 2024, through January 31, 2025.

3. Reappointment

Action Requested–Reappointment and Requested Clinical Privileges

Lilith M. Judd, MD – Reappointment to Telemedicine staff with requested privileges in Neurology effective August 1, 2024, through July 31, 2027.

Robert Lada, MD - Reappointment to Telemedicine staff with requested privileges in Neurology effective August 1, 2024, through July 31, 2027.

Mimi S. Lee, MD - Reappointment to Telemedicine staff with requested privileges in Neurology effective August 1, 2024, through July 31, 2027.

Michael Marvi, MD - Reappointment to Telemedicine staff with requested privileges in Neurology effective August 1, 2024, through July 31, 2027.

Biggy L. Sapkota, MD - Reappointment to Telemedicine staff with requested privileges in Neurology effective August 1, 2024, through July 31, 2027.

VI. FINANCIAL STEWARDSHIP

- A. Review Financial Reports for June 2024 (**Attachment U**) **Craig**
Action Requested – Financial Reports

- B. Board Resolution No. 1083 Financing Equipment acquisitions **Craig**
(**Attachment N**) (**Attachment O**) (**Attachment P**) (**Attachment Q**) (**Attachment R**)
Action Requested- Board Resolution No.1083

VII. EMPLOYEE DEVELOPMENT

- A. S.E.I.U Contract (**Attachment U**) (**Attachment V**) (**Attachment W**) **Merry/Bryon**
Action Requested- S.E.I.U Contract

VIII. SERVICES

- A. 2024 Strategic Plan Review (**Attachment A**) **All**

IX. QUALITY

- A. PMH Corporate Bylaws (**Attachment BB**) **Craig**
Action Requested- PMH Corporate Bylaws

- B. Legislative and Political Updates **Commissioner Bestebreur**

- C. CEO/Operations Report **Craig**

X. ADJOURN

PMH
Board of Commissioners
Work Plan – FY2024

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- S**ervice
- P**romote Teamwork
- I**ntegrity
- R**espect
- E**xcellence

JANUARY

JANUARY	
Goals & Objectives	Education
<p>QUALITY:</p> <ul style="list-style-type: none"> • Review/Approve 2024 Patient Care and 2024 Strategic Plan Scorecards • Sign Financial Disclosure and Conflict of Interest Statements • Approve 2024 Risk Management and Quality Assurance Plans • Select and Approve Board Officers • Review Board Committee structure and membership <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Approve AFSCME Contract <p>MEDICAL STAFF DEVELOPMENT:</p> <ul style="list-style-type: none"> • Approve Occ Health/Pain Lease and Building Improvements 	<p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review 2023 Employee Engagement Survey Results <p>MEDICAL STAFF DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review 2023 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"> • Replacement Facility Update

PMH
Board of Commissioners
Work Plan – FY2024

FEBRUARY

Goals & Objectives	Education
<p>QUALITY:</p> <ul style="list-style-type: none"> • Approve 2024 Board Action Plan • Approve 2024 Corporate Compliance Plan • Approve 2024 Infection Prevention Control Plan <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Approve 2024 Incentive Compensation Program 	<p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Attend AHA Rural Health Governance Conference • Review 2024 Incentive Compensation Program • Review 2024 Employee Engagement Calendar <p>QUALITY:</p> <ul style="list-style-type: none"> • Review 2023 Corporate Compliance Report and 2024 Plan • Review 2023 Infection Prevention Summary and 2024 Plan <p>PATIENT LOYALTY:</p> <ul style="list-style-type: none"> • Patient Loyalty Summary report • Review Patient Engagement Plan <p>SERVICES:</p> <ul style="list-style-type: none"> • Replacement Facility Update • Master Facility Plan Update

MARCH

Goals & Objectives	Education
<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>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Accept 2023 Audit Report <p>PATIENT LOYALTY</p> <ul style="list-style-type: none"> • Approve the 2024 Utilization Review Plan 	<p>PATIENT LOYALTY:</p> <ul style="list-style-type: none"> • Review 2023 Utilization Review Performance <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review Employee Performance Report <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Presentation of the 2023 Audit Report by Auditors • Capital Campaign Update <p>SERVICES:</p> <ul style="list-style-type: none"> • Replacement Facility Update

PMH
Board of Commissioners
Work Plan – FY2024

APRIL	
Goals & Objectives	Education
<p>QUALITY:</p> <ul style="list-style-type: none"> • Approve 2024 Community Benefits Plan <p>EMPLOYEE DEVELOPMENT</p> <ul style="list-style-type: none"> • Conduct CEO Evaluation 	<p>SERVICES:</p> <ul style="list-style-type: none"> • Replacement Facility Tour and Update <p>QUALITY:</p> <ul style="list-style-type: none"> • Strategic & Patient Care Score Cards • Review 2023 Community Benefits Report and 2024 Plan <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review 2023 Leadership Performance (LEM) • Review Employee Engagement Plan <p>MEDICAL STAFF DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review 2023 FPPE/OPPE Summary <p>PATIENT LOYALTY:</p> <ul style="list-style-type: none"> • Call Center Update
MAY	
Goals & Objectives	Education
<p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Support Hospital Week Activities 	<p>SERVICES:</p> <ul style="list-style-type: none"> • Replacement Facility Update <p>MEDICAL STAFF</p> <ul style="list-style-type: none"> • Medical Staff Engagement Plan <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Employee Retirement Update <p>PATIENT LOYALTY:</p> <ul style="list-style-type: none"> • Patient Loyalty Summary report <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • 340b Status Report

**PMH
Board of Commissioners
Work Plan – FY2024**

JUNE

Goals & Objectives	Education
<p>QUALITY:</p> <ul style="list-style-type: none"> • Review/Approve Board Polices • Approve 2023 CAH Annual Report <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Approve 2023 Cost Report 	<p>QUALITY:</p> <ul style="list-style-type: none"> • Report 2024 Q1 Utilization Review • Review 2023 CAH Annual Report <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Preemployment Screening Tool update • Leader Union Education Update • SEIU Contract Update <p>SERVICES:</p> <ul style="list-style-type: none"> • Marketing Update • Tour Occ Health/Pain Clinic

JULY

Goals & Objectives	Education
<p>MEDICAL STAFF DEVELOPMENT:</p> <ul style="list-style-type: none"> • Attend BOC, Medical Staff and Leadership Engagement Activity 	<p>SERVICES:</p> <ul style="list-style-type: none"> • Replacement Facility Update • Athletic Training Program Update <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"> • Attend Leadership Car Wash and BBQ Tailgate party • Engagement Action Planning Update • Rehab Services Transition Update <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Review Semi-Annual Financial Performance Report for PMH Clinics • Foundation Update

**PMH
Board of Commissioners
Work Plan – FY2024**

AUGUST

Goals & Objectives	Education
<p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> Attend end of summer Engagement Activity for BOC, Medical Staff, and all staff 	<p>SERVICES:</p> <ul style="list-style-type: none"> Replacement Facility Update Master Facility Plan Update GI Program Update <p>PATIENT LOYALTY:</p> <ul style="list-style-type: none"> Patient Loyalty Summary report

SEPTEMBER

Goals & Objectives	Education
<p>QUALITY:</p> <ul style="list-style-type: none"> Review/Approve Board Polices 	<p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> Employee Compensation Education Update Staffing Law Update Retirement Plan Update <p>SERVICES:</p> <ul style="list-style-type: none"> Replacement Facility update

OCTOBER

Goals & Objectives	Education
	<p>QUALITY:</p> <ul style="list-style-type: none"> Conduct 2025 Strategic Planning Strategic & Patient Care Score Cards <p>EMPLOYMENT DEVELOPMENT:</p> <ul style="list-style-type: none"> Review Employee Benefit Changes for 2025 Daycare Services Update

**PMH
Board of Commissioners
Work Plan – FY2024**

NOVEMBER	
Goals & Objectives	Education
<p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Approve 2025 Property Tax Request for County Commissioners 	<p>QUALITY:</p> <ul style="list-style-type: none"> • The Chartis Group Update <p>PATIENT LOYALTY:</p> <ul style="list-style-type: none"> • Patient Loyalty Summary report <p>SERVICES:</p> <ul style="list-style-type: none"> • Review draft 2025 Strategic Plan; 2025 Marketing and IT Plans; and Medical Staff Model/2025 Provider Recruitment Plan • Replacement Facility Update <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review LDIs and Status Update <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Review Draft 2025 Budget
DECEMBER	
Goals & Objectives	Education
<p>QUALITY:</p> <ul style="list-style-type: none"> • Complete Board Self-Evaluations • Review/Approve Board Polices • Approve the 2025 Environment of Care Plan <p>SERVICES:</p> <ul style="list-style-type: none"> • Approve 2025 Strategic Plan; 2025 Marketing and IT Plans; and Medical Staff Model/2025 Provider Recruitment Plan <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Approve 2025 Operating and Capital Budgets <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Attend Holiday Celebration 	<p>QUALITY:</p> <ul style="list-style-type: none"> • Review the 2024 Environment of Care results and 2025 Plan. <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review Leadership & Exempt Wage scales for 2025 • Review Employment Engagement Team Activities Survey

PMH
Board of Commissioners
Work Plan – FY2024

2024 - Patient Care Scorecard

Major Goal Areas & Indicators	2024 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2024 YTD	2023	2022
Quality																
Left Without Being Seen	<2.77%	1.06%	1.22%	1.18%	1.15%	2.08%	2.70%							1.57%	2.77%	3.17%
Median Admit Decision Time to ED Departure Time for Admitted Patients	<50 min	47	51	50	50	54.5	44.5							49.50	50	54
Median Time from ED Arrival to Departure for Discharged ED Patients	<120 min	109	108	110	109	118	121							112.5	120	124
Severe Preeclamptic Mothers: Timely Treatment Rate	>83.07%	80.00%	50.00%	67.00%	100.00%	80.00%	75.00%							75.33%	83.07%	68.75%
All-Cause Unplanned 30 Day Inpatient Readmissions	<4.2%	5.55%	3.80%	8.50%	7.90%	5.19%	4.80%							5.96%	4.20%	5.63%
Sepsis - Early Management Bundle	>90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							100.00%	90.00%	96.67%
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.1%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%							0.00%	0.10%	0.08%
Diabetes Management - Outpatient A1C>9 or missing result	<18.28%	18.77%	21.80%	22.90%	24.90%	22.60%	18.24%							21.54%	18.28%	21.67%
Overall Surgical Site Infection	<0.2%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%							0.00%	0.20%	0.03%
Bar Code Scanning: Medication Compliance	>94.45%	96.64%	96.94%	97.48%	97.32%	96.86%	96.39%							96.94%	94.45%	93.28%
Bar Code Scanning: Patient Compliance	>94.76%	97.57%	97.94%	97.99%	97.88%	97.70%	97.01%							97.68%	94.76%	93.82%
*Falls with Injury	<6	0	0	0	0	1	0							1	6	2

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

2024 - Strategic Plan Scorecard																
Major Goal Areas & Indicators	2024 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2024 YTD	2023 Avg	2022 Avg
Patient Loyalty																
IP - "Would Recommend"	>91.48%	93.94%	93.33%	92.31%	94.85%	94.00%	96.74%							94.42%	91.48%	92.50%
ED - "Would Recommend"	>90.32%	92.27%	90.76%	83.33%	88.46%	81.25%	88.82%							89.03%	90.32%	85.80%
Acute Care - "Would Recommend"	>90.22%	92.05%	91.38%	92.50%	96.05%	92.31%	94.44%							93.44%	90.22%	90.90%
OB - "Would Recommend"	>92.59%	100.00%	100.00%	100.00%	95.83%	95.00%	96.43%							96.43%	92.59%	96.70%
Outpatient Surgery - "Would Recommend"	>95%	98.17%	97.83%	98.89%	96.43%	95.37%	95.83%							96.58%	96.32%	96.10%
Clinic - "Would Recommend"	>92.21%	93.68%	93.37%	91.46%	92.12%	93.32%	94.63%							92.85%	92.21%	92.60%
Outpatient - "Would Recommend"	>94.34%	93.61%	93.46%	94.44%	95.42%	94.49%	94.90%							94.52%	94.34%	94.60%
Composite Score	>93.56%	94.63%	94.14%	94.25%	93.89%	93.85%	94.00%							94.00%	93.56%	93.20%
Medical Staff Development																
Medical Staff Turnover	<1%	0%	0%	0%	2%	0%	0%							0%	1%	7%
Prosser Specialty Clinic Visits	1,428	1,641	1,557	1,746	1,869	2,415	1,948							1,863	1,428	1,433
Benton City Clinic Visits	1,075	1,064	1,000	1,035	1,090	969	983							1,024	1,075	796
Prosser RHC Clinic Visits	1,029	1,304	1,277	1,279	1,169	1,255	1,251							1,256	1,029	1,155
Grandview Clinic Visits	1,022	1,278	1,240	1,375	1,280	1,357	1,043							1,262	1,022	960
Women's Health Center	706	871	814	786	790	897	695							809	706	597
*# of Active Medical Staff	>58	64	64	65	65	67	69							66	58	54
Employee Development																
403(B) Participation Rate	>95%	99%	99%	99%	99%	99%	99%							99%	99%	98%
Average Recruitment Time (days)	<22	25	35	11	26	28	27							25	22	22
# of Open Positions (Vacancies)	<28	33	30	27	25	21	26							27	28	37
Hours of Overtime - Overtime/Total Hours Worked	<6.2%	6.5%	5.7%	4.8%	5.8%	6.0%	6.7%							5.9%	6.20%	6.50%
Agency - Cost/Total Labor	<9%	15%	10%	8%	11%	8%	7%							10%	9.00%	8.50%
Turnover Rate	<0.4%	0.2%	0.2%	0.4%	0.9%	0.2%	0.6%							0.4%	0.40%	0.70%
Timely Evaluations	>92.9%	98%	100%	90.56%	96.50	100	100							98.90%	92.90%	86.70%
Education Hours/FTE	>1.64	0.89	1.14	1.51	1.50	1.41	2.19							1.44	1.64	1.12
New Hire (Tenure) < 1 year	<0.17%	0.00%	0.20%	0.20%	0.20%	0.00%	0.20%							0.13%	0.17%	0.50%
Number of reported injuries (per month)	<2.66	2	1	2	3	8	2							3	2.66	4.33
Number of reported injuries resulting in Time Loss (per month)	<2.08	0	1	2	3	8	0							2	2.08	3.33
Quality																
ED Encounters - Left Without Being Seen	<2.77%	1.06%	1.22%	1.18%	1.15%	2.08%	2.70%							1.57%	2.77%	3.17%
*Falls with Injury	<6	0	0	0	0	1	0							0	6	2
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%							0.00%	0.10%	0.08%
All-Cause Unplanned Readmissions within 30 Days	<4.2%	5.55%	3.80%	8.50%	7.90%	5.19%	4.80							85.2%	4.20%	5.63%
Diabetes Management - Outpatient A1C>9 or missing result	<18.28%	18.77%	21.80%	22.90%	24.90%	22.60%	18.24%							21.54%	18.28%	21.67%
Services																
ED Visits	1,608	1,597	1,640	1,854	1,746	1,918	1,851							1,768	1,608	1,379
Total Patient Days (Acute, Swing, OB)	382	332	405	463	470	536	421							438	382	391
OB Deliveries	52	54	54	61	44	71	66							58	52	49
Surgeries and Endoscopies	398	412	410	421	479	498	446							444	398	278
Diagnostic Imaging Procedures	3,189	2,827	3,307	3,583	3,718	3,820	3,657							3,485	3,189	2,998
Lab Procedures	16,910	14,536	17,455	18,862	18,072	20,016	17,509							17,742	16,910	15,250
Adjusted Patient Days	2,385	2,424	2,660	2,967	2,952	3,026	2,631							2,777	2,385	2,195
Therapy Visits	1,854	2,035	2,042	1,892	2,211	2,134	1,948							2,044	1,854	1,466
Outpatient Special Procedures Visits	492	449	481	527	553	568	570							525	492	350
Financial Performance																
Net Days in Accounts Receivable	58	61.26	60.88	64.93	60.55	61.07	60.22							60.22	58	56
*Total Margin	11.50%	7.80%	1.80%	19.10%	2.10%	15.40%	9.70%							10.60%	11.50%	12.00%
Net Operating Revenue/FTE	\$22,408	21,415	22,548	25,059	21,177	24,661	24,483							23,224	\$22,408	\$20,399
Labor as % of net Revenue	54.47%	63.98%	57.94%	50.23%	55.18%	48.44%	53.35%							54.85%	54.47%	54.49%
Operating Expense/FTE	\$19,858	19,813	21,476	25,059	20,374	20,954	21,804							21,580	\$19,858	\$17,866
*Days Cash on Hand	115	127	111	116	113	96	117							117	115	163
Commercial %	30.70%	31.30%	30.50%	30.20%	29.60%	29.50%	30.00%							30.00%	30.70%	31.60%
Total Labor Expense/Total Expense	61.02%	69.01%	60.61%	62.96%	57.20%	56.87%	59.69%							61.06%	61.02%	60.60%

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

Vision

Patients
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Prosser

Memorial Health

Mission: Prosser Memorial Health will improve the health of our greater community.

Values

Accountability
Service
Promote Teamwork
Integrity
Respect
Excellence

BOARD WORK SESSION		June 25, 2024		Whitehead Conference Room			
COMMISSIONERS PRESENT		STAFF PRESENT		GUESTS		COMMUNITY MEMBERS	
<ul style="list-style-type: none"> • Dr. Steve Kenny • Keith Sattler • Glenn Bestebreur • Brandon Bowden • Sharon Dietrich, M.D. • Neilan McPartland • Samantha Markus 		<ul style="list-style-type: none"> • Craig Marks, CEO • Merry Fuller, CNO/COO • David Rollins, CFO • Shannon Hitchcock, CCO • Kristi Mellema, CCO • Bryon Dirkes, CHRO • Dr. Brian Sollers, CMO 		<ul style="list-style-type: none"> • Adam Trumbour, Senior Project Manager, NV5 • Paul Kramer, Project Director, NV5 • Mac McGrath, Project Manager, Bouten • Kurt Broeckelmann, bcDG • Nick Gonzalez, Vice President, Bouten 		None.	
AGENDA		DISCUSSION		ACTION		FOLLOW-UP	
I. CALL TO ORDER		The meeting was called to order by Commissioner Kenny at 6:00 p.m.		None.		None.	
II. Public Comment				None.		None.	
III. SERVICES		DISCUSSION		ACTION		FOLLOW-UP	
A. Replacement Facility Update							
1. Design a. DOH		Kurt provided the Board with replacement project updates regarding regulatory agencies (DOH) and the overall project.		None.		None.	
b. Heliport/FAA (Attachment EE)		Mac/Craig provided an update regarding the approval status for the Heliport from the Federal Aviation Administration (FAA).		None.		None.	

c. Ground Water	Mac provided a ground water update.	None.	None.
2. Construction/ Schedule Update (Attachment D) (Attachment E) (Attachment F)	Mac provided a construction update regarding all areas of the building and the types of construction being completed, from roofing to interior finishes (e.g., paint, tile, etc.) and timelines.	None.	None.
3. Budget (Attachment H)	Paul provided a budget update for the Project.	None.	None.
B. Master Facility Plan Update 1. GI Plan-Current Facility (Attachment I)	Kurt provided an update on the GI Plan-for the Current Facility.	None.	None.
2. PMH Clinics (Attachment J)	Kurt provided an update and plan for the Benton City and Grandview Clinics.	None.	None.
3. New GI /ASC / Cancer / Women’s Health / etc. Center on new Campus (Attachment K)	Kurt provided an update and draft plan for a new GI, Ambulatory Surgery Center, Cancer Center, Women’s Health Clinic, etc. on the new Campus.	None.	None.
C. Capital Acquisition 1. Smart ABI System (Attachment M)	Merry reviewed the capital equipment acquisition request- Smart ABI System	None.	The Board will be asked to approve the capital

	(Arterial Brachial Index) at a total cost not to exceed \$20,157.47 plus tax & shipping.		equipment acquisition request- Smart ABI System (Arterial Brachial Index) at a total cost not to exceed \$20,157.47 plus tax & shipping at the June Board Meeting.
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IV. QUALITY

A. 2023 CAH Annual Program Review (Attachment W)	Kristi reviewed the PMH 2023 CAH Annual Program.	None.	The Board will be asked to approve the PMH 2023 CAH Annual Program at the June Board Meeting.
B. Board Policies: Financial Spending Authority Limits (Attachment X); Credit & Collection Policy (Attachment Y); Funded Depreciation (Attachment Z); and Annual Budgets (Attachment ZZ).	Craig briefly reviewed the attached Board Policies and answered questions regarding them.	None.	The Board will be asked to approve the Board Policies at the June Board Meeting.
C. PMH Corporate Bylaws (Attachment BB)	Craig informed the Board that the PMH Bylaws will be reviewed by Legal Counsel.	None.	The Board will be asked to approve the PMH Corporate Bylaws in July.

V. ADJOURN

There being no further business to attend to, Commissioner Kenny adjourned the meeting at 7:32 p.m.

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BOARD MEETING		June 27, 2024,		WHITEHEAD CONFERENCE ROOM			
COMMISSIONERS PRESENT		STAFF PRESENT		MEDICAL STAFF		GUESTS	
<ul style="list-style-type: none"> • Steve Kenny Ph.D. • Glenn Bestebreuer-Late • Keith Sattler • Sharon Dietrich, M.D. • Neilan McPartland • Brandon Bowden • Samantha Markus-Late 		<ul style="list-style-type: none"> • Craig Marks, CEO • Merry Fuller, CNO/COO • David Rollins, CFO • Shannon Hitchcock, CCO • Kristi Mellema, CCQO • Bryon Dirkes, CHRO 		<ul style="list-style-type: none"> • Dr. Brian Sollers • Dr. Coral Tieu 			
AGENDA		DISCUSSION		ACTION		FOLLOW-UP	
I. Call to Order		The meeting was called to order by Commissioner Kenny at 6:00 p.m.					
A. Pledge of Allegiance							
II. Public Comment				None.		None.	
III. Approve Agenda		None.		Commissioner Dietrich made a Motion to approve the May 30, 2024, Agenda. The Motion was seconded by Commissioner McPartland and passed with 7 in favor, 0 opposed.		None.	
IV. APPROVE CONSENT AGENDA		None.		Commissioner Sattler made a Motion to approve the Consent Agenda. The Motion was seconded by Commissioner Markus and passed with 7 in favor, 0 opposed.		None.	
A. Board of Commissioners Meeting Minutes for May 30, 2024.							

<p>B. Payroll & AP Vouchers #180164 through # 180808 dated 05-16-24 through 06-15-24 in the amount of <u>\$ 12,072,664.31</u>. Surplus Item Resolution # 1081: (1) Cautery Device. Board Policies: Financial Spending Authority Limits (Attachment X); Credit &Collection (Attachment Y); Funded Depreciation (Attachment Z); and Annual Budgets (Attachment ZZ).</p>				
V. MEDICAL STAFF DEVELOPMENT		DISCUSSION	ACTION	FOLLOW-UP
<p>A. Medical Staff Report and Credentialing</p>				
<p>1. Advancement from Provisional</p>	<p>Dr. Coral Tieu presented the following providers for Advancement from Provisional:</p> <ul style="list-style-type: none"> • Ashley Kristofzski, CNM – Active Privileges in Midwifery effective July 1, 2024, through November 30, 2025. • Theresa Whitchurch, MD – Active Privileges in Family Medicine/OB effective July 1, 2024, through October 31, 2025. 	<p>A Motion to approve the Advancement from Provisional Appointment and requested Clinical Privileges that were reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee for the following provider was made by Commissioner Sattler and seconded by Commissioner McPartland. The Motion passed with 7 in favor, 0 opposed.</p> <ul style="list-style-type: none"> • Ashley Kristofzski, CNM • Theresa Whitchurch, MD 	<p>None.</p>	

<p>2. New Appointment</p>	<p>Dr. Coral Tieu presented the following providers for New Appointment:</p> <ul style="list-style-type: none"> • Tiegan Goodeill, MD – Provisional/Active staff with requested privileges in Orthopedics effective July 1, 2024, through December 31, 2024. • Michael Adling, DO – Provisional/Active staff with requested privileges in Family Medicine effective July 1, 2024, through December 31, 2024. • Travis Blackhurst, CRNA – Provisional/Advanced Practice Clinician staff with requested privileges in Anesthesia effective July 1, 2024, through December 31, 2024. • Briana Flagg, CRNA – Provisional/Advanced Practice Clinician staff with requested privileges in Anesthesia effective July 1, 2024, through December 31, 2024. • Shane Stevens, CRNA – Provisional/Advanced Practice Clinician staff with requested privileges in Anesthesia effective July 1, 2024, through December 31, 2024. • Andrea Valicoff, CRNA – Provisional/Advanced Practice Clinician staff with requested privileges in Anesthesia effective July 1, 2024, through December 31, 2024. 	<p>A Motion to approve the New Appointments and requested Clinical Privileges that were reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee for the following providers was made by Commissioner McPartland and seconded by Commissioner Dietrich. The Motion passed with 7 in favor, 0 opposed.</p> <ul style="list-style-type: none"> • Tiegan Goodeill, MD • Michael Adling, DO • Travis Blackhurst, CRNA • Briana Flagg, CRNA • Shane Stevens, CRNA • Andrea Valicoff, CRNA • Kimia Kani, MD • David Bulley, MD • Vishal Jani, MD • William Elbert, MD 	<p>None.</p>
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	<ul style="list-style-type: none"> • Kimia Kani, MD – Provisional/Telemedicine staff with requested privileges in Diagnostic Radiology effective July 1, 2024, through December 31, 2024. • David Bulley, MD – Provisional/Telemedicine staff with requested privileges in Diagnostic Radiology effective July 1, 2024, through December 31, 2024. • Vishal Jani, MD – Provisional/Telemedicine staff with requested privileges in Neurology effective July 1, 2024, through December 31, 2024. • William Elbert, MD – Provisional/Locum Tenens staff with requested privileges in Family Practice effective July 1, 2024, through December 31, 2024. 		
<p>3. Reappointment</p>	<p>Dr. Coral Tieu presented the following providers for Reappointment:</p> <ul style="list-style-type: none"> • Jose Santa-Cruz Sanchez, MD – Reappointment to Active staff with requested privileges in Family Medicine effective July 1, 2024, through June 30, 2027. • Coral Tieu, MD – Reappointment to Active staff with requested privileges in Otolaryngology effective July 1, 2024, through June 30, 2027. • Thomas Tieu, MD – Reappointment to Active staff with requested privileges in 	<p>A Motion to approve the Reappointments and requested Clinical Privileges that were reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee for the following providers was made by Commissioner Dietrich and seconded by Commissioner Markus. The Motion passed with 7 in favor, 0 opposed.</p> <ul style="list-style-type: none"> • Jose Santa-Cruz Sanchez, MD • Coral Tieu, MD • Thomas Tieu, MD • Afton Dunham, ARNP • Rebecca Morris, CNM • Pamela Morris, ARNP • Jonathan Kim, MD 	<p>None.</p>

	<p>Urology effective July 1, 2024, through June 30, 2027.</p> <ul style="list-style-type: none"> • Afton Dunham, ARNP – Reappointment to Advanced Practice Clinician staff with requested privileges in Family Medicine effective July 1, 2024, through June 30, 2027. • Rebecca Morris, CNM – Reappointment to Advanced Practice Clinician staff with requested privileges in Midwifery effective July 1, 2024, through June 30, 2027. • Pamela Morris, ARNP – Reappointment to Advanced Practice Clinician staff with requested privileges in Family Medicine effective July 1, 2024, through June 30, 2027. • Jonathan Kim, MD – Reappointment to Locum Tenens staff with requested privileges in Emergency Medicine effective July 1, 2024, through June 30, 2027. • Danielle Whitley MD – Reappointment to Locum Tenens staff with requested privileges in Emergency Medicine effective July 1, 2024, through June 30, 2027. • Karen Phillips, MD – Reappointment to Telemedicine staff with requested privileges in Diagnostic Radiology effective July 1, 2024, through June 30, 2027. • Jarret Kuo, MD – Reappointment to Telemedicine staff with requested 	<ul style="list-style-type: none"> • Danielle Whitley MD • Karen Phillips, MD • Jarret Kuo, MD • Frank Welte, MD • James Wang, MD • Brian Staley, MD • Shannon St. Clair, MD 	
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	<p>privileges in Diagnostic Radiology effective July 1, 2024, through June 30, 2027.</p> <ul style="list-style-type: none"> • Frank Welte, MD – Reappointment to Telemedicine staff with requested privileges in Diagnostic Radiology effective July 1, 2024, through June 30, 2027. • James Wang, MD – Reappointment to Telemedicine staff with requested privileges in Neurology effective July 1, 2024, through June 30, 2027. • Brian Staley, MD – Reappointment to Consulting staff with requested privileges in Pathology effective July 1, 2024, through June 30, 2027. • Shannon St. Clair, MD– Reappointment to Telemedicine staff with requested privileges in Diagnostic Radiology effective July 1, 2024, through June 30, 2027. 		
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VI. SERVICES	DISCUSSION	ACTION	FOLLOW-UP
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<p>A. Capital Requests 1. Smart ABI System (Attachment M)</p>	<p>Merry presented a Capital Request for a Smart ABI System (Arterial Brachial Index) at a total cost not to exceed \$20,157.47 plus tax & shipping.</p>	<p>A Motion to approve the Capital Request for a Smart ABI System (Arterial Brachial Index) at a total cost not to exceed \$20,157.47 plus tax & shipping was made by Commissioner Sattler and seconded by Commissioner Bestebreur. The Motion passed with 7 in favor, 0 opposed.</p>	<p>None.</p>
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VII. FINANCIAL STEWARDSHIP		DISCUSSION	ACTION	FOLLOW-UP
A. Review Financial Reports for May 2024 (Attachment U)	Craig presented the May 2024 Financial Reports.	A Motion to accept the Financial Reports for May 2024, was made by Commissioner Sattler, and seconded by Commissioner Dietrich. The Motion passed with 7 in favor, 0 opposed.	None.	
B. Appoint New PMH Foundation Board Member- Maloree Kilian	The PMH Foundation Board recommended we appoint Mallore Killian as a New Foundation Board Member.	A Motion to Approve the New PMH Foundation Board Member- Maloree Kilian, was made by Commissioner Bestebreur, and seconded by Commissioner Markus. The Motion passed with 7 in favor, 0 opposed.	None.	
IX. QUALITY		DISCUSSION	ACTION	FOLLOW-UP
A. PMH 2023 CAH Annual Program (Attachment W)	Kristi presented the PMH 2023 CAH Annual Program.	A Motion to approve PMH 2023 CAH Annual Program was made by Commissioner Dietrich and seconded by Commissioner Bestebreur. The Motion passed with 7 in favor, 0 opposed.	None.	
B. Legislative and Political Updates	Commissioner Bestebreur gave a legislative and political update.	None.	None.	
C. CEO/Operations Report	Craig provided a brief Operations Report based on his written report in the June Board Packet and a brief SEIU Update. Craig also encouraged everyone to attend the car wash and BBQ Lunch on July 2 nd and the Provider and Leadership Social on July 12th at Goose Ridge Winery.	None.	None.	
XII. ADJOURN				
There being no further business to attend to, Commissioner Kenny adjourned the meeting at 7:15 p.m.				

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FINANCE COMMITTEE MEETING

Monday – July 29, 2024,

7:00 a.m. – Vineyard Conference Room

AGENDA

MEMBERS:

Keith Sattler
Neilan McPartland
Brandon Bowden

STAFF:

Craig Marks
David Rollins
Stephanie Titus

I. CALL TO ORDER

II. APPROVE MINUTES

Action Requested – June 24, 2024, Minutes

III. FINANCIAL STEWARDSHIP

- | | |
|--|---------------------------|
| A. PMH Investment Portfolio bi-annual Presentation–US Bank Time Investments
(Attachment 1) (Attachment 2) | Peter Becker/David |
| B. Review Financials –June 2024 (Attachment AA)
Action Requested – June 2024 Financial Statements | David |
| C. Review PMH Clinics Quarterly Financial Performance (Attachment BB) | David |
| D. Review Accounts Receivable and Cash Goal | Stephanie |
| E. Voucher Lists
Action Requested – Voucher List - Payroll and AP Vouchers # 180809 through #181380
Dated 06-16-24 through 07-16-24 in the amount of <u>\$10,471,043.43</u>.
Surplus Item Resolution #1082: Level 1 Rapid Infuser. | David |
| F. Board Resolution No. 1083 Financing Equipment acquisitions
(Attachment N) (Attachment O) (Attachment P) (Attachment Q) (Attachment R)
Action Requested- Board Resolution No.1083 | David |

IV. ADJOURN

Public Funds Investment Information

Prepared For:



Prepared by:

**Peter Becker, Vice President
Time Value Investments
206-365-3000**

Current Treasury Rates

U.S. 3 Year Treasury

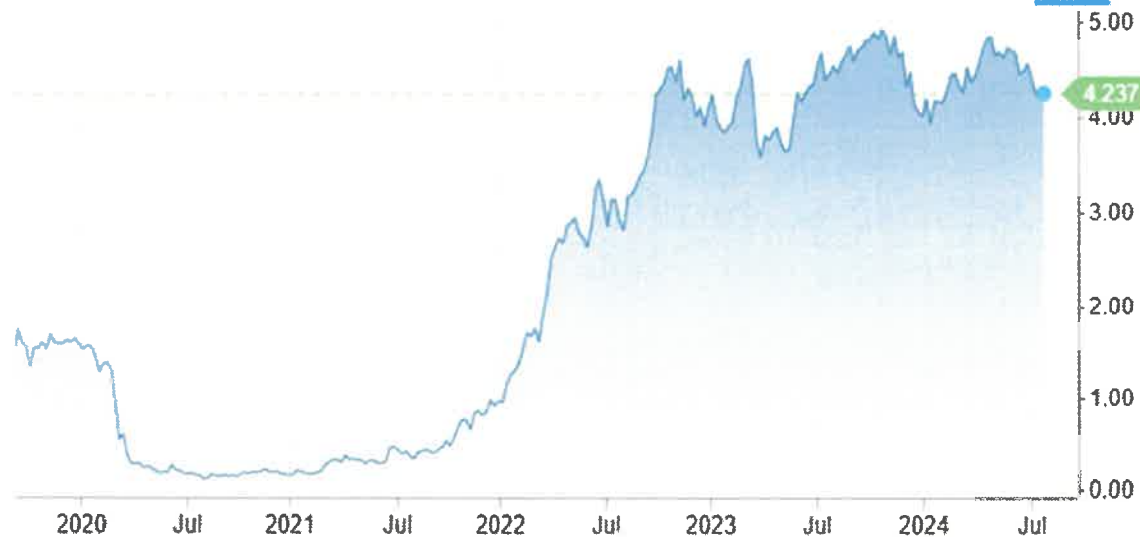
Yield | 4:40 PM EDT

4.237% ▲ +0.043

1D 5D 1M 3M 6M YTD 1Y **5Y** ALL

+ Comparison

1W



Employment

June's nonfarm payrolls of 206,000 was higher than the expectation of 190,000. However, the previous month's 272,000 jobs was revised down to 218,000, indicating that the initial reading is often not very accurate.

More importantly, the unemployment rate increased to 4.1%, its highest level since late 2021. This was perceived as a sign that the Fed's high interest rate policy is finally having an effect on the labor market.

Employment Figures						
<u>Date</u>	<u>Event</u>	<u>Period</u>	<u>Current Month</u>	<u>Last Month</u>	<u>Last Month Revised</u>	
7/5/2024	Change in Nonfarm Payrolls	June	206,000	272,000	218,000	
7/5/2024	Unemployment Rate	June	4.10%	4.00%	-	

Inflation

After stalling in the first quarter, inflation as resumed its decent in May and June. All metrics came in lower than expected in June, with headline CPI coming in negative on a month-over-month basis for the first time since 2020. Core CPI is at 3.3%, and at the current pace of decreases should be into the 2% range by Q4.

Economic Releases				All Economic Releases				View <input checked="" type="radio"/> Agenda <input type="radio"/> W		
	Date Time	A	M	R	Event	Period	Surv(M)	Actual	Prior	
21)	07/11 08:30	◀	🔔		CPI MoM	Jun	0.1%	-0.1%	0.0%	
22)	07/11 08:30		🔔		CPI Ex Food and Energy MoM	Jun	0.2%	0.1%	0.2%	
23)	07/11 08:30	◀	🔔		CPI YoY	Jun	3.1%	3.0%	3.3%	
24)	07/11 08:30	◀	🔔		CPI Ex Food and Energy YoY	Jun	3.4%	3.3%	3.4%	

Federal Reserve Rate Expectations

After June's economic reports, markets are now pricing in six rate cuts in the next 12 months. This is not a guarantee, as the Fed is not beholden to the market. The first rate cut is expected in September, and if July and August's data continue on trend, the rate cutting path will solidify.

CME FEDWATCH TOOL - CONDITIONAL MEETING PROBABILITIES										
MEETING DATE	300-325	325-350	350-375	375-400	400-425	425-450	450-475	475-500	500-525	525-550
7/31/2024					0.0%	0.0%	0.0%	0.0%	12.9%	87.1%
9/18/2024	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12.9%	87.1%	0.0%
11/7/2024	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	8.5%	61.9%	29.6%	0.0%
12/18/2024	0.0%	0.0%	0.0%	0.0%	0.0%	7.5%	55.7%	33.3%	3.4%	0.0%
1/29/2025	0.0%	0.0%	0.0%	0.0%	5.8%	44.9%	38.3%	10.1%	0.8%	0.0%
3/19/2025	0.0%	0.0%	0.0%	4.7%	37.1%	39.6%	15.8%	2.6%	0.2%	0.0%
4/30/2025	0.0%	0.0%	2.7%	23.1%	38.6%	26.1%	8.3%	1.2%	0.1%	0.0%
6/18/2025	0.0%	1.8%	16.8%	33.8%	29.9%	13.8%	3.4%	0.4%	0.0%	0.0%
7/30/2025	0.8%	8.3%	24.1%	32.1%	23.0%	9.3%	2.1%	0.2%	0.0%	0.0%

Current Bond Portfolio

Portfolio Details - Sorted by Maturity

#	CUSIP/Sec-ID	Sec Desc 1	Weight	Par Value	Coupon *	Settle Dt	Mat Dt	Nxt Call Dt	Rating ***	YTM **	YTW **	Duration	Call Type	Estimated Bps to Call	Estimated Redem. Date
1	912797KQ9	TREASURY BILL	17.5%	3,000,000	0.000	4/4/2024	7/23/2024		AAA	5.20	5.20	0.07			7/23/2024
2	912797KK2	U.S. TREASURY BILL	11.7%	2,000,000	0.000	6/20/2024	9/12/2024		AAA	5.24	5.24	0.20			9/12/2024
3	3133EMBK7	FFCB	17.5%	3,000,000	0.450	11/20/2020	4/7/2025	7/25/2024	AA+	0.45	0.45	0.75	Anytime	(473)	4/7/2025
4	912797LB1	TREASURY BILL	10.4%	1,785,000	0.000	5/21/2024	5/15/2025		AAA	5.00	5.00	0.86			5/15/2025
5	91282CAT8	T	27.7%	4,750,000	0.250	6/17/2021	10/31/2025		AAA	0.59	0.59	1.31			10/31/2025
6	3130AKVR4	FHLB	15.2%	2,600,000	0.550	10/8/2021	2/12/2026	8/12/2024	AA+	0.84	0.84	1.57	Quarterly	(425)	2/12/2026
TOTAL and AVERAGES			100.0%	17,135,000			0.88 yrs	0.53 yrs		2.41	2.41	0.86			

* Semi-Annual interest payment

** Yields calculated using cost price, at settlement date

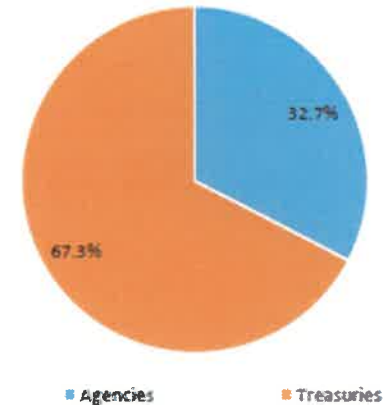
*** Ratings Shown Are: Lowest Rating in S&P format, NR AGY = Non-Rated U.S. Government Agency

Portfolio Summary

Wgt'd Avg YTM *	2.41%
Wgt'd Avg YTW **	2.41%
Wgt'd Avg Mat (no call)	0.88 yrs
Wgt'd Avg Mat (all called)	0.53 yrs
Market Value 5/31/2024	16,394,660
Market Value 6/28/2024	16,442,689
Difference	48,029
Par Value	17,135,000

Portfolio Composition

Sector	Par Value	YTM *	Weight
Agencies	5,600,000	0.63%	32.7%
Treasuries	11,535,000	3.28%	67.3%
Certificates of Deposit			
Municipal Bonds			
Corporate Bonds			
Mortgages			
Commercial Paper			
Supra Nationals			
Total	17,135,000	2.41%	100.0%



TVI Platinum Reporting Prepared for:



Prosser Public Hospital Dist

As of June 28, 2024

Recipient Info:

Provider Info:

Time Value Investments, Inc.
9725 3rd Ave NE, Suite 610
Seattle, WA 98115

Disclaimer:

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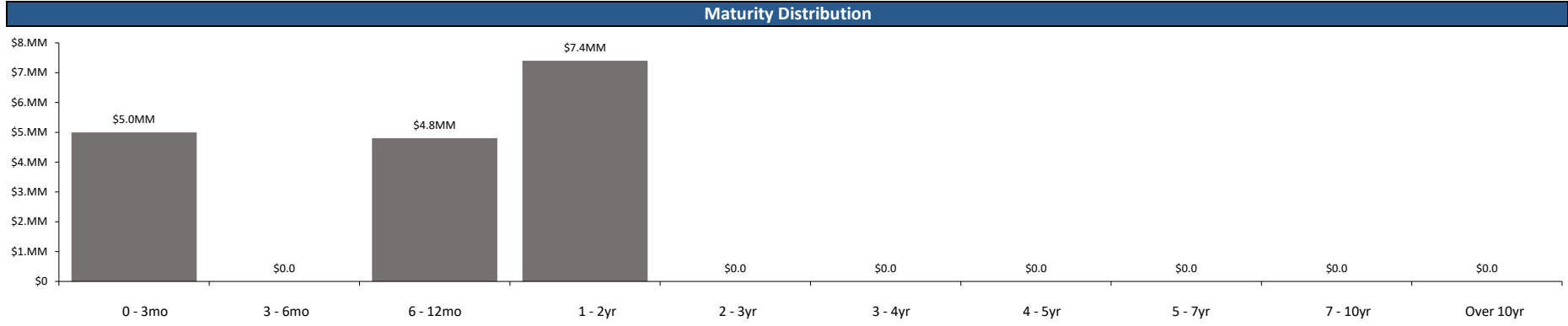
9725 3rd Ave NE, Suite 610
Seattle, WA 98115

(877) 707-7787

<http://www.timevalueinv.com/>

Portfolio Summary		Portfolio Composition				Portfolio Ratings (Worst***)	
Wgtd Avg YTM *	2.41%	Sector	Par Value	YTM *	Weight		
Wgtd Avg YTW **	2.41%	Agencies	5,600,000	0.63%	32.7%		
Wgtd Avg Mat (no call)	0.88 yrs	Treasuries	11,535,000	3.28%	67.3%		
Wgtd Avg Mat (all called)	0.53 yrs	Certificates of Deposit					
		Municipal Bonds					
Market Value 5/31/2024	16,394,660	Corporate Bonds					
Market Value 6/28/2024	16,442,689	Mortgages					
Difference	48,029	Commercial Paper					
		Supra Nationals					
Par Value	17,135,000	Total	17,135,000	2.41%	100.0%		

* Purchase Yield to Maturity ** Purchase Yield to Worst *** All ratings are shown in S&P format.

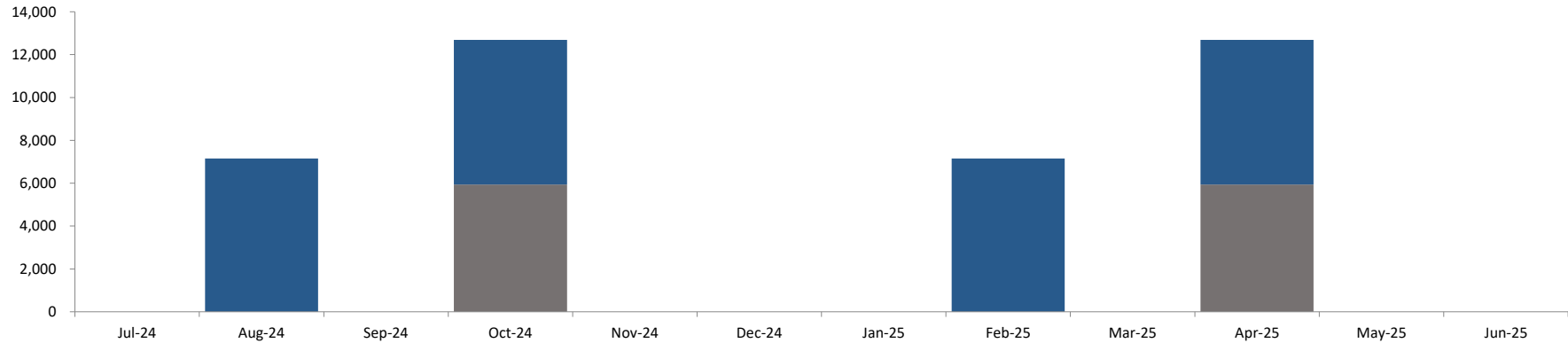


Performance versus Benchmark as of 6/28/2024											Excluded Securities	
	1Yr Average	As of 6/28/2024	1Mo Ago	3Mos Ago	6Mos Ago	9Mos Ago	As of 12/31/2023	1Yr Ago	3Yrs Ago	5Yrs Ago	Bonds that are not found will not be shown	
<u>Yield to Maturity:</u>											<u>Cusip</u>	<u>Reason</u>
Portfolio	2.09%	2.41%	2.41%	2.11%	2.12%	1.89%	2.12%	1.59%	0.71%	2.42%		
2-Year Treasury	4.75%	4.46%	4.94%	4.59%	4.26%	5.04%	4.23%	4.71%	0.25%	1.75%		
Fed Funds	5.48%	5.50%	5.50%	5.50%	5.50%	5.50%	5.50%	5.25%	0.25%	2.50%		
LGIP (per most recent month end)	5.39%	5.40% (06/24)	5.40% (05/24)	5.41% (03/24)	5.43% (12/23)	5.39% (09/23)	5.43% (12/23)	5.21% (06/23)	0.08% (06/21)	2.51% (06/19)		

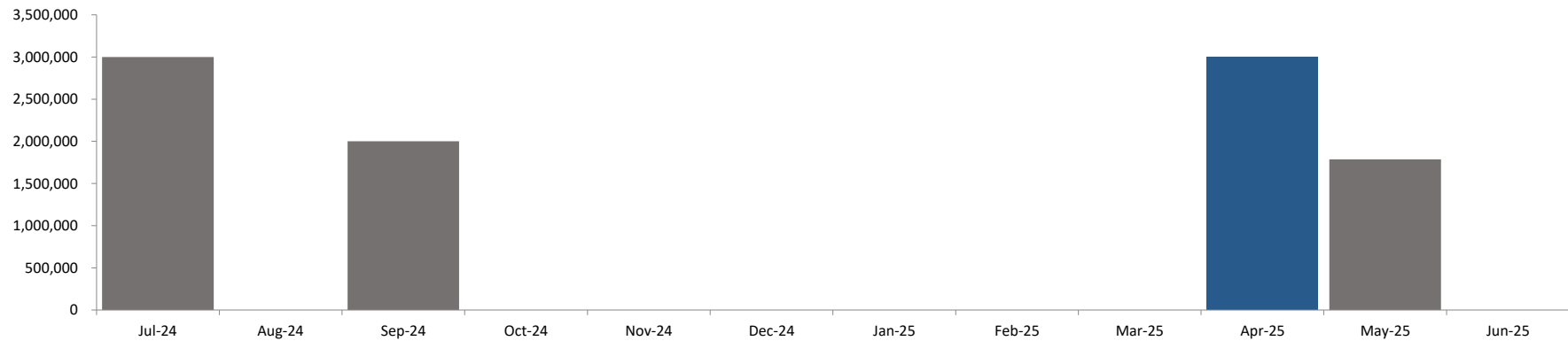
Cash-Flows - from 07/2024 to 06/2025 - Recognizing Likelihood of Call*

Type	Par	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Callable	5,600,000	0	7,150	0	6,750	0	0	0	7,150	0	3,006,750	0	0
Non-Callable	11,535,000	3,000,000	0	2,000,000	5,938	0	0	0	0	0	5,938	1,785,000	0
TOTAL	17,135,000	3,000,000	7,150	2,000,000	12,688	0	0	0	7,150	0	3,012,688	1,785,000	0

Interest Payments



Principal Payments



* Likelihood based on 06/28/2024 market rates

Extended Cash-Flows

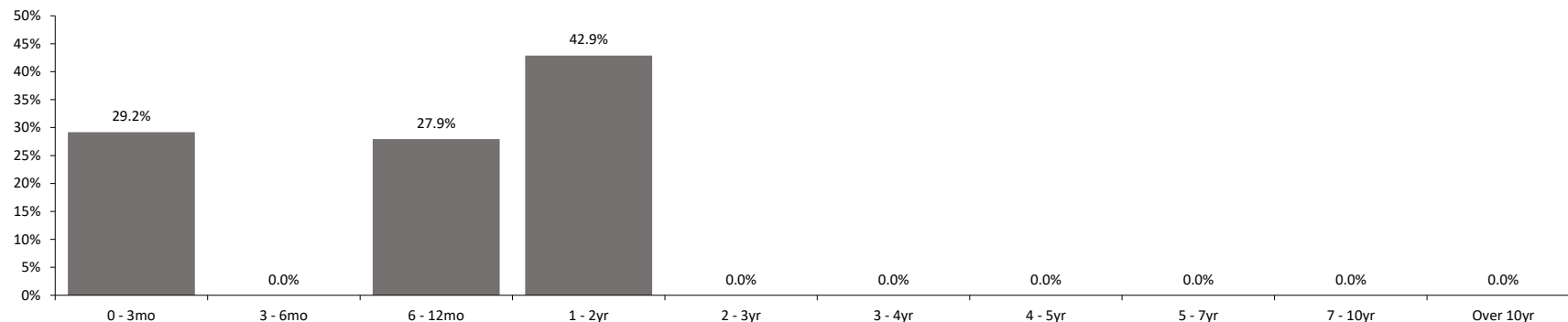
#	Cusip	Par Value	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Year 1 Total
1	912797KQ9	3,000,000	3,000,000	0	0	0	0	0	0	0	0	0	0	0	3,000,000
2	912797KK2	2,000,000	0	0	2,000,000	0	0	0	0	0	0	0	0	0	2,000,000
3	3133EMBK7*	3,000,000	0	0	0	6,750	0	0	0	0	0	3,006,750	0	0	3,013,500
4	912797LB1	1,785,000	0	0	0	0	0	0	0	0	0	0	1,785,000	0	1,785,000
5	91282CAT8	4,750,000	0	0	0	5,938	0	0	0	0	0	5,938	0	0	11,876
6	3130AKVR4*	2,600,000	0	7,150	0	0	0	0	0	7,150	0	0	0	0	14,300
TOTAL		17,135,000	3,000,000	7,150	2,000,000	12,688	0	0	0	7,150	0	3,012,688	1,785,000	0	9,824,676

* Callable - currently not likely to be called

** Callable - currently likely to be called

See Cash-Flows graph above "Recognizing Likelihood of Call" for current projected cash-flows

Maturity Distribution



Portfolio Details - Sorted by Maturity

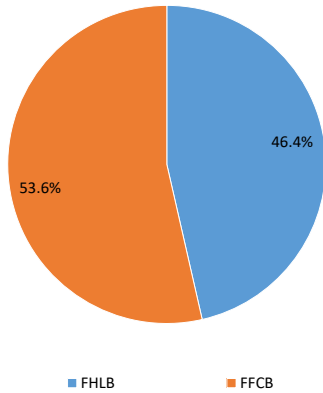
#	CUSIP/Sec-ID	Sec Desc 1	Weight	Par Value	Coupon *	Settle Dt	Mat Dt	Nxt Call Dt	Rating ***	YTM **	YTW **	Duration	Call Type	Estimated Bps to Call	Estimated Redem. Date
1	912797KQ9	TREASURY BILL	17.5%	3,000,000	0.000	4/4/2024	7/23/2024		AAA	5.20	5.20	0.07			7/23/2024
2	912797KK2	U.S. TREASURY BILL	11.7%	2,000,000	0.000	6/20/2024	9/12/2024		AAA	5.24	5.24	0.20			9/12/2024
3	3133EMBK7	FFCB	17.5%	3,000,000	0.450	11/20/2020	4/7/2025	7/25/2024	AA+	0.45	0.45	0.75	Anytime	(473)	4/7/2025
4	912797LB1	TREASURY BILL	10.4%	1,785,000	0.000	5/21/2024	5/15/2025		AAA	5.00	5.00	0.86			5/15/2025
5	91282CAT8	T	27.7%	4,750,000	0.250	6/17/2021	10/31/2025		AAA	0.59	0.59	1.31			10/31/2025
6	3130AKVR4	FHLB	15.2%	2,600,000	0.550	10/8/2021	2/12/2026	8/12/2024	AA+	0.84	0.84	1.57	Quarterly	(425)	2/12/2026
TOTAL and AVERAGES			100.0%	17,135,000			0.88 yrs	0.53 yrs		2.41	2.41	0.86			

* Semi-Annual interest payment

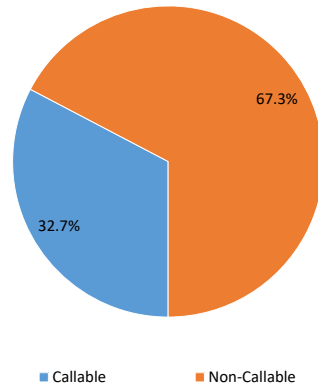
** Yields calculated using cost price, at settlement date

*** Ratings Shown Are: Lowest Rating in S&P format, NR AGY = Non-Rated U.S. Government Agency

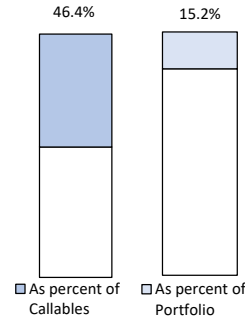
Agency Distribution



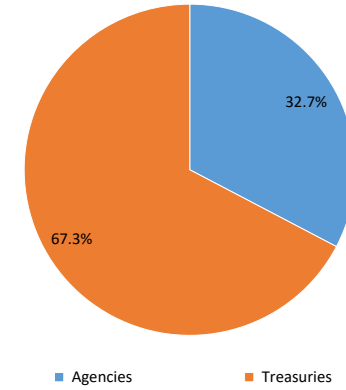
Callable Breakdown



Callables purchased at Discount



Portfolio Composition



Amortization/Accretion Book Calculations

#	CUSIP/Sec-ID	Sec Desc 1	Cpn	Mat Dt	Par Value	Cost	Purch Px	Book Val	Book Px	Book YTM	Mkt Val	Mkt Px	Mkt YTM	Unrealized Gain/Loss
1	912797KQ9	TREASURY BILL	0.00	7/23/2024	3,000,000	2,953,536	98.45	2,989,214	99.64	5.20	2,989,068	99.64	5.27	(147)
2	912797KK2	U.S. TREASURY BILL	0.00	9/12/2024	2,000,000	1,976,348	98.82	1,978,461	98.92	5.24	1,977,953	98.90	5.40	(507)
3	3133EMBK7	FFCB	0.45	4/7/2025	3,000,000	3,000,000	100.00	3,000,000	100.00	0.45	2,888,441	96.28	5.41	(111,559)
4	912797LB1	TREASURY BILL	0.00	5/15/2025	1,785,000	1,700,352	95.26	1,709,693	95.78	5.00	1,707,142	95.64	5.13	(2,551)
5	91282CAT8	T	0.25	10/31/2025	4,750,000	4,680,427	98.54	4,728,477	99.55	0.59	4,462,402	93.95	4.98	(266,075)
6	3130AKVR4	FHLB	0.55	2/12/2026	2,600,000	2,567,895	98.77	2,587,873	99.53	0.84	2,417,684	92.99	5.11	(170,190)
TOTAL and AVERAGES					17,135,000	16,878,558		16,993,719		2.41	16,442,689		5.19	(551,029)

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

FINANCE COMMITTEE MEETING		June 24, 2024	VINEYARD CONFERENCE ROOM	
				GUESTS
<ul style="list-style-type: none">• Keith Sattler• Neilan McPartland• Brandon Bowden		<ul style="list-style-type: none">• Craig Marks, CEO• David Rollins, CFO• Stephanie Titus, Director of Finance		
AGENDA	DISCUSSION	ACTION	FOLLOW-UP	
I. CALL TO ORDER	Keith Sattler called the meeting to order at 7:04 a.m.			
II. APPROVE MINUTES		A motion to approve the Finance Committee Meeting Minutes for May 29, 2024, as presented was made by Neilan McPartland. The motion was seconded by Brandon Bowden and approved.	None.	
III. FINANCIAL STEWARDSHIP A. Review Financials – May 2024 (Attachment U)	The May financial statements were reviewed by Stephanie. PMH experienced a net income of \$1,939,834 in May, which was (68%) better than budget. Cash Flow was a negative (\$5,324,713). Adjusted Patient Days were 3,026 which were 29% above budget.	A motion to recommend acceptance of the May 2024 Financial Statements as presented to the PMH Board of Commissioners was made by Neilan McPartland. The motion was seconded by	None.	

		Brandon Bowden and approved.	
B. Review Accounts Receivable and Cash Goal	Stephanie presented a May Accounts Receivable (AR) Report. Net days in accounts receivable increased to 61.07 days, with \$11,305,477 collected compared to our goal of \$11,215,487.	None.	None.
C. Voucher Lists Payroll and AP Vouchers #180164 through #180808 Dated 05.16.24 through 06.15.24 in the amount of \$12,072,664.31. Surplus Item Resolution #1081: Cautery Device.		A motion to recommend approval of the Voucher Lists #180164 through #180808 Dated 05.16.24 through 06.15.24 in the amount of \$12,072,664.31. Surplus Item Resolution #1081: Cautery Device was made by Neilan McPartland. The motion was seconded by Brandon Bowden and approved.	None.
D. Capital Request 1. Smart ABI System (Arterial Brachial Index) at a total cost not to exceed \$20,157.47 plus tax & shipping (Attachment M).		A motion to recommend approval of the Capital Request- Smart ABI System (Arterial Brachial Index) at a total cost not to exceed. \$20,157.47 plus tax & shipping was made by Neilan McPartland, seconded by Brandon Bowden, and approved.	None.

IV. ADJOURN			
Having declared no further business, the meeting was adjourned by Neilan McPartland at 7:43 am.			

MEMORANDUM

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

FROM: CRAIG J. MARKS, CEO

DATE: July 2024

RE: CEO REPORT

SERVICES

1. 2024 PMH Strategic Plan Semi-Annual Report

Time sure flies when you're having fun, and we are having lot of fun and have a lot to celebrate at Prosser Memorial Health! It's hard to believe that we are already halfway through 2024 and approximately six months away from opening our new facility. Outstanding! We all anxiously await caring for our patients in our new home. The last several years we have experienced record volumes throughout PMH, and this trend has continued in 2024, with virtually every department exceeding their 2023 volumes. While we are busy caring for record levels of patients, we continue to pursue our Strategic Goals and Objectives as outlined in our 2024 Strategic Plan. As you can see in the attached report (**Attachment A**), we are busy in our pursuit of several significant strategic objectives including the development of our replacement facility; the addition of several new Medical Staff members; the continued growth and expansion of new services such as gastroenterology; the development of a Master Facility Plan that addresses our current and future outpatient needs on our new campus and throughout our PMH clinics; and our ongoing pursuit of becoming a Top 100 Critical Access Hospital (CAH) in the country. These activities take a tremendous amount of energy and dedication by our staff, and they are to be commended and thanked for their efforts! This growth and development is not an accident, but the result of our annual strategic planning process. These results are reflected in our Pyramid of Success which has been updated with data through the end of June (**Attachment B**). The Pyramid illustrates the steady improvement we are making overall on each of our Pillars, but also reflects the reality that there are years when we underperform for various reasons (e.g. the Pandemic). The theme, however, is steady improvement that will enable us to fulfill our Mission and Vision. A presentation of this report will be shared by the Administrative Team at the July Board Meeting.

2. Replacement Facility Update

Before we began the construction of our replacement facility a great deal of work was done to secure the financing for the project. Once that was completed, the focus shifted to the actual construction. Now that we are nearing the end of construction, we are once again focusing on the financing for equipment for the project. A tremendous amount of

work has gone into this, led by Gary Hicks, our financial advisor and guru. The details are outlined in the attached revised Financing Schedule (**Attachment C**) and an updated Interested Parties List (**Attachment D**) for your review and use. These reflect recent activity to secure operating lease financing for medical equipment to be installed in our new facility. In addition to this financing work, a tremendous amount of work is being done every month to ensure that we pay our construction contractors in a timely manner and receive construction loan funds so that we can make these payments. These payments are all thoroughly reviewed by our contractor (Bouten), architect (bcDG), owner's representatives (NV5), PMH, USDA, financial advisor Gary Hicks, and construction loan originator Western Alliance Bank. While cumbersome, this review process has gone well and enabled us to pay our construction partners in a timely manner. For an overview of the construction progress, I have included the July Owner's Representatives Progress Report (**Attachment E**); minutes from our last Owner/Architect/Contractor (OAC) Meetings (**Attachment F**) (**Attachment G**); the July Construction Progress Report from Bouten (**Attachment H**); the project Master Summary Construction Schedule (**Attachment I**); and the Construction/ Project Budget (**Attachment J**). These will be reviewed and discussed at the July Board Work Session (July 30th).

A. Design

One of the questions I frequently receive is why didn't we buy all the land around our future, site? There are two answers to that question. First, the cost of land in that area is very expensive and would have limited our resources (cash) resulting in a smaller facility being built later. The second answer, and most important answer, is that we don't need it. We own thirty-three acres which is large enough to hold our new hospital and several outpatient facilities (e.g. clinics; ambulatory surgery center (ASC); cancer center; community wellness center; GI center; etc.). That is over four times larger than our current site and will meet our needs long into the future. I mention this because we were recently informed by the City of Prosser that the property to the east of our new site was purchased by Hayden Homes LLC for the development of 165 lot housing subdivision (**Attachment K**). They will be a similar neighbor to our current facility which has worked well for over 76 years. We have now submitted all required documents (e.g. Functional Program; Water Plan; Life Safety Plan) and responses to all of their questions. We continue to wait for their responses and are gearing up to work with the DOH (if they return our calls) on our transition plan to our new facility. bcDG recently completed construction documents for several project enhancements (e.g. Wound Care; fifth OR; parking lot expansion) which are currently being costed out so that construction can begin. The goal is to have these additions completed by the time we open the new facility. In addition to getting prices on these items, we have also published RFPs (Request for Proposals) for our building signage (external and internal) and a company to help us move equipment/furniture from our current facility to our new facility. The winning bids will be determined in the next couple of weeks. Finally, as we have been studying the cost of building and irrigation pond/lake

the cost is now approaching \$300,000. At that cost, it may be more cost effective to use city water for irrigation. This is still being analyzed and will be discussed at the July Board Work Session.

B. Construction/Schedule

We are now in the final phases of the construction process as the focus shifts to interior finish work (paint; flooring; wood paneling; casework; handrails; wallpaper; elevators; wall protection) and exterior site work (curbs and gutters; sidewalks; irrigation lines) **(Attachment L)**. These activities have now brought us to 82% construction completion. As many aspects of the construction wind down, there are now approximately 75 construction workers on-site each day. Significant milestones in the coming months will include the: hooking-up of permanent power; powering-up the HVAC units; paving of roads and parking lots; Installation of landscaping; and installation of signage. Representatives from bcDG, Bouten Construction, and NV5 will attend the July Board Work Session to update the Board on all design and construction activities; the construction schedule **(Attachment I)**; the Change Order Proposal Log **(Attachment M)**; and the construction/project budget **(Attachment J)**. The project remains on schedule.

C. Budget/Financing

Based on the inflation we have experienced during construction and our annual growth of 20+% each year that have resulted in the need for additions to the project (e.g. Fifth OR, Wound Care, Additional parking), our total budget for the project has increased from \$112 million to \$119.7 million, or a variance of \$7.7 million **(Attachment J)**. The plan to cover this variance is to increase the equipment lease financing by \$4 million (from \$5 million) and increase the PMH equity contribution by \$3.7 million. This plan is explained in detail in an e-mail to the USDA by Gary Hicks **(Attachment N)** and demonstrates PMH's financial strength to accomplish this. Because this is a change from the original financial plan, the USDA must approve it, which Gary believes will not be a problem. As part of this plan, we sought firms willing to enter into a \$9 million operating lease for new equipment in our replacement facility. Five organizations responded to our request and submitted term sheets **(Attachment O)**. Several organizations were very competitive, but the best terms came from Bank of America. As a result, Bank of America has given us an approval letter for up to \$9 million in operative lease financing **(Attachment P)**. The Board will be asked to approve Board Resolution #1083 for an operating lease with Bank of America for up to \$9 million at the July Board Meeting **(Attachment Q)**. I have also included the supporting documents (Master Lease Agreement; Master Lease Schedule; Authorization and Incumbency Certificate for your review **(Attachment R)**). Gary Hicks, financial advisor, and Bradley Berg, attorney, will attend the July Board Work Session to explain this transaction and answer any questions you may have.

3. Information Technology (IT) Update

On July 18, 2024, 11 PM PST, a faulty CrowdStrike software update triggered a widespread IT outage that affected numerous organizations around the world, including Providence and its affiliated services. The update caused Windows computers running CrowdStrike's Falcon Sensor to crash, displaying the "blue screen of death." This resulted in the shutdown of all Providence services, including critical systems like Epic (EHR), PACS, lab systems, and medication management. The PMH IT team began working with Providence at 11 PM on July 18 to address the issues, implementing downtime procedures and providing regular updates to staff throughout the incident. While the outage significantly impacted Providence-provided services, PMH's own systems remained largely operational due to not using CrowdStrike and having limited cloud service usage. This allowed PMH to continue providing patient care using available computer systems. Most core Providence services were restored by noon on July 19, though monitoring for lingering issues continued. This event highlighted the importance of a robust IT infrastructure and effective contingency plans in healthcare settings, while also demonstrating PMH's resilience in maintaining patient care during significant technological disruptions. Well done!

4. Athletic Training Update

Dr. Goeffrey Higgs, our Sports Medicine / Orthopedic Surgeon, is passionate about high school sports and providing student athletes with exceptional preventative and injury related care. Last year he attended the Grandview High School varsity football games and traveled to many of their away games as well as Prosser High School's away games. (Dr. Sam Strebel attends the home games for Prosser High School's varsity football team.) Dr. Higgs brought forward the idea of implementing a program at PMH that includes an athletic trainer who focuses on "athlete-centered care" in the clinic and on the field. Dr. Higgs is a champion of this model of care as he has seen a high rate of burnout with Athletic Trainers who work for the school district and are required to teach classes in addition to making themselves available before and after sporting events for all student-athletes, as well as the travel to all the away games. The Grandview School District has expressed interest in piloting this program with PMH. Dr. Higgs worked closely with their current athletic trainer and was very impressed by their knowledge and skill set. We have reached out to other high schools in the Valley who have a similar partnership in place with an orthopedic group and we have a team reviewing the contracts, scope of work for the athletic trainer position in a clinic setting, and how PMH would be paid for offering this service. As it is a hybrid, and not a traditional care delivery model, there are many boxes to check before we roll it out. Our goal is to have this in place to start the 2024-2025 football season with Grandview High School and evaluate after that. We have also talked about offering athletic training curriculum to our current Health Occupation program in the future as it is a very popular class at the high school level.

It should be noted that our new Orthopedic Surgeon and Sports Medicine Fellow, Dr. Tiegen Goodeill, will be on the sidelines as the healthcare provider for the Kiona-Benton High School varsity football games this year as well!

MEDICAL STAFF DEVELOPMENT

1. Medical Staff Recruitment

While many of our recruitment efforts are to address current needs, we are also recruiting for the future. This is evident as you examine the mix of providers joining PMH within the next year that range from primary to specialty care. The following providers have or will join PMH in the next year:

- Dr. Michael Adling (Family Practice) began at the Benton City Clinic July 1;
- Dr. Teigen Goodeill (Orthopedic Surgeon-Sports Medicine) begins on September 5, 2024;
- Dr. Dev Banerjee (Internal Medicine) begins at the Prosser Clinic on September 16, 2024;
- Dr. Sonia Afshari (Endocrinologist) starts at the Prosser Specialty Clinic on March 3, 2025; and
- Dr. Candice Pollard (Family Practice-Geriatrics) starts at the Benton City Clinic on September 1, 2025.

These are all outstanding physicians, and we are excited to have them join our team! In addition to onboarding these physicians, we continue to recruit for a second general surgeon, neurosurgeon, a second cardiologist, pulmonology, APCs for family practice, and CRNAs. We have excellent candidates in each of these specialties and will continue to conduct interviews in the coming months.

2. Medical Staff Engagement

The annual Medical Staff/Board/Leadership Summer Social was held on Friday, July 12th at Goose Ridge Winery in Richland. We had the largest participation ever at the luau themed event that included dinner, music, bocci ball and the opportunity to socialize with fellow PMH Teammates. Although it was very warm, everyone had a good time. Now that we are no longer hosting the Bottles, Brews & Barbecues event in June, we plan to move this event to early June in 2025 to hopefully avoid some of the heat! Big thank you to everyone that participated in this special event!

EMPLOYEE DEVELOPMENT

1. Employee Engagement

July was a very active engagement activity month with the Employee Leadership Car Wash and Fourth of July celebration; and many tours of our replacement facility. All these activities are captured in our July Employee Newsletter (**Attachment S**) with pictures of our very photogenic staff! Our next engagement activity is our Annual Employee Pool Party (**Attachment T**). The party will be held Friday August 16TH from 3:30 p.m. to 10:00 p.m. at EJ Miller Park in Prosser. This is a great event to say goodbye to summer for one more summer extravaganza. The event will include dinner, family activities, and of course swimming. I look forward to seeing everyone with their families at this special family friendly event.

2. Service Employees International Union (SEIU) Negotiation Update

Prosser Memorial Health has been in diligent negotiations with S.E.I.U. since April 22, 2024, with the current contract expiring on July 1st, 2024. On July 11th, 2024, the Prosser Memorial Health bargaining team held a negotiation session with the S.E.I.U. bargaining team, at the Union's request. Prior to that, both parties were waiting for a PMH-requested mediated session with a Public Employment Relations Commissions (P.E.R.C.) mediator, given that the prior bargaining session ended with both sides unable to reach an agreement. At the conclusion of the July 11th bargaining session, both sides reached a tentative agreement, with Union members voting on the agreement the week of July 15th (**Attachment U**). The tentative agreement maintains our superior Health & Welfare benefits and includes current and future wages that will maintain our competitiveness in the marketplace and position us strategically to recruit and retain qualified Nurses in this ultra-competitive Nursing market (**Attachment V**). The results of the ratification vote were positive, gaining approval from the nursing membership. The vote result was communicated to PMH leadership on July 22, 2024. The new three-year contract will be presented to the Board of Commissioners for approval at the July 2024 Board meeting (**Attachment W**).

3. Employee Health-Peer Support

The physical, emotional, and mental burden borne by first responders and healthcare workers has a compounding negative impact when they are not provided an opportunity to process the trauma they have witnessed and experienced. Our teams show up, provide care, comfort the loved ones, and then get called to another situation, where they do the same all over again. The need to pause and process what they just experienced gets pushed down the road to a more convenient time or, too often, not at all. Two of our Emergency

Department Nurses, Jenny Hare, and Brittany Derderian have stepped up to address this critical need. They have been researching, training, and designing a Prosser peer support group that will be available for all staff following a traumatic situation both inside and outside the hospital. The goal of the program is to give staff a safe place to talk about trauma and educate them on processing difficult things they may see as "just part of their job."

Brittney and Jenny have both completed a virtual REACT training course through 'UCF Restores', which teaches proper peer support techniques for EMS and Hospital Staff. The program is comprehensive and includes 1:1 Peer Support Sessions as needed, Peer Diffusions (under 8 hours), and Peer Debriefs (over 8 hours) following any traumatic event that staff believes they need to talk about or are struggling with. This comprehensive approach is designed to provide the necessary support to our staff. Additional training for staff wanting to be included in joining the Peer Support Team will be through the Tri-Cities Chaplaincy Program, with a class hopefully scheduled sometime this fall. In the last two months, Brittany and Jenny have helped interdisciplinary teams process two traumatic events: EMS/ED and FBP/OR. The participating staff members have given positive reviews of their experience. These efforts do not replace our internal quality reviews; instead, they meet a critical need not met by our current internal processes. Anyone interested in participating in the development of this program or needing to access this service can reach out to either Brittney or Jenny. Thank you, Brittany and Jenny, for living "this is how we care"!

4. Employee Engagement Survey Follow-Up

Departmental action planning has occurred using the results of the 2023 Employee and Provider Engagement surveys. Each leader has worked with their team to identify most important items to focus on. The goal in creating team-level action plans is to identify opportunities for all members to address the most important items of their daily work and do something to positively impact them. There is a kick-off call scheduled on September 4, with our survey vendor People Element, where we will prepare for the launch 2024 Engagement Survey. This year's survey is scheduled to open on 11/4/24 and close midnight, 11/22/24.

5. Leadership Development

The PMH Leadership Team spent July 12 off-site in a Leadership Development Institute (LDI) retreat focused on Washington Employee Leave Laws. The program was presented by Suzanne Sturholm, President of All Things HR, and focused on how we can meet the needs of

our staff and comply with Washington State laws. We also took the opportunity to recognize members of the Leadership Team that had the highest Leadership Evaluation Management (LEM) scores in 2023 (**Attachment X**). The leaders of the pack were Christi Doornink (revenue generating department) and Phillip Braem (non-revenue generating department) who received the king/queen of the jungle lion/lioness award for having the highest LEM scores. We also awarded Melanie McGregor, Director of Patient Access, the giraffe award for her resiliency, competitiveness, compassion, and goal orientation as she successfully implemented call and referral centers for PMH. In addition, our leaders were recognized for their outstanding leadership in 2023, which was the best year in the history of Prosser Memorial Health. Congratulations to our entire Leadership Team! We concluded the day with a little art project painting) dreamed-up by Merry Fuller (**Attachment Y**). It is safe to say that none of us will be giving up our day jobs to become artists! (Maybe Lindsay McKie.)

6. WSHA-Hospital Staffing Law

Over the past several months, WSHA (Washington State Hospital Association) has worked with members to implement the new hospital staffing legislation, including meal and rest break regulations. WSHA's Hospital Staffing Law Implementation Task Force, comprised of member CNOs, CFOs, and HR staff have been integral and guiding their work. They strongly pushed back against unworkable rules and have successfully achieved meaningful changes from the Department of Health (DOH) and Labor & Industries (L&I). However, they come to an impasse related to L&I's June 20th administrative policy on meal and rest breaks for acute care hospital employees. After careful consideration and a robust dialogue, the executive committee of WSHA's Board has directed WSHA to pursue a legal challenge. They filed the challenge Friday afternoon in Thurston County Superior Court. In their opinion, L&I has overreached its authority by adding "compensatory payments" for missed, interrupted or untimely meal and rest breaks. WSHA believes this creates an impermissible penalty unsupported by law. Specifically:

- In addition to pay for time worked, hospitals must pay staff a penalty of an extra 30 minutes when their unpaid meal period is missed, impermissibly interrupted, or untimely. This is regardless of how much of the break was missed or by how much it was delayed -even one minute missed or one minute late triggers the penalty.
- Hospitals must pay a similar penalty of 10 to 15 minutes extra pay for missed, interrupted, or untimely paid rest periods.

L&I claims this policy is not new and has always been the law, opening hospitals to risk for class-action lawsuits reaching back years. However, this policy has never been communicated to employers. The potential cost to hospitals could be enormous, contributing to the instability of the delivery system and threatening patient access to care.

WSHA and its members have raised concerns with L&I at every opportunity beginning in January when the first draft of the policy was circulated. These efforts have included several

comment letters, testimony, and meetings with L&I staff, legal counsel, and leadership. In every effort, they made clear their sincere concerns with this approach. However, L&I issued the final administrative policy without changing the most problematic and penalizing provisions. We all rely on a strong health care workforce and are fully committed to compensating staff for time work. We are equally committed to supporting members in understanding and following new laws. Unfortunately, it is our belief that the newly issued administrative policy goes beyond the scope of the law and will add unnecessary cost and administrative challenges to an already overburdened healthcare system. Stay tuned as this case moves through the judicial process.

7. Rehab Services Transition Update

Transitioning Therapy Services to PMH employees has been part of our Strategic Plan for several years. Our partnership with Rehab Visions has helped us offer exceptional therapy services to our patients. While we would like to retain Rehab Visions management services, we can offer a better wage and benefits package by transitioning the staff to PMH. We have had a preliminary discussion with Rehab Vision's leadership, and they are willing to consider a management-only contract. A contract proposal and proforma are currently being developed. Stay tuned!

PATIENT LOYALTY

1. Appreciation

Prosser Memorial Health is very involved in providing outstanding patient care to our community; developing and engaging the PMH Team in many ways throughout the year; and providing support to various community organizations as they work to make the communities, we serve great places to live and raise a family. As a result of our support, we often get cards and letters thanking us for all that we do (**Attachment Z**). I love sharing these because they are directed to the entire PMH Team and reflect that we do care about everyone in our in our communities. Thank you to all PMH Team members that make this a great place to work and make me proud to be a member of the Team!

FINANCIAL STEWARDSHIP

1. Financial Performance-June

June was another strong volume month for PMH with most departments exceeding budget and last year. This is especially true when we look at our year-to-date volumes compared to last year. Our volumes are up over 20% as evidenced by our adjusted patient days (an overall metric that accounts for both inpatient and outpatient volumes) which are up 22% compared to last year, which was a record setting year. As a result of our overall higher patient volumes, we once again experienced a strong financial month (**Attachment AA**). Our total gross revenue was just slightly over budget, but 20% over last June. Our deductions from revenue were slightly better than projected (3%) due to an improved payor mix, resulting in our net revenue being \$12.8 million compared to our budget of \$12 million or 6% better than budget and 31% better than last June. Our expenses were \$112,324 (1%) under budget resulting in an income from operations of \$2.2 million compared to our budget of \$1.3 million. After accounting for operating losses (interest expense), our net income for June was \$2.0 million compared to our budget of \$1.2 million, for a 74% positive variance. This equates to an operating margin of 17.2% and a total margin of 15.9%, both well above our 6.0% goal and most hospitals in the country.

Our year-to-date financial performance at the halfway point of the year continues to get stronger. Our gross revenue is 5% better than budget and 21% better than last year. Our net revenue is 3% better than budget (due to higher-than-expected deductions from revenue) and 22% better than last year. Our expenses are at budget, resulting in operating income of \$8.1 million and a net income of \$7.4 million. These equate to an operating margin of 11.7% and a total margin of 10.6%, which are both much better than budget. This performance resulted in a positive cash flow of \$7.0 million in June and a year-to-date cash flow of \$4.8 million. We also looked at our cash flow with the dollars spent on our replacement facility removed, which resulted in a \$3.5 million cash flow in June and \$5.9 million year-to-date. Our balance sheet remains strong and improved in June with our positive cash flow. Another positive in June was our payor mix. Our commercial insurance class increased to 33.2% of all our patients, our highest in several years. Our strong financial performance continues to position us well for the future.

2. PMH Quarterly Clinic Financial Report

One of the reasons we are doing so well financially as an organization is because of the PMH Clinics. Even though they are performing slightly (2%) behind budget and last year, our clinics account for \$85.6 million of all PMH gross revenue (**Attachment BB**). It should also be noted that our rural health clinics in total are exceeding budget (contribution margin) by 17% (\$222,976) and last year by 63% (\$920,409). It is the Specialty Clinic that is lagging

behind, but with several new providers in 2024 should improve during the second half of the year. In addition to the financial performance of the clinics, the attachment also shows clinic and provider volumes, payor mix and revenue by provider. PMH would not be in our current strong financial position without each of our providers and clinics.

3. PMH Modular Home Replacement

The construction of the new modular home on Meade Avenue is ongoing. The home is fully installed on the foundation and all utilities are hooked up and functional. The contractor has begun construction on the garage, driveway and entry walkway to be followed by the front porch and back deck to be completed by the end of August. Following this, will be the last steps related to landscaping and we are currently working on the landscape design that will include topsoil, grass, flower beds, trees, fencing and a sprinkler system. The current forecast is completion by the end of September.

4. PMH Foundation Update

The 4th Annual Wine Country Classic Golf Tournament is Friday, September 6 at Canyon Lakes. Teams can sign up on the Foundation website: www.prosserhealth.foundation or by contacting Shannon Hitchcock or Kristal Oswalt. We have only have 10 spots left for teams! Brick Sales for the new hospital front courtyard area will continue until the end of the month. If you're interested, please contact Shannon Hitchcock or Kristal Oswalt.

QUALITY

1. 2024 Quality Committee Report

The Quality Committee was created in 2019 with the first meeting on 01/28/2019. This committee meets monthly with department presentations, hand hygiene/EOC Compliance, medication and Patient scanning compliance and Patient Care Scorecard as standing agenda items. This allows for these important topics to be discussed at each meeting to keep them at the forefront of the directors minds as well as to serve as an educational moment. New in 2022 was the addition of 6-month follow ups on the presentations given earlier in the year.

The intent of these follow-up presentations is to show the progress of the Quality metrics that were being worked on earlier in the year. We have also had numerous other topics on the agenda, such as: Patient Satisfaction, Pharmacy & Therapeutic Scorecard, Policy Reviews, EH/MIPS Overview, Service Recovery Program and The Chartis Group INDEX reports. So far in 2024, we have had seven (7) different department presentations and seven (7) six-month follow up presentations:

- **January –**
 - Materials Management – Contract Compliance
 - Human Resources – Quality Improvement Update

- **February –**
 - Clinic Administration– Outpatient Quality Committee
 - Care Transitions – Swing Bed Overview and Quality
 - *Department 6-Month Follow up*
 - Accounting/Finance – Sales Tax Exemption
 - Patient Access – Clinic Call Center
- **March –**
 - March meeting was cancelled

- **April –**
 - *Department 6-Month Follow up*
 - Cardiopulmonary – Newborn Hearing Screening Program
 - Lab/DI --
- **May –**
 - IT – 2024 Information Technology Quality
 - Pharmacy – Pyxis Cycle Counts
 - *Department 6-Month Follow up*
 - Family Birthplace – C-Section and Hemorrhage Drills
- **June –**
 - June was cancelled

- **July –**
 - Surgical Services – Quantitative Blood Loss
 - *Department 6-Month Follow Up*
 - Materials Management – Contract Compliance
 - Human Resources -- Quality Improvement Update

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

2. PMH Bylaws

As I communicated last month, I engaged Bradley Berg, JD (Foster Garvey, PC) to review our Bylaws and present his recommendations to the Board at the July Board Work Session. I have included his recommendations (**Attachment CC**) which he will discuss. I have not received any recommended changes from the Board, but Brad will assist us with any Board recommendations made on Tuesday night Brad will also present an education session regarding the legal responsibilities of commissioners, as outlined in the 2024 Board Action Plan, at the July Board Work Session.

3. 2024 Strategic and Patient Care Scorecard Update

We track and trend many different metrics in all areas of the organization. Why is it important to track metrics? By tracking metrics, it allows us to improve our business results, achieve goals set forth in our Strategic Plan and enhance patient safety. One method of creating a snapshot of how the organization is doing, is through the Strategic Plan Scorecard. This Scorecard is based on the Six Pillars of Excellence (Patient Loyalty, Medical Staff Development, Employee Development, Quality, Services, and Financial Performance). As of June 2024, the Strategic Plan Scorecard indicates that we are at, or above goal, or within 10% of goal on 43 of the 48 metrics (90%). Some June highlights include: the overall composite score for Patient Loyalty at 94%; the Prosser Specialty Clinic saw the most patients in June at 1,948 office visits which exceeds their goal by 520 office visits; ED Encounters – Left Without Being Seen has exceeded goal of <2.77% every month so far this year; Lab procedures were 17,509 which exceeds their goal by 599 procedures and Financial Performance remains strong.

Like the Strategic Plan Scorecard, the Patient Care Scorecard is used as a snapshot for the most important patient care metrics. As of June 2024, we are at or above goal on 11 of the 12 metrics (92%). The ED continues to make great strides in all three ED metrics from Left Without Being Seen, Decision Time for ED Patients that are Admitted, and ED Patients Arrival to Discharge. All three are meeting and even exceeding goals. Diabetes Management – Outpatient A1c >9 or Missing a Result was at 18.24% in June which is the best so far this year. This is a clinic specific metric and is a reverse metric which means lower is better. Bar code scanning for both medications and patients has been above goal of >94.45% (Medication) and >94.76% (Patient) every month so far this year! A lot of great work by our entire team is represented on these two scorecards!!

4. The Rural Collaborative

For over 10 years, PMH has been an active member of The Rural Collaborative, a group of 26 independent rural hospitals in Washington State, working together to lower costs and improve patient outcomes throughout the state. Included in your packet is a Member Savings and Benefits Report (**Attachment DD**) and The Rural Collaborative Annual Report (**Attachment EE**). Each year we explore Rural Collaborative offerings for possible savings and new services. In 2023, PMH saved \$417,109 and experienced a return on investment of 21.9 to 1. We are pleased with our relationship with The Rural Collaborative and look forward to working with them in 2024 and beyond.

5. July Board Meetings

The July Board Work Session will be used to update the Board about significant activities related to the replacement facility project including design; construction/schedule; and budget/financing. Gary Hicks will be in attendance to discuss Board Resolution No.1083- Financing Equipment for the Replacement Facility. We will also allocate time to: review the PMH Bylaws with Bradley Berg; conduct an education session regarding The Legal Responsibilities of Commissioners by Brad; receive an update on the SEIU negotiations. The July Board Meeting will be used to approve Board Resolution No.1083; the proposed SEIU Contract; and the revised PMH Bylaws.

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.

2024 STRATEGIC PLAN Semi Annual Update



Prosser Memorial Health

723 MEMORIAL STREET, PROSSER WA 99350

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ACRONYMS DEFINED:

CEO – Chief Executive Officer

CCO – Chief Communications Officer

CCOO – Chief Clinics Operations Officer

CFO – Chief Financial Officer

CHRO – Chief Human Resources Officer

CIO – Chief Information Officer

CMO – Chief Medical Officer

CNO/COO – Chief Nursing Officer/Chief Operating Officer

CQO – Chief Quality Officer

	Strategic Goal	1-Year Objective Metrics	Semi-Annual Update	Objectives/Strategies	Semi-Annual Update	Timing	Accountable
<p>MISSION Prosser Memorial Health will improve the health of our greater community.</p> <p>VISION Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country through the achievement of our Pillars of Excellence:</p> <ul style="list-style-type: none"> • Patient Loyalty • Medical Staff Development • Employee Development • Quality • Services • Financial Stewardship <p>VALUES Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p>Patient Loyalty Prosser Memorial Health (PMH) will provide outstanding customer service, aspiring to treat those we serve the way they want to be treated.</p> <p>Goal: PMH will achieve a patient satisfaction rate of 95% or higher.</p>	1. Demonstrate a 1% improvement in overall patient satisfaction over 2023.	<ul style="list-style-type: none"> • Current overall patient satisfaction composite score is 94.0% over the 93.56% composite score of 2023. 	<ul style="list-style-type: none"> • Relaunch the Patient Engagement Committee with representatives from all key departments. This Committee will address concerns such as the following: <ul style="list-style-type: none"> • Calls returned in a timely manner. • Patient parking • Smart TV/interactive app patient education devices • Optimal clinic • Improved Chaplin Program • Increase education and utilization of the Service Recovery Program 	<ul style="list-style-type: none"> • The Patient Loyalty Committee has been relaunched. Issues addressed to date include: <ul style="list-style-type: none"> • Revised Service Recovery education. • Patient Parking (leadership now parking at the HS) • Music in pt. rooms • End of life support 	1/24	CNO/COO
		2. Demonstrate a year over year incremental improvement (0.1% or greater) in all survey types and locations reflected in the “Would Recommend” composite score.	<ul style="list-style-type: none"> • YTD 6/7 areas demonstrate an increase in patient satisfaction \geq or equal to a 0.1% increase. 	<ul style="list-style-type: none"> • Retrain all department leaders and patient care champions on the Press Ganey platform. 	<ul style="list-style-type: none"> • Training has been provided to all leaders requesting assistance. 	3/24	CNO/COO
		3. Reduce Left Without Being Seen (LWBS) by \geq 0.5% less than 2023-year end.	<ul style="list-style-type: none"> • LWBS is currently 1.57% which is below the year end goal of 2.77%. 	<ul style="list-style-type: none"> • Expand walk-in/same day appointment access in the clinic network. 	<ul style="list-style-type: none"> • Call center and clinic leadership have designed a schedule to accommodate same day appointments. 	3/24	CCOO
		4. Reduce ED Admit decision to bedtime to 50 minutes.	<ul style="list-style-type: none"> • ED admit decision to bed is at goal at 49.5 minutes YTD. 	<ul style="list-style-type: none"> • Establish a discharge task force to assess and streamline the discharge process for both inpatient units. 	<ul style="list-style-type: none"> • Additional staff have been assigned to discharge phone calls and has made a significant impact on our ability to address 	1/24	Director of Care Transitions
		5. Increase post-discharge follow up phone calls completion to 80% completed within 7 days of discharge.	<ul style="list-style-type: none"> • Discharge follow up phone calls: <ul style="list-style-type: none"> ○ ED – 80.1% ○ FBP – 48.5% ○ AC – 97.7% ○ Swing – 100% 				

		6. Increase MyChart Enrollment by 10% and utilization by 20% over 2023.	<ul style="list-style-type: none"> MyChart enrollment activity has been moved to Q3. 	<ul style="list-style-type: none"> Establish a MyChart utilization task force to identify and implement strategies for expanding MyChart utilization. 	<ul style="list-style-type: none"> post discharge concerns. MyChart Task Force has been moved to Q3. 	2/24	CIO/CNO
				<ul style="list-style-type: none"> Implement a text appointment reminder application across the organization. 	<ul style="list-style-type: none"> Project completed. Artera was successfully implemented in April, replacing the previous mpulse system from Providence. 	3/24	CIO
				<ul style="list-style-type: none"> Revise customer service training for all new and existing employees (to include cultural awareness). 	<ul style="list-style-type: none"> Customer service training has been moved to Q3. 	5/24	CNO/COO/CCOO
				<ul style="list-style-type: none"> Specialized training for high-risk populations: Mental Health, substance disorders, dementia, etc. 	<ul style="list-style-type: none"> Training for this high-risk population is pending in Q3. 	7/24	ED Director

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<p>MISSION Prosser Memorial Health will improve the health of our greater community.</p> <p>VISION Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country through the achievement of our Pillars of Excellence:</p> <ul style="list-style-type: none"> • Patient Loyalty • Medical Staff Development • Employee Development • Quality • Services • Financial Stewardship <p>VALUES Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p>Medical Staff Development</p> <p>PMH will respond to Medical Staff concerns and needs in a timely manner, pursue initiatives in collaboration with our Medical Staff and ensure the availability of the appropriate providers for those we serve.</p> <p>Goal: PMH will achieve and maintain an annual Medical Staff satisfaction rate of 90% or higher.</p>	<ol style="list-style-type: none"> 1. Demonstrate a 3% improvement in Medical Staff satisfaction. 2. Increase Medical Staff participation in the Annual Medical Staff Engagement survey by 5%. 3. Recruit 100% of the providers identified in the 2024 Medical Staff Recruitment Plan and hire 75% of the providers in the plan. 4. Achieve the budgeted number of Active Medical Staff members. 5. Maintain the annual Medical Staff turnover rate at <5%. 6. Meet or exceed budgeted PMH Clinic 	<ul style="list-style-type: none"> • This will be measured this fall (October/ November) when we conduct the 2024 Medical Staff Engagement Survey. • This will be measured this fall when we conduct the 2024 Medical Staff Engagement Survey. • Through second quarter of 2024, we have recruited 100% of the providers identified in the 2024 Medical Staff Recruitment Plan and hired 81.8% (9/11) of the providers in the plan. • We currently have 69 Active Medical Staff Members compared to our year-end goal of 58 • Our current Medical Staff turnover rate is 0.0% which is less than our goal of <1%. • Through the end of June, our total PMH 	<ul style="list-style-type: none"> • Develop the 2024 Medical Staff Recruitment Plan and recruit the identified providers through utilization of recruitment platforms including Practice Match, PMH website, Indeed, etc. Conduct monthly Provider Recruitment and Retention meeting with CEO to maintain progress. • Enhance the Medical Staff Engagement Plan and conduct bimonthly Medical Staff Engagement Team meetings. • Implement provider productivity standards and metric scorecards to be shared with providers monthly utilizing the clinic dyads to drive productivity improvement. • Maintain the DYAD Management structure 	<ul style="list-style-type: none"> • The 2024 Medical Staff Recruitment Plan was developed and implemented with 9 of the 11 positions already filled. Monthly Provider Recruitment and Retention meetings are ongoing with the CEO, CMO, CCOO and Provider Recruiter. • Medical Staff Engagement Committee will hold first planning meeting in August then will formally relaunch. • A draft provider scorecard has been developed and is under review by the Dyad Leadership team. • The Dyad Leadership team meets monthly. The 	<p>12/24</p> <p>12/24</p> <p>1/24</p> <p>12/24</p>	<p>CCOO/Provider Recruiter</p> <p>Provider Recruiter</p> <p>Clinic Directors/CCOO/CMO</p> <p>CMO/CCOO</p>

		volumes and financial goals.	Clinic volumes trail the budget by 2.4% (41,475 actual visits compared to 42,474 budgeted visits) and exceed last year by 35.3%. All clinics are exceeding last year's visits.	throughout all PMH Clinics and conduct monthly clinic staff/provider meetings.	clinic staff meet monthly and the clinic providers for each clinic meet monthly.		
		7. All Prosser Memorial Health Rural Health Clinic (RHC) providers shall meet/exceed RHC productivity standards as set by Medicare/Medicaid.	<ul style="list-style-type: none"> The current provider productivity is 28% better than the productivity in 2023. 	<ul style="list-style-type: none"> Develop and implement a comprehensive 2024 PMH Clinic Marketing Plan which will promote various PMH Medical Staff services. 	<ul style="list-style-type: none"> A comprehensive Marketing Plan is ongoing. 	3/24	CCO/CCOO
		8. Meet with 100% of Prosser Memorial Health employed providers to provide annual evaluation.	<ul style="list-style-type: none"> 8. The CCOO will review the annual evaluation initiative with the DYAD Leadership Team. to provide an annual evaluation. 	<ul style="list-style-type: none"> Continue to develop and implement a comprehensive GI Service Line including the provision of ERCPs and invasive GI services. 	<ul style="list-style-type: none"> With the addition of Dr. Brandabur, we now have three gastroenterologists providing comprehensive GI services including invasive GI services such as ERCPs and EUS. 	6/24	Director of Specialties/Director of Surgical Services
				<ul style="list-style-type: none"> Continue to develop and enhance formal onboarding, including New Employee Orientation and clinic-specific orientation. 	<ul style="list-style-type: none"> There is a formal onboarding program for new providers that includes meetings with all ancillary departments for meet & greets and training. New providers also attend general Hospital orientation. 	3/24	Provider Recruiter/CCOO
				<ul style="list-style-type: none"> Re-examine and enhance the PMH CMO model to engage 	<ul style="list-style-type: none"> The CMO model is under review and the Provider Recruiter and the CMO 	12/24	CCOO/CMO

				<p>Medical Staff to improve Medical Staff satisfaction.</p> <ul style="list-style-type: none"> Reinforce the FPPE/OPPE process in the Prosser Memorial Health Clinics. 	<p>are planning initiatives to improve Medical Staff satisfaction.</p> <ul style="list-style-type: none"> The PMH Clinics Chart Review Process policy (FPPE/OPPE) was revised and shared with the Clinic Directors as well as with the Community Clinics Committee. Two patient charts are reviewed monthly per provider chosen at random by the Clinic Director. These are completed by the Medical Director and scanned into a shared file as well as physical copies sent to the Medical Staff Office for the provider files. This is a standing agenda item for the Dyad monthly meeting. Also, the OPPE dashboard was revised and is updated monthly by the Medical Staff Office. 	6/24	CMO/CCOO/CQO
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				<ul style="list-style-type: none"> Develop and implement an Annual Evaluation process for all providers. 	<ul style="list-style-type: none"> The provider scorecard and productivity reports will be used for annual evaluations with providers. The CCOO has met with 50% of the clinic providers one-on-one to date and will meet with the rest by the end of the third quarter. 	11/24	CCOO/CMO/CHRO
				<ul style="list-style-type: none"> Continue to generate and maintain Epic-specific training and support for the Medical Staff, including on-call Epic staff. 	<ul style="list-style-type: none"> The Informatics team is actively collaborating with Medical Staff to provide training and optimize workflows. 	12/24	CIO
				<ul style="list-style-type: none"> Continue to enhance the system for UR and coding documentation feedback for all providers. 	<ul style="list-style-type: none"> We are currently recruiting a CDI specialist who will provide concurred documentation, feedback to support providers. 	12/24	Director of Care Coordination/CCOO
				<ul style="list-style-type: none"> Continue to explore, implement new and enhance existing PMH Clinic Services as appropriate (e.g., Occupational Medicine, Women's Health, Sports Medicine). 	<ul style="list-style-type: none"> This is an ongoing process as we review demand for services and services that are being discontinued in service areas around PMH (GI). 	12/24	CCOO/CMO/CEO

				<ul style="list-style-type: none"> • Develop a business plan for the development of a comprehensive Gastroenterology Center of Excellence. 	<ul style="list-style-type: none"> • As we work on a Master Facility Plan for the development of a comprehensive Gastroenterology Center of Excellence on our new campus, we are also developing a business plan for this service. 	1/24	CCOO/CEO
				<ul style="list-style-type: none"> • Complete a Master Facility Plan for all current and future PMH clinics. 	<ul style="list-style-type: none"> • We are currently working with bcDG on the development and implementation of a Master Facility Plan for all current and future PMH clinics and outpatient facilities. 	03/24	Administration
				<ul style="list-style-type: none"> • Explore telehealth specialty services for PMH clinics such as endocrinology, nephrology, rheumatology. 	<ul style="list-style-type: none"> • We have implemented telehealth for GI services and our registered dietitians. We have hired an Endocrinologist. We are looking for Nephrology and Rheumatology services. 	6/24	CCOO/Director of Specialty Services
				<ul style="list-style-type: none"> • Improve the social media capture of the great work our providers are doing. Implement digital code cards given to patients for instant provider ratings. 	<ul style="list-style-type: none"> • A reputation management program is being researched before we launch the patient cards soliciting feedback. 	4/24	Director of Specialty Services/Dr. Higgs/CCOO/CIO

				Ratings get posted to top consumer websites (Health Grades, Web MD, US News).			
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	Strategic Goal	1-Year Objective Metrics	Semi-Annual Update	Objectives/Strategies	Semi-Annual	Timing	Accountable
<p>MISSION Prosser Memorial Health will improve the health of our greater community.</p> <p>VISION Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country through the achievement of our Pillars of Excellence:</p> <ul style="list-style-type: none"> • Patient Loyalty • Medical Staff Development • Employee Development • Quality • Services • Financial Stewardship <p>VALUES Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p>Employee Development</p> <p>PMH will encourage and provide ongoing development of our employees by selecting talent effectively, communicating efficiently, creating a work atmosphere that values the individual talents of every employee resulting in a highly engaged workforce.</p> <p>GOAL: PMH will achieve and maintain an annual employee satisfaction rate of 90% or higher.</p>	1. Achieve an Employee Satisfaction rate of 90% or higher.	<ul style="list-style-type: none"> • The 2023 Employee satisfaction rate was 92.6%. We will conduct the 2024 Employee Engagement Survey in Q4 of this year. 	<ul style="list-style-type: none"> • Identify and make available a suite of Employee/Provider “Perks” by developing a list of vendors with services and goods at discounted rates. 	<ul style="list-style-type: none"> • The Employee Engagement team is exploring Perks at Work. The on-line site offers individuals discounts on products and services at no cost employees. The link will be hosted on the PMH Intranet if recommended by the Employee engagement team. 	10/24	CHRO
		2. Achieve an annual employee turnover rate of 9% or less.	<ul style="list-style-type: none"> • As of June 2024, the employee turnover rate was 2.5% 	<ul style="list-style-type: none"> • Develop and implement a UKG learning program for PMH Leaders to better utilize the resource to make work easier / more efficient. 	<ul style="list-style-type: none"> • The first education resource is scheduled to be released in August 2024. It will focus on Payroll tips & Performance Evaluation completion. 	7/24	CHRO/CIO
		3. Achieve an average recruitment time of 34 days.	<ul style="list-style-type: none"> • As of June 2024, the average time to recruit for a position was 25 days. 	<ul style="list-style-type: none"> • Ensure the practice of offering competitive wages and benefits by participating in identified surveys and using results to drive strategic compensation and benefits decisions, for both annual planning and just-in-time adjustments, where warranted. 	<ul style="list-style-type: none"> • PMH participated in all pre-identified staff and executive wage & benefits surveys for the 2024 year. 	10/24	CHRO
		4. Reduce the number of hours of overtime/total hours worked to less than 5%.	<ul style="list-style-type: none"> • The average number of hours of overtime/total hours worked through June 2024 was 5.9% YTD. 	<ul style="list-style-type: none"> • Employees participated in the LEM bonus program with all union employees participating for the first time. 	<ul style="list-style-type: none"> • The Exempt wage scale was updated and approved by the Board of Commissioners. 		
		5. Implement an employment screening tool for 90% of all new employees.	<ul style="list-style-type: none"> • As of June 2024, the Employment Screening tool has not been implemented. We have a signed contract with the vendor and are beginning implementation in July 2024. 				
		6. Maintain an annual 98% 403(b) participation rate.	<ul style="list-style-type: none"> • As of June 2024, the average participation 				

			rate in the 403(b)-retirement program was 99%.	<ul style="list-style-type: none"> Develop and deploy communications strategy regarding employee compensation (what PMH has done) to increase employee understanding of our commitment to fair compensation. 	<ul style="list-style-type: none"> Extensive efforts towards educating SEIU 1199NW Nursing Unit of PMH's wages and benefits offerings in renegotiating a contract. <p>Additional communication to all employees will occur later this year using UKG's capabilities to provide a total compensation statement.</p>	9/24	CHRO/CFO
				<ul style="list-style-type: none"> Lead the Employee Engagement team in surveying all PMH Employees and Providers regarding Employee Recognition events/efforts and use the data to make event(s) / program(s) changes. 	<ul style="list-style-type: none"> The Employee Engagement team has developed the content of the survey to be used to gather employee feedback. Once built, the survey is scheduled to be launched in Q4-2024, with feedback to be used in developing the 2025 Employee Engagement calendar. 	12/24	CHRO/CCO/CIO
				<ul style="list-style-type: none"> Lead the implementation/adoption of the Electronic Action Planning Tool in People Element Scorecard, where Department Leaders will enter, track and report their Employee Engagement Department's Action Plan(s) enabling greater transparency of actions. 	<ul style="list-style-type: none"> All leaders have shared their department results with their team(s) and held action planning meetings. The action planning resource is available for leaders to track and report their plans. 	7/24	CHRO/CNO/CCCO/CFO

				<ul style="list-style-type: none"> Conduct three (3) Leadership Development Institutes (LDI), with one (1) LDI focused on <i>Financial Savvy</i> (understanding financial statement, reimbursement, routine PMH financial information, etc.) 	<ul style="list-style-type: none"> One (1) LDI has been held with focus on Employee Leave Management and leadership team building. One (1) additional LDI will be held in Q4-2024 with focus on improving PMH leaders' Financial Savvy. 	12/24	CHRO/CFO
				<ul style="list-style-type: none"> Create a Uniform Committee to evaluate the current Uniform Policy and develop recommendations for revisions for the Administrative Team's review, feedback and action(s). 	<ul style="list-style-type: none"> There have been department-level revisions to the Uniform Policy (style and color) based on employee feedback. There has not been a Uniform Committee established as of this report date. 	8/24	CHRO/CCOO
				<ul style="list-style-type: none"> Develop micro-learning employee self-service resources (Webcasts, just-in-time education, static intranet promotion, etc.) regarding PMH retirement and health and welfare programs. 	<ul style="list-style-type: none"> There have been webcast offerings provided by USI (our benefits broker) focused on retirement, savings, getting ready for Medicare, etc. There are additional offerings that are planned for Q4-2024. 	9/24	CHRO
				<ul style="list-style-type: none"> Develop and deploy a Union Contract Education Program for PMH Leaders to increase understanding and managing to the Agreement. 	<ul style="list-style-type: none"> As of this date, there have been no offerings. With the ratification of the new SEIU 1199NW contract, there will be leadership education sessions held in Q3-2024. 	6/24	CHRO/CNO/CCOO

				<ul style="list-style-type: none"> Implement an e-based pre-employment screening tool that identifies applicant traits and behaviors that are aligned with PMH Values and Standards of Behaviors. 	<ul style="list-style-type: none"> As of June 2024, the Employment Screening tool has not been implemented. We have a signed contract with the vendor and are beginning implementation in July 2024. 	06/24	CHRO/CIO
				<ul style="list-style-type: none"> Explore and develop options for Hospital and Clinic locations' access to PMH Cafeteria services: (Delivery, On-Demand menus etc.) 	<ul style="list-style-type: none"> It has been determined that until we can get into the new facility that we cannot provide this service. We currently do not have the staff, space or equipment we need to keep this food at proper temperature. We will revisit this when we get into the new kitchen to see what would be appropriate for the clinics. 	07/24	CHRO/CFO
				<ul style="list-style-type: none"> Evaluate the option(s) to offer daycare services for Prosser Memorial Health dependents. 	<ul style="list-style-type: none"> The Employee Engagement team has determined that before extensive research is done, we need to assess the interest in Day Care services: What type, how many people are interested, what are employees willing to pay for, etc. This information will be collected through the use of a voluntary survey launched in Q3/Q4-2024. 	10/24	CHRO / CFO / CCO

				<ul style="list-style-type: none"> Review the existing retirement plan(s) and possible options of enhancing the benefit. 	<ul style="list-style-type: none"> PMH leadership is reviewing different retirement products that include pre-tax and post-tax contribution options. Possible enhancements could range from increasing the maximum Employer Match level of the 403b, to adding new types of savings plans. Any changes to the plan would be recommended to the board in Q4-2024 for their approval. 	10/24	CHRO / CFO / CEO
				<ul style="list-style-type: none"> Reengage in the effort to transition rehabilitation services staff (i.e., PT, OT, Speech Therapy) to employment status. 	<ul style="list-style-type: none"> There have been multiple recent discussions with the leadership of Rehab Visions regarding insourcing the function with PMH. There has not been an agreement to make a formal change, though talks continue about insourcing. 	7/24	CNO/CHRO
				<ul style="list-style-type: none"> Evaluate the effectiveness of PMH compliance with recently implemented Nursing Staffing Laws. 	<ul style="list-style-type: none"> Compliance with the Nursing Staffing Laws has been reviewed at multiple PMH/Nursing committees. PMH is in compliance with required laws. Nurse Staffing remains an agenda item at the Labor Management Committee providing continual monitoring of safety and compliance. 	9/24	CNO / CHRO

	Strategic Goal	1-Year Objective Metrics	Semi-Annual Update	Objectives/Strategies	Semi-Annual Update	Timing	Accountable
<p>MISSION Prosser Memorial Health will improve the health of our greater community.</p> <p>VISION Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country through the achievement of our Pillars of Excellence:</p> <ul style="list-style-type: none"> • Patient Loyalty • Medical Staff Development • Employee Development • Quality • Services • Financial Stewardship <p>VALUES Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p>Quality</p> <p>Continue to support the systemic organization-wide approach to plan, design, measure, assess and improve organizational performance. Objectives are designed to:</p> <ul style="list-style-type: none"> • Attain optimal patient outcomes and patient and family experience. • Support an engaged and safe workforce. • Enhance appropriate utilization. • Minimize risks and 	<p>1. Achieve an overall medication bar code scanning compliance rate of % or greater for the hospital.</p> <p>2. Achieve an overall patient bar code scanning compliance rate of % or greater for the hospital.</p> <p>3. Maintain the Healthcare Associated Infections (HAI) rate per 100 inpatient days at <0.1%.</p>	<ul style="list-style-type: none"> • Medication bar code scanning compliance year-to-date as of June 2024 is 96.39% which is better than our goal of 94.45%. This is a standing agenda item for the monthly Quality Committee. • Patient bar code scanning compliance year-to-date as of June 2024 is 97.01% which is better than our goal of 94.76%. This is a standing agenda item for the monthly Quality Committee. • The Healthcare Associated Infection rate per 100 inpatient days year-to-date as of June 2024 is 0.00% which is better than our goal of <0.1%. This metric is reported at each P&T Committee meeting. 	<ul style="list-style-type: none"> • Maintain an organization-wide Strategic Plan Scorecard of key performance indicators. • Maintain a Patient Care Scorecard to measure and trend selected Quality measures. • Conduct Environment of Care audits/tracers in all departments and share results with the unit Directors and staff. • Pass all applicable regulatory surveys (e.g., DOH, Laboratory, RHC) • Report medication and patient bar code scanning compliance at each monthly Quality meeting and at clinical staff 	<ul style="list-style-type: none"> • The Strategic Plan Scorecard is ongoing and is included in the monthly Board packet. • The Patient Care Scorecard is ongoing and is included in the monthly Board packet as well as discussed at each monthly Quality Committee meeting. • The Safety Committee conducts annual environment of care surveys in all departments. Due to a change in leadership, the Safety Committee is undergoing a reboot of its audit/tracer activities. • The last DOH survey conducted was in January 2023. The DOH surveys the hospital every 18 months. We anticipated our next survey to be in July 2024. • This is accomplished by having the medication and patient bar code scanning compliance at each monthly Quality meeting where the Pharmacy 	<p>12/24</p> <p>12/24</p> <p>12/24</p> <p>12/24</p>	<p>CQO</p> <p>CQO</p> <p>CQO/Safety Committee</p> <p>CQO</p> <p>Director of Pharmacy</p>

	<p>hazards of care.</p> <ul style="list-style-type: none"> Develop and share best practices. <p>Goal: PMH will achieve a 5 Star CMS rating.</p>	<p>4. Achieve and maintain a Hand Hygiene compliance goal of 100%.</p>	<ul style="list-style-type: none"> Hand hygiene compliance year-to-date as of June 2024 is 97%. This is a standing agenda item for the monthly Quality Committee. 	<p>meetings to monitor compliance.</p> <ul style="list-style-type: none"> Report hand hygiene compliance rates at each monthly Quality meeting to monitor compliance. 	<p>director reviews the data with all the leaders.</p> <ul style="list-style-type: none"> This is accomplished by having the hand hygiene compliance rate data at each monthly Quality meetings where the Laboratory director reviews the data with all the leaders. 	12/24	Infection Preventionist	
		<p>5. Achieve a <u>1%</u> goal of patients leaving the ED without being seen (LWBS) (OP22). (As indicated by the Hospital Strength INDEX)</p>	<ul style="list-style-type: none"> Patients leaving the ED without being seen year-to-date as of June 2024 is 2.70% which is better than our year end goal of <2.77%. 	<ul style="list-style-type: none"> Formalize the Antimicrobial Stewardship (AMS) program. 	<ul style="list-style-type: none"> Formalizing the program is still in process. 	6/24	Director of Pharmacy/CNO	
		<p>6. Achieve or exceed the goal of <u>117</u> minutes (median time) for patients arriving to the ED to their departure time (OP18b). (As indicated by the Hospital Strength INDEX)</p>	<ul style="list-style-type: none"> The median time for patient arriving to the ED to their departure time year-to-date as of June 2024 is 121 minutes which is within 10% of the year end goal of 120 minutes. 	<ul style="list-style-type: none"> Educate staff on the importance of influenza vaccination. 	<ul style="list-style-type: none"> Education goes out to all staff via email in August and September regarding the importance of vaccination and remind staff that if they decline immunization, then they will be required to wear a mask from October-March. 	10/24	Employee Health	
		<p>7. Achieve or exceed the goal of <u>83%</u> for Staff receiving the Influenza Vaccination (IMM3). (As indicated by the</p>	<ul style="list-style-type: none"> PMH staff receiving Influenza Vaccination in 2023/2024 was 84.5% which exceeds the goal of 83%. 	<ul style="list-style-type: none"> Conduct Employee Influenza Vaccination clinics including the accessibility of vaccination through the House Supervisors during the evening and weekend shifts. 	<ul style="list-style-type: none"> Employee flu vaccine clinics are scheduled in September and October for staff. There is vaccine available in the Pyxis for House Supervisors to vaccinate evening and weekend staff. 	10/24	Employee Health	

		<p>Hospital Strength INDEX)</p> <p>8. Be 100% compliant with regulatory standards of applicable agencies (State of WA, CMS, etc.).</p>	<ul style="list-style-type: none"> Ongoing regulatory readiness of all staff is expected with regular environmental surveys being conducted annually on all departments of the organization to ensure that all areas are compliant with all regulatory rules. 	<ul style="list-style-type: none"> Research ways to become a GI Center of Excellence and leverage the data that is being collected in GIQuIC (GI Quality Improvement Consortium). 	<ul style="list-style-type: none"> The GI doctors came to a consensus that ProVation is just as effective at gathering data as GIQuic so we do not subscribe to this anymore. We are still looking at the same data, just through a program that we already utilize for GI documentation. The GI program continues to experience massive expansion. 	9/24	Director of Surgical Services/CQO
				<ul style="list-style-type: none"> Develop and maintain an annual MA Skills Fair to include hospital/clinic MAs and techs. 	<ul style="list-style-type: none"> A Medical Assistant Skills Fair was planned and scheduled in June 2024. There were 52 Medical Assistants that attended with seven clinical stations that they rotated through. 	10/24	CQO/Director of Specialties/Director of Acute Care
				<ul style="list-style-type: none"> Complete clinical skills competencies for all current clinical staff without a completed competency 	<ul style="list-style-type: none"> A Medical Assistant competency skills checklist was completed and distributed to all current MAs. All new MAs are given the competency checklist to complete in their first 90 days. 	05/24	CQO/Director of Specialties
				<ul style="list-style-type: none"> Implement an electronic SDS program. 	<ul style="list-style-type: none"> An electronic program has been identified. The process of gathering all the current SDS' is ongoing 	3/24	Director of Care Transitions/Director of Supply Chain

				<ul style="list-style-type: none"> • Conduct a medication administration risk assessment across the organization. • Maintain PMH's 5 Star CMS rating. 	<p>which is necessary to populate the new system.</p> <ul style="list-style-type: none"> • Plans to complete a medication risk assessment by end of the year is ongoing. 	8/24	Director of Pharmacy/CQO
					<ul style="list-style-type: none"> • As of June 2024, PMH has maintained an overall 5-star rating with CMS. The overall star rating is based on how well the hospital performs across different areas of quality, such as treating heart attacks and pneumonia, readmission rates and safety of care. 	12/24	All

	Strategic Goal	1-Year Objective Metrics	Semi-Annual Update	Objectives/Strategies	Semi-Annual Update	Timing	Accountable
<p>MISSION Prosser Memorial Health will improve the health of our greater community.</p> <p>VISION Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country through the achievement of our Pillars of Excellence:</p> <ul style="list-style-type: none"> • Patient Loyalty • Medical Staff Development • Employee Development • Quality • Services • Financial Stewardship <p>VALUES Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p>Services</p> <p>Prosser Memorial Health (PMH) will develop appropriate facilities, technology, and services to meet the needs of those we serve.</p> <p>Goal: Achieve 2024 budgeted adjusted patient days of XX,XXX.</p>	<ol style="list-style-type: none"> 1. Meet budgeted clinic volumes. 2. Increase aesthetic service volumes by 15%. 3. Offer IV Therapy Services in Dermatology on Saturdays. 4. Offer extended hours and weekends for some services. 5. Increase surgical/procedure volumes by 10%. 6. Enhance disaster recovery strategy with restoration < 24 hours. 	<ul style="list-style-type: none"> • Clinics are currently at budget. • Aesthetic services have grown 23% in 2024. • We have not explored this objective to date. • We offer GI services on Saturday and Sunday, and we are looking into adding a half day on Saturdays for Pain Management. • The number of surgical services performed has increased 12% in the first six months of 2024. The overall revenue has increased 19% in the first six months of 2024. • DR services are currently under evaluation. Implementation of identified 	<ul style="list-style-type: none"> • Community Relations, the Chief Clinics Operations Officer, and the Clinic Directors will meet monthly to review clinic volume numbers and adjust marketing outreach accordingly. • The Dermatology Center will begin promoting cosmetic dermatology services including Cool Sculpting, laser hair removal, Thermi Sculpt, and injectables. • Research adding IV Services at the Dermatology Center on Saturdays. • Analyze demand and backlog in services and expand hours. 	<ul style="list-style-type: none"> • The CCO, CCOO and the Clinic Directors meet monthly to review clinic volume numbers and adjust marketing outreach accordingly. • The Dermatology team has received the appropriate training for the different services PMH offers for cosmetics. We will begin advertising these services when one of our providers returns in September. • On hold as we are down one provider in Dermatology until September. • The backlog in services has been analyzed and we have identified providers that are potentially needed in 2025. Hours have been expanded for GI. We are looking to 	<p>12/24</p> <p>6/24</p> <p>7/24</p> <p>5/24</p>	<p>CCO/ CCOO</p> <p>CCO/ CCOO</p> <p>CCO/ CCOO</p> <p>CCO/CFO</p>

			improvements is scheduled for completion by year-end.		add Saturday services for our Pain Management services.		
	7. Grow Occupational Medicine service line by 525%.	<ul style="list-style-type: none"> Occupational Medicine's utilization has grown 75% this year. With 19% growth in revenue. 	<ul style="list-style-type: none"> Market our surgeons and surgical services offered in our primary and secondary markets. This includes our new GI provider and our orthopedic services. 	<ul style="list-style-type: none"> Ongoing marketing for our surgeons and surgical services in our secondary markets. 	3/24	CCO / Director of Surgical Services	
	8. Offer in person diabetic education classes quarterly.	<ul style="list-style-type: none"> Diabetic education classes are held quarterly. 	<ul style="list-style-type: none"> Open a new clinic for Occupational Medicine in Prosser. 	<ul style="list-style-type: none"> Occupational Medicine was opened in January 2023. The service line continues to be refined to respond to market needs. 	4/24	CCOO/ CEO / CFO	
	9. Increase our telehealth services for specialties we do not currently have.	<ul style="list-style-type: none"> Telehealth visits are offered for GI, behavioral health, and dietitians. 	<ul style="list-style-type: none"> IT will begin a process improvement plan on our current process. 	<ul style="list-style-type: none"> DR services are currently under evaluation. Implementation of identified improvements is scheduled for completion by year-end. 	12/24	CIO	
10. Improve staff satisfaction with Epic by 10%.	<ul style="list-style-type: none"> A comprehensive overhaul of the Epic super user program is underway. A steering committee is being established to guide the successful implementation of this program 	<ul style="list-style-type: none"> Review the demand for specialty services that can be offered via telehealth and develop pro-forma for each specialty. 	<ul style="list-style-type: none"> We now offer GI consults via telehealth. We are looking into additional specialties but were waiting for Congress to decide how telehealth would be reimbursed. 	6/24	CCOO / Director of Patient Access		

		11. Partner with local high schools to develop an Athletic Training program.	<ul style="list-style-type: none"> The Grandview School District would like to partner with PMH on this program. Research is ongoing to understand the scope of practice for a trainer in the clinic and our payor piece. 	<ul style="list-style-type: none"> Migrate Share Drives to SharePoint/OneDrive. 	<ul style="list-style-type: none"> Migration has been initiated, beginning with the Business Office and IT departments. We are addressing minor issues before proceeding with additional department migrations. 	6/24	CIO CCOO / Director of Specialty Clinic / CFO
				<ul style="list-style-type: none"> Create Epic education and training program. 	<ul style="list-style-type: none"> A comprehensive overhaul of the Epic super user program is underway. A steering committee is being established to guide the successful implementation of this program 	6/24	CIO
				<ul style="list-style-type: none"> QR Codes for Provider Reviews. 	<ul style="list-style-type: none"> Currently researching reputation management programs for the providers before we solicit feedback from patients. 	12/24	CIO
				<ul style="list-style-type: none"> QR Codes for Pre and Post-Op Instructions and FAQ's. 	<ul style="list-style-type: none"> We have begun pushing out Pre and Post Op instructions through My Chart. QR codes are still being reviewed as a best practice. 	12/24	CCO
				<ul style="list-style-type: none"> Partner with Prosser High School Athletic Director and PMH Sports Medicine Surgeon to develop an Athletic Training Program. 	<ul style="list-style-type: none"> This program is ongoing. We are researching the scope of practice for the Athletic Trainer and how we will bill for it. The Grandview School 	10/24	CCO

				<ul style="list-style-type: none"> Expand anesthesia services to keep pace with current and future surgical volumes. 	<p>District is interested in this partnership. The Prosser School District will stay with the traditional model.</p> <ul style="list-style-type: none"> A number of CRNA locums and permanent positions have been added to the current staff. 	05/24	CCO
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	Strategic Goal	1-Year Objective Metrics	Semi-Annual Update	Objectives/Strategies	Semi-Annual Update	Timing	Accountable
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	7. Reduce Average Expense per Adjusted Patient Day by >1%. (see budget)	<ul style="list-style-type: none"> Average Expense per Adjusted Patient Day has increased by 0.8% over the prior year YTD. 	<ul style="list-style-type: none"> Continuing to meet with them on a daily basis. New Director of Revenue Cycle started on June 1, 2024 due to retirement of prior leader. 			
	8. Reduce Medicare Adjusted Average Costs for both inpatient and outpatient by 1%. (As indicated by the Hospital Strength INDEX)	<ul style="list-style-type: none"> This measure is not yet available. 	<ul style="list-style-type: none"> Reduce denials through a more effective Utilization Review team structure and an improved pre-authorization process for outpatient tests and surgeries. CDI Program launch in 2024. 	<ul style="list-style-type: none"> Have interviewed multiple vendors to assist with launch of formal CDI program and have begun recruitment of CDI Coordinator. Patient Access team has added Training Specialist to act as lead in Scheduling & Referrals to improve accuracy, pre-registration and competencies of the staff. 	07/24	Director of Care Coordination/ Director of Patient Access/Director of Specialty Clinic
	9. Reduce Medicare Adjusted Average Charges for both inpatient and outpatient by 1%. (As indicated by the Hospital Strength INDEX)	<ul style="list-style-type: none"> This measure is not yet available. 	<ul style="list-style-type: none"> Increase Outpatient Revenue through an expanded Surgical program and increased Clinic volumes driving increased Ancillary Services. Enhance Scheduling & Referral Team capabilities in Surgery and other Ancillary Service lines to increase volume. Expand Call Center to all clinics for scheduling and accurate pre-registrations for patient visits. 	<ul style="list-style-type: none"> Added Weekend Surgical schedule where possible for additional GI procedures, standardizing workflows for call center, scheduling and referrals that has improved patient access. Examining increasing staffing to further fill any identifiable capacity. Added (3) Training Specialist Leads to team and working with the clinic leadership to improve overall quality of patient access teams. All clinics are now serviced by the expanded Call Center and have eliminated or dramatically reduced non- 	06/24	Director of Revenue Cycle
				03/24	Director of Patient Access	
				03/24	Director of Patient Access	

				<ul style="list-style-type: none"> answered calls for patients seeking care. 		
			<ul style="list-style-type: none"> Implement provider reviews regarding productivity in both visits and wRVU and identify opportunities for improvements and provider satisfaction. 	<ul style="list-style-type: none"> Clinic leadership has begun meeting with providers and sharing their productivity reports and actively engaged in removing roadblocks to improvement and provider satisfaction. 	01/24	CFO/Director of Finance/CCOO
			<ul style="list-style-type: none"> Dedicate clinical resources on provider documentation to assist providers with accurate and effective methods that meet the clinical and payer objectives as related to patient care and peer to peer reviews. 	<ul style="list-style-type: none"> Have interviewed multiple vendors to assist with launch of formal CDI program and have begun recruitment of CDI Coordinator. 	04/24	Director of Care Coordination
			<ul style="list-style-type: none"> Utilize Labor Productivity System to monitor efficiency of labor utilization by departments combined with quarterly departmental reviews. 	<ul style="list-style-type: none"> Increased staffing and capabilities of accounting team and in process of retraining and relaunching current Premier platform that reports productivity by department. 	06/24	Director of Finance
			<ul style="list-style-type: none"> Utilize partner to reduce capital, service agreement and bio-medical service costs. 	<ul style="list-style-type: none"> Engaged HHS as new onsite management partner for bio-medical service, service agreements and capital purchases going forward. 	03/24	Director of Supply Chain
			<ul style="list-style-type: none"> New GL/AP/MM software that allows for more effective and efficient 	<ul style="list-style-type: none"> Went Live in December 2023 with new ERP system from 	01/24	Director of Finance

				<p>expense management Go-Live December 2023.</p> <ul style="list-style-type: none"> • Conduct monthly Leadership Finance & Excel Training sessions. 	<p>Multiview. Budget module going live in August 2024.</p> <ul style="list-style-type: none"> • Began teaching initial group of leaders (8) basic Excel classes 2x a month for up to 32 weeks. 	01/24	CFO/ Director of Finance
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Mission:

Prosser Memorial Health will improve the health of our greater community.

Vision of Success FY2016 to 2024 (06/30/24)

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

PATIENT LOYALTY					
Goal: 95% Exceed Patient Expectations					
2016 – 82.3%		2021 – 92.9%			
2017 – 84.8%		2022 – 93.3%			
2018 – 84.6%		2023 – 93.6%			
2019 – 86.6%		2024 – 94.0% (YTD)			
2020 – 86.2%					
MEDICAL STAFF DEVELOPMENT			EMPLOYEE DEVELOPMENT		
Goal: 90% Medical Staff Satisfaction			Goal: 90% Employee Satisfaction		
2016 – 82.6%		2021 – 85.2%	2016 – 83.0%		2021 – 87.8%
2017 – 80.0%		2022 – 83.2%	2017 – 83.2%		2022 – 90.6%
2018 – 90.6%		2023 – 91.4%	2018 – 85.0%		2023 – 92.6%
2019 – 89.0%		2024 – NA	2019 – 85.6%		2024 – NA
2020 – 85.8%					
QUALITY		SERVICES		FINANCIAL STEWARDSHIP	
Goal: CMS Quality Star Rating ≥3		Goal: 50% Market Share (Proxy = Adjusted Patient Days)		Goal: Total Margin > 6%	
2016 – ***	2021 – ***	2016 – 14,487 Days	2021 – 20,438 Days	2016 – (0.6%)	2021 – 20.9%
2017 – ***	2022 – ***	2017 – 14,564 Days	2022 – 26,289 Days	2017 – 3.9%	2022 – 12.5%
2018 – ***	2023 – *****	2018 – 16,480 Days	2023 – 28,610 Days	2018 – 0.6%	2023 – 11.5%
2019 – ***	2024 – ***** (YTD)	2019 – 19,494 Days	2024 – 33,350 Days	2019 – 5.0%	2024 – 10.8% (YTD)
2020 – ***		2020 – 16,648 Days	(Annualized)	2020 – 4.7%	

Our Values

- ASPIRE -

Accountability

Service

Promote Teamwork

Integrity

Respect

Excellence

TO: INTERESTED PARTIES

FROM: GARY HICKS

DATE: JULY 3, 2024

**RE: PROSSER PUBLIC HOSPITAL DISTRICT, BENTON COUNTY, WASHINGTON
USDA RURAL DEVELOPMENT DIRECT LOAN & INTERIM CONSTRUCTION LOAN
FINANCE & PROJECT SCHEDULE**

The following is a revised finance and project schedule for the above-referenced financing to assist financing team members in planning for critical dates and events. Please contact me at your earliest convenience should any of the dates indicated present a problem for any interested party. All times noted below are Pacific Time.

<u>DATE</u>	<u>TASK TO BE COMPLETED</u>
November 8, 2018	* Pre-application submitted to USDA for review.
February 5, 2019	* USDA Rural Development reviewed pre-application and invited District to submit final application.
February 5, 2021	* RFP for underwriters/placement agents sent to selected firms.
February 12, 2021	* Draft feasibility study send to District for review and comment.
February 17, 2021	* District comments to DZA on feasibility study.
February 18, 2021	* Underwriters/placement agents submit proposals.
March 1, 2021	* Draft of PAR sent to USDA for review and comment.
March 9, 2021	* Draft of feasibility study sent to USDA for review and comment.
March 12, 2021	* Project appraisal sent to USDA for review and comment.
March 19, 2021	* Draft environmental assessment sent to USDA for review and comment.
March 22, 2021	* Updated cost estimate for the Project provided by the Project Manager.
March 25, 2021	* Send feasibility study and other documents to the District to be reviewed by the Board at the Board of Commissioners meeting on April 1, 2021.
April 1, 2021 6:30 p.m.	* District Board meeting – approval of USDA application components. Approve feasibility study and select underwriters/placement agent.
April 2, 2021	* Formal application submitted to USDA for review and consideration.
May 19, 2021	* District publishes 1 st USDA approved notice for environmental comments.

**PROSSER PUBLIC HOSPITAL DISTRICT
FINANCING & PROJECT SCHEDULE
PAGE 2**

DATE	TASK TO BE COMPLETED
May 26, 2021	* District publishes 2 nd USDA approved notice for environmental comments.
July 21, 2021	* FONSI published in local newspapers.
August 31, 2021	* Interim construction loan and supplemental financing plan of finance determined. Begin work on the Appendix A and Request for Terms.
September 2, 2021	* USDA issues its Letter of Conditions, Letter of Intent to Meet Conditions, and Request for Obligations to the District.
September 3, 2021	* Board Resolution send to the District by Brad Berg.
September 7, 2021 6:00 p.m.	* District Board meeting – review Letter of Conditions from USDA and consider approval of Resolution to proceed forward with USDA Loans.
September 8, 2021	* District executes Letter of Intent to Meet Conditions, Request for Obligation of Funds and other necessary documents, if approved and authorized.
September 9, 2021	* USDA provides updated Letter of Conditions (“LOC”) and Right-of-Way documents.
September 12, 2021	* Distribution of initial draft of the Appendix A.
September 15, 2021 1:30 p.m.	* Meeting with USDA, State Architect, District, finance and project teams.
September 20, 2021 10:00 a.m.	* Financing update and document review call to review the Appendix A.
September 24, 2021	* Distribution of revised draft of Appendix A by G.L. Hicks Financial.
September 27, 2021	* Initial draft of Request for Terms by Piper Sandler.
October 4, 2021	* Initial draft of USDA financing documents by Foster Garvey.
October 8, 2021 10:00 a.m.	* Financing update and document review conference call/meeting.
October 12, 2021	* Distribution of revised draft of Appendix A, USDA financing documents and Request for Terms.
October 18, 2021 10:00 a.m.	* Financing update and document review meeting.

**PROSSER PUBLIC HOSPITAL DISTRICT
FINANCING & PROJECT SCHEDULE
PAGE 3**

DATE	TASK TO BE COMPLETED
October 19, 2021	* Distribution of revised draft of Appendix A and Request for Terms.
October 26, 2021	* Send Request for Terms and Appendix A to prospective interim lenders.
November 9, 2021	* Receipt of bank Term Sheets for interim construction financing.
November 10, 2021 2:00 p.m.	* Evaluate Term Sheets received. Decision to recommend a private placement or a public offering of BANs for the interim construction financing.
November 11, 2021	* Send materials to the District for inclusion in Board member packets, including an analysis of Term Sheets received and preferred Term Sheet.
November 12, 2021	* Send recommended Term Sheet to USDA if private placement is selected.
November 16, 2021 6:00 p.m.	* District Board meeting – review of financing status and review of analysis of Term Sheets for construction financing and decision on financing options.
December 15, 2021	* Distribution of interim construction loan documents and Note Resolution (the “Financing Documents”) by Stacie Amasaki.
January 5, 2022 10:00 a.m.	* Initial financing update and document review conference call/virtual meeting.
January 7, 2022	* Distribution of revised Financing Documents.
January 18, 2022 10:00 a.m.	* Final financing update and document review conference call/ meeting.
January 19, 2022 9:00 a.m.	* USDA update and LOC review conference call/ meeting.
January 19, 2022	* Send Note Resolution and other documents to the finance team and send the Note Resolution to the District for inclusion in Board member packets.
January 25, 2022	* Construction documents (100% CDs) sent to USDA for review and approval.
January 25 & 27, 2022 6:00 p.m.	* District Board meetings – review and approval of Note Resolution. Send executed Note Resolution to USDA. Update on LOC requirements.
February 1, 2022	* Mini bid opening at the District.
February 2, 2022	* USDA provides letter of intent to Western Alliance.

**PROSSER PUBLIC HOSPITAL DISTRICT
FINANCING & PROJECT SCHEDULE
PAGE 4**

<u>DATE</u>	<u>TASK TO BE COMPLETED</u>
February 3, 2022	* NV5 provides monthly project cash flow draw schedule.
February 4, 2022	* NV5 provides Traffic Impact Study. Piper Sandler provides updated analysis of estimated accrued interest costs during interim construction loan.
February 22 & 24, 2022 6:00 p.m.	* District Board meetings – financing and project updates. Board approval of revised project budget. Authorize submission of USDA revision application.
March 3, 2022	* Final project budget from NV5.
March 8, 2022	* Revised PAR from bcDG.
March 10, 2022	* Receipt of revised Feasibility Study & submit revision application to USDA.
March 22 & 24, 2022 6:00 p.m.	* District Board meetings – review of electrical & mechanical budgets and discussion concerning options for selection of contractors
March 30, 2022	* USDA approves \$13,000,000 additional funding request.
April 6, 2022	* Western Alliance and U.S. Bank approve DACA document.
April 14, 2022	* Bid opening at the Holiday Inn Express in Prosser.
April 14, 2022	* Deliver executed USDA Right-of-Way Certificate.
April 19, 2022	* Final bid opening at the Hospital. Wrap-up bid package. Approval of construction loan by Western Alliance with additional \$13,000,000 funding.
April 20, 2022	* Submit documents to the District for inclusion in Board packets for the April Board meetings.
April 26 & 28, 2022 6:00 p.m.	* District Board meetings – review construction bid results. Approval of amended Note Resolution authorizing \$13,000,000 in additional funding.
May 3, 2022	* District Special Board meeting – review construction bid process and discuss next steps to proceed with bid process and any additional funding required.
May 24 & 26, 2022 6:00 p.m.	* District Board meetings – update on and evaluation of value engineering prospects and other project related discussions.
June 28 & 30, 2022 6:00 p.m.	* District Board meetings – update on GCCM, bid process and design updates. Update on additional funding and USDA process.

**PROSSER PUBLIC HOSPITAL DISTRICT
FINANCING & PROJECT SCHEDULE
PAGE 5**

DATE	TASK TO BE COMPLETED
June 28, 2022	* Deliver executed USDA Right-of-Way Opinion and send with related Certificate to USDA.
July 26 & 28, 2022 6:00 p.m.	* District Board meetings – update on and evaluation of the bid process, value engineering and contract terms.
August 1, 2022	* Advertise construction bid and send bid documents to prospective bidders.
August 23 & 25, 2022 6:00 p.m.	* District Board meetings – update on bid process. Possible Board resolution to approve mini-MACC contract.
August 26, 2022	* Determine source of additional funding (USDA debt, parity revenue bonds, subordinate revenue bonds, operating lease, District reserves, etc.).
August 30, 2022	* Open final construction bids received and begin evaluation of bids. (bid openings also on 8/23, 8/25 and 8/30).
September 1, 2022	* Mitigated Determination of Non-significance/SEPA issued subject to City negotiations on road improvements adjacent to project site.
September 2, 2022	* Establish MACC amount based on bids received and total project cost.
September 2, 2022	* Commence work on revised Feasibility Study by DZA using final costs.
September 5 ,2022	* Begin application and/or financing process to secure additional funding.
September 7, 2022	* Complete evaluation of bids and recommendation of bids received by NV5.
September 7, 2022	* DZA provides draft of revised Feasibility Study for review and comment.
September 8, 2022 6:00 p.m.	* District Special Board meeting – approve MACC final contract price. Approve resolution authorizing submission of revision application to USDA.
September 9, 2022	* Subsequent application submitted to USDA with document package.
September 9, 2022	* Equipment operating lease term sheets due.
September 13, 2022	* DZA provides final revised Feasibility Study and submitted to USDA.
September 19, 2022	* Department of Health issues Certificate of Need.
September 21, 2022	* Analysis of equipment operating lease proposals. Review with District and select two finalists based on term sheets provided. Secure commitments.

**PROSSER PUBLIC HOSPITAL DISTRICT
FINANCING & PROJECT SCHEDULE
PAGE 6**

<u>DATE</u>	<u>TASK TO BE COMPLETED</u>
September 27, 2022	* USDA approval of subsequent applications and issues LOCs (Loan & Grant).
September 27, 2022	* Provide Western Alliance with subsequent Loan LOC and credit package.
September 27 & 29, 2022 6:00 p.m.	* District Board meetings – review and approve MACC and District signs GC contracts. Authorize plan of finance with additional USDA Direct Loan, USDA Grant, interim construction loan and operating lease amounts.
October 4, 2022	* Western Alliance approval of \$80,500,000 interim construction loan.
October 5, 2022	* Draft of revised interim construction revenue bond anticipation note (“BAN”) documents sent to the finance team for review and comment.
October 12, 2022 2:00 p.m.	* Financing update and document review conference call/meeting.
October 13, 2022	* Final interim construction revenue BAN documents sent to the finance team.
October 17, 2022 2:00 p.m.	* Financing update and document review conference call/meeting.
October 25, 2022	* Complete Section I requirements to the LOCs and submit documentation and information to USDA as one complete package.
October 25 & 27, 2022 6:00 p.m.	* District Board meetings – Approval of interim construction BAN financing. Discussion of fixed and variable rate for BAN interim construction financing.
November 7, 2022	* Department of Health approval of final drawings and specifications (A2BC).
November 8, 2022	* City of Prosser issues full building permit.
November 9, 2022	* Washington State DOT approval and receipt of traffic study (ICE).
November 10, 2022 10:00 a.m.	* Preconstruction meeting with USDA at Prosser Memorial Hospital.
November 16, 2022	* USDA approves final plans and indicates District can issue Notice to Proceed to Bouten. District elects to proceed with fixed rate on interim const. loan.
November 18, 2022	* USDA issues written concurrence to proceed with construction and closing of the interim construction loan.
November 21, 2022	* Commencement of construction.

**PROSSER PUBLIC HOSPITAL DISTRICT
FINANCING & PROJECT SCHEDULE
PAGE 7**

<u>DATE</u>	<u>TASK TO BE COMPLETED</u>
November 23, 2022	* On or before this date, Western Alliance sets the fixed interest rate for the interim construction loan. Note finalized with remaining information.
November 23, 2022	* Foster Garvey sends final interim construction loan documents and certificates to finance team for review and signature.
November 29, 2022 11:00 a.m.	* Ground breaking ceremony at project site. Invite USDA and other officials.
November 30, 2022	* Executed documents, certificates and opinions returned to Foster Garvey.
November 30, 2022	* Executed documents, certificates and opinions sent to Western Alliance.
December 2, 2022	* Western Alliance finalizes set-up of interim construction loan on its system.
December 5, 2022 12:00 noon	* Pre-closing conference call with finance team. Invitations to be sent by Piper Sandler to finance team participants.
December 6, 2022	* Interim construction loan closing via email in the morning.
June 8, 2024	* Request proposal term sheets from seven leasing companies.
June 25, 2024	* Receipt of proposal term sheets from five leasing companies.
July 1, 2024	* Evaluation of lease proposals and ranking of proposals received.
July 30, 2024 6:00 p.m.	District Board meeting - presentation of selection process, recommended Lessor, lease documents and review Lease Financing Board resolution.
August 1, 2024	District Board meeting – approval of Lease Financing Board resolution.
August __, 2024	Close equipment operating lease financing – Series A.
October __, 2024	Close equipment operating lease financing – Series B.
January __ 2025	Close equipment operating lease financing – Series C.
January __, 2025	Distribution of USDA Revenue & LTGO Bond documents and resolution (the “Direct Loan Documents”) to finance team members by Brad Berg.
January __, 2025	Document review and financing update conference call at 10:00 a.m.

**PROSSER PUBLIC HOSPITAL DISTRICT
FINANCING & PROJECT SCHEDULE
PAGE 8**

<u>DATE</u>	<u>TASK TO BE COMPLETED</u>
January __, 2025	Distribution of revised Direct Loan Documents.
February __, 2025	Document review and financing update conference call at 10:00 a.m.
February __, 2025	Distribution of revised Direct Loan Documents. Send Direct Loan Documents to the District for inclusion in Board packets.
February __, 2025 6:30 p.m.	District Board meeting – review of project and financing status and approve Resolution and Direct Loan Documents for USDA Loans.
February 29, 2025	Completion of construction.
March __, 2025	Pre-closing conference call for USDA Loans with the finance team.
March __, 2025	Closing of USDA Loans. Go live to admit patients.

I look forward to working with all those involved with this financing. Should any of the scheduled dates established above for the completion of tasks cause difficulty for any participant, please contact me immediately at (801) 225-0731 to resolve any potential problem areas.

* *Task Completed*

**PROSSER PUBLIC HOSPITAL DISTRICT, BENTON COUNTY, WASHINGTON
USDA RURAL DEVELOPMENT DIRECT LOANS, INTERIM CONSTRUCTION LOAN
AND EQUIPMENT OPERATING LEASE FINANCING**

INTERESTED PARTIES LIST

DISTRICT

PROSSER PUBLIC HOSPITAL DISTRICT
723 Memorial Street
Prosser, WA 99350

Craig Marks, Chief Executive Officer

David Rollins, Chief Financial Officer

Stephanie Titus, Finance Operations

Merry Fuller, Chief Operating Officer & Chief Nursing Officer

Rosemary Mendoza, Executive Assistant

FAX (509) 786-6683
(509) 786-6695
cmarks@prosserhealth.org
(509) 786-6605
drollins@prosserhealth.org
(509) 786-5530
stitus@prosserhealth.org
(509) 786-6038
mfuller@prosserhealth.org
(509) 786-6651
rmendoza@prosserhealth.org

DISTRICT COUNSEL & BOND COUNSEL

FOSTER GARVEY PC
1111 Third Avenue, Suite 3000
Seattle, WA 98101

Brad Berg, Principal

Stacie Amasaki, Principal

CELL (206) 954-2887
(206) 447-8970
brad.berg@foster.com
(206) 447-6278
stacie.amasaki@foster.com

DISTRICT FINANCIAL ADVISOR

G.L. HICKS FINANCIAL, LLC
337 S. Palisades Drive
Orem, UT 84097

Gary Hicks, President

CELL (530) 903-9000
(801) 225-0731
gary@glhicks.com

LENDER (PERMANENT DIRECT LOANS)

USDA RURAL DEVELOPMENT
1606 Perry Street, Suite D
Yakima, WA 98902

Marlene "Marti" Canatsey, CP Specialist/WA State Specialist

Koni Reynolds, Community Programs Director

Anita Lopez, Asset Risk Coordinator, Community Facilities Program

FAX (509) 367-8570
marlene.canatsey@usda.gov
(360) 704-7737
koni.reynolds@usda.gov
(530) 631-2449
anita.lopez@usda.gov

PROSSER PUBLIC HOSPITAL DISTRICT

INTERESTED PARTIES LIST

PAGE 2

PROJECT ARCHITECT

bcDESIGNGROUP, LLC
12101 West 110th Street, Suite 100
Overland Park, KS 66210

Kurt Broeckelmann, LEED AP, Managing Partner

CELL (913) 269-3449
(913) 232-2123
kurtb@bc-dg.com

OWNERS REPRESENTATIVE

NV5
2650 18th Street, Suite 202
Denver, CO 80211

Paul Kramer, Vice President

Adam Trumbour, Project Director

Kim Cunningham, Senior Project Manager

CELL (216) 225-4273
(303) 220-6486
paul.kramer@nv5.com
(303) 220-6486
adam.trumbour@nv5.com
(630) 723-9705
kimberly.cunningham@nv5.com

GENERAL CONTRACTOR/CONSTRUCTION MANAGER

BOUTEN CONSTRUCTION COMPANY
1060 Jadwin Avenue, Suite 300
Richland, WA 99352

Mac McGrath, Senior Project Manager

CELL (509) 713-0407
(509) 943-7677
macm@boutenconstruction.com

FEASIBILITY CONSULTANT

DINGUS, ZARECOR & ASSOCIATES PLLC
12015 East Main
Spokane Valley, WA 99206

Luke Zarecor, CPA, Partner

Joe Lodge, CPA, Senior Manager

CELL (509)
(509) 321-9491
lmzarecor@dzacpa.com
(509) 251-5351
jlodge@dzacpa.com

PROSSER PUBLIC HOSPITAL DISTRICT

INTERESTED PARTIES LIST

PAGE 3

PURCHASER (INTERIM CONSTRUCTION LOAN)

WESTERN ALLIANCE BANK

601 West 5th Street, Suite 100

Los Angeles, CA 90071

CELL (310) 435-0697

Monika E. Suarez, Managing Director, Municipal Finance

(213) 362-5277

msuarez@westernalliancebank.com

Cherry Cabarloc, Loan Administration - Closing Team Lead

(213) 362-5214

ccabarloc@westernalliancebank.com

One East Washington Street, Suite 1400

Phoenix, AZ 85004

FAX (602) 889-1511

Robbie Garner-Sullivan, Vice President, Portfolio Manager

(602) 952-5425

rgarner-sullivan@westernalliancebank.com

Keaton Licon, Assistant Vice President, Commercial Underwriting

(602) 661-6142

keaton.licon@westernalliancebank.com

PURCHASER'S COUNSEL (INTERIM CONSTRUCTION LOAN)

STRADLING YOCCA CARLSON & RAUTH, P.C.

275 Hill Street, Suite 270

Reno, NV 89501

FAX

Scott W. Shaver, Esq. Shareholder – Public Finance

(775) 393-1955

sshaver@stradlinglaw.com



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

DATE: July 23, 2024

I. PROJECT TEAM:

Prosser Memorial Health (PMH)	Owner
NV5	Owner's Representative
bcDESIGNGROUP (bcDG)	Architect/Design Team
Henderson Engineering (HEI)	Security, Low Voltage, Audiovisual Design
Gary Hicks Financial, LLC	USDA Application Consultant
Perkins Coie	General Counsel
Introba	Medical Equipment Planner
GeoProfessional Innovation (GPI)	Geotech. Engineering Services and Construction Materials Testing & Inspection Services
CBRE	Commissioning Agent
OpenSquare	Furniture Vendor
Bouten Construction	General Contractor as Construction Manager

II. PROGRESS:

-
- A. Contracts – The following is a status of professional services agreements:
- a. Agreements, contracts and/or amendments *executed this period*:
 - i. *None noted.*
 - ii. Bouten Construction – Change Orders (COs). (*None this period*)
 - iii. Bouten Construction – Potential Change Orders (PCOs). (*None this period*)
 - iv. Bouten Construction – Allowance Usage Authorizations (AUAs). (*None this period*)
 - v. Bouten Construction – Contingency Usage Authorizations (CUAs).
 1. CUA-082 Precast Concrete Caps Escalation (\$2,232) Due to the shift in the original project schedule in 2022, the concrete masonry subcontractor was unable to procure the precast concrete caps for the facility until later in the project, which then incurred a yearly cost escalation.
 2. CUA 083 Steris Changes per RFI #209 (\$11,809) This CUA covers costs related to coordinating the actual Steris equipment that will be installed in the building.
 3. CUA-084 Miscellaneous Casework Revisions (\$3,695) RFI 259 revealed that there were additional details at several casework installations that were not previously identified. This CUA incorporates those details, such as backsplashes in the lab.
 4. CUA-085 Engineered Soils Scope Gap (\$66,500) This covers a gap in scope being provided by Bouten's subcontractors under their base bids, namely for engineered fill procurement and placement.
 5. CUA-086 SPD Piping Relocation (\$3,636) Bouten was required to relocate an SPD pipe that was within the elevator machine room subsequent to a project inspection.
 6. CUA-087 Procedure Room Box Walk Revisions (\$8,370) Subsequent to a "box walk" in the procedure room, PMH directed Bouten to make changes to electrical outlets and other MEP/IT connections in the procedure rooms.
 - b. Agreements, contracts and/or amendments *in process*:
 - i. bcDESIGNGROUP – Contract Amendment #5 (\$24,500). This contract amendment compensates the design team for the design efforts to support PMH's contemplation of a site irrigation water pond, as well as to expand the parking lot.



This amendment has not been reviewed yet by USDA, though NV5 intends to forward to them before the end of this month (July).

- ii. Bouten Construction – Change Orders (COs) (*None this period*)
 - iii. Bouten Construction – Potential Change Orders (PCOs)
 - 1. PCO-031 Wound Care (\$834,312) This PCO covers the cost to fully build out the Wound Care clinic within the replacement hospital & MOB.
 - 2. PCO-032 Added Parking (\$291,115) This PCO expands the parking to accommodate increased patient volumes and staff.
 - 3. PCO-033 OR 4 Buildout (\$261,525) This PCO covers the cost to fully build out the fourth operating room, which is currently a “shell space” (unfinished) per the base design.
 - 4. PCO-034 DOH Review Comments (Approx. \$20,000) There continues to be review comments from the WA Department of Health that necessitate changes to the project. Bouten estimates that the current log of changes may require approximately \$20,000 to implement the changes.
 - iv. Bouten Construction – Allowance Usage Authorizations (AUAs) (*None this period*)
 - v. Bouten Construction – Contingency Usage Authorizations (CUAs) (*None this period*)
- B. Design
- a. The design team assisted PMH in evaluating the merits of installing an irrigation water pond to leverage the SVID irrigation water serving the site.
 - b. Otherwise, the design team is working through the balance of their construction administration duties, which includes responding to RFIs, completing site visits, etc.
- C. Permitting (*None noted this period*)
- D. Construction
- a. NV5 has continued to perform weekly site visit reports since last month’s board work session. These are available on request from either NV5 or PMH Administration.
 - b. In general:
 - i. Construction appears to be proceeding on-schedule, with the Bouten team focused on various stages of the work as it progresses through the facility.
 - ii. In all areas of the facility, finish work progresses in earnest. Areas A & C finishes are slated to complete in September, areas B & D finishes are slated to complete in October, and areas E & F finishes are slated to complete in November.
 - iii. Final sitework is underway, with completion slated for November 2024.
 - iv. Commissioning will commence imminently, currently slated for early August.
 - c. **Fiber / Internet Service** As of June 3, 2024, LS Networks is ready to terminate the fiber service within the building and activate service, however the construction team requested that LS Networks wait until building power is complete at the main IT closet. Bouten aims to have LS Networks return in August 2024.
- E. Operations / Activation
- a. **Activation Planning:** The project team is continuing with IT transition meetings, and coordinating target durations for installation(s) which will start for the network in In July. Programming for the Cuddles infant security system, Nurse Call, and GE Telemetry is well underway, and nearing completion. Weekly meetings to begin for department directors/managers regarding workflows, systems set up for day one, training requirements and move requirements. This effort is led by NV5’s Paul Kramer and Kim Cunningham, NV5’s Transition Coordinator, who are facilitating the meetings. NV5 regular coordinates monthly staff meetings and walk-thru’s of the new facility in support of this work. The Diagnostic Imaging Department box walks occurred this month with the end users to review workflow in the rooms and confirm IT equipment locations.
 - b. **Medical Equipment:** As noted in previous reports, Introba is PMH’s equipment planning and procurement consultant. The project team is working with PMH to determine what equipment can be purchased under capital budgets for 2024 and 2025, as well as if the purchase of any items on the list can be deferred, or applied to the pending Capital Equipment Lease. The procurement phase of the project is well underway with thirty eight (43) purchase orders issued for architectural significant equipment, Owner Furnished



Contractor Installed, Owner Furnished Vendor Installed, and Owner Furnished Owner Installed equipment. Procurement is projected to continue through the end of the third quarter of 2024.

- c. **Furniture:** As previously reported, the majority of the new furniture has been selected, with only a few outstanding items at this time. The next step in this process is to make final selections of the fabric and finishes for the furniture pieces, and OpenSquare has advised all final approvals for finishes on the furniture need to be completed by July / August to maintain the procurement schedule for opening the facility by the end of the year. OpenSquare is working with bcDG on finish and fabric selections and meeting with PMH Team in July to review all selections for approval.
- d. **Functional Program:** In support of the efforts noted in item (a.) directly above, the Operations and Transition team continues its development of the Functional Program document, as requested and required by the Department of Health, to act as an 'Owner's Manual' for this process. An up-dated copy of this document has been submitted to the state in conjunction with bcDG's State Review responses, which is critical for final State approval associated with Occupancy.

III. PROCUREMENT:

- A. Ongoing procurements:
 - a. **Acoustical Consultant** NV5 assisted PMH with the procurement of an acoustical consultant to certify that the new building design meets FGI guidelines pertaining to sound, such as noise pollution from the exterior, sound transmittance room to room, and background noise created by mechanical equipment. As of May 29, 2024, Tenor Engineering is under contract to provide these services, and is currently coordinating their efforts with Bouten.
- B. Upcoming project team members to procure include:
 - a. **Art Consultant Q3 2024.**
 - b. **Signage Design and Fabrication vendor.** RFP to be issued on 7/30/24 for public bids.
 - c. **Move Company Q3 2024.** NV5 received two vendor proposals on 7/19/24, which are in review for final selection by end of July.
- C. Upcoming materials and equipment procurements:
 - a. Medical equipment procurement is ongoing in earnest, with PMH recently issuing purchase orders to several vendors, such as FujiFilm Video Scope System, Stryker Endoscopy, GE Stress Tango equipment. This process will continue throughout 2024 as medical equipment is ordered.

IV. SCHEDULE:

- A. As of the writing of this report, Bouten had not yet issued their July schedule update; however, the work generally appears to be proceeding according to their update on June 6, 2024.

V. BUDGET

- A. Attached to this report is a copy of NV5's current budget for the project. This is a copy of the *current budget* as approved by the Prosser Public Hospital District Board of Commissioners and as concurred by the US Department of Agriculture. NV5 will update the budget as any *approved and concurred* changes to the budget occur.
- B. The *base scope* of the project continues to trend within the *current, approved budget*. However, PMH and the project team have worked together on various augmentations to the project scope, including design & construction scope, medical equipment, Information Technology equipment, and site features. As of July 23, 2024, Gary Hicks appealed to the USDA on behalf of PMH for their concurrence to increase the total project budget. The project team will keep the PMH administration and board abreast of USDA's review and concurrence as it transpires.
- C. **USDA Outlay Reports (OLR)**
 - a. USDA concurred with OLR-18 on July 5, 2024, which approved \$5,552,413.77 in funds spent through July 2, 2024.
 - b. NV5 will submit OLR-19 to USDA for concurrence sometime in early August once Bouten issues its next application and certification for payment.

D. Contingency

- a. The Owner Contingency original amount was \$4,526,045 and is now at \$1,338,491.56 due to approved contract amendments (refer to section 2.A. of this report and prior board reports). Refer to line 3.01.00 of the attached budget for more information.
- b. There is an additional \$329,226.73 of contingency currently encumbered by minor budget variations, primarily due to an increase in the IT equipment budget. NV5 is working with the PMH finance team and USDA to reconcile these encumbrances and balance the budget. The sum shown in the bottom of the "Projected Over/(Under)" column, on the last page of the budget report, is inclusive of these encumbrances.
- c. Contractor contingency at the start of this project was \$2,252,358.00, and through the execution of aforementioned CUA's, the current value of Bouten's Contractor Contingency is \$819,041.30

VI. PROJECT CHALLENGES / RISKS:

- A. **Weather.** While the building is entirely weathered-in (except for a few windows that need to be installed), the balance of finish sitework is underway which is sensitive to torrential rains. Fortunately, the area does not receive large amounts of precipitation in the summer. Nevertheless, the sitework could be impacted by any major precipitation event. Future weather-sensitive tasks include landscaping, which is currently slated to complete in the fall of 2024.
- B. **Lead times.** Throughout the pre-construction phase, the project team has attempted to identify risk to project completion due to extended lead times for equipment and materials. Fortunately, this disruption in the industry appears to be waning; however, the team will continue to monitor this risk, plan as reasonably as possible, and keep the PMH Board informed of schedule or costs impacts due to this phenomenon. As an example, the emergency generator for our project was ordered in Q1 2023 and currently has an estimated arrival date in September 2024. With the current forecast project substantial completion date of April 2025, a shift in the arrival of this equipment could push the substantial completion date.
- C. **Health Department Review.** As noted in this report and several previous reports, the design team is striving to reach consensus with the WA Dept. of Health on this project. The project team, through bcDG as the lead, are working consistently to mitigate this risk as much as possible by: advocating for "reasonable" interpretations of the relevant codes; assessing what is indeed a *code* requirement versus a *recommendation* by the Dept.; communicating consistently with the Dept. in order to reach a timely resolution of the process.
- D. **Medical Equipment.** Introba continues their efforts to source purchase orders for each minor and major medical equipment package. While Introba created an estimate for all of the equipment, the true price of the equipment will reveal itself through the procurement process.
- E. **Revisions to project scope.** As the project approaches critical milestones, such as the commencement of finishes (paint, ceiling tiles) in some areas, the ability for the construction team to respond to changes in project direction becomes increasingly difficult and therefore more costly. The project team is still working closely with PMH to finalize direction for the wound care space, OR-4, and other considerations. Additionally, this risk also presents itself in the form of missed coordination opportunities by the design and construction team during the design phase and preconstruction phase of the project. This is exemplified by CUA-047, which was almost entirely a coordination issue.

VII. NEXT STEPS:

- A. Continue to manage and monitor Construction activities.
- B. Develop transition plans and coordinate final owner equipment purchases and installation.

VIII. ATTACHMENTS:

- A. Project Summary Report – Currently approved overall project budget.
- B. Actual Costs Report – Costs incurred since June 2024.

-End of report-



Bouten Construction Company
 1060 Jadwin Ave.
 Suite 300
 Richland, Washington 99352
 P: (509) 943-7677
 F: (509) 943-7877

Project: K-825 PMH REPLACEMENT HOSPITAL
 200 Prosser Health Drive
 Prosser, Washington 99350

OAC Meeting Minutes: Meeting #36

Meeting Date	Jul 2, 2024	Meeting Time	10:00 AM - 11:00 AM Pacific Time (US & Canada)
Meeting Location	Bouten Job Trailer	Video Conferencing Link	https://teams.microsoft.com/join/19%3ameeting_YjJmZjU1Y2YtMWRiOS00MWUzLTkyYWtOWFhYjI1ZWFiMjRi%40thread.v2/0?context=%7b%22id%22%3a%2231860f8f-210d-4c34-8de6-95c92e3f2a92%22%2c%22oid%22%3a%229856971a-524a-4d39-9d27-e09a28da3541%22%7d
Overview	Owner, Architect and Bouten Team status meeting during construction.		
Notes			
Attachments	2024.07.02 - K825 OAC Meeting 36 Agenda - Combined.pdf , 2024.07.02 - K825 6-Week Look Ahead.pdf , 2024.07.02 - K825 OAC Meeting 36 Agenda.pdf , 2024.07.02 - K825 Open Change Logs.pdf , 2024.07.02 - K825 Open Submittal Log.pdf , 2024.07.02 - K825 Open RFI Log.pdf		

Scheduled Attendees

Name	Phone Number	Name	Phone Number
Hilary Beashore (BCDESIGNGROUP, LLC)	P: (913) 232-2123 ext. 806	Kurt Broeckelmann (BCDESIGNGROUP, LLC)	P: (913) 232-2123
Lance White (BCDESIGNGROUP, LLC)	P: (913) 232-2123	Joshua Belt (BOUTEN CONSTRUCTION COMPANY)	P: (509) 713-0586
Blake Ellingsen (BOUTEN CONSTRUCTION COMPANY)	P: (509) 535-3531	Nick Gonzales (BOUTEN CONSTRUCTION COMPANY)	P: (509) 535-3531
Wilson Ladd (BOUTEN CONSTRUCTION COMPANY)	P: (509) 943-7677	Mac McGrath (BOUTEN CONSTRUCTION COMPANY)	P: (509) 943-7677
Craig Niemela (BOUTEN CONSTRUCTION COMPANY)	P: (509) 535-3531	Alex Ramos (BOUTEN CONSTRUCTION COMPANY)	P: (509) 535-3531
Rich Zoller (BOUTEN CONSTRUCTION COMPANY)	P: (509) 943-7677	Gary Hicks (G.L. HICKS FINANCIAL, LLC)	P: (801) 225-0731
Kim Cunningham (NV5)	P: (303) 220-6400	Braden Demmerly (NV5)	P: (303) 220-6400
Paul Kramer (NV5)	P: (303) 220-6400	Adam Trumbour (NV5)	P: (303) 220-6400
Merry Fuller (PROSSER MEMORIAL HEALTH)	P: (509) 786-6695	Craig Marks (PROSSER MEMORIAL HEALTH)	P: (509) 786-6695
David Rollins (PROSSER MEMORIAL HEALTH)	P: (509) 786-6695	Martin Newhard (TURNER & TOWNSEND HEERY, LLC)	P: (206) 292-1600
Marlene Canatsey (USDA/RURAL DEVELOPMENT)	P: (503) 367-8570	Agnieszka Kiswa (USDA/RURAL DEVELOPMENT)	P: (503) 367-8570

Attendees

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
1.1	1	Attendees - Unscheduled			Low	Open
<p>Previous Meeting Minutes Jun 18, 2024 (None)</p>						

Safety

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
2.1	1	Project Safety Update	Joshua Belt (BOUTEN CONSTRUCTION COMPANY)		Medium	Open

Official Documented Meeting Minutes

- Rich reported that there are no new injuries.
- Current hazards on site include heavy equipment - concrete trucks, excavators, etc. Pay attention to surroundings & make eye contact with operators.
- Current hazards in the building include PPE, ladder safety, scissor lifts, & cord management. Be aware of surroundings & egress locations.
- Averaging 85-90 workers on site.

Previous Meeting Minutes
Jun 18, 2024

- Josh reported that there are no new injuries.
- Current Site Hazards: Outdoor Heat Exposure - Prevention plan and guidelines have been reviewed with the trades. Heavy Machinery - Pay attention to surroundings & make eye contact with operators.
- Current building hazards - Scissor lifts, scaffolds, & ladder work throughout.
- Averaging 80-90 workers on site.

Schedule

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
3.1	1	Schedule Review/Construction Phasing	Joshua Belt (BOUTEN CONSTRUCTION COMPANY)		High	Open

Description

Review the current 6 week look ahead schedule.

Official Documented Meeting Minutes

- Rich reported that we are on schedule and reviewed the 6-Week look ahead.
- Area A - Electrical/mechanical room hookup and final paint. Epoxy flooring finishing up in sterilization rooms.
- Area B.1 - MRI rough-in ongoing.
- Area B.2 - Sheet vinyl, carpet and LVT flooring ongoing.
- Area C - Ceiling tile & trim.
- Area D.1 - Ceiling tile & trim.
- Area D.2 - Ceiling tile & trim.
- Area E - Ceiling grid, lights, & ceiling trim ongoing.
- Area F - Installation of GRD's, blind boxes, & casework ongoing.
- Exterior - Northwest sidewalks are ongoing. Northeast irrigation has started.

Previous Meeting Minutes
Jun 18, 2024

- Josh reported that we are on schedule and reviewed the 6-Week look ahead.

- Area A - Epoxy flooring re-work ongoing. Mechanical and electrical room buildout ongoing.
- Area B.1 - Epoxy flooring, lighting controls, ceiling trim, & casework ongoing.
- Area B.2 - Procedure room rough-in ongoing. Pulling wire above ceiling and sheet vinyl flooring ongoing.
- Area C - Wall tile and miscellaneous casework ongoing.
- Area D.1 - Flooring, wall trim, & ceiling trim ongoing.
- Area D.2 - Flooring, wall trim, & ceiling trim ongoing.
- Area E - Taping and painting GWB. Pulling wire above ceiling.
- Area F - Wall protection, casework, and epoxy floor prep ongoing.
- Exterior - Remaining glass install as received. Roof flashing ongoing.
- Site - Curb and gutter prep & install ongoing. Sidewalk and asphalt prep ongoing.

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
3.2	9	Upcoming Milestones	Joshua Belt (BOUTEN CONSTRUCTION COMPANY)			Open

Official Documented Meeting Minutes

- 9/5 - Area B.2 Ceiling Tile Completion.
- 9/26 - Area B.1 Ceiling Tile Completion.
- 7/9 - Area E Ceiling Grid Begins.
- Asphalt paving start date will push from 8/5 to mid/late September. This will help ensure cooler weather for install as well as less driving activity, making for better quality product transferred to PMH closer to completion.

**Previous Meeting Minutes
Jun 18, 2024**

- 6/19 - Area A Ceiling Tile Begins. Final Paint to Follow.
- 6/24 - Irrigation for Landscaping Begins.
- 7/9 - Area E Ceiling Grid Begins.
- Asphalt paving start date will push from 8/5 to mid/late September. This will help ensure cooler weather for install as well as less driving activity, making for better quality product transferred to PMH closer to completion.

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
3.3	18	Box Walk Dates	Blake Ellingsen (BOUTEN CONSTRUCTION COMPANY)			Open

Official Documented Meeting Minutes

- Craig noted Diagnostic Imaging in Area B.1 did not receive a box walk. Kim to set up walk with Aurora for review of these spaces.

**Previous Meeting Minutes
Jun 18, 2024**
No new updates.

Jun 4, 2024

- Wound Care - Pending implementation into master schedule.
- OR 4 - Kim noted it would still be preferred to have a box walk for this space when ready.

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
3.4	1	Lead Time Impacts	Blake Ellingsen (BOUTEN CONSTRUCTION COMPANY)		High	Open

Wilson Ladd
(BOUTEN CONSTRUCTION COMPANY)

Official Documented Meeting Minutes

- OR 4 - Isolation panelboards - Priority on getting these ordered as they typically have long lead times.
- Generators - Tracking a September 2024 delivery. Bouten to follow up with Garrett Electric for delivery timeline confirmation direct from fabricator.

Previous Meeting Minutes

Jun 18, 2024

- Generators - Tracking a September 2024 delivery. Adam asked what form of confirmation will be received for fabrication queue. Bouten to coordinate with Garrett Electric for documentation, factory visit, etc. as it relates to fabrication.
- Wound Care - Bouten to asses lead times and review with team.

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
3.5	1	Design Team & Owner Site Visits	Mac McGrath (BOUTEN CONSTRUCTION COMPANY)		Low	Open

Official Documented Meeting Minutes

- BCDG - Brooke will be on site this month.
- NV5 - Kim will be on site 7/15-7/16.
- Henderson - Bouten to check in.
- ECE - Bouten to check in.

Previous Meeting Minutes

Jun 18, 2024

- BCDG - Kurt will be on site 6/24-6/25 for board meeting.
- NV5 - Paul will be on site 6/25 for board meeting.
- ECE - Site report from Jason's last visit is pending. Bouten to follow up on any site visits prior to punch list.

Submittals

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
4.1	1	Submittal Log	Blake Ellingsen (BOUTEN CONSTRUCTION COMPANY) Wilson Ladd (BOUTEN CONSTRUCTION COMPANY)		Medium	Open

Description

Review the current open submittal log and high priority items.

Official Documented Meeting Minutes

- High Priority:
- PR13 Wound Care Doors and Frames - BCDG to return today.
- Irrigation - In ECE's court. HHS will also need to review.

Previous Meeting Minutes

Jun 18, 2024

- Plastic Laminate Casework Shop Drawings - Med/Surg & LDRP - High priority on getting these into production.
- Ceramic Tile Shop Drawings - Area D.1 Wound Care

- Flooring and Carpet Shop Drawings - Area D.1 Wound Care

RFI's

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
5.1	1	RFI's	Blake Ellingsen (BOUTEN CONSTRUCTION COMPANY) Wilson Ladd (BOUTEN CONSTRUCTION COMPANY)		Medium	Open

Description

Review the current open RFI log.

Official Documented Meeting Minutes

- High Priority:
- 214.01 - Lance commented that FAA specific items such as flight path and building lighting require direction. Adam noted NV5 has a Life Flight contact that they will connect with on these items.
- 270 - Pending review from Aurora of PMH. Will then go into vendor's court for review/update.
- 262 - Epoxy Flooring Clarifications - Pending final confirmation with interiors prior to distribution.
- 272 - Epoxy Floor Slopes at Patient Restrooms - Priority with install beginning next week.

Previous Meeting Minutes

Jun 18, 2024

- 105.01 - Fire Hydrant Elevation at Main Entrance Drive - Follow up from ECE site walk. Jason to review & update.
- 240 - Sidewalk Warning Surface Color Confirmation - Kurt to review with PMH. High priority with sidewalk install upcoming.
- 262 - Epoxy Flooring Clarifications - BCDG reviewing topcoat for Area A sterilization rooms. Kurt to review shower flooring transitions on 6/25 during site visit.
- 264 - Employee Timeclocks Coordination - Pending locations to be added via PMH/BCDG direction.
- 265 - Procedure Room Box Walk Confirmations
- 267 - AHU BMS Network Needs
- 268 - Grading at SVID Canal Pipe - Follow up from ECE site walk. Jason to review & update.
- 269 - Exposed Steel MOB Entrance Finish - Remaining open for paint selection.
- 270 - Mammography Electrical Coordination - Henderson to review equipment infrastructure needs.

Budget

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
6.1	1	Open Changes	Mac McGrath (BOUTEN CONSTRUCTION COMPANY)		Medium	Open

Official Documented Meeting Minutes

Contractor Contingency

- CUA 046 - Landscaping Budget Increase - In NV5/BCDG's court for review.
- CUA 084 - Miscellaneous Casework Revisions - In Mac's court to issue.
- CUA 085 - Engineered Soils Scope Gap - In Mac's court to issue.
- Patient Room Mock-up Rework

Owner Changes

- PCO 023 - Ground water remedy - Pending summary letter from BCDG.
- PCO 031 - Wound Care Buildout - In NV5's court.
- PCO 032 - Added Parking - In NV5's court, tracking under ROM price and likely to be issued today.
- PCO 033 - OR 4 Buildout - Pending Trade Partner Pricing.
- PCO TBD - SVID Pond & Pump - Pending Design/Issuance.

- DOH Review Comments - Pending Trade Partner Response

Early Notice to Proceed on Wound Care/Parking Lot - No early NTP for PCO 031, 032, 033 will be given. It is understood that these are time sensitive and expedited review and approval is required to avoid schedule impacts. Review and concurrence by USDA will be addressed once David and Gary finalize package for presentation.

Previous Meeting Minutes

Jun 18, 2024

Contractor Contingency

- CUA 046 - Landscaping Budget Increase - Pending Design & Pricing
- CUA 082 - Precast Escalation
- Sterilization Changes
- Patient Room Mock-up Rework

Owner Changes

- PCO 023 - Ground water remedy - Kurt to write opinion letter. Mac to provide Kurt with water level monitoring data. Current direction is no action needed.
- PCO 031 - Wound Care Buildout - Trade Partner pricing is due today. Bouten to distribute final pricing for review by beginning of next week.
- PCO 032 - Added Parking - Henderson to review changes to EV charging stations and light pole bases. Priority on design with site prep ongoing.
- OR 4 Buildout - Pending PR issuance. Tracking for BCDG final review by tomorrow.
- SVID Pond & Pump - Jason to finalize drawing updates. Henderson to finalize electrical design.
- DOH Review Comments.

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
6.5	1	Deferred Alternates Decisions	Mac McGrath (BOUTEN CONSTRUCTION COMPANY)	Sep 8, 2023	Low	Closed

Description

Drop dead dates for deferred alternates before schedule impact.

Official Documented Meeting Minutes

- Lance to check in with Joe on ETA for pond & pump design.

Previous Meeting Minutes

Jun 18, 2024

Landscaping:

- Pond/Pump - Pending finalized design/issuance. Currently highest priority.
- Irrigation submittals have been received from Trade Partner - Bouten to submit.
- Revised landscaping drawings - Based on team review comments - Pending issuance from design team.

May 21, 2024

Landscaping:

- Clusters are the current choice for tree layout.
- Jason is working on pond design - Note for PMH/NV5 to check insurance requirements on whether a fence is needed.
- Kurt to provide a package to the team to review these items. Craig requested this be compiled & sent by 5/23 week to align with board meeting prep.
- Bouten to coordinate a test pit location to determine ground water level at the pond location.

AHJ's

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
7.1	1	City of Prosser			Low	Open

Description

Open items with City of Prosser.

Official Documented Meeting Minutes

- AHJ inspections have been going well.
- Above ceiling inspections for Area C/D have been passed.
- Tracking for a radio test now that Area E drywall is complete. Josh to coordinate.

Previous Meeting Minutes

Jun 18, 2024

No new update.

Apr 16, 2024

- AHJ inspections are going well.
- Tracking for a radio test once Area E drywall is complete. Likely to be early to mid May.

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
7.2	1	DOH	Lance White (BCDESIGNGROUP, LLC)		Low	Open

Description

Open items with DOH

Official Documented Meeting Minutes

No new update.

Previous Meeting Minutes

Jun 18, 2024

Kurt reported that everything has been turned in. BCDG will continue to push on DOH review timeline.

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
7.3	1	USDA	Adam Trumbour (NV5) Gary Hicks (G.L. HICKS FINANCIAL, LLC)		Low	Open

Description

Open items with USDA

Official Documented Meeting Minutes

- Marty & Agnieszka will be on site 7/10 @ 11:00 AM.

Previous Meeting Minutes

Jun 18, 2024

- Marty processed Pay App 19 on 6/13.
- Agnieszka will be on site 7/10 @ 11:00 AM.
- Gary commented that outlay report 17 has been received and submitted to Western Alliance. Anticipating payment on 6/28.
- Gary reported that RFP's have been sent out for equipment lease financing. Proposals are due by 6/25 and processed the following day.

Design Documents and Revisions

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
8.1	1	ASI's / PR's	Lance White (BCDESIGNGROUP, LLC)	Jul 28, 2023	Low	Open

Official Documented Meeting Minutes

- Upcoming ASI/PR to come for pond addition. BCDG to determine status.
- Upcoming ASI/PR for Versa Badge beacon addition. Lance to check-in with Joe.
- Upcoming ASI/PR for gym data changes. Pathways for data are present. Lance to check in with Joe on status.
- Upcoming ASI/PR for dining waste disposal area. Pending Issuance.
- Upcoming ASI/PR for Mammography Room.

Previous Meeting Minutes

Jun 18, 2024

- Upcoming ASI/PR for mockup changes - Moved forward with infrastructure changes in the field. BCDG/Bouten working through final confirmations prior to issuance later this week.
- Upcoming ASI/PR to come for pond addition. BCDG to determine status.
- Upcoming ASI/PR for Versa Badge beacon addition.
- Upcoming ASI/PR for Gym data changes. Kim is coordinating with PMH.
- Upcoming ASI/PR for Dining waste disposal area. Kim is coordinating with PMH.

Contract/Documentation

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
9.1	1	Pay Applications	Adam Trumbour (NV5) Mac McGrath (BOUTEN CONSTRUCTION COMPANY)	Jul 28, 2023	High	Open

Official Documented Meeting Minutes

- Pay App 19 - May Billing Period - Pending payment by PMH.
- Pay App 20 - Mac reported this is currently in with accounting. Tracking to be signed and sent to NV5 between today and tomorrow.

Previous Meeting Minutes

Jun 18, 2024

Pay App 19 - Included in Outlay Report #17.
Pay App 20 - Bouten will send draft out to team next week for review and comment.

Owner Coordination

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
10.1	1	Owner Scope and Equipment	Lance White (BCDESIGNGROUP, LLC) Adam Trumbour (NV5)	Aug 18, 2023	Low	Open

Official Documented Meeting Minutes

- Schedule coordination is ongoing for major vendors.
- Hyperbaric - Vendor dates pending start date for Wound Care.
- OFCI wall hung items - Priority on receiving for install.
- Kitchen Equipment is still tracking for 9/16.
- Signage package - Bouten to review preliminary documents. Future meeting to occur with vendor & team for pre-install & constructability coordination.
- Kim reported that RFP for moving company has been put out. Vendor estimates are due mid July.

Previous Meeting Minutes
Jun 18, 2024

- Schedule coordination is ongoing for major vendors.
- OFCI Wall Hung Items - Introba is working through quotes.
- Kitchen Equipment is still tracking for 9/16.

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
10.2	27	Commissioning	Mac McGrath (BOUTEN CONSTRUCTION COMPANY)		Medium	Open

Description
 Open items with CBRE

Official Documented Meeting Minutes

- CRBE - Martin is on site today for general review.
- Martin commented on plan for final window testing. Mac to follow up.
- Commissioning meetings to continue as scheduled.

Previous Meeting Minutes
Jun 18, 2024

No new update.

Jun 4, 2024

- Commissioning to begin after electrical gear startup.
- Commissioning meeting to continue as scheduled.

Field Observations & Miscellaneous

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
11.1	5	Round Robin				Open

Official Documented Meeting Minutes

- Kim mentioned fence screens. Currently requires review from PMH team regarding the option of fence slats. Kim to coordinate meeting and include BCDG.
- Next work session is scheduled for 7/30/24. Next board meeting is scheduled for 8/1/24.
- Next OAC is scheduled for 7/16/24.

Previous Meeting Minutes
Jun 18, 2024

- Kurt asked about above ceiling punch list from Henderson. Bouten to confirm what is needed on their end prior to dropping tile. Blake reported that all accessible locations above ceiling needed will be left uncovered for commissioning purposes.
- Adam reported on comments from helipad review. 1. Specific dimension needed for safety area 2. Lighting levels around building. - Jason is currently reviewing - Bouten to issue RFI.
- Craig reminded the team that this week is board prep week. Reports are due by 6/20.
- Next board meeting is scheduled for 6/25/24.
- Next OAC is scheduled for 7/2/24.

These meeting minutes are believed to be an accurate reflection of those items discussed and the conclusions that were reached during the referenced meeting. Please contact Bouten Construction Company if there are any discrepancies or questions with the content of these minutes.



Bouten Construction Company
 1060 Jadwin Ave.
 Suite 300
 Richland, Washington 99352
 P: (509) 943-7677
 F: (509) 943-7877

Project: K-825 PMH REPLACEMENT HOSPITAL
 200 Prosser Health Drive
 Prosser, Washington 99350

OAC Meeting Minutes: Meeting #37

Meeting Date	Jul 16, 2024	Meeting Time	10:00 AM - 11:00 AM Pacific Time (US & Canada)
Meeting Location	Bouten Job Trailer	Video Conferencing Link	https://teams.microsoft.com/l/meetup-join/19%3ameeting_YjJmZjU1Y2YtMWRiOS00MWUzLTkyYWMtOWFhYjI1ZWFiMjRi%40thread.v2/0?context=%7b%22Tid%22%3a%2231860fbf-210d-4c34-8de6-95c92e3f2a92%22%2c%22Oid%22%3a%229856971a-524a-4d39-9d27-e09a28da3541%22%7d
Overview	Owner, Architect and Bouten Team status meeting during construction.		
Notes			
Attachments	2024.07.16 - K825 OAC Meeting 37 Agenda - Combined.pdf , 2024.07.16 - K825 6-Week Look Ahead.pdf , 2024.07.16 - K825 OAC Meeting 37 Agenda.pdf , 2024.07.16 - K825 Open RFI Log.pdf , 2024.07.16 - K825 Open Change Logs.pdf , 2024.07.16 - K825 Open Submittal Log.pdf		

Scheduled Attendees

Name	Phone Number	Name	Phone Number
Hilary Beashore (BCDESIGNGROUP, LLC)	P: (913) 232-2123 ext. 806	Kurt Broeckelmann (BCDESIGNGROUP, LLC)	P: (913) 232-2123
Lance White (BCDESIGNGROUP, LLC)	P: (913) 232-2123	Joshua Belt (BOUTEN CONSTRUCTION COMPANY)	P: (509) 713-0586
Blake Ellingsen (BOUTEN CONSTRUCTION COMPANY)	P: (509) 535-3531	Nick Gonzales (BOUTEN CONSTRUCTION COMPANY)	P: (509) 535-3531
Wilson Ladd (BOUTEN CONSTRUCTION COMPANY)	P: (509) 943-7677	Mac McGrath (BOUTEN CONSTRUCTION COMPANY)	P: (509) 943-7677
Craig Niemela (BOUTEN CONSTRUCTION COMPANY)	P: (509) 535-3531	Alex Ramos (BOUTEN CONSTRUCTION COMPANY)	P: (509) 535-3531
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Kim Cunningham (NV5)	P: (303) 220-6400	Braden Demmerly (NV5)	P: (303) 220-6400
Paul Kramer (NV5)	P: (303) 220-6400	Adam Trumbour (NV5)	P: (303) 220-6400
Merry Fuller (PROSSER MEMORIAL HEALTH)	P: (509) 786-6695	Craig Marks (PROSSER MEMORIAL HEALTH)	P: (509) 786-6695
David Rollins (PROSSER MEMORIAL HEALTH)	P: (509) 786-6695	Martin Newhard (TURNER & TOWNSEND HEERY, LLC)	P: (206) 292-1600
Marlene Canatsey (USDA/RURAL DEVELOPMENT)	P: (503) 367-8570	Agnieszka Kiswa (USDA/RURAL DEVELOPMENT)	P: (503) 367-8570

Attendees

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
1.1	1	Attendees - Unscheduled			Low	Open
Official Documented Meeting Minutes						
<ul style="list-style-type: none"> Brooke Cinalli - BCDG 						
Previous Meeting Minutes						
Jul 2, 2024						
(None)						

Safety

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
2.1	1	Project Safety Update	Joshua Belt (BOUTEN CONSTRUCTION COMPANY)		Medium	Open
Official Documented Meeting Minutes						
<ul style="list-style-type: none"> There has been one injury as of last Friday - Electrician tweaked their back while performing regular movements. Current hazards on site include large equipment - swing radius, backing up etc. Pay attention to surroundings & make eye contact with operators. Current hazards in the building - Cords, material storage, & ladder safety for crews. Please ensure you are wearing proper PPE when on site. Averaging 90-100 workers on site. 						
Previous Meeting Minutes						
Jul 2, 2024						
<ul style="list-style-type: none"> Rich reported that there are no new injuries. Current hazards on site include heavy equipment - concrete trucks, excavators, etc. Pay attention to surroundings & make eye contact with operators. Current hazards in the building include PPE, ladder safety, scissor lifts, & cord management. Be aware of surroundings & egress locations. Averaging 85-90 workers on site. 						

Schedule

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
3.1	1	Schedule Review/Construction Phasing	Joshua Belt (BOUTEN CONSTRUCTION COMPANY)		High	Open
Description						
Review the current 6 week look ahead schedule.						
Official Documented Meeting Minutes						
<ul style="list-style-type: none"> Rich reported that we are on schedule and reviewed the 6-Week look ahead. Area A - Equipment hookup, trim, & corner guards are ongoing. Area B.1 - Drywall cover in MRI. Epoxy, sheet vinyl, & LVT flooring ongoing. Area B.2 - MEPF trim, doors/hardware, & misc. flooring ongoing. Area C - MEPF trim, hanging lights, & ceiling tile continue. Area D.1 - Lighting, trim, & ceiling tile. Area D.2 - Final paint & ceiling tile. Area E - Wall protection, wall coverings, & ACT grid ongoing. Area F - Install of casework, countertops, grills, registers & diffusers ongoing. 						

- Exterior/Site - Curb & gutter, landscape irrigation, & trim at glazing system.

Previous Meeting Minutes

Jul 2, 2024

- Rich reported that we are on schedule and reviewed the 6-Week look ahead.
- Area A - Electrical/mechanical room hookup and final paint. Epoxy flooring finishing up in sterilization rooms.
- Area B.1 - MRI rough-in ongoing.
- Area B.2 - Sheet vinyl, carpet and LVT flooring ongoing.
- Area C - Ceiling tile & trim.
- Area D.1 - Ceiling tile & trim.
- Area D.2 - Ceiling tile & trim.
- Area E - Ceiling grid, lights, & ceiling trim ongoing.
- Area F - Installation of GRD's, blind boxes, & casework ongoing.
- Exterior - Northwest sidewalks are ongoing. Northeast irrigation has started.

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
3.2	9	Upcoming Milestones	Joshua Belt (BOUTEN CONSTRUCTION COMPANY)			Open

Official Documented Meeting Minutes

- 7/24 - Area D.1 Ceiling Tile Completion.
- 7/25 - Area C Final Paint Begins.
- 7/31 - Area D.1 Final Paint Begins.
- 9/5 - Area B.2 Ceiling Tile Completion.
- 9/26 - Area B.1 Ceiling Tile Completion.
- Asphalt paving start date will push from 8/5 to mid/late September. This will help ensure cooler weather for install as well as less driving activity, making for better quality product transferred to PMH closer to completion.

Previous Meeting Minutes

Jul 2, 2024

- 9/5 - Area B.2 Ceiling Tile Completion.
- 9/26 - Area B.1 Ceiling Tile Completion.
- 7/9 - Area E Ceiling Grid Begins.
- Asphalt paving start date will push from 8/5 to mid/late September. This will help ensure cooler weather for install as well as less driving activity, making for better quality product transferred to PMH closer to completion.

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
3.3	18	Box Walk Dates	Blake Ellingsen (BOUTEN CONSTRUCTION COMPANY)			Open

Official Documented Meeting Minutes

- Box Walk for Diagnostic Imaging will occur tomorrow, 7/17.

Previous Meeting Minutes

Jul 2, 2024

- Craig noted Diagnostic Imaging in Area B.1 did not receive a box walk. Kim to set up walk with Aurora for review of these spaces.

Jun 4, 2024

- Wound Care - Pending implementation into master schedule.

- OR 4 - Kim noted it would still be preferred to have a box walk for this space when ready.

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
3.4	1	Lead Time Impacts	Wilson Ladd (BOUTEN CONSTRUCTION COMPANY) Blake Ellingsen (BOUTEN CONSTRUCTION COMPANY)		High	Open

Official Documented Meeting Minutes

- OR 4 - Isolation panelboards - Priority on getting these ordered as they typically have long lead times. lights, grills, registers also have same lead time
- Generators - Tracking a September 2024 delivery. Bouten is working with Garrett Electric to identify a firm delivery date from the manufacturer.

Previous Meeting Minutes

Jul 2, 2024

- OR 4 - Isolation panelboards - Priority on getting these ordered as they typically have long lead times.
- Generators - Tracking a September 2024 delivery. Bouten to follow up with Garrett Electric for delivery timeline confirmation direct from fabricator.

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
3.5	1	Design Team & Owner Site Visits	Mac McGrath (BOUTEN CONSTRUCTION COMPANY)		Low	Open

Official Documented Meeting Minutes

- BCDG - Brooke is on site today.
- NV5 - Kim is on site today.
- Henderson - Bouten to check-in.
- ECE - Tracking for final visit closer to paving. Will coordinate visits as needed during the interim.

Previous Meeting Minutes

Jul 2, 2024

- BCDG - Brooke will be on site this month.
- NV5 - Kim will be on site 7/15-7/16.
- Henderson - Bouten to check in.
- ECE - Bouten to check in.

Submittals

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
4.1	1	Submittal Log	Wilson Ladd (BOUTEN CONSTRUCTION COMPANY) Blake Ellingsen (BOUTEN CONSTRUCTION COMPANY)		Medium	Open

Description

Review the current open submittal log and high priority items.

Official Documented Meeting Minutes

- High Priority:
- Irrigation Product Data - In Henderson/BCDG's court.
- Landscape & Irrigation Drawing set - Loren of HHS to review proposed location for irrigation controller. Henderson to provide electrical/circuit requirements.

Previous Meeting Minutes

Jul 2, 2024

- High Priority:
- PR13 Wound Care Doors and Frames - BCDG to return today.
- Irrigation - In ECE's court. HHS will also need to review.

RFI's

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
5.1	1	RFI's	Wilson Ladd (BOUTEN CONSTRUCTION COMPANY) Blake Ellingsen (BOUTEN CONSTRUCTION COMPANY)		Medium	Open

Description

Review the current open RFI log.

Official Documented Meeting Minutes

- High Priority:
- 214.01 - FAA Helipad Follow Up Confirmations - Meeting to occur this week with Life Flight and team to identify solutions for FAA specific items.
- 270 - Mammography Room Coordination - In BCDG's court. Will then go into vendor's court for review/drawing update.
- 274 - Magnet Rundown Unit Emergency Circuit - In Henderson's court.
- 275 - EUH 13 & 14 Issues - In Henderson's court - Potential need for a different unit.

Previous Meeting Minutes

Jul 2, 2024

- High Priority:
- 214.01 - Lance commented that FAA specific items such as flight path and building lighting require direction. Adam noted NV5 has a Life Flight contact that they will connect with on these items.
- 270 - Pending review from Aurora of PMH. Will then go into vendor's court for review/update.
- 262 - Epoxy Flooring Clarifications - Pending final confirmation with interiors prior to distribution.
- 272 - Epoxy Floor Slopes at Patient Restrooms - Priority with install beginning next week.

Budget

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
6.1	1	Open Changes	Mac McGrath (BOUTEN CONSTRUCTION COMPANY)		Medium	Open

Official Documented Meeting Minutes

Contractor Contingency

- CUA 046 - Landscaping Budget Increase - Pending PMH/BCDG Signatures.
- CUA 084 - Miscellaneous Casework Revisions - In Mac's court to issue.

- CUA 085 - Engineered Soils Scope Gap - In Mac's court to issue.
- CUA 086 - SPD Piping Relocation
- Patient Room Mock-up Rework

Owner Changes

- PCO 023 - Ground water remedy - Pending summary letter from BCDG.
- PCO 031 - Wound Care Buildout - Submitted 6/25, Pending PMH/USDA Signatures.
- PCO 032 - Added Parking - Submitted 6/25, Pending PMH/USDA Signatures.
- PCO 033 - OR 4 Buildout - Submitted 6/25, Pending PMH/USDA Signatures.
- PCO 034 - DOH Review Comments
- PCO 035 - Mockup Revisions - Pending trade partner pricing.
- PCO TBD - Gym Data - Pending trade partner pricing.
- PCO TBD - Versabadge - Pending trade partner pricing.
- PCO TBD - SVID Pond & Pump - Pending Henderson review & final pump selection - PMH to review options.

Previous Meeting Minutes

Jul 2, 2024

Contractor Contingency

- CUA 046 - Landscaping Budget Increase - In NV5/BCDG's court for review.
- CUA 084 - Miscellaneous Casework Revisions - In Mac's court to issue.
- CUA 085 - Engineered Soils Scope Gap - In Mac's court to issue.
- Patient Room Mock-up Rework

Owner Changes

- PCO 023 - Ground water remedy - Pending summary letter from BCDG.
- PCO 031 - Wound Care Buildout - In NV5's court.
- PCO 032 - Added Parking - In NV5's court, tracking under ROM price and likely to be issued today.
- PCO 033 - OR 4 Buildout - Pending Trade Partner Pricing.
- PCO TBD - SVID Pond & Pump - Pending Design/Issuance.
- DOH Review Comments - Pending Trade Partner Response

Early Notice to Proceed on Wound Care/Parking Lot - No early NTP for PCO 031, 032, 033 will be given. It is understood that these are time sensitive and expedited review and approval is required to avoid schedule impacts. Review and concurrence by USDA will be addressed once David and Gary finalize package for presentation.

AHJ's

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
7.1	1	City of Prosser			Low	Open

Description

Open items with City of Prosser.

Official Documented Meeting Minutes

- AHJ inspections have been going well.
- Tracking for a radio test now that Area E drywall is complete. Josh to coordinate.
- Kim mentioned hospital signage along highways & roadways - She will begin looking into what party is required for developing a plan once the hospital opens.

Previous Meeting Minutes

Jul 2, 2024

- AHJ inspections have been going well.
- Above ceiling inspections for Area C/D have been passed.
- Tracking for a radio test now that Area E drywall is complete. Josh to coordinate.

Apr 16, 2024

- AHJ inspections are going well.
- Tracking for a radio test once Area E drywall is complete. Likely to be early to mid May.

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
7.2	1	DOH	Lance White (BCDESIGNGROUP, LLC)		Low	Open

Description
Open items with DOH

Official Documented Meeting Minutes

- Lance reported there has been no new update from DOH.
- Craig asked if NV5 has reached out to DOH regarding move-in procedures. Paul/Kim reported they will reach out to DOH for guidance on this process.

Previous Meeting Minutes

Jul 2, 2024
No new update.

Jun 18, 2024

Kurt reported that everything has been turned in. BCDG will continue to push on DOH review timeline.

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
7.3	1	USDA	Gary Hicks (G.L. HICKS FINANCIAL, LLC) Adam Trumbour (NV5)		Low	Open

Description
Open items with USDA

Official Documented Meeting Minutes

- Mac reported that last week's USDA site visit went well. Final & substantial completion inspections from USDA are tracking for mid October.

Previous Meeting Minutes

Jul 2, 2024
• Marty & Agnieszka will be on site 7/10 @ 11:00 AM.

Design Documents and Revisions

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
8.1	1	ASI's / PR's	Lance White (BCDESIGNGROUP, LLC)	Jul 28, 2023	Low	Open

Official Documented Meeting Minutes

- Upcoming ASI/PR to come for pond addition. Pending HEI review of booster pump, followed by PMH review.
- Upcoming ASI/PR for dining waste disposal area. Finalized by BCDG. Currently in Henderson's court. Lance to check-in with Joe.
- Upcoming ASI/PR for Mammography Room. In BCDG/vendor's court.
- Upcoming ASI/PR for updates to Wound Care. Tracking for issuance by EOW.

Previous Meeting Minutes
Jul 2, 2024

- Upcoming ASI/PR to come for pond addition. BCDG to determine status.
- Upcoming ASI/PR for Versa Badge beacon addition. Lance to check-in with Joe.
- Upcoming ASI/PR for gym data changes. Pathways for data are present. Lance to check in with Joe on status.
- Upcoming ASI/PR for dining waste disposal area. Pending Issuance.
- Upcoming ASI/PR for Mammography Room.

Contract/Documentation

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
9.1	1	Pay Applications	Mac McGrath (BOUTEN CONSTRUCTION COMPANY) Adam Trumbour (NV5)	Jul 28, 2023	High	Open

Official Documented Meeting Minutes

- Pay App 20 - Pending PMH final signature and payment at the end of this month.
- Pay App 21 - Mac to send out draft by end of next week or beginning of following week.

Previous Meeting Minutes
Jul 2, 2024

- Pay App 19 - May Billing Period - Pending payment by PMH.
- Pay App 20 - Mac reported this is currently in with accounting. Tracking to be signed and sent to NV5 between today and tomorrow.

Owner Coordination

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
10.1	1	Owner Scope and Equipment	Adam Trumbour (NV5) Lance White (BCDESIGNGROUP, LLC)	Aug 18, 2023	Low	Open

Official Documented Meeting Minutes

- Delivery/Install dates have been established with majority of major vendors.
- Signage package will be out to bid next week. BCDG/HEI to review associated impacts to design.
- Kim to coordinate meeting with PMH to review final confirmation of room names and directional signage. Craig noted that all PMH administrative team members should attend this review.
- Paul mentioned there needs to be a protocol in place for OFCI, OFOI, VFVI deliveries. Contact info, quality check, etc. NV5 will reiterate this process to Brian of PMH as deliveries increase.
- OFCI wall hung items - Priority on receiving for install.
- Kim reported that RFP for moving company has been put out. Vendor estimates are due mid July.
- Kitchen Equipment is still tracking for 9/16.

Previous Meeting Minutes
Jul 2, 2024

- Schedule coordination is ongoing for major vendors.
- Hyperbaric - Vendor dates pending start date for Wound Care.
- OFCI wall hung items - Priority on receiving for install.
- Kitchen Equipment is still tracking for 9/16.
- Signage package - Bouten to review preliminary documents. Future meeting to occur with vendor & team for pre-install & constructability coordination.
- Kim reported that RFP for moving company has been put out. Vendor estimates are due mid July.

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
10.2	27	Commissioning	Mac McGrath (BOUTEN CONSTRUCTION COMPANY)		Medium	Open
<p>Description Open items with CBRE</p> <p>Official Documented Meeting Minutes</p> <ul style="list-style-type: none"> • Monthly check-in scheduled for tomorrow. • Pull plan to occur at the start of next month as commissioning schedule develops. <p>Previous Meeting Minutes Jul 2, 2024</p> <ul style="list-style-type: none"> • CRBE - Martin is on site today for general review. • Martin commented on plan for final window testing. Mac to follow up. • Commissioning meetings to continue as scheduled. <p>Jun 4, 2024</p> <ul style="list-style-type: none"> • Commissioning to begin after electrical gear startup. • Commissioning meeting to continue as scheduled. 						

Field Observations & Miscellaneous

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
11.1	5	Round Robin				Open
<p>Official Documented Meeting Minutes</p> <ul style="list-style-type: none"> • Craig reminded the team that board reports are due next week. • Next work session is scheduled for 7/30/24. Next board meeting is scheduled for 8/1/24. • Next OAC is scheduled for 7/30/24. <p>Previous Meeting Minutes Jul 2, 2024</p> <ul style="list-style-type: none"> • Kim mentioned fence screens. Currently requires review from PMH team regarding the option of fence slats. Kim to coordinate meeting and include BCDG. • Next work session is scheduled for 7/30/24. Next board meeting is scheduled for 8/1/24. • Next OAC is scheduled for 7/16/24. 						

These meeting minutes are believed to be an accurate reflection of those items discussed and the conclusions that were reached during the referenced meeting. Please contact Bouten Construction Company if there are any discrepancies or questions with the content of these minutes.

Construction Progress Report 19: 07.25.24

Project Overview:

Areas A, C, and D are in various stages of final paint and make ready work for punch list some time in the September-November time frames. Areas B.1, B.2, E, & F continue to progress and site work continues as we have approximately 4 months remaining on most work. Added scope will be evaluated as direction to proceed is given.

Design changes have been issued for multiple minor scope additions and pricing is under way, a number of small changes are still under design review. Most of these changes can be incorporated into the current contractual timelines with minimal impact. Approval to proceed on Wound Care, OR 4, and the additional parking lot remain to be given, but are expected in the coming weeks.

Unresolved Issues:

None

RFI's (Outstanding)

11 (5 High Priority or Overdue)

Spotlight:

Mockups for stamped concrete and the wet wall panel system for patient showers were completed for approval and coordination.



Progress Photos



TSS places curb and gutter



Brayden installs MRI anchors



Perfection installs sliding doors



GEC installs light box



PCI installs wall panels



Paintmaster installs epoxy floor



Great Floors installs sheet vinyl



Paintmaster installs wall paper



AMC installs plumbing fixtures

Item	Description	BOUTEN RISK CONTINGENCY			OWNER CHANGE ORDERS			ALLOWANCES		
		Total	Value \$	%	Total	Value	%	Total	Value	%
1	Original Contingency Balance	2,252,358	74,811,452	3.00%	NA	74,811,452	0.00%	1,290,000	74,811,452	1.72%
2	Revised Contingency Balance	2,299,900	74,811,452	3.07%	NA	74,811,452	0.00%	1,236,028	74,811,452	1.85%
3	Pending Changes	544,829	74,811,452	0.73%	1,476,952	74,811,452	1.97%	-	74,811,452	0.00%
4	Projected Contingency Balance	319,604	74,811,453	0.43%	-	-	-	25,000	74,811,452	0.03%
5	Percentage of Contingency Used - Approved	1,435,467	2,299,900	62.41%	2,202,963	74,811,452	2.94%	1,211,027	1,236,028	97.98%
6	Percentage of Contingency Used - Projected	1,980,296	2,299,900	86.10%	3,679,915	74,811,452	4.92%	1,211,027	1,236,028	97.98%

Schedule Variance:

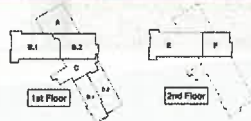
Data date: 7/22/2024

Critical milestones this month: One (Permanent Power)

Percent of critical milestones hit: 70% (14 of 20 To Date, 14 of 30 Total)

Schedule variance in days: None. In line with contractual completion.

Reason for variance: N/A



Percent Complete:

By Activities - 82%

By Duration - 75%

Summary Report for Progress Schedule:

Sitework continues to progress with irrigation installation on much of the north, west, and east sides nearing completion. Curb and gutter is anticipated to complete this week and remaining sidewalk prep will begin.

Area A, C, & D are in various stages of final paint and miscellaneous finishes in preparation for punchlist. Area B.2 flooring is and interior slider doors complete and have progressed into Area B.1. Area F casework and ceilings are in progress while Area E wall protection and above grid MEP nears completion. Delivery of the Area E & F patient room casework delayed by mockups and reviews is projected to deliver by mid-August.

The team continues tracking well for punch lists for current contract work to occur in November, less some commissioning activities. Team evaluations on schedule for added scopes may push these dates or result in additional punch walk dates for the additional work.

The current schedule reflects the team meeting the contractual substantial completion date of 1/23/25.

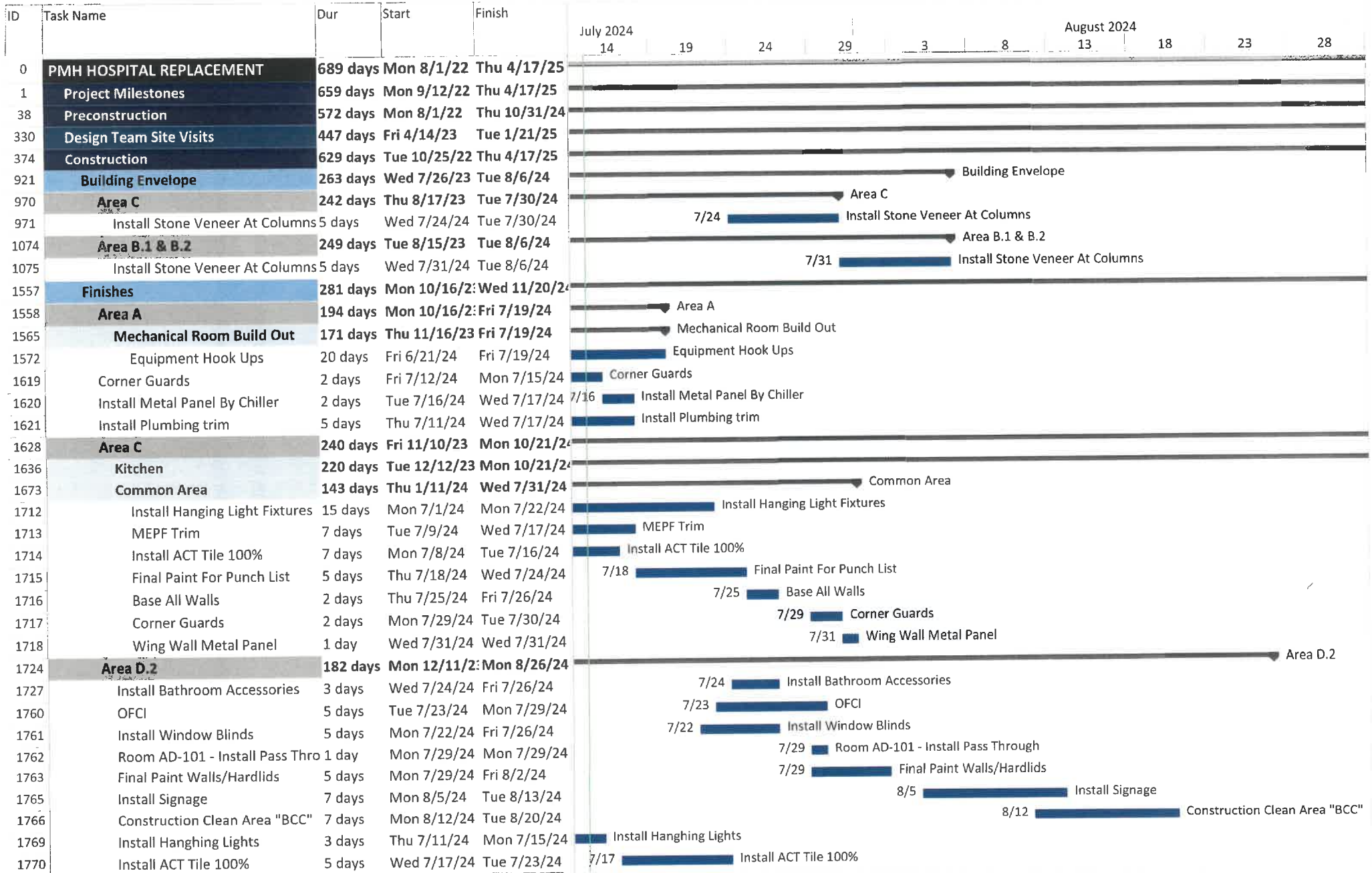
Project Risks and Outstanding Questions:

- DOH communications and review times.
- OR 4, Wound Care, and parking lot Notice to Proceed.
- Trade partner manpower availability.
- Owner major medical equipment vendor install dates.
- Owner transition to occupancy transition planning.

Permit Status:

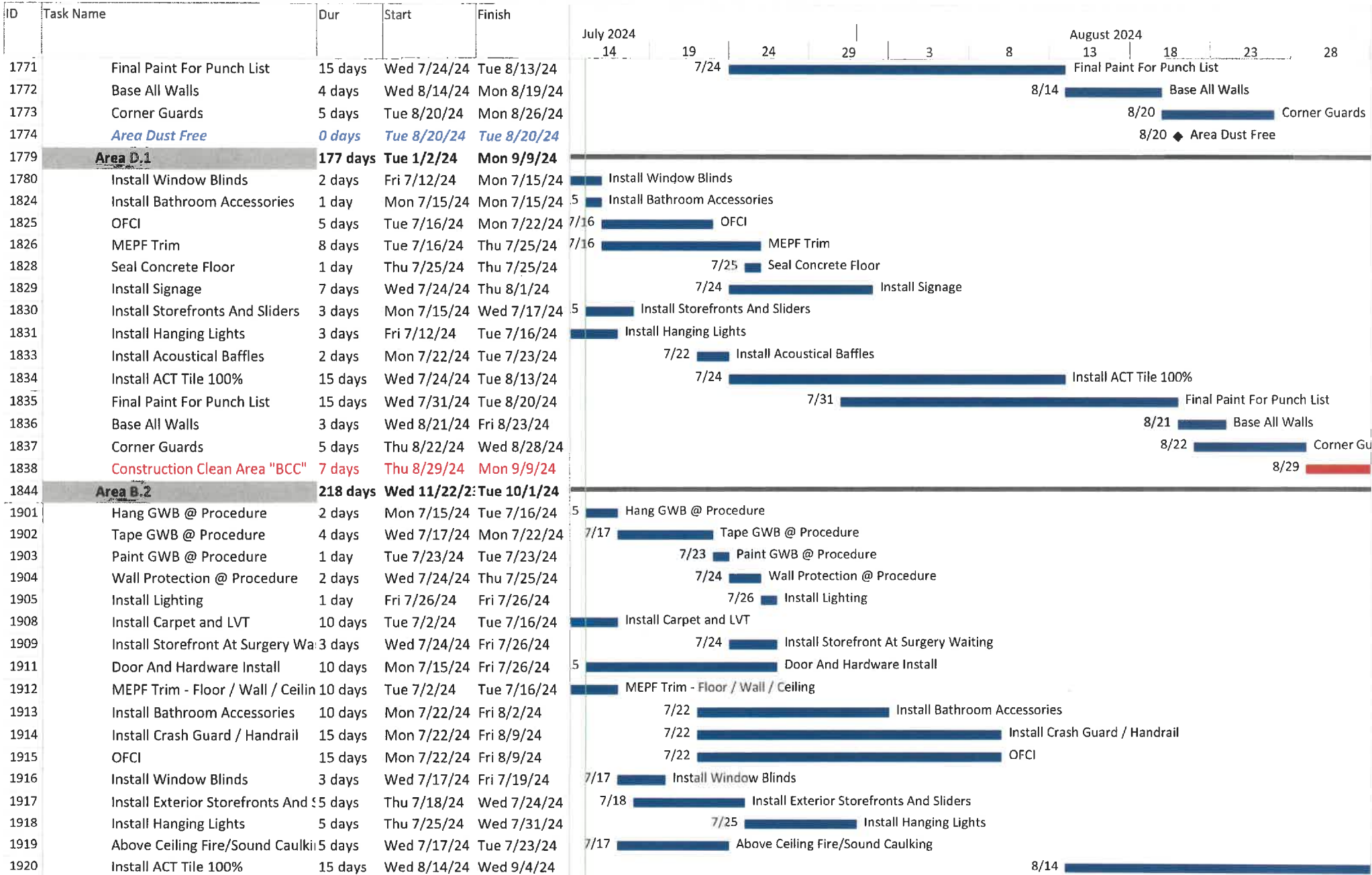
- Permit 1: Grading Permit Closed
- Permit 2: Building Permit Approved
- Permit 3: DOH A2BC issued. Permit will remain open until construction completion.
- Permit 4: FAA Helipad NOC approved.
- Permit 5: BCCA Generator NOC approved.

MASTER CONSTRUCTION SCHEDULE Attachment I

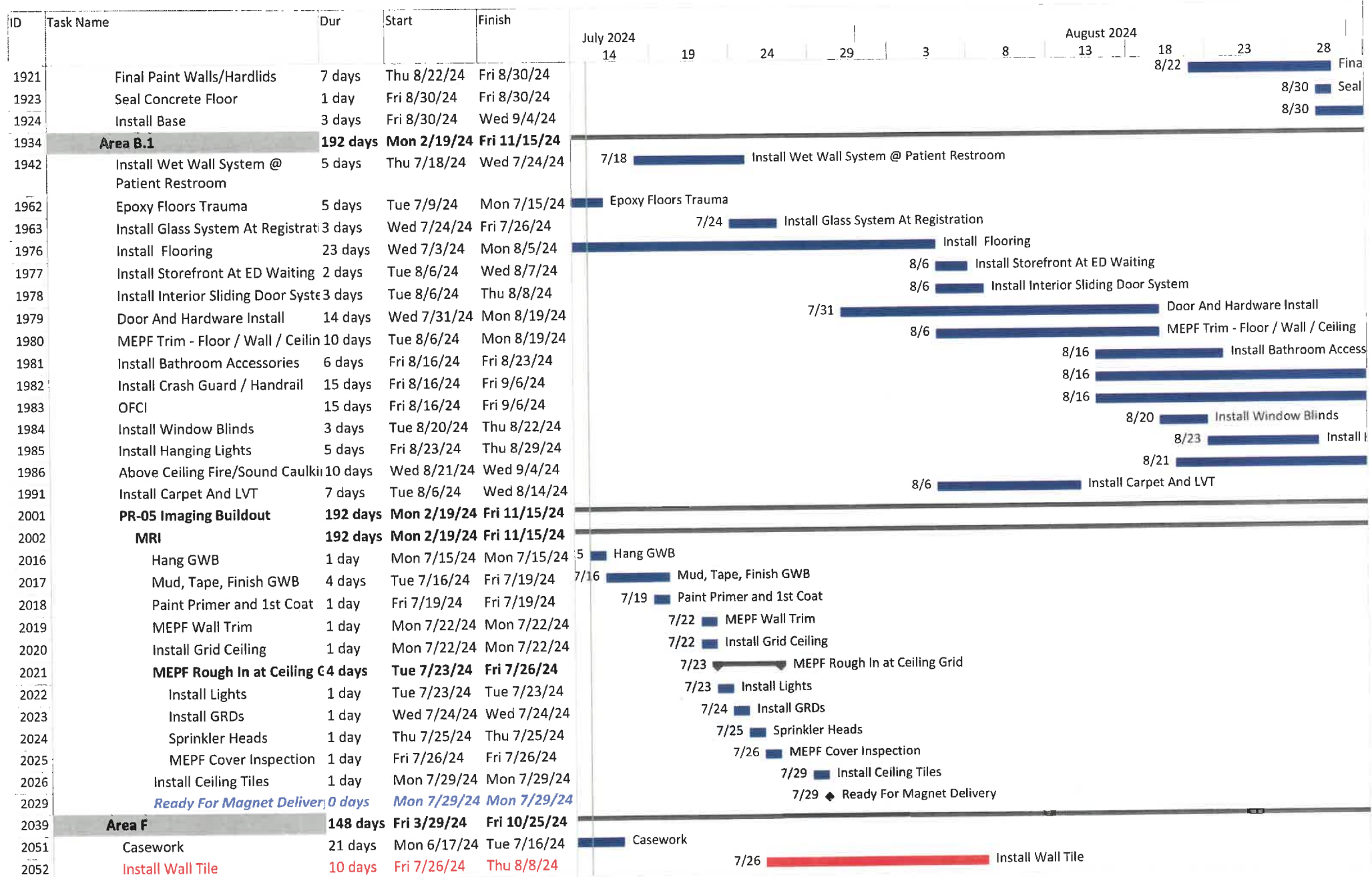


No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
11.1	5	Round Robin				Open
<p>Previous Meeting Minutes Jul 2, 2024</p> <ul style="list-style-type: none"> • Kim mentioned fence screens. Currently requires review from PMH team regarding the option of fence slats. Kim to coordinate meeting and include BCDG. • Next work session is scheduled for 7/30/24. Next board meeting is scheduled for 8/1/24. • Next OAC is scheduled for 7/16/24. 						

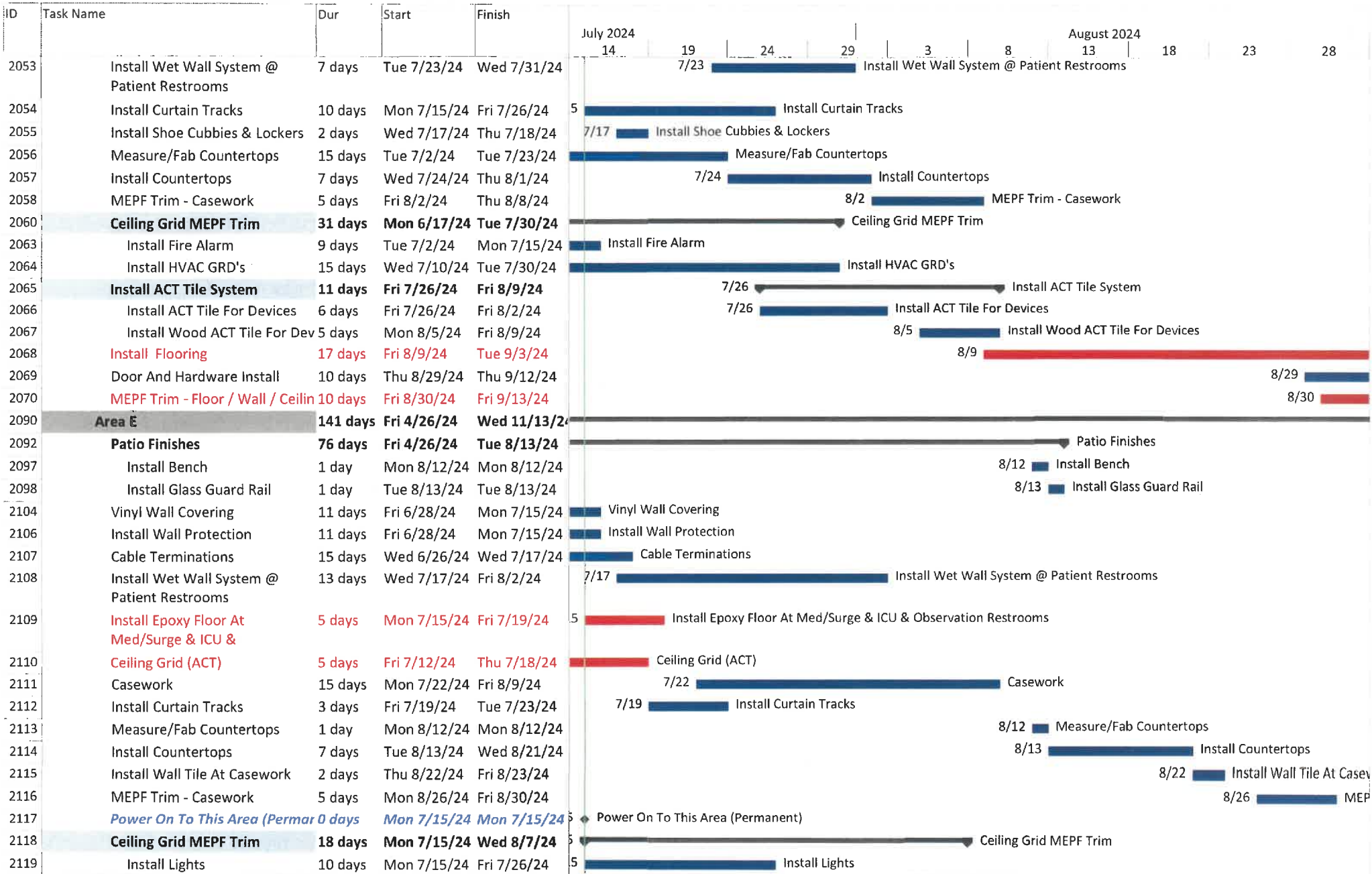
MASTER CONSTRUCTION SCHEDULE



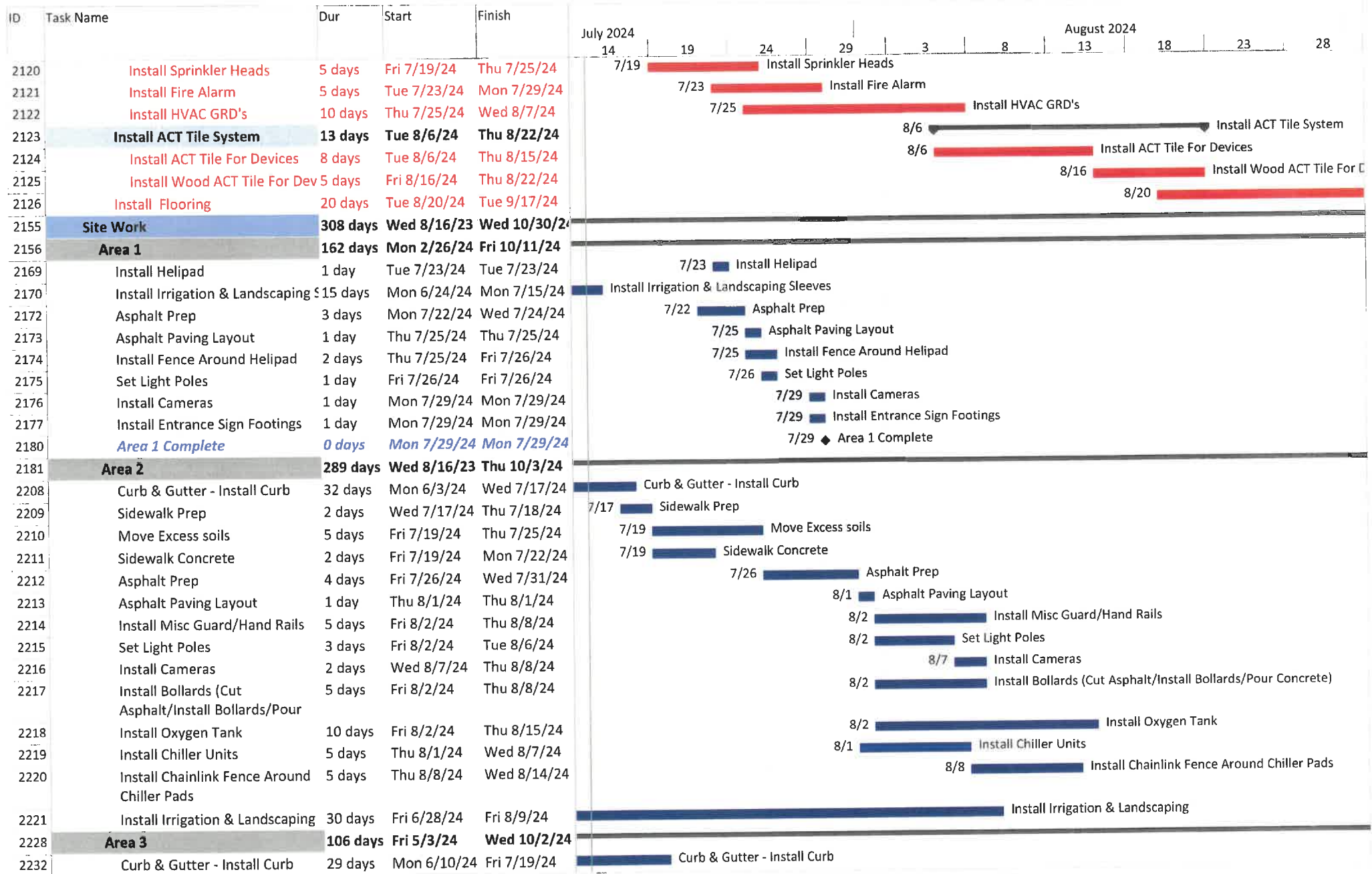
MASTER CONSTRUCTION SCHEDULE



MASTER CONSTRUCTION SCHEDULE



MASTER CONSTRUCTION SCHEDULE



MASTER CONSTRUCTION SCHEDULE



Submittals

Spec Section Number	Number	Revision	Title	Priority	Status	Ball In Court	Issue Date	Final Due Date
06 7300	01	0	Composite Decking Samples (Trex for Patio Bench)		SUBMITTED	Lance White Hilary Beashore	07/11/2024	07/26/2024
32 1313	02	0	Stamped Concrete Mockup	Standard	SUBMITTED	Hilary Beashore Lance White	07/12/2024	07/26/2024
32 8000	01	0	Irrigation Product Data	Standard	SUBMITTED	Hilary Beashore Joe Levin Lance White jason Ingalls	06/19/2024	06/26/2024
32 9000	01	0	Landscape & Irrigation Drawing Set	Standard	SUBMITTED	Joe Levin	07/02/2024	07/29/2024

Prosser Memorial Hospital

Hospital Replacement Project

Project Cost Budget Detail

July 19, 2024

Cost Category	Approved Budget (Balanced to USDA Outlay Report)	July 8, 2024 Up-Date	Variance: Approved vs July 8, 2024 Up-Date
SITE COSTS			
Acquisition			
Real Estate			
Property Cost	1,718,119	1,718,119	
Brokerage / Transaction Fees	7,500	7,500	
Municipal Fees	0	0	
Real Estate Costs	1,725,619	1,725,619	
Due-Diligence			
Property Survey(s)	0		
Environmental Study(s)	18,874	38,650	Balanced with Budget4Cast (B4C) & Current Overages
Title Research / Support	6,500	0	
Legal Support	0		
Due Diligence Costs	25,374	38,650	
ACQUISITION COSTS	1,750,993	1,764,269	(13,276)
Development Cost(s)			
Platting & Zoning Costs	0	0	
Site Improvements			
Civil Engineering Fees	0	0	
Drainage / Erosion Control	0	0	
Remediation Issues	0	0	
Tree Clearing for Geotech & Survey Work	60,000	54,734	
Roadways & Paving	0	0	
Parking	0	0	
Site Lighting	0	0	
Building Pad Preparation	0	0	
Safety & Security	0	0	
Site Improvement Costs	60,000	54,734	
Utilities			
Engineering Support	0	0	
Assessment Fees	0	0	
Temporary Conditions	0	0	
Municipal / Permit Fees	0	0	
Construction Cost(s)	0	0	
Real Estate Costs	0	0	
DEVELOPMENT COSTS	60,000	54,734	
SITE COSTS	1,810,993	1,819,004	(8,010)
SOFT COSTS (General Project Costs)			
Professional Fees & Expenses			
Pre-Design Services			
Feasibility Study(s)	0	0	
Programming	0	0	
Pre-Design Services	0	41,341	
Specific Code Evaluation(s)	0	0	
Pre-Design Services	0	41,341	
A-E Team Basic Services			
Basic Services Value	3,965,132	4,202,190	
Site / Civil Engineer	0	0	
Structural Engineer	0	0	
Plumbing Systems Engineer	0	0	
Mechanical Systems Engineer	0	0	
Electrical Systems Engineer	0	0	

Prosser Memorial Hospital

Hospital Replacement Project

Project Cost Budget Detail

July 19, 2024

Cost Category	Approved Budget (Balanced to USDA Outlay Report)	July 8, 2024 Up-Date	Variance: Approved vs July 8, 2024 Up-Date
IT / Low-Voltage Systems Engineer	0	0	
Fire-Protection / Code Consulting Services	0	0	
A-E Team Basic Services	3,965,132	4,202,190	
Reimbursable Expenses			
A-E Team Reimbursables	198,257	198,257	
Consultant Reimbursables	0	0	
Reimbursable Expenses	198,257	198,257	
Additional Services			
Other Consultants	0	105,542	Approved Additional Services per B4C - 5/31/24
Additional Services Contingency	0	0	
Additional Services	0	105,542	
Other Consultant Services			
Miscellaneous Consultant Allowance	0	12,000	
Mock-Ups of Patient Rooms for Design Process	0	0	
Environmental Engineer	20,000	20,000	
Interiors	0	0	
Acoustics Consultant	0	0	
Lighting Consultant	0	0	
Furniture Design & Specification	0	55,068	
Graphics & Signage	35,000	50,000	B4C \$35k, anticipating Scope adds 5/31/24
Artwork Consultant	20,000	20,000	
Medical Equipment Planning	132,080	143,027	B4C \$132,080
Radiation Shielding Consultant	15,000	15,000	
Elevator / Vertical Transportation	0	0	
Mechanical Plant Commissioning	120,000	124,004	
Security Systems Consultant	148,427	149,000	
Materials Management Consultant	8,600	8,600	
A-V Consultant	0	0	
Telecommunications / IT Systems	0	0	
Other Consultant Services	499,107	596,699	
PROFESSIONAL FEES & EXPENSES	4,662,495	5,144,029	
Miscellaneous Owner's Responsibilities			
Agency and Permit Fees			
A.H.J. Plan Review Fees	199,915	203,177	
Inspection Fees, if separate from Plan Review	60,912	60,912	
State of Washington Project Review Fee	38,735	91,235	Balanced with B4C
Notice of Commencement	0	0	
Department of Health / CON Fees	10,000	0	
USDA Financial Consultant	0	0	
USDA Financial Consultant Reimbursables	0	0	
CON Application Consultant	25,000	35,386	Balanced with B4C
CON Legal & Filing Fees	80,000	90,453	
Utility Assessment Fees	200,000	262,429	Balanced with B4C
Agency and Permit Fees	614,562	743,592	
Testing and Inspection Fees			
Geotechnical (Soils) Testing	30,000	25,020	
Materials Testing & Inspection	150,000	150,000	
Hazardous Materials Consulting	0	0	
Hazardous Materials Abatement / Remediation	0	0	
Air Balance Testing	20,000	24,980	
Testing and Inspection Fees	200,000	200,000	
Project Management Fees and Expenses			
Internal Staffing Costs	0	0	
Out-Sourced Services	1,117,000	1,413,000	Includes Schedule Extension
Out-Sourced Services Expenses	111,700	147,055	Balanced with B4C and Add Services
RCW 39.10 Consultant	15,000	10,524	

Prosser Memorial Hospital

Hospital Replacement Project

Project Cost Budget Detail

July 19, 2024

Cost Category	Approved Budget (Balanced to USDA Outlay Report)	July 8, 2024 Up-Date	Variance: Approved vs July 8, 2024 Up-Date
Estimating Services	0	0	
CM Pre-Construction Services	1,102,754	1,102,754	
Construction Supervision	0	0	
Field Office & associated Reimbursables	0	0	
Project Management Fees and Expenses	2,346,454	2,673,333	
Insurance Costs			
General Liability	0	0	
Builder's Risk	0	0	
Other Project Specific Insurance	0	0	
Insurance Costs	0	0	
Other Owner Responsibilities			
Project Specific Accounting Fees	0		
Project Specific Legal Fees	100,000	165,103	Balanced with B4C
Appraisal Fee for USDA	18,500	28,300	Balanced with B4C
Temporary Utilities	53,436	53,436	
Document Reproduction	10,000	27	
Staff Relocation / Temporary Facilities Cost(s)	0	0	
Moving Costs	200,000	200,000	
Operations 'Start-Up' & Supplies	0	0	
Clinical Cleaning / Final 'White Glove' Cleaning	50,000	50,000	
Staff Training	0	0	
Newspaper Procurement Advertisements	5,000	3,105	
Owner Reimbursables	14,000	11,259	
Community Events / Public Relations	0	0	
Other Owner Responsibilities	450,936	511,232	
MISCELLANEOUS OWNER'S RESPONSIBILITIES	3,611,952	4,128,156	
SOFT COSTS (General Project Costs)	8,274,447	9,272,185	(997,738)
CONSTRUCTION			
Construction by Contractors			
GMP Excluding Sales Tax	74,811,453	74,811,453	
Alternates / Adjustments			
Alternate # / Description	0	0	
Washington State Sales Tax	6,508,596	6,508,595	
Facility Adjustment Factor	0	0	
Alternates / Adjustments Cost(s)	6,508,596	6,508,595	
Construction 'Base Contract' / GMP w/Sales Tax	81,320,049	81,320,048	Approved Contract Amount
Contract / GMP Modifications			
Approximate (O.M.P.) Costs	0	0	
Pending Contract Modifications	0	0	
Approved Contract Modifications	0	2,202,897	Change Order 1 - 8 Per OLR 16_20240517
Estimated Savings on Contingency (if included)	0	0	
Contract / GMP Modifications	0	2,202,897	
CONSTRUCTION BY CONTRACTORS	81,320,049	83,522,945	
CONSTRUCTION BY OWNER	0	0	
CONSTRUCTION	81,320,049	83,522,945	(2,202,896)
MEDICAL EQUIPMENT			
Medical / Clinical Equipment			
Medical / Clinical Equipment Direct Cost(s)	6,858,756	8,748,026	
Indirect Costs			
Freight / Shipping	137,175	174,961	
Temporary Storage	0	0	
Purchasing Coordination	125,000	160,950	Introba Phase IV Fee + Pending Amendment 5/31/24

Prosser Memorial Hospital

Hospital Replacement Project

Project Cost Budget Detail

July 19, 2024

Cost Category	Approved Budget (Balanced to USDA Outlay Report)	July 8, 2024 Up-Date	Variance: Approved vs July 8, 2024 Up-Date
Installation	240,056	306,181	
Washington State Sales Tax	596,712	761,078	
Contingency	0	0	
Escalation	548,700	0	
Savings / Deferment	(1,506,399)	0	
Medical / Clinical Equipment Indirect Cost(s)	141,245	1,403,170	
MEDICAL / CLINICAL EQUIPMENT	7,000,000	10,151,196	
MEDICAL EQUIPMENT	7,000,000	10,151,196	(3,151,195)
<u>IT and TELECOMMUNICATIONS</u>			
<u>IT and Telecommunications</u>			
IT / Telecom Direct Costs	430,000	1,288,187	
<u>Indirect Costs</u>			
Freight / Shipping	10,750	32,205	
Project Management Service Fees	0	In total	
Installation	10,750	In total	
Washington State Sales Tax	0	112,072	
Contingency	0	In total	
Escalation	0	In total	
IT / Telecom Indirect Costs	21,500	144,277	
IT AND TELECOMMUNICATIONS	451,500	1,432,464	
IT and TELECOMMUNICATIONS	451,500	1,432,464	(980,964)
<u>FURNITURE FIXTURES and EQUIPMENT</u>			
<u>Communications and Non-Clinical Equipment</u>			
Kitchen Equipment	600,000	689,698	Includes Taxes @ \$55,201.24
GE Telemetry Infrastructure	0	0	
Nurse Call System	0	0	
Overhead Paging / 'Musak' System	0	0	
Dedicated Paging System(s)	0	0	
Dedicated Intercom	0	0	
Sound Masking Systems	0	0	
Wireless Phone System / 'Voicera'	0	0	
Copiers, Faxes & Office Machines	0	0	
Pneumatic Tube System	0	0	
AV - Monitors	75,000	75,000	
Security Equipment	70,000	0	
Time & Attendance Clock System	10,000	0	
Master Clock System	0	0	
COMMUNICATIONS AND NON-CLINICAL EQUIPMENT	755,000	764,698	
<u>Furniture</u>			
Furniture Direct Cost(s)	922,500	922,693	
<u>Indirect Costs</u>			
Freight / Shipping	23,063	0	
Temporary Storage	50,000	0	
Installation	23,063	165,338	
Contingency	0	82,669	
Washington State Sales Tax	0	93,499	
Escalation	138,375	0	
Savings / Deferment	(452,000)	0	
Furniture Indirect Cost(s)	(217,500)	341,506	
FURNITURE	705,000	1,264,199	

Prosser Memorial Hospital

Hospital Replacement Project

Project Cost Budget Detail

July 19, 2024

Cost Category	Approved Budget (Balanced to USDA Outlay Report)	July 8, 2024 Up-Date	Variance: Approved vs July 8, 2024 Up-Date
<u>Other Fixtures, Furnishing(s) & Equipment</u>			
Interior Wayfinding, Signage & Graphics	90,000	90,000	
Exterior Signage	300,000	300,000	
Original Artwork	150,000	150,000	
General Artwork	100,000	100,000	
Trash Cans, Magazine Racks & Planters	0	0	
Plantscaping	0	0	
Start-Up Supplies	0	0	
OTHER FIXTURES, FURNISHINGS & EQUIPMENT	640,000	640,000	
<u>F. F. & E. Adjustments</u>			
Equipment Scope Changes	0	300,000	
Furniture Scope Changes	0	0	
IT / Telecommunications Scope Changes	0	0	
F. F. & E. ADJUSTMENTS	0	300,000	
FURNITURE FIXTURES and EQUIPMENT	2,100,000	2,968,897	(868,897)
<u>Owner's / Project Contingency</u>			
Original / Approved Value	4,526,045	1,400,000	
(Expenditures) / Unallocated Funds	0	0	
PROJECT CONTINGENCY REMAINING	4,526,045	1,400,000	
CONTINGENCY	4,526,045	1,400,000	3,126,045
Project Cost Before Financing	105,483,035	110,566,690	(5,083,655)
FINANCING	6,564,998	6,564,997	1
TOTAL BASE PROJECT COST	112,048,033	117,131,687	(5,083,654)
<u>Owner Requested Scope Additions</u>			
1) X-Ray ES-137			
Design	0	15,600	Amendment 3 X'd
Permit, Testing, Cx Allowance	0	0	Included with Base Project Above
Construction	0	0	Included Above with Change Order 8
Equipment	0	40,000	Move estimate for Existing Equipment
Sales Tax	0	4,837	8.7% of all BUT Construction above
X-Ray ES-137 Total	0	60,437	
2) Wound Care			
Design	0	73,725	Amendment 3 X'd
Permit, Testing, Cx Allowance	0	12,515	Estimate of 1.5% of Construction
Construction	0	834,312	Per Bouten PCCO-031
Equipment & Furniture	0	140,000	Similar to Oncology Estimate + 10% Contingency
Sales Tax	0	19,683	8.7% of all BUT Construction above
Wound Care Total	0	1,080,235	
3) Operating Room #4 Infill			
Design	0	46,670	Amendment 3 X'd
Permit, Testing, Cx Allowance	0	3,923	Estimate of 1.5% of Construction
Construction	0	261,525	Per Bouten PCCO-033
Equipment	0	505,713	Stryker Quote + Movable Updated 2/23/24
Sales Tax	0	48,399	8.7% of all BUT Construction above
Operating Room #4 Total	0	866,230	

Prosser Memorial Hospital

Hospital Replacement Project

Project Cost Budget Detail

July 19, 2024

Cost Category	Approved Budget (Balanced to USDA Outlay Report)	July 8, 2024 Up-Date	Variance: Approved vs July 8, 2024 Up-Date
4) Additional Parking			
Design	0	24,500	Per bcdG proposed Additional Service 5
Permit, Testing Allowance	0	4,367	Estimate of 1.5% of Construction
Construction	0	291,115	Per Bouten PCCO-032
Equipment	0	0	None assumed required
Sales Tax	0	2,511	8.7% of all BUT Construction above
Additional Parking Total	0	322,493	
5) Irrigation Pond			
Design	0	0	Included with Parking above
Permit, Testing Allowance	0	4,500	Estimate of 1.5% of Construction
Construction	0	300,000	Per Bouten 3/21/24 Added Scope Estimate
Equipment	0	0	None assumed required
Sales Tax	0	392	8.7% of all BUT Construction above
Irrigation Pond Total	0	304,892	
6) Wall Protection at All Storage Rooms VE Item	0	0	None included, fund from \$1.4M above if required
7) Contingency Allowance	0	0	None included, fund from \$1.4M above if required
Owner Requested Scope Additions Total	0	2,634,286	
Base + Scope Additions Total	112,048,033	119,765,974	(7,717,940)



CITY OF PROSSER

Washington

PO Box 1639
Prosser, WA 99350
(509)786-2332
Fax (509)786-3717
www.cityofprosser.com

CITY OF PROSSER, WASHINGTON NOTICE OF COMPLETE APPLICATION AND DETERMINATION OF NONSIGNIFICANCE [MDNS]

Posted June 26, 2024

Type of Application: Preliminary Plat, SEPA Checklist, Variance Submission, Inclusionary Housing Incentive Application (PMC 18.95)

Date of Application: June 14, 2024

Date of Complete Determination: June 18, 2024

Name of Applicant: Hayden Homes LLC

Address of Applicant: 2464 SW GLACIER PL SUITE 110
REDMOND, OR 97756

Location of Project: Located North of I-82 and west of Wamba Road.

County Tax ID's: 135942000014001, 135942012512003



VICINITY MAP

NTS

Description of proposed project: Applicant is proposing a 165 lot subdivision for mixed use residential housing. Proposed plat includes storm water retention ponds, public roads, and an emergency fire access road. Applicant is proposing payment in lieu of construction of a neighborhood park. The proposed plat includes a density bonus under Prosser Municipal Code 18.95 and 32 lots will be deed restricted for 20 years as part of the affordable housing incentive program.

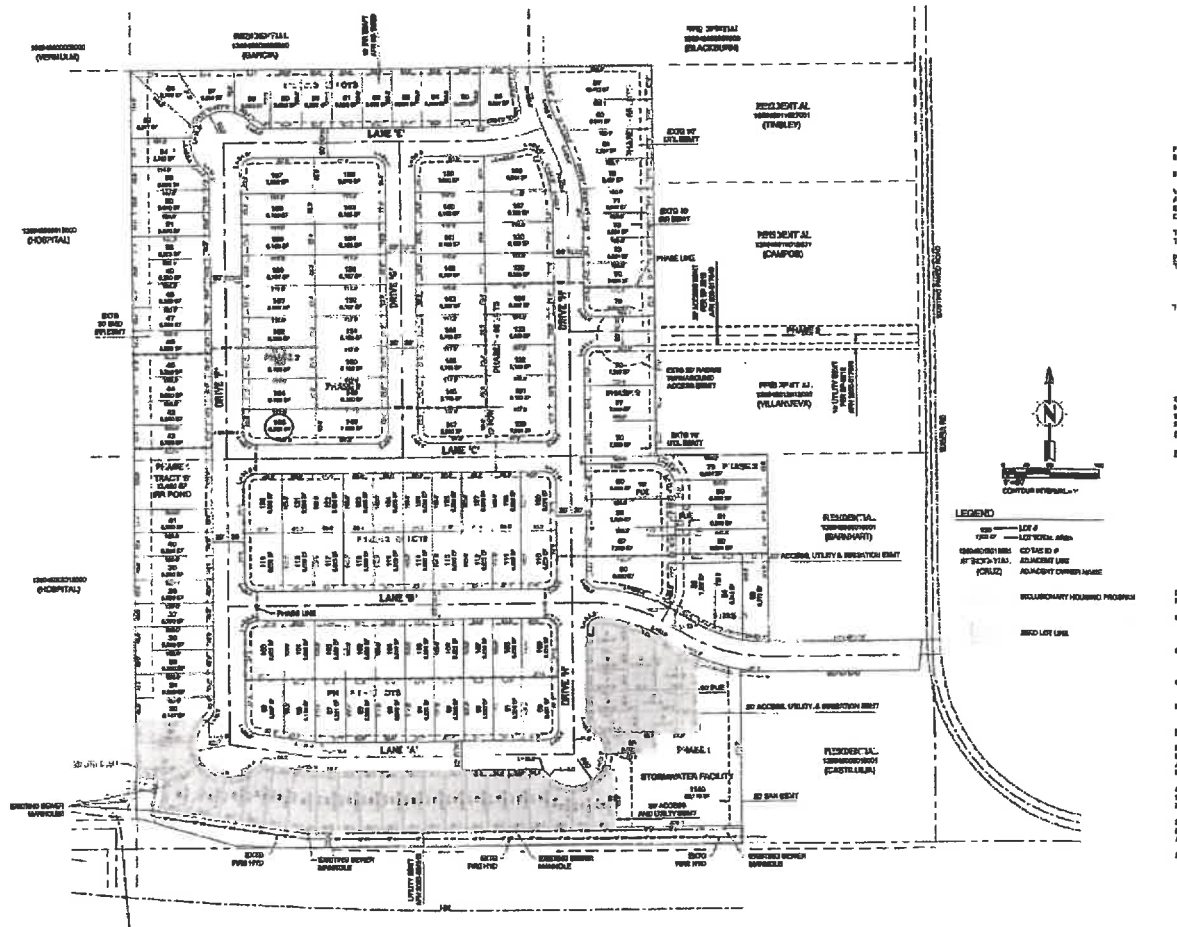


CITY OF PROSSER
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Wamba Meadows

LOCATED IN THE SW OF THE NW ¼ OF SEC 35, T 9 N, R 24 E OF THE WILLAMETTE MERIDIAN



Other permits: None

The following additional permits are associated with this application: None

The following studies have been required pursuant to RCW 36.70B.070: SEPA Checklist

Preliminary determination of consistency: The City has determined that this application is consistent with the City's Development Regulations and Comprehensive Plan.



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Environmental Review: The City expects to issue a **Mitigated Determination of Non-significance (MDNS)** for this project. This may be your only opportunity to comment on the environmental impacts of the proposed project. A copy of the subsequent Threshold Determination for the project may be obtained upon request. The lead agency, the City of Prosser, will not act on this proposal for 14 days from the published date below.

The City of Prosser expects to issue mitigation measures to address freeway noise, light scatter, recreation needs, traffic, utilities, pedestrian connectivity, and affordable housing requirements.

City of Prosser Contact: Steve Zetz
Planning Director City of Prosser
1002 Dudley Ave, Prosser, WA, 99350

Comments: The public is invited to comment on the application and environmental review. The public comment period shall be **15-days and will begin June 26, 2024**. All public comments received on the Notice of Application must be received by the City of Prosser **no later than 5:00 pm, July 12, 2024**. Comments may be mailed or personally delivered to the;

Attn: Prosser City Clerk
1002 Dudley Ave
Prosser, Washington, 99350

All available information and related documents for the application may be viewed at the City Clerk's Office, located at Prosser City Hall, 1002 Dudley Ave, Prosser, Washington, between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday, excluding official holidays, or may be viewed at www.cityofprosser.com.

The person(s) receiving this notice may request a copy of the final decision in this matter.

The final decisions may be appealed in accordance with the Land Use Petition Act (RCW 36.70C).

Dated: June 18, 2024

Steve Zetz
Community Development Director
City of Prosser

Published: Prosser Record Bulletin
Publish Date: June 26, 2024

Prosser Memorial Health - Replacement Hospital



Garrett Electric installing cable tray at Area B.1 MRI Room.



Perfection Glass installing sliding doors at Area B.2 Pre Post Surgery Rooms.



PCI installing wood paneling at Area C Public Corridor.



Paintmasters installing wallcovering at Area E Alcoves.



UPCOMING CONSTRUCTION

- Flooring installation will begin in Area B.1.
- Casework installation will continue in Area F.
- Wall protection, handrail, and crash rail installation will begin in Area E.
- Installation of sidewalks will begin around the site.

Prosser Memorial Health - Replacement Hospital



Exterior view from helicopter pad area.



Great Floors installing vinyl sheets in Area B.2 Corridor.



Otis continues to install public elevators in Area E.

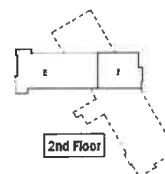
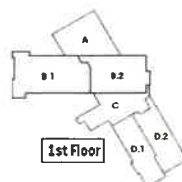


Garrett Electric roughing-in lights are Area C Lobby.



UPCOMING CONSTRUCTION

- Flooring install will continue in Area B.1.
- Casework installation will continue in Area F.
- MEP Trim will continue throughout Level 1.
- Trenching for irrigation lines will continue around the site.



Prosser Memorial Health - Replacement Hospital



Bouten installing wall protection in Area B.2 OR 1.



Division 8 installing door operators in Area C kitchen.



Columbia Industrial Coating installing epoxy in LDRP Bathroom in Area F.

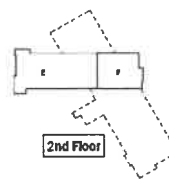
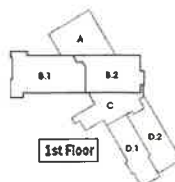


South elevation of the building.



UPCOMING CONSTRUCTION

- Flooring installation will continue in Area B.1.
- Casework installation will continue in Area F.
- Acoustical ceiling tile installation will begin in Area C and D.
- Curb, gutters, and sidewalk installation continues around the site.





Attachment M
POTENTIAL CHANGE ORDER LOG
PROSSER MEMORIAL HEALTH REPLACEMENT HOSPITAL

CONFIDENTIAL

Bouten Risk Contingency	\$2,252,358
Contingency Adjustments	47,542
Approved CUA's	1,435,467
Current Contingency Balance	\$864,433
Pending CUA ²	544,829
Projected Contingency Balance	\$319,604

Owner Risk Contingency ¹	\$0
Contingency Adjustments	0
Approved PCO's ³	2,202,963
Current Change Balance	(\$2,202,963)
Pending PCO's ^{2,4,5}	1,478,952
Projected Change Balance	(\$3,679,915)

Allowances	\$1,290,000
Allowance Adjustments	(\$3,972)
Approved AUA's	1,211,027
Current Allowance Balance	\$25,000
Pending AUA's ²	0
Projected Allowance Balance	\$25,000

Item #	Description	Reference Document	Date Initiated	Source	Change Type	BCDG Notified (Y/N)	Proceeding (Y/N)	ROM ¹	Submitted Cost	Approved Cost	Approval Status	Last Responsible Day	Comments
BOUTEN RISK CONTINGENCY													
CUA-001	Construction Entrance	Field	12/08/22	Big D's	7	N	Y	\$ -	\$ 2,686	\$ 2,686	Approved		
CUA-002	Building Pad Snow Removal & Freezing Temperatures	Field	12/07/22	Big D's	3	Y	Y	\$ 30,000	\$ 23,364	\$ 23,364	Approved		
CUA-003	Canal Crossing & Workarounds	Field/BP	10/25/22	Big D's	7	Y	Y	\$ 30,000	\$ 82,467	\$ 82,467	Approved		
CUA-004	BP 25 Trade Partner Change	Bid Package	12/06/22	BCC	7	Y	Y	\$ 25,000	\$ 16,162	\$ 16,162	Approved		Unable to reach agreement with Valley Shade
CUA-005	SWPPP Maintenance Fees	Email	11/09/22	AHJ	2	N	Y	\$ 6,000	\$ 8,291	\$ 8,291	Approved		
CUA-006	MEP CDF at Utility Trenching Near Footings	8/S200	11/16/22	AMC	4	Y	Y	\$ 45,000	\$ 4,108	\$ 4,108	Approved		
CUA-007	Elevator Rails & Beam	RFI 042	12/19/22	BCC	4	Y	Y	\$ 20,000	\$ 16,794	\$ 16,794	Approved		
CUA-008R1	Elevator Pit Waterproofing Subgrade	Field	03/08/23	FGC	4	N	Y	\$ 5,000	\$ 15,551	\$ 15,551	Approved		
CUA-009	Big D's Unsuitable Soils	Field	03/30/23	BCC	3	N	Y	\$ -	\$ 56,384	\$ 56,384	Approved		
CUA-010	BDC Stair Requirements	Submittal	04/01/23	SM	4	N	Y	\$ 5,000	\$ 5,916	\$ 5,916	Approved		
CUA-011	P-Tube Transfer Station Location	RFI 083	03/09/23	Swiss	5	Y	Y	\$ -	\$ 1,489	\$ 1,489	Approved		
CUA-012	Area B.1 Corridor Framing	RFI 113	04/26/23	AMC	4	Y	Y	\$ 15,000	\$ 14,695	\$ 14,695	Approved		
CUA-013	Security Camera POE	RFI 091	05/12/23	GEC	6	Y	Y	\$ 20,000	\$ 20,436	\$ 20,436	Approved		
CUA-014	Door Hardware Amount Error	PCO-001	06/09/23	BCC	7	Y	Y	\$ 10,000	\$ 8,133	\$ 8,133	Approved		
CUA-015	Helipad Lighting Increase	PCO-001	06/09/23	BCC	7	Y	Y	\$ 10,000	\$ 11,170	\$ 11,170	Approved		
CUA-016	Level 2 Concrete Mix	Field	06/13/23	BCC	7	Y	Y	\$ 8,000	\$ 7,721	\$ 7,721	Approved		
CUA-017	ASI 02 RFI & Submittal Changes	ASI 02	05/15/23	BCC	4	Y	Y	\$ 1,000	\$ 620	\$ 620	Approved		
CUA-018	ASI 03 Shower Drain Revisions	ASI 03	03/01/23	Apollo	4	Y	Y	\$ -	\$ 3,404	\$ 3,404	Approved		2
CUA-019	PCO-014 Costs	PCO-014	07/06/23	NV5	1	Y	Y	\$ -	\$ 9,769	\$ 9,769	Approved		
CUA-020	PCO-015 Costs	PCO-015	07/06/23	NV5	1	Y	Y	\$ 25,000	\$ 25,613	\$ 25,613	Approved		
CUA-021	Roof Cover Board Area A	VE			7	Y	Y	\$ 20,000	\$ 18,529	\$ 18,529	Approved		
CUA-022	QEC Lab Envelope Consultant	Proposal	06/30/23	BCC	7	Y	Y	\$ 15,000	\$ 15,000	\$ 15,000	Approved		
CUA-023	Fiber Reroute Excavation	RFI 036	12/08/22	GEC	6	Y	Y	\$ -	\$ 2,603	\$ 2,603	Approved		
CUA-024	WRB Area A Respray	Product Data	09/11/23	BCC	7	Y	Y	\$ 5,000	\$ 3,745	\$ 3,745	Approved		
CUA-025	Misc Steel Items Area C	WAF's	08/16/23	BCC	4	Y	Y	\$ 5,000	\$ 3,196	\$ 3,196	Approved		
CUA-026	Vapor Barrier Btd Error	NA	08/15/23	MGW	4	Y	Y	\$ 100,000	\$ 111,845	\$ 111,845	Approved		
CUA-027	Generator Housekeeping Pads	RFI			4	Y	Y	\$ 10,000	\$ 8,579	\$ 8,579	Approved		
CUA-028	Regrade Generator Pad	None	08/04/23	BCC	7	Y	Y	\$ 10,000	\$ 10,828	\$ 10,828	Approved		
CUA-029	Roof Slab Grnd	None	10/10/23	BCC	7	N	Y	\$ -	\$ 26,892	\$ 26,892	Approved		
CUA-030	Area A Additional Joist Support	Email	10/01/23	BCC	7	Y	Y	\$ 15,000	\$ 10,254	\$ 10,254	Approved		
CUA-031	Loading Dock Core Drilling	RFI 035.01	05/12/23	BCC	4	Y	Y	\$ -	\$ 2,276	\$ 2,276	Approved		
CUA-032	Start Date Delay Costs	PCO 001		BCC	7	Y	Y	\$ 42,970	\$ 42,970	\$ 42,970	Approved		
CUA-033	ASI 05 & PR 05 Pricing Correction	PR 05	11/02/23	DWI	4	N	Y	\$ 4,000	\$ 3,841	\$ 3,841	Approved		
CUA-034	Misc Steel Items	Misc	10/17/23	AIE	4	Y	Y	\$ -	\$ 6,458	\$ 6,458	Approved		
CUA-035	Additional CDF at Electrical Crossings	BP's	09/21/23	Big D's	4	N	Y	\$ -	\$ 2,844	\$ 2,844	Approved		
CUA-036	Light Pole Base Relocation	None	09/21/23	Big D's	7	N	Y	\$ -	\$ 1,351	\$ 1,351	Approved		
CUA-037	Imaging Electrical Excavation & Backfill	PR 05	11/01/23	BCC	7	Y	Y	\$ -	\$ 8,131	\$ 8,131	Approved		
CUA-038	Fire Riser Elevation	RFI 150	10/04/23	BCC	7	Y	Y	\$ 15,000	\$ 16,089	\$ 16,089	Approved		
CUA-039	Misc Changes ASI 07	ASI 07	10/17/23	BCDG	4	Y	Y	\$ 22,000	\$ 25,623	\$ 25,623	Approved		
CUA-040	Water Vault Revisions	TBD	05/12/23	BCC	4	Y	Y	\$ 20,000	\$ 15,282	\$ 15,282	Approved		
CUA-041	Kitchen Revisions	PR 09R1		Owner	1	Y	Y	\$ 30,000	\$ 24,649	\$ 24,649	Approved		
CUA-042	X-Ray Control Room	PR 12		BCDG	1	Y	Y	\$ 5,000	\$ 12,860	\$ 12,860	Approved		
CUA-043	Draper Blackout Shades	Submittal	10/17/23	BCDG	4	Y	Y	\$ 25,000	\$ 25,911	\$ 25,911	Approved		

**POTENTIAL CHANGE ORDER LOG
PROSSER MEMORIAL HEALTH REPLACEMENT HOSPITAL**

Bouten Risk Contingency	\$2,252,358
Contingency Adjustments	47,542
Approved CUA's	1,435,467
Current Contingency Balance	\$864,433
Pending CUA ²	544,829
Projected Contingency Balance	\$319,604

Owner Risk Contingency	\$0
Contingency Adjustments	0
Approved PCO's ⁵	2,202,963
Current Change Balance	(\$2,202,963)
Pending PCO's ^{2,4,6}	1,476,952
Projected Change Balance	(\$3,679,915)

Allowances	\$1,290,000
Allowance Adjustments	(\$3,972)
Approved AUA's	1,211,027
Current Allowance Balance	\$25,000
Pending AUA's ²	0
Projected Allowance Balance	\$25,000

Item #	Description	Reference Document	Date Initiated	Source	Change Type	BCDG Notified (Y/N)	Proceeding (Y/N)	ROM ¹	Submitted Cost	Approved Cost	Approval Status	Last Responsible Day	Comments
CUA-044	EV Charging Stations	Meeting	04/28/23	Owner	1	Y	Y	\$ 20,000	\$ 18,055	\$ 18,055	Approved		
CUA-045	LDRP & Med Surg Mockup Costs	NA		BCC	7	Y	Y	\$ 15,000	\$ 16,403	\$ 16,403	Approved		
CUA-046	Landscaping Budget Increase	BP33-01	09/30/22	PMH	1	Y	Y	\$ 475,000	\$ 544,829				Submitted 7/2, Pending Signatures.
CUA-047	Baseboard Heater Piping	NA	01/26/24	BCC	5	Y	Y	\$ 3,500	\$ 3,459	\$ 3,459	Approved		
CUA-048	Barn Door Slider Hardware	RFI 173	11/29/23	BCC	4	Y	Y	\$ 10,000	\$ 9,918	\$ 9,918	Approved		
CUA-049	Metal Panel At AHU 03 Enclosure	RFI 182	12/14/23	BCC	4	Y	Y	\$ 4,000	\$ 3,497	\$ 3,497	Approved		
CUA-050	Spandrel Clarifications	RFI 195 & 203	02/12/24	BCC	4	Y	Y	\$ 25,000	\$ 21,008	\$ 21,008	Approved		
CUA-051	Column Cover Conflict @ Fireproofed Columns	RFI 197	02/16/24	BCC	4	Y	Y	\$ 20,000	\$ 17,728	\$ 17,728	Approved		
CUA-052	ASI 09 Misc Changes	ASI 09	12/15/23	BCDG	6	Y	Y	\$ 110,000	\$ 107,193	\$ 107,193	Approved		
CUA-053	Additional Boots @ High Roof	Meeting	02/23/24	BCC	7	N	Y	\$ 3,000	\$ 2,156	\$ 2,156	Approved		
CUA-054	Site Concrete Schedule Change	Bid Schedule	10/01/23	TSS	3	N	Y	\$ 13,000	\$ 13,449	\$ 13,449	Approved		
CUA-055	ASI 10 Med Gas Elevations and Epoxy Floor Changes	ASI 10	02/13/24	BCDG	4	Y	Y	\$ 45,000	\$ 37,770	\$ 37,770	Approved		
CUA-056	Water Intrusion Repairs	Field	03/05/24	BCC	3	Y	Y	\$ 15,000	\$ 13,528	\$ 13,528	Approved		
CUA-057	Misc Terrazzo Costs	Field	02/18/24	NAT	3	Y	Y	\$ 35,000	\$ 20,905	\$ 20,905	Approved		
CUA-058	Med Surg Shower Valve Locations	RFI 222	03/07/24	BCC	4	N	Y	\$ 40,000	\$ 34,440	\$ 34,440	Approved		
CUA-059	Fireproofing Patchwork	Field	03/26/24	BCC	3	Y	Y	\$ 30,000	\$ 21,581	\$ 21,581	Approved		
CUA-060	Imaging Area ACT Bid Error	Bid Schedule	04/05/24	ACI	3	N	Y	\$ 25,000	\$ 23,980	\$ 23,980	Approved		
CUA-061	Integral Sink Bowl Overflow	RFI 198	01/25/24	BCDG	4	Y	Y	\$ 10,000	\$ 7,218	\$ 7,218	Approved		
CUA-062	Vent Pipe Relocation in Kitchen	RFI 226	03/25/24	BCDG	5	Y	Y	\$ 10,000	\$ 8,487	\$ 8,487	Approved		
CUA-063	ASI 11 Miscellaneous Revisions	ASI 11	03/28/24	BCDG	4	Y	Y	\$ 15,000	\$ 5,134	\$ 5,134	Approved		
CUA-064	Temporary Elevator Usage	N/A	04/02/24	BCC	7	N	Y	\$ 20,000	\$ 17,116	\$ 17,116	Approved		
CUA-065	Sidewalk at Area C Main Entry	RFI 230	04/01/24	BCDG	4	Y	Y	\$ 10,000	\$ 3,227	\$ 3,227	Approved		
CUA-066	P-Tube Roof Ladder Access	Field	02/01/24	BCC	7	N	Y	\$ 15,000	\$ 10,582	\$ 10,582	Approved		
CUA-067	Site Security	Field	03/30/24	BCC	7	Y	Y	\$ 30,000	\$ 33,030	\$ 33,030	Approved		
CUA-068	Owner IT Power Upgrades	PR 17	04/05/24	BCDG	1	Y	Y	\$ 30,000	\$ 29,644	\$ 29,644	Approved		
CUA-069	Pharmacy Wall Confirmations	RFI 224	03/27/24	BCDG	4	Y	Y	\$ 3,500	\$ 2,676	\$ 2,676	Approved		
CUA-070	ER Entrance Canopy Furring	Field	04/30/24	BCDG	4	Y	Y	\$ 2,500	\$ 1,677	\$ 1,677	Approved		
CUA-071	Procedure Room Changes	PR 18	04/16/24	BCDG	1	Y	Y	\$ 35,000	\$ 33,913	\$ 33,913	Approved		
CUA-072	Pharmacy Sink Add	RFI 210	02/28/24	HEI	5	Y	Y	\$ 12,000	\$ 11,432	\$ 11,432	Approved		
CUA-073	Electrical Theft Damages	Field	03/14/24	BCC	7	Y	Y	\$ 5,000	\$ 4,323	\$ 4,323	Approved		
CUA-074	Misc Electrical	RFI 241/244	04/10/24	HEI	5	Y	Y	\$ 15,000	\$ 14,356	\$ 14,356	Approved		
CUA-075	Kitchen Hood Coordination	RFI 243	04/16/24	BCDG	4	Y	Y	\$ 3,000	\$ 968	\$ 968	Approved		
CUA-076	Skifold Pocket Ceiling Material	RFI 255	05/02/24	BCDG	4	Y	Y	\$ 3,000	\$ 2,410	\$ 2,410	Approved		
CUA-077	Lavatory Sink Overflow Change	RFI 198.01	05/01/24	HEI	5	Y	Y	\$ 3,500	\$ 3,591	\$ 3,591	Approved		
CUA-078	Shower Niches	Mock Up	06/03/24	BCDG	4	Y	Y	\$ 10,000	\$ 9,769	\$ 9,769	Approved		
CUA-079	Hardware Changes per RFI 247 & 252	RFI 247/252	04/19/24	BCDG	4	Y	Y	\$ 30,000	\$ 20,618	\$ 20,618	Approved		
CUA-080	Nurse Call Connectivity	RFI 232	04/18/24	HEI	5	Y	Y	\$ 20,000	\$ 15,301	\$ 15,301	Approved		
CUA-081	Chipping of Shower Drains	Field	05/03/24	Field	3	N	Y	\$ 5,000	\$ 4,155	\$ 4,155	Approved		
CUA-082	Precast Escalation	Market	12/19/23	Field	3	N	Y	\$ 2,500	\$ 2,232	\$ 2,232	Approved		
CUA-083	Sterilization Changes	RFI 209	02/26/24	HEI	5	Y	Y	\$ 30,000	\$ 11,809	\$ 11,809	Approved		
CUA-084	Miscellaneous Casework Revisions	RFI 259	05/15/24	BCDG	4	Y	Y	\$ 5,000	\$ 3,695	\$ 3,695	Approved		
CUA-085	Engineered Soils Scope Gap	Bid	06/10/24	BCC	7	N	Y	\$ 66,500	\$ 66,500	\$ 66,500	Approved		
CUA-086	SPD Piping Relocation	Field	06/24/24	AHJ	2	N	Y	\$ 3,636	\$ 3,636	\$ 3,636	Approved		
CUA-087	Procedure Room Box Walk Revisions	RFI 265	06/07/24	PMH	1	Y	Y	\$ 10,000	\$ 8,370	\$ 8,370	Approved		

POTENTIAL CHANGE ORDER LOG
PROSSER MEMORIAL HEALTH REPLACEMENT HOSPITAL

Bouten Risk Contingency	\$2,252,358
Contingency Adjustments	47,542
Approved CUA's	1,435,487
Current Contingency Balance	\$864,433
Pending CUA ²	544,829
Projected Contingency Balance	\$319,604

Owner Risk Contingency	\$0
Contingency Adjustments	0
Approved PCO's ⁶	2,202,963
Current Change Balance	(\$2,202,963)
Pending PCO's ^{2 & 6}	1,478,952
Projected Change Balance	(\$3,679,915)

Allowances	\$1,290,000
Allowance Adjustments	(53,972)
Approved AUA's	1,211,027
Current Allowance Balance	\$25,000
Pending AUA's ²	0
Projected Allowance Balance	\$25,000

Item #	Description	Reference Document	Date Initiated	Source	Change Type	BCDG Notified (Y/N)	Proceeding (Y/N)	ROM ¹	Submitted Cost	Approved Cost	Approval Status	Last Responsible Day	Comments
Potential	Patient Room Mock-up Rework	PR 21											Pending Trade Partner Response.
Potential													
Totals: BOUTEN RISK CONTINGENCY									\$ 1,933,106	\$ 1,980,296	\$ 1,435,467		

OWNER POTENTIAL CHANGE ORDERS													
Item #	Description	Reference Document	Date Initiated	Source	Change Type	BCDG Notified (Y/N)	Proceeding (Y/N)	ROM ¹	Submitted Cost	Approved Cost	Approval Status	Last Responsible Day	Comments
PCO-001R1	PR 01 Conformed Drawings	PR 01	09/30/22	BCDG	4	Y	Y	\$ 730,000	\$ 617,518	\$ 617,518	Approved		CO 004
PCO-002	SVID Pipe Material	Work Session	10/25/22	Owner	4	Y	N	\$ 67,000	\$ 66,592	\$ -	Cancelled		Big D's to provide and direct bill PMH in lieu of PCO.
PCO-003R1	Storm & Sanitary Sewer Changes	RFI 005	10/24/22	BCC	4	Y	Y	\$ 36,000	\$ 34,391	\$ 34,391	Approved		CO 002
PCO-004	Storefront Door Hardware	RFI 010	11/03/22	BCC	4	Y	N	\$ -	\$ -	\$ -	Cancelled		See PR-01
PCO-005R2	PUD Reroute	RFI 028	11/03/22	PUD	1	Y	Y	\$ 40,000	\$ 50,510	\$ 50,510	Approved		CO 003
PCO-006	Weather Delay Costs	Letter	12/05/22	BCC	7	Y	Y	\$ 210,000	\$ 210,805	\$ 210,805	Approved		CO 003
PCO-007	Pneumatic Tube BIM	Friday Meeting	12/02/22	Owner	4	Y	Y	\$ 14,675	\$ 14,412	\$ 14,412	Approved		CO 001
PCO-008R1	AHU-03 Humidifier Clarification	RFI 019	12/06/22	BCC	5	Y	Y	\$ 8,500	\$ 9,147	\$ 9,105	Approved		CO 002
PCO-009	Builder's Risk Adjustment	Email	10/25/22	BCC	7	N	Y	\$ 45,000	\$ 26,771	\$ 26,771	Approved		CO 001
PCO-010	Kitchen Floor Trough	RFI 027	11/22/22	BCC	1	Y	Y	\$ 4,000	\$ 3,101	\$ 3,101	Approved		CO 002
PCO-011	Recessed Slab Waterproofing	RFI 041	12/19/22	BCC	4	Y	Y	\$ 60,000	\$ 25,379	\$ 25,379	Approved		CO 002
PCO-012	Existing Water Main Connection Change	RFI 053	02/14/23	BCC	3	Y	Y	\$ -	\$ 14,051	\$ 14,051	Approved		CO 002
PCO-013	Misc Earthwork Changes	Multiple RFIs	12/16/22	BCC	4	Y	Y	\$ 5,000	\$ 4,301	\$ 4,301	Approved		CO 002
PCO-014R1	AHJ Review Comments	PR 02	01/17/23	BCDG	2	Y	Y	\$ -	\$ 159,328	\$ 159,328	Approved		CO 005
PCO-015R1	PR 03 RFI's, Owner Adds. & Clarifications	PR 03	04/07/23	BCDG	2	Y	Y	\$ 150,000	\$ 105,243	\$ 105,243	Approved		CO 005
PCO-016R1	Hyperbanc Move	PR 04	03/16/23	BCDG	4	Y	Partial	\$ 30,000	\$ -	\$ -	Cancelled		See BCO 015
PCO-017	Generator & Solid Surface Revisions	DOH/PR 08	01/19/23	BCDG	6	Y	Y	\$ 215,226	\$ 240,528	\$ 240,528	Approved		CO 005
PCO-018	RFI 088 Second Water Line	RFI 088	03/21/23	BCDG	2	Y	Y	\$ -	\$ 12,335	\$ 12,335	Approved		CO 004
PCO-019	Dialary Flooring Changes	PR 07	10/31/22	Owner	1	Y	Y	\$ 17,105	\$ 18,685	\$ 18,685	Approved		CO 005
PCO-020	DI Waiting Area Revisions	PR 06	06/05/23	Owner	1	Y	Y	\$ -	\$ 5,734	\$ 5,734	Approved		CO 005
PCO-021	High Traffic Auto Operator Upgrade	Meeting		BCDG	1	Y	Y	\$ 10,000	\$ 8,972	\$ 8,972	Approved		CO 005
PCO-022	ASI 04 Valley Gutter	ASI 04	02/02/23	BCC	4	Y	N	\$ 29,000	\$ 28,536	\$ -	Cancelled		Rejected by PMH on 10/30/23
PCO-023	Ground Water Remedy	RFI 035.01	05/12/23	BCC	4	Y	N	\$ 125,000	\$ 144,527	\$ -	Cancelled		Pending BCDG Summary Letter
PCO-024R2	Imaging Department Buildout	AUA-004	08/31/23	BCC	4	Y	Y	\$ 200,000	\$ 151,438	\$ 151,438	Approved		CO 006
PCO-025	Admin Area G/WB to Deck	Email	09/29/23	BCDG	4	Y	Y	\$ 20,500	\$ 22,669	\$ 22,669	Approved		CO 007
PCO-026R1	OR & Treatment Room Revisions	PR 11		BCDG	6	Y	Y	\$ 160,000	\$ 149,180	\$ 149,180	Approved		CO 007
PCO-027R1	Kitchen, Sterilization, Lab & Misc Changes	PR 15	09/19/23	BCC	6	Y	Y	\$ 142,000	\$ 141,381	\$ 141,381	Approved		CO 007
PCO-028	EV Charging Stations	Meeting	04/28/23	Owner	1	Y	Y	\$ 73,000	\$ -	\$ -	Cancelled		See CUA-044
PCO-029	Vault Sump Pumps	RFI		Owner	1	Y	Y	\$ 10,000	\$ 17,745	\$ 17,745	Approved		CO 008
PCO-030R1	X-Ray ES-137	PR 14	02/16/24	Owner	1	Y	Y	\$ 100,000	\$ 159,381	\$ 159,381	Approved		CO 008
PCO-031	Wound Care Buildout	PR 13	09/30/22	Owner	1	Y	N	\$ 774,000	\$ 834,312	\$ -			Submitted 6/25, Pending PMH/USDA Signatures
PCO-032	Added Parking	PR 22	05/13/24	Owner	1	Y	N	\$ 321,000	\$ 291,115	\$ -			Submitted 6/25, Pending PMH/USDA Signatures
PCO-033	OR 4 Buildout	PR 19	12/19/23	Owner	1	Y	N	\$ 359,000	\$ 261,525	\$ -			Submitted 7/2, Pending PMH/USDA Signatures
PCO-034	DOH Review Comments	PR 20	06/14/24	AHJ	2	Y	N	\$ 20,000	\$ -	\$ -			Pending Final Price Review
PCO-035	Patient Room Mockup Revisions	PR 21	03/01/24	Owner	1	Y	Y	\$ 50,000	\$ -	\$ -			Pending Bouten Review
PCO-TBD	Gym Data	PR 26	07/02/24	Owner	1	Y	N	\$ 5,000	\$ -	\$ -			Pending Trade Partner Response
PCO-TBD	Versabadge	PR 28	04/25/24	Owner	1	Y	N	\$ 15,000	\$ -	\$ -			Pending Trade Partner Response

POTENTIAL CHANGE ORDER LOG
PROSSER MEMORIAL HEALTH REPLACEMENT HOSPITAL

Bouten Risk Contingency	\$2,252,358
Contingency Adjustments	47,542
Approved CUA's	1,435,467
Current Contingency Balance	\$864,433
Pending CUA ²	544,829
Projected Contingency Balance	\$319,604

Owner Risk Contingency	\$0
Contingency Adjustments	0
Approved PCO's ⁵	2,202,963
Current Change Balance	(\$2,202,963)
Pending PCO's ^{2 & 8}	1,476,952
Projected Change Balance	(\$3,679,915)

Allowances	\$1,290,000
Allowance Adjustments	(53,972)
Approved AUA's	1,211,027
Current Allowance Balance	\$25,000
Pending AUA's ²	0
Projected Allowance Balance	\$25,000

Item #	Description	Reference Document	Date Initiated	Source	Change Type	BCDG Notified (Y/N)	Proceeding (Y/N)	ROM ¹	Submitted Cost	Approved Cost	Approval Status	Last Responsible Day	Comments
Potential	Owner Signage Rework	PR TBD	07/03/24	Owner	1	Y	N						Pending Final Design Package
Potential													
Totals: OWNER POTENTIAL CHANGE ORDERS									\$ 7,080,206	\$ 5,890,302	\$ 2,202,963		

ALLOWANCES													
AUA-001	Builders Risk Premium	COP-009	01/12/23	BCC	7	N	Y		\$ 100,000	\$ 100,000	\$ 100,000	Approved	
AUA-002	Contormed Drawings Door Hardware Changes	RFI 010 & 040	09/27/22	BCC	4	Y	Y		\$ 37,300	\$ 37,324	\$ 37,324	Approved	See PCO-001 for Approval Signature.
AUA-003	Bedrock at Sewer	GMP	01/31/23	BCC	3	Y	Y		\$ 22,880	\$ 29,384	\$ 29,384	Approved	
AUA-004	Imaging Department Buildout	PR 05	06/12/23	BCDG	1	Y	Y		\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	Approved	Reference PCO 024R1
AUA-005	O2 Tank Slab Thickness	PR 02	01/17/23	BCDG	4	Y	Y		\$ 25,000	\$ 21,246	\$ 21,246	Approved	Reference PCO-014
AUA-006	Air Barrier Continuity at Soffits	RFI 122	08/15/22	BCC	4	Y	Y		\$ 25,000	\$ 23,073	\$ 23,073	Approved	
Totals: ALLOWANCES									\$ 1,264,152	\$ 1,211,028	\$ 1,211,027		

SUMMARY OF CHANGE TYPE DISTRIBUTION											
Change Type	Description	BOUTEN RISK CONTINGENCY			OWNER CHANGE ORDERS			ALLOWANCES			
		Total	Contract Value ⁶	%	Total	Value	%	Total	Value	%	
1	Owner Directed Change	\$ 707,702	\$ 74,811,452	0.95%	\$ 1,721,080	\$74,811,452	2.30%	\$ 1,000,000	\$ 1,290,000	77.52%	
2	AHJ or Code Driven Change	11,927	74,811,452	0.02%	296,906	74,811,452	0.40%	-	1,290,000	0.00%	
3	Unforeseen Condition	179,577	74,811,452	0.24%	14,051	74,811,452	0.02%	29,384	1,290,000	2.28%	
4	Arch, Struct, or Civil	448,698	46,953,551	0.96%	870,108	46,953,551	1.85%	81,643	1,290,000	6.33%	
5	Mechanical	69,923	12,997,825	0.54%	9,105	12,997,825	0.07%	-	-	0.00%	
6	Electrical	130,233	14,860,076	0.88%	531,089	14,860,076	3.57%	-	-	0.00%	
7	General Contractor	432,236	74,811,452	0.58%	237,576	74,811,452	0.32%	100,000	1,290,000	0.00%	
Totals: PMH REPLACEMENT HOSPITAL		1,980,296	74,811,452	2.65%	3,679,915	74,811,452	4.92%	1,211,027	1,290,000	93.88%	

SUMMARY OF CONTINGENCY BALANCES											
Item #	Description	BOUTEN RISK CONTINGENCY			OWNER CHANGE ORDERS			ALLOWANCES			
		Total	Contract Value ⁶	%	Total	Value	%	Total	Value	%	
1	Original Contingency Balance	\$2,252,358	\$ 74,811,452	3.01%	\$0	\$74,811,452	0.00%	\$1,290,000	\$74,811,452	1.72%	
2	Revised Contingency Balance	2,299,900	74,811,452	3.07%	0	74,811,452	0.00%	1,236,028	\$74,811,452	1.65%	
3	Pending Changes	544,829	74,811,452	0.73%	1,476,952	74,811,452	1.97%	-	\$74,811,452	0.00%	
4	Projected Contingency Balance	319,604	74,811,453	0.43%	(3,679,915)	74,811,452	-4.92%	25,000	\$74,811,452	0.03%	
5	Percentage of Contingency Used - Approved	1,435,467	\$2,299,900	62.41%	(\$2,202,963)	74,811,452	-2.94%	1,211,027	\$1,236,028	97.98%	
6	Percentage of Contingency Used - Approved & Projected	1,980,296	\$2,299,900	86.10%	(\$3,679,915)	74,811,452	-4.92%	1,211,027	\$1,236,028	97.98%	

POTENTIAL CHANGE ORDER LOG
PROSSER MEMORIAL HEALTH REPLACEMENT HOSPITAL

Bouten Risk Contingency	\$2,252,359
Contingency Adjustments	47,542
Approved CUA's	1,435,467
Current Contingency Balance	\$864,433
Pending CUA ²	544,829
Projected Contingency Balance	\$319,604


Owner Risk Contingency⁷	\$0
Contingency Adjustments	0
Approved PCO's ⁸	2,202,983
Current Change Balance	(\$2,202,983)
Pending PCO's ^{2 & 8}	1,476,952
Projected Change Balance	(\$3,679,915)

Allowances	\$1,290,000
Allowance Adjustments	(53,972)
Approved AUA's	1,211,027
Current Allowance Balance	\$25,000
Pending AUA's ²	0
Projected Allowance Balance	\$25,000

Item #	Description	Reference Document	Date Initiated	Source	Change Type	BCDG Notified (Y/N)	Proceeding (Y/N)	ROM ¹	Submitted Cost	Approved Cost	Approval Status	Last Responsible Day	Comments
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- Notes:**
1. ROM - Rough order of magnitude cost
 2. Pending totals include total ROM and submitted costs. ROM costs are only included if final pricing has not yet been submitted.
 3. Costs will be tracked as a ROM until PCO is submitted to the Owner. Costs will then be tracked as submitted costs until approved (or disapproved) by Owner.
 4. Pricing listed herein is original contract price and DOES NOT include Washington State sales tax unless otherwise noted.
 5. Pricing listed herein DOES NOT include design fees unless otherwise noted
 6. Contract values in Change Type Distribution table exclude Washington State sales tax.
 7. Owner Contingency balance is not tracked by Bouten.
 8. Individual PCO's include estimated Washington State sales tax. Sales tax is not part of the contract and will be removed from the PCO value for the formal change orders.

Last Responsible Day Legend:

- | | | | |
|---|--|---|--|
|  Approval required date > two weeks out |  Approval required within two weeks or less |  Approval required immediately or is overdue |  Approval on hold |
|---|--|---|--|

Attachment N

Marti,

Prosser Public Hospital District (the “District”) has been moving forward with its new hospital project, which as you know is proceeding ahead of schedule and will soon be completed. The new hospital is going to be an outstanding legacy facility for the residents of the Prosser for years to come. In addition, I believe you are aware of the outstanding operating performance of the District over the past three and a half years (calendar years 2021, 2022, 2023 and through June 30, 2024) since the initial financial feasibility study was prepared by Dingus, Zarecor & Associates, Certified Public Accounts (“DZA”), on July 9, 2021, and subsequently updated on March 4, 2022, and on September 12, 2022. However, like many other projects that have been constructed during this pandemic and post-pandemic period, construction and equipment costs have been escalating at levels that are unrepresented due to rising inflation, supply chain difficulties and continuing labor shortages in all of the construction trades that have created an increase in material, labor and equipment costs like never experienced before. In addition, the District has been experiencing a tremendous growth in the demand for its services and related utilization of services from service area patients, necessitating the need to increase programs and expand services much sooner than originally anticipated. As a consequence of these rising construction and equipment costs and due to a need to expand programs and healthcare services in Prosser’s service area, the District needs to request a change in its plan of finance to fund the resulting budget gap for the District’s new healthcare facility. To be more specific, construction and equipping costs have increased from the costs approved by USDA as contained in its Letter of Conditions Amendment #2 dated September 27, 2022, as follows:

	<u>9/27/22</u>	<u>Current</u>	<u>Budget</u>
Original Project Costs:	LOC Budget	Budget	Gap
Site Costs	\$ 1,810,993	\$ 1,819,004	\$ 8,010
Soft Costs	8,274,447	9,272,185	997,738
Construction	81,320,049	83,522,945	2,202,896
Medical, FF&E and IT Equip.	9,551,500	14,552,557	5,001,056
Contingency	4,526,045	1,400,000	(3,126,045)
Financing & Interest	<u>6,564,998</u>	<u>6,564,997</u>	<u>0</u>
Total Approved by USDA	<u>\$112,048,033</u>	\$117,131,688	\$5,083,655
Additional Change Orders:			
X-Ray ES-137 (approved by USDA)		60,437	60,437
Wound Care (needs USDA approval)		1,080,235	1,080,235
Operating Room #4 Infill (needs USDA approval)		866,230	866,230
Additional Parking (needs USDA approval)		322,493	322,493
Irrigation Pond (needs USDA approval)		<u>304,892</u>	<u>304,892</u>
Total Revised Budget		<u>119,765,975</u>	
Budget Gap		\$ <u>7,717,942</u>	<u>\$7,717,942</u>

In order to bridge the above-referenced budget gap, we propose that the District increase its equipment lease financing by \$4,000,000 from \$5,000,000 to \$9,000,000 and increase its equity contribution by \$3,717,942 from \$25,548,033 to \$29,265,975. The proposed increase in equipment lease financing to \$9,000,000 was approved by Banc of America Leasing & Capital on July 16, 2024 (see attached commitment letter). This proposed adjustment to the District's plan of finance will allow for \$9,000,000 in lease funding for the \$14,552,557 in total equipment costs with the remainder of the budget gap to be funded with additional District equity. As support for our request to modify the District's plan of finance, we provide the following analysis and a comparison of the District's actual operating performance as compared with the DZA financial feasibility study dated July 9, 2021 (for the calendar year 2021) and as compared with the DZA financial feasibility study dated September 12, 2022 (for the calendar years 2022, 2023 and 2024). Our comparisons provided below indicates that for the calendar years forecasted by DZA for 2021, 2022, 2023 and 2024, the District has dramatically exceed all projections in every year from an operations perspective and from a debt service coverage perspective. In fact, the District's actual operating performance exceeded all of the forecast projections for 2021, 2022, 2023 and 2024 (even with only six months of calendar year 2024 in the books). The District's actual Income from Operations exceeded the forecasted Income from Operations for 2021, 2022, 2023 and 2024 by \$3,023,000, \$6,160,000, \$7,996,000 and \$11,480,000 (based on six months annualized), respectively. The District's actual Income Available for Debt Service exceeded the forecasted Income Available for Debt Service for 2021, 2022, 2023 and 2024 by \$5,543,000, \$4,990,000, \$8,883,000 and 12,495,000 (based on six months annualized), respectively. This performance produced actual Debt Service Coverage Ratios for 2021, 2022, 2023 and 2024 of 8.62x, 8.13x, 9.84x, and 3.86x, respectively. The final year's Debt Service Coverage Ratio analyzed, calendar year 2024, is based on projected debt service, including all \$80,500,000 in USDA Direct Loans and the proposed \$9,000,000 in equipment leases. This 3.86x Debt Service Coverage Ratio is far in excess of the forecasted Debt Service Coverage Ratio contained in the financial feasibility study for the calendar year 2024 of 1.58x. Even though we only have six months of operating performance for 2024 in the books, the District's operating performance has been increasing year over year since 2020 when most other healthcare providers operating performance has been declining, some dramatically declining, during this same period of time.

We also tested how the District's Debt Service Coverage Ratio fared when we looked at the average for the past 3 years (2021, 2022 and 2023) and the past 4 years (2021, 2022, 2023 and 2024 annualized) using actual Income Available for Debt Service and a fully loaded forecasted Annual Debt Service that again included both the \$80,500,000 in USDA Direct Loans and the proposed \$9,000,000 in Lease Financing. The results were a surprising Debt Service Coverage Ratio of 2.71x for the 3-year average and 3.00x for the 4-year average. Our conclusion is, that based on the District's operating performance for the past three and a half years (2021, 2022, 2023 and the first six months of 2024) the District has outperformed its forecasts even when the proposed additional \$4,000,000 in Lease Financing and the full impact of the USDA Direct Loans are incorporated. The below analysis for this period, with the annualized 2024 operations, provides an overview of the District's operating performance, its Debt Service Coverage Ratio, and its Operating Margin, all as compared with the same forecasted information contained in the DZA financial feasibility study, as revised.

	Calendar Year 2021				Calendar Year 2022				Calendar Year 2023				3-Year	Calendar Year 2024				4-Year
	Forecast	Actual ⁽¹⁾	Variance	%	Forecast	Actual	Variance	%	Forecast	Actual	Variance	%	Actual	Forecast	Actual ⁽²⁾	Variance	%	Actual
Total Operating Revenues	\$ 71,040	\$ 78,054			\$ 86,842	\$ 93,997			\$ 92,183	\$ 118,363			96,805	\$ 97,675	\$ 139,032			107,362
Total Operating Expenses	68,318	72,309			82,684	83,679			87,198	105,382			87,123	92,409	122,286			95,914
Income (Loss) from Operations	\$ 2,722	\$ 5,745	\$ 3,023		\$ 4,158	\$ 10,318	\$ 6,160		\$ 4,985	\$ 12,981	\$ 7,996		\$ 9,681	\$ 5,266	\$ 16,746	\$ 11,480		11,448
Non-operating Gains & Losses	664	4,178	3,514		1,518	457	(1,061)		(903)	669	1,572		1,768	(3,001)	(1,766)	1,235		885
Increase in Net Assets	\$ 3,386	\$ 9,923	\$ 6,537	193%	\$ 5,676	\$ 10,775	\$ 5,099	90%	\$ 4,082	\$ 13,650	\$ 9,568	234%	\$ 11,449	\$ 2,265	\$ 14,980	\$ 12,715	561%	12,332
Add Depreciation Expense	2,964	2,299	(665)		3,716	3,813	97		3,489	3,970	481		3,361	2,979	3,742	763		3,456
Add Interest Expense	531	402	(129)		552	746	194		1,712	946	(766)		698	4,041	3,320	(721)		1,354
Add Bond Issuance Costs	200	-	(200)		400	-	(400)		400	-	(400)		-	262	-	(262)		-
Income Available for Debt Service	\$ 7,081	\$ 12,624	\$ 5,543	78%	\$ 10,344	\$ 15,334	\$ 4,990	48%	\$ 9,683	\$ 18,566	\$ 8,883	92%	\$ 15,508	\$ 9,547	\$ 22,042	\$ 12,495	131%	\$ 17,142
Annual Debt Service	\$ 1,738	\$ 1,465	\$ 273		\$ 2,604	\$ 1,887	\$ 717		\$ 3,747	\$ 1,887	\$ 1,860		\$ 5,717	\$ 6,031	\$ 5,717	\$ 314		\$ 5,717
Debt Service Coverage Ratio	4.07x	8.62x	4.54x	112%	3.97x	8.13x	4.15x	105%	2.58x	9.84x	7.25x	281%	2.71x	1.58x	3.86x	2.27x	144%	3.00x
Operating Margin	3.83%	7.36%	3.53%	92%	4.79%	10.98%	6.19%	129%	5.41%	10.97%	5.56%	103%	10.00%	5.39%	12.04%	6.65%	123%	10.66%

⁽¹⁾ Excludes \$6,350,235 gain on forgiveness of PPP loan.

⁽²⁾ Includes 6 months of operations through July 31, 2024, times 2 to provide a projected full year.

We also analyzed and compared actual to forecast information as it relates to the District's Unrestricted Cash and Days Cash on Hand to see how the District has performed over the past three years (2021, 2022 and 2023). We have excluded 2024 because there are so many other factors that come into play when trying to project cash from June 30, 2024, to December 31, 2024. However, the District's operating performance for 2024, through June 30, 2024, continues to be improving and therefore we expect its unrestricted cash position will likewise improve through the end of the calendar year 2024. As summarized below, although the District's Days Cash on Hand was strong at 163 days prior to its full contribution of equity required by the Letter of Conditions as of December 31, 2021, once the full measure of its equity contribution was made by December 31, 2022, the District's Days Cash on Hand dropped to 83 days (slightly below the forecasted level of 93 days). However, the District's Days Cash on Hand increased to 97 days as of December 31, 2023, up from the 83 days as of December 31, 2022. As of December 31, 2023, it is interesting to note that although the District's Days Cash on Hand was slightly below the forecasted ratio contained in the feasibility study, the absolute unrestricted cash was \$1,618,000 above the forecast contained in the same feasibility study. The reason for this difference was the increase in the District's Daily Cash Requirements from \$234 per day to \$283 per day which increase was due to the District's improved patient volumes and related increased staffing and costs of treating the increased volume of patients. This is one of the few instances when a positive occurrence in patient volumes that improve net patient revenues and net income can have a detrimental effect on another financial ratio, in this case the Days Cash on Hand ratio. The below analysis for the calendar years 2021, 2022 and 2023, provides an overview of the District's actual unrestricted cash position and its Days Cash on Hand, as compared with the same forecasted information contained in the DZA financial feasibility study.

	Calendar Year 2021				Calendar Year 2022				Calendar Year 2023			
	Forecast	Actual ⁽¹⁾	Variance	%	Forecast	Actual	Variance	%	Forecast	Actual	Variance	
Cash and Investments	\$ 5,415	\$ 10,863	\$ 5,448		\$ 6,536	\$ 6,167	\$ (369)		\$ 9,304	\$ 12,009	\$ 2,705	
Board Designated Funds	19,672	20,524	852		13,757	12,255	(1,502)		16,486	15,399	(1,087)	
Total Cash & Investments	\$ 25,087	\$ 31,387	\$ 6,300	25%	\$ 20,293	\$ 18,422	\$ (1,871)	-9%	\$ 25,790	\$ 27,408	\$ 1,618	6%
Daily Cash Requirements	\$ 181	\$ 193	\$ (12)	-7%	\$ 218	\$ 221	\$ (3)	-1%	\$ 234	\$ 283	\$ (49)	-21%
Days Cash on Hand	139	163	24	17%	93	83	(10)	-10%	110	97	(13)	-12%

My hope is that the above analysis and comparison of actual to forecasted financial information will provide you with the comfort to approve the increase in the District's equipment lease financing with Banc of America Leasing & Capital by \$4,000,000 from \$5,000,000 to \$9,000,000 and increase its equity contribution by \$3,691,880 from \$25,548,033 to \$29,239,913 to fund the above-described budget gap.

We also hope the above-analysis will provide support for USDA's approval of change order #9 that covers scope additions to the project for the following four construction components:

Wound Care	\$ 834,312
Operating Room #4 Infill	\$ 261,525
Additional Parking	\$ 291,115
Irrigation Pond	\$ <u>300,000</u>

Total Change Order \$1,686,952

In addition in the above change order for scope additions of \$1,686,952 associated with construction related costs, the District has also experienced a budget gap of \$5,001,056 in equipment costs (including medical, information technology, furniture, fixtures and miscellaneous equipment). Due to the primary source of the budget gap coming from the additional equipment needs associated with the project, we felt it was reasonable to have the equipment lease financing (\$4,000,000 in additional funding) cover the majority of the total budget gap with the remainder coming from an increase in the District's equity contribution from its cash reserves (\$3,717,942 in additional District funding). As such, our request is for USDA approval of change order #9, referenced above, and for additional operating lease financing of \$4,000,000 (approved by Banc of America Leasing & Capital) to cover a portion of the equipment budget gap of \$5,001,056 (also referenced above).

Hopefully we can schedule a day soon to review the above information with you. What day and time would work best for you? The District is attempting to lock down a contract for the four scope additions to the project and would appreciate your consideration to approve the change order #9 at your earliest convenience so that contracts can be let on these project components before cost escalation increases the District's construction budget any more.

Thank you,

Gary

Gary Hicks, President

G.L. Hicks Financial, LLC

337 S. Palisades Drive

Orem, Utah 84097

530-903-9000 (Cell)

gary@glhicks.com

Attachment O
PROSSER PUBLIC HOSPITAL DISTRICT
COMPARISON OF OPERATING LEASE TERM SHEETS/PROPOSALS RECEIVED

Term Sheet/Proposals:

Leasing Co. / Lessor	Lease Amount	Term	Base Lease Rate	IRR Yield	Monthly Payment	Residual Amount	Residual Term	Advance Payments	Three Options	Up Front Fees/Costs	Rate Lock	Rate Index	Prepayment Terms	Covenants DSCR	DCOH	Other Terms, Provisions & Conditions
Bank of America	#####	60 mos.	1.56%	6.67%	\$ 138,689	\$ 113,333	12 mos.	\$ -	Yes	\$ 750	30 days	(1)	1.50%	1.15x	75 days	Will fund up to \$9M. Progress funding available. (2)
Alex Ortega	#####	84 mos.	4.46%	6.29%	\$ 110,630	\$ 66,667	12 mos.	\$ -	Yes	\$ 750	30 days		1.50%	1.15x	75 days	Same covenants as 2019 Finance Lease w/ BoA.
Zions Bank	#####	60 mos.	3.48%	6.55%	\$ 145,445	\$ 800,000	1 payment	\$ -	Yes	\$ 500	30 days	(3)	60 & 78 mos.	No	No	Progress funding for 6 mos. - Bank prefers this. (4)
Ralph Carlson	#####	60 mos.	1.82%	6.49%	\$ 139,597	\$1,200,000	1 payment	\$ -	Yes	\$ 500	30 days		60 & 78 mos.	No	No	
	#####	84 mos.	4.56%	6.53%	\$ 111,421	\$ 800,000	1 payment	\$ -	Yes	\$ 500	30 days		60 & 78 mos.	No	No	
VFI Corporate Finance	#####	60 mos.	2.48%	6.97%	\$ 141,600	\$1,200,000	1 payment	\$ 141,600	Yes	N/R	No	(5)	N/R	N/R	N/R	Rate protection option available. (6)
Andy Vedantham	#####	60 mos.	2.48%	6.97%	\$ 141,600	\$1,200,000	1 payment	\$ 141,600	Yes	N/R	No	(5)	N/R	N/R	N/R	Rate protection option available. (6)
AvTech Capital	#####	60 mos.	6.01%	8.62%	\$ 153,920	\$ 800,000	1 payment	\$ 153,920	Yes	\$ 1,095	No	(7)	None	No	No	Pmt. Based on 60 mo. Treasury rate of 4.24%. (8)
Dave Nielson	#####	84 mos.	6.72%	8.32%	\$ 118,960	\$ 800,000	1 payment	\$ 118,960	Yes	\$ 1,095	No		None	No	No	
Onset Financial	#####	36 mos.	2.96%	11.42%	\$ 231,600	\$ 231,600	6 mos.	\$ 231,600	Yes	\$ 12,000	No	(9)	None	No	No	7/5/24 expiration date. (10)
Damon Ricks	#####	36 mos.	2.96%	10.55%	\$ 231,600	\$1,200,000	1 payment	\$ 231,600	Yes	\$ 12,000	No		None	No	No	
	#####	60 mos.	6.41%	11.75%	\$ 155,120	\$ 155,120	12 mos.	\$ 155,120	Yes	\$ 12,000	No		None	No	No	
	#####	60 mos.	6.41%	10.64%	\$ 155,120	\$1,360,000	1 payment	\$ 155,120	Yes	\$ 12,000	No		None	No	No	

Answers to RFP Questions:

Lessor	Reporting Required	Additional Debt	Financial Covenants	Operating Covenants	Sample Documents	Financing Costs	Events of Default	Outside Legal	Law Firm	Banking Business	MAC	Increased Cost
Bank of America	Audit	None	Yes	None	N/R	\$750	N/R	No	N/A	None	Maybe	No
Zions Bank	Audit	None	None	None	Provided	\$500	Standard	No	N/A	None	Yes	No
VFI Corporate Finance	Audit & Qtr.	None	None	None	N/R	N/R	MAC	No	N/A	None	Yes	No
AvTech Capital	Audit	None	None	None	Provided	\$1,095	MAC	No	N/A	None	Yes	No
Onset Financial	Audit & Qtr.	N/R	None	None	N/R	\$12,000	MAC	No	N/A	None	Yes	No

N/A - Not Applicable
N/R - Non Responsive

- (1) Rate based upon the Average Life SOFR Swap: the "Index" SOFR OIS ask rate of 4.31% (for 60 mos.) and 4.18% (for 84 mos.), as of 6/20/24, provided by Refinitiv page USDSROIS. If there is a rate increase/decrease to the rate the stated rate will be adjusted in accordance
- (2) Purchase Option: \$800,000 plus all costs and taxes associated with sale (for 84 mo. option) and \$1,360,000 (for 60 mo. option). Lessor will provide 12 months interest free financing for the purchase option.
Renewal Option: May renew at Equipments then fair market value for a then agreed upon renewal period, plus all applicable taxes.
- (3) Five-year CMT + 2.50% (implicit rate of 6.54%) for base lease rate. Progress funding period is based on the 30-day SOFR + 2.50% (currently at 7.84%).
- (4) Lease is noncancellable but a early buy-out can be negotiated after month 60 and month 78,
- (5) Like term (60 month) US Treasury Note basis of 4.22% as of 6/17/24. The base lease rate factor shall increase .00008775 for every 5 basis point increase in the US Treasury Note Rate until all Equipment has been delivered.
- (6) The initial funding must occur no later than July 19, 2024. The estimated funding period is from July 2024 to December 2024.
- (7) The index for setting the stream rate is the similarly maturing US Treasury Note rate for the 60-month and 84-month lease contract of 4.24%.
- (8) The rate factor will be adjusted upward by .00009889 for every 5 basis point increase in similarly maturing US Treasury Notes from the benchmark rate.
- (9) The lease rate factor is based on the 36-month US Treasury Yield of 4.43% for the 36-month lease and is based on the 60-month US Treasury Yield of 4.24% for the 60-month lease.
- (10) The lease rate factor will increase .00006776 for every 5 basis point increase in the US Treasury Yield as of the final acceptance date.



Banc of America Leasing & Capital, LLC
600 Peachtree Street NE, 11th Floor
Atlanta, GA 30308-2265
Ph. 678.287.2830

July 16, 2024

Prosser Public Hospital District
723 Memorial Street
Prosser, WA 99350
Attn: Craig Marks, CEO

Re: The proposal letter issued by Banc of America Public Capital Corp to Prosser Public Hospital District dated June 20, 2024 (the "Proposal Letter")

Dear Mr. Marks:

Banc of America Leasing & Capital, LLC ("BALC") is pleased to confirm its willingness to proceed with the transaction with Prosser Public Hospital District ("Lessee") as set forth in the Proposal Letter and subject to the following:

DOCUMENTATION: Lessee shall execute and deliver all transaction documents, in form and substance satisfactory to BALC, and satisfy all conditions required by BALC.

APPROVAL AMOUNT: An amount not to exceed \$9,000,000.00 ("BALC's Cost") which may with BALC's prior consent include soft costs such as freight, installation and taxes paid up-front by BALC not exceeding 25% of BALC's Cost, but may not exceed the fair market value of the Equipment. BALC's Cost for used Equipment may be subject to verification by an independent third-party appraiser at Lessee's expense.

UTILIZATION PERIOD EXPIRATION DATE: The latest date for any funding shall be June 30, 2025.

PREVAILING CONDITIONS: The terms and conditions of the Proposal Letter, by reference, are incorporated herein. If there is a conflict between any terms or conditions of the Proposal Letter and this approval, the terms and conditions of this approval shall govern.

The commitment of BALC to enter into this transaction is based on the current business, management, and financial condition of Lessee and Guarantors, if any. Accordingly, this approval is further subject to the condition that there does not occur any material adverse change in the business, current management, or financial condition of Lessee or any Guarantor, in BALC's sole determination.

This letter is intended solely for the benefit of Lessee, and may be amended only in a writing signed by BALC.

Thank you for allowing Banc of America Leasing & Capital, LLC to make this transaction available to you. If you have any questions, please do not hesitate to call me at (678) 287-2830.

Sincerely,

Jaime Benitez

cc: Alex Ortega

PROSSER PUBLIC HOSPITAL DISTRICT
BENTON COUNTY, WASHINGTON

RESOLUTION NO. 1083

A RESOLUTION of Prosser Public Hospital District, Benton County, Washington, approving and authorizing the execution and delivery of a Master Lease Agreement and related agreements, certificates and instruments to lease equipment for District purposes.

WHEREAS, Prosser Public Hospital District, Benton County, Washington, d/b/a Prosser Memorial Health (the "District"), is a public hospital district and a municipal corporation duly organized and existing under the laws of the State of Washington; and

WHEREAS, pursuant to RCW 70.44.060, a public hospital district is authorized to lease all equipment and other personal property required in connection with the operation of its hospital and other health care facilities; and

WHEREAS, the District is in need of certain equipment (the "Equipment") generally described in the Schedules (as defined below) for use by the District in carrying out its health care purposes; and

WHEREAS, Banc of America Public Capital Corporation, on behalf of Banc of America Leasing & Capital LLC, as lessor (the "Lessor"), has agreed to lease to the District, as lessee, the Equipment pursuant to a lease in the form of a Master Lease Agreement (the "Master Lease") and one or more Schedules to the Master Lease Agreement (the "Schedules"), each to be entered into between the Lessor and the District, and related agreements, certificates and instruments (collectively, the "Lease Agreement"); NOW THEREFORE,

BE IT RESOLVED BY THE COMMISSION OF PROSSER PUBLIC HOSPITAL DISTRICT, BENTON COUNTY, WASHINGTON, as follows:

Section 1. Approval of the Lease Agreement. The Board of Commissioners (the "Commission") hereby approves the Lease Agreement. The Commission finds that entering into the Lease Agreement under the terms and conditions specified therein is in the best interest of the District. The Commission hereby delegates to the President of the Commission, the Vice President of the Commission, the Secretary of the Commission, the Chief Executive Officer of the District, and the Chief Financial Officer of the District (each, an "Authorized Officer" and, together, the "Authorized Officers"), and each of them acting alone, the authority to determine in their discretion whether, and on what terms, to proceed with the Lease Agreement (with the understanding that the signature of an Authorized Officer on a Lease Document (as defined below) shall be construed as the District's approval of such Lease Document and the terms set forth therein). The final terms of each Lease Agreement shall be as provided in the applicable Lease Document as approved by the Authorized Officers, or each of them acting alone. The cost to be incurred by the Lessor to

acquire the equipment and pay soft costs relating to the equipment such as freight, installation and taxes shall not exceed \$9,000,000.

Section 2. Authorization of Lease Documents. The Commission hereby authorizes the Authorized Officers, and each of them acting alone, the authority to negotiate, approve, execute, and deliver all documents required or advisable in connection with the Lease Agreement (collectively, the “Lease Documents”), including but not limited to the following:

A. One or more Master Leases, each between Banc of America Leasing & Capital LLC, as lessor, and the District, as Lessee;

B. One or more Schedules to the Master Lease, each between Banc of America Leasing & Capital LLC, as lessor, and the District, as Lessee;

C. One or more approval letters, assignments, security agreements or other agreements, instruments or certificates required under the Lease Agreement.

While the titles of and parties to the various documents described herein may change, no change to such titles or parties shall affect the authority conferred by this resolution to execute, deliver, file, or record (if required), enforce and perform the documents in their final form. If any officer whose signature appears on a Lease Document ceases to be an officer of the District authorized to sign the Lease Document before the Lease Document bearing such officer’s manual, facsimile or electronic signature is authenticated or delivered by the District, the Lease Document nevertheless may be delivered and, when delivered, shall be as binding on the District as though that person had continued to be an officer of the District authorized to sign the Lease Document. The Lease Document also may be signed on behalf of the District by any person who, on the actual date of signing of the Lease Document, is an officer of the District authorized to sign such obligations, although such officer did not hold the required office on the date of the Lease Agreement was approved by the Commission.

Section 3. Execution and Delivery of Additional Documents; Authorization of Other Actions. The Authorized Officers, and each of them acting alone, are hereby directed and granted the discretionary authority to take all actions as they may deem necessary and/or desirable to fully effectuate and/or implement this resolution and to execute and deliver any and all other certificates, documents, agreements, and other instruments that are necessary or appropriate in their discretion to give effect to this resolution and to consummate the transactions contemplated herein.

Section 4. Authorization of Future Acts. The Commission further authorizes and directs the Authorized Officers, and each of them acting alone, and all other proper officers, agents, attorneys, and employees of the District to carry out, or cause to be carried out, all obligations of the District under the Lease Documents, including, without limitation, the execution and delivery of the certificates required by the Lease Documents and the payment of expenses incurred or to be incurred by the District in connection with the Lease Agreement; and to perform or cause to be performed such other acts as they shall consider necessary or advisable in order to give effect to this resolution and the transactions contemplated herein.

Section 5. Covenants. The District entered into a Master Conditional Sales Agreement dated as of May 1, 2019, as supplemented by Schedule of Property No. 1 executed as of May 23,

2019 (collectively, the “Conditional Sales Contract”) with the Lessor, which was approved by Resolution No. 1031 of the Commission. So long as the Lease Agreement is outstanding, the District shall comply with the Financial Covenants of the Conditional Sales Contract contained in Section 10 of the Schedule of Property No. 1 to the Conditional Sales Contract.

Section 6. Ratification of Actions of Officers. Any and all reasonable actions heretofore taken in good faith by the officers and employees of the District, or any person or persons designated and authorized to act by any of them, with respect to and/or in relation to the transactions contemplated herein, are hereby authorized, approved, ratified, and confirmed.

Section 7. Effective Date. This resolution shall be in full force and effect from and after its adoption and approval by the Commission.

ADOPTED and APPROVED by the Commission of Prosser Public Hospital District, Benton County, Washington, at an open public meeting thereof this 1st day of August, 2024, the following Commissioners being present and voting.

President and Commissioner

Commissioner

Commissioner

Commissioner

Commissioner

Commissioner

Secretary and Commissioner

CERTIFICATION

I, the undersigned, Secretary of the Board of Commissioners of Prosser Public Hospital District, Benton County, Washington (the "District"), hereby certify as follows:

1. The attached copy of Resolution No. 1083 (the "Resolution") is a full, true and correct copy of a resolution duly adopted at a special meeting of the Board of Commissioners of the District held at the regular meeting place thereof on August 1, 2024, as that resolution appears on the minute book of the District, and the resolution is in full force and effect.

2. That said meeting was duly convened and held and included an opportunity for public comment, in all respects in accordance with law, and to the extent required by law, due and proper notice of such meeting was given; that a quorum of the Board of Commissioners was present throughout the meeting and a legally sufficient number of members of the Board of Commissioners voted in the proper manner for the adoption of said Resolution; that all other requirements and proceedings incident to the proper adoption of said Resolution have been duly fulfilled, carried out and otherwise observed, and that I am authorized to execute this certificate.

Dated: August 1, 2024.

PROSSER PUBLIC HOSPITAL DISTRICT,
BENTON COUNTY, WASHINGTON

Secretary, Board of Commissioners

TERMS AND CONDITIONS IN THIS DOCUMENT ARE SUBJECT TO CHANGE AND ARE SUBJECT TO CREDIT APPROVAL, DUE DILIGENCE APPROVAL AND OTHER APPROVALS. THIS DRAFT AGREEMENT DOES NOT REPRESENT A BINDING COMMITMENT OR AGREEMENT OF BANC OF AMERICA LEASING AND CAPITAL OR ANY OF ITS AFFILIATES.



Banc of America Leasing & Capital, LLC

Master Lease Agreement Number: _____

This Master Lease Agreement, dated as of ____ (this "**Agreement**"), is by and between **Banc of America Leasing & Capital, LLC**, a Delaware limited liability company having an office at 600 Peachtree Street NE, 11th Floor, Atlanta, GA 30308 (together with its successors and assigns, "**Lessor**"), and **Prosser Public Hospital District** as "**Lessee**", a public hospital district and a municipal corporation formed under the provisions of chapter 70.44 RCW existing under the laws of the state of Washington, and having its chief executive office and any organizational identification number as specified with its execution of this Agreement below. **Certain defined terms used herein are identified in bold face and quotation marks throughout this Agreement and in Section 15 below.** This Agreement sets forth the terms and conditions for the lease of Equipment between Lessor and Lessee pursuant to one or more "**Schedules**" incorporating by reference the terms of this Agreement, together with all exhibits, addenda, schedules, certificates, riders and other documents and instruments executed and delivered in connection with such Schedule (as amended from time to time, a "**Lease**"). Each Lease constitutes a separate, distinct and independent lease of Equipment and contractual obligation of Lessee. This Agreement is not an agreement or commitment by Lessor or Lessee to enter into any future Leases or other agreements, or for Lessor to provide any financial accommodations to Lessee. Lessor shall not be obligated under any circumstances to advance any progress payments or other funds for any Equipment or to enter into any Lease if there shall have occurred a material adverse change in the operations, business, properties or condition, financial or otherwise, of Lessee or any Guarantor. This Agreement and each Lease shall become effective only upon Lessor's acceptance and execution thereof at its corporate offices set forth above.

1. Lease; Term; Non-Interference. Lessor and Lessee agree to lease Equipment described in Schedules entered into from time to time, together with all other documentation from Lessee required by Lessor with respect to such Lease. Upon receipt of any item or group of Equipment intended for Lease hereunder, Lessee shall execute a Schedule, with all information fully completed and irrevocably accepting such Equipment for Lease, and deliver such Schedule to Lessor for its review and acceptance. Provided no Event of Default has occurred, Lessee shall be entitled to use and possess the Equipment during the original Lease Term provided in the Schedule (together with any extensions or renewals thereof in accordance with terms of the Lease, the "**Lease Term**") free from interference by any person claiming by, through or under Lessor.

2. Rent. "**Rent**" shall be payable to Lessor during the Lease Term in the amounts and at the times provided in the Schedule. If any Rent or other amount payable hereunder is not paid within 10 days of its due date, Lessee shall pay an administrative late charge of 5% of the amount not timely paid. All Rent and other amounts payable under a Lease shall be made in immediately available funds at Lessor's address above or such other place as Lessor shall specify in writing. Unless otherwise provided herein, payments received under any Lease will be applied to all interest, fees and amounts owing thereunder (other than Rent), and then to Rent payable thereunder.

3. Net Lease; Disclaimer of Warranties. Each Lease is a net lease, and Lessee waives all rights and remedies Lessee may have under sections 2A-508 – 2A-522 thereof, including any right to cancel or repudiate any Lease or to reject or revoke acceptance of any Equipment. Upon the "**Acceptance Date**" provided in the Schedule for each Lease, Lessee's Obligations thereunder (i) shall be non-cancelable, absolute and unconditional under all circumstances for the entire Lease Term, (ii) shall be unaffected by the loss or destruction of any Equipment, and (iii) shall not be subject to any abatement, deferment, reduction, set-off, counterclaim, recoupment or defense for any reason whatsoever. LESSOR IS NOT A VENDOR OR AGENT OF THE EQUIPMENT VENDOR, AND HAS NOT ENGAGED IN THE SALE OR DISTRIBUTION OF ANY EQUIPMENT. LESSOR MAKES NO EXPRESS OR IMPLIED REPRESENTATIONS OR WARRANTIES AS TO TITLE, MERCHANTABILITY, PERFORMANCE, CONDITION, EXISTENCE, FITNESS OR SUITABILITY FOR LESSEE'S PURPOSES OF ANY EQUIPMENT, PATENT, TRADEMARK OR COPYRIGHT INFRINGEMENTS, THE CONFORMITY OF THE EQUIPMENT TO THE DESCRIPTION THEREOF IN ANY LEASE, OR ANY OTHER REPRESENTATION OR WARRANTY OF ANY KIND WITH RESPECT TO THE EQUIPMENT. If Equipment is not delivered or properly installed, does not operate as warranted, becomes obsolete, or is unsatisfactory for any reason, Lessee shall make all claims on account thereof solely against Vendor and not against Lessor. Lessee is solely responsible for the selection, shipment, delivery and installation of the Equipment and its Vendors, expressly disclaims any reliance upon any statements or representations made by Lessor in connection therewith, and has received and approved the terms of any purchase orders, warranties, licenses or agreements with respect to the Equipment. During the Lease Term, Lessee shall be entitled, on a non-exclusive basis, to enforce any applicable Vendor warranties, to the extent permitted thereby and by applicable law. Lessor assigns such warranties to Lessee, to the extent permitted thereby, and agrees to cooperate with Lessee, at Lessee's sole cost and expense, in making any reasonable claim against such Vendor arising from any defect in the Equipment.

4. Use; Maintenance; Location; Inspection. Lessee shall: (i) use, operate, protect and maintain the Equipment (a) in good operating order, repair, condition and appearance, in the same condition as when received, ordinary wear and tear excepted, (b) consistent with prudent industry practice (but in no event less than the extent to which Lessee maintains other similar equipment in the prudent management of its assets and properties), and (c) in compliance with all applicable insurance policies, laws, ordinances, rules, regulations and manufacturer's recommended maintenance and repair procedures, and (ii) maintain comprehensive books and records regarding the use, operation, maintenance and repair of the Equipment. The Equipment shall be used only within the 48 contiguous United States, solely for business purposes (and not for any consumer, personal, home, or family purpose), and shall not be abandoned or used for any unlawful purpose. Lessee shall not discontinue use of any Equipment except for normal maintenance nor, through modifications, alterations or otherwise, impair the current or residual value, useful life, utility or originally intended function of any Equipment without Lessor's prior consent. Any replacement or substitution of parts, improvements, upgrades, or additions to the Equipment during the Lease Term shall be the property of Lessor and subject to the Lease, except that if no Event of Default exists, Lessee may at its expense remove improvements or additions provided by Lessee that can be readily removed without impairing the value, function or remaining useful life of the Equipment. If requested by Lessor, Lessee shall cause Equipment to be plainly marked to disclose Lessor's ownership, as specified by Lessor. Lessee shall not change the location or, in the case of over-the-road vehicles, the base of any Equipment specified in its Schedule without Lessor's prior written consent. Lessor shall have the right to enter any premises where Equipment is located and inspect it (together with related books and records) at any reasonable time after reasonable written notice.

5. Loss and Damage. Lessee assumes all risk of (and shall promptly notify Lessor in writing of any occurrence of) any damage to or loss, theft,

confiscation or destruction of any Equipment from any cause whatsoever (a "Casualty") from the date shipped or otherwise made available to Lessee and continuing until it is returned to and accepted by Lessor in the condition required by the Lease, including Section 8 of this Agreement. If any Equipment suffers a Casualty which Lessor determines is repairable, Lessee shall at its expense promptly place the same in good repair, condition or working order. If any Equipment suffers a Casualty which Lessor determines is beyond repair or materially impairs its residual value (a "Total Loss"), Lessee shall at Lessor's option either (a) promptly replace such Equipment with a similar item reasonably acceptable to Lessor having an equivalent value, utility and remaining useful life of such Equipment, whereupon such replacement items shall constitute Equipment for all purposes the Lease, or (b) on the Rent payment date following such Casualty (or, if none, within 30 days) pay Lessor the Stipulated Loss Value for such Equipment, together with all Rent scheduled for payment on such date, and all accrued interest, late charges and other amounts then due and owing under the Lease. Upon such payment following a Total Loss, the Lease with respect to the Equipment suffering a Total Loss shall terminate, and Lessor shall transfer all of its right, title and interest in such Equipment, free from all liens and encumbrances created by Lessor, but otherwise on an "AS-IS, WHERE-IS," quitclaim basis. If less than all Equipment under a Schedule suffers a Total Loss, (i) the Stipulated Loss Value with respect to any such item of Equipment shall be calculated by reference to the allocable portion of "Lessor's Cost" provided in the applicable Schedule, Rent or other amount related to such item, as reasonably determined by Lessor, and (ii) the remaining Rent under the Schedule shall be proportionately reduced as reasonably calculated by Lessor upon Lessor's receipt of the payments described above.

6. Insurance. Lessee, at its own expense, shall keep each item of Equipment insured against all risks for its replacement value, and in no event less than its Stipulated Loss Value, and shall maintain public liability and, with respect to Equipment that is over-the-road vehicles, automotive liability insurance against such risks and for such amounts as Lessor may require. All such insurance shall (a) be with companies rated "A-" or better by A.M. Best Company, in such form as Lessor shall approve, (b) specify Lessor and Lessee as insureds and provide that it may not be canceled or altered in any way that would affect the interest of Lessor without at least 30 days' prior written notice to Lessor (10 days' in the case of nonpayment of premium), (c) be primary, without right of contribution from any other insurance carried by Lessor and contain waiver of subrogation and "breach of warranty" provisions satisfactory to Lessor, (d) provide that all amounts payable by reason of loss or damage to Equipment shall be payable solely to Lessor, unless Lessor otherwise agrees, and (e) contain such other endorsements as Lessor may reasonably require. Lessee shall provide Lessor with evidence satisfactory to Lessor of the required insurance upon the execution of any Schedule and promptly upon any renewal of any required policy.

7. Indemnities; Taxes. Lessee's indemnity and reimbursement obligations set forth below shall survive the cancellation, termination or expiration of any Lease or this Agreement.

(a) **General Indemnity.** Lessee shall indemnify, on an after-tax basis, defend and hold harmless Lessor and its respective officers, directors, employees, agents and Affiliates ("**Indemnified Persons**") against all claims, liabilities, losses and expenses whatsoever (except those determined by final decision of a court of competent jurisdiction to have been directly and primarily caused by the Indemnified Person's gross negligence or willful misconduct), including court costs and reasonable attorneys' fees and expenses (together, "**Attorneys' Fees**"), in any way relating to or arising out of the Equipment or any Lease at any time, or the ordering, acquisition, rejection, installation, possession, maintenance, use, ownership, condition, destruction or return of the Equipment, including any claims based in negligence, strict liability in tort, environmental liability or infringement.

(b) **General Tax Indemnity.** Lessee shall pay or reimburse Lessor, and indemnify, defend and hold Lessor harmless from, on an after-tax basis, all taxes, assessments, fees and other governmental charges paid or required to be paid by Lessor or Lessee in any way arising out of or related to the Equipment or any Lease before or during the Lease Term or after the Lease Term following an Event of Default, including foreign, Federal, state, county and municipal fees, taxes and assessments, and property, value-added, sales, use, gross receipts, excise, stamp and documentary taxes, and all related penalties, fines, additions to tax and interest charges ("**Impositions**"), excluding only Federal and state taxes based on Lessor's net income unless such taxes are in lieu of any Imposition Lessee would otherwise be required to pay hereunder. Lessee shall timely pay any Imposition for which Lessee is primarily responsible under law and any other Imposition not payable or not paid by Lessor, but Lessee shall have no obligation to pay any Imposition being contested in good faith and by appropriate legal proceedings, the nonpayment of which does not, in the opinion of Lessor, result in a material risk of adverse effect on the title, property, use, disposition or other rights of Lessor with respect to the Equipment. Upon Lessor's request, Lessee shall furnish proof of its payment of any Imposition.

(c) **Income Tax Indemnity.** Lessor shall be treated for federal and state income tax purposes as the owner of the Equipment and shall be entitled to take into account certain Tax Benefits in computing its income tax liabilities in connection with any Lease. If Lessor suffers a Tax Loss by reason of any act or failure to act by Lessee, or Lessee's breach of any representation, warranty or agreement in any Lease then, upon Lessor's demand and at Lessor's option, either: (i) all further Rent under the Lease, if any, shall be increased by an amount, or (ii) Lessee shall pay Lessor a lump sum amount, which in either case shall maintain the net economic after-tax yield, cash-flow and rate of return Lessor originally anticipated, based on Lessor's federal and state corporate income tax rate in effect on the Acceptance Date of the applicable Schedule and other assumptions originally used by Lessor in evaluating the transaction and setting the Rent therefor and other terms thereof. Lessee shall also pay Lessor on demand all interest, costs (including Attorneys' Fees), penalties and additions to tax associated with the Tax Loss. Lessor shall have no obligation to contest any Tax Loss. All references to "**Lessor**" in this Section 7(c) shall include (A) Lessor's successors and Assignees, and (B) each member of the affiliated group of corporations, as defined in Section 1504(a) of the Code, of which Lessor or such successor or Assignee is at any time a member. As used herein: "**Tax Benefits**" means all items of income, deduction (including depreciation consistent with Lessee's representation in the applicable Schedule), credit, gain or loss relating to ownership of the Equipment as are provided to owners of similar equipment under the Code and applicable state tax laws in effect on the Acceptance Date of such Schedule; and "**Tax Loss**" means and will be deemed to be suffered if Lessor loses, is delayed in claiming, is required to recapture, is not allowed or may not claim all or any portion of any Tax Benefits, provided, however, that Lessee shall be under no obligation to make any payments with respect to a Tax Loss to the extent that it (1) is caused by Lessor's failure to have sufficient taxable income to benefit from any Tax Benefits, or (2) results from any disposition of Equipment by Lessor other than a disposition of Equipment following an Event of Default.

8. Return. Upon any cancellation, termination or expiration of any Lease (after the occurrence of an Event of Default or otherwise), Lessee shall, at its expense, cause the Equipment to be prepared and adequately protected for shipment by an authorized manufacturer's representative and either surrender it to Lessor in place or, if instructed by Lessor, ship the Equipment to Lessor, freight and insurance pre-paid, to a place designated by Lessor within the 48 contiguous United States, in the condition required under Section 4 hereof and under the applicable Schedule, able to be put into immediate service and to perform at manufacturer's rated levels (if any), together with all related manuals, documents and records, and, if applicable, reassembled by an authorized manufacturer's representative and immediately qualified for the manufacturer's (or its authorized servicing representative's) then available service contract or warranty. If requested by Lessor, Lessee shall, at its expense: (i) cause the Equipment to qualify for all applicable licenses or permits necessary for its

operation and for its intended purpose, and to comply with all specifications and requirements of applicable federal, state and local laws, regulations and ordinances; (ii) provide safe, suitable storage, acceptable to Lessor, for the Equipment for a period not to exceed 90 days from the date of return; and (iii) cooperate with Lessor in attempting to remarket the Equipment, including display and demonstration to prospective parties, and allowing Lessor to conduct a private sale on Lessee's premises. If Lessee does not surrender or return any item of Equipment to Lessor on the date or in the condition required under a Lease, in addition to all other available rights and remedies, at Lessor's election, such Equipment shall continue to be subject to all the terms and conditions of the Lease, with Rent and other charges continuing to accrue and be payable under the Lease with respect to such Equipment until it is so surrendered or returned to Lessor, except that Rent shall accrue at 125% of the last Rent allocable to such item of Equipment (as reasonably calculated by Lessor) during the Lease Term, payable on demand.

9. Lessee Representations and Agreements. Lessee represents, warrants and agrees that: (a) Lessee has had for the previous 5 years (except as previously disclosed to Lessor in writing) the legal name and form of business organization in the state described above; (b) Lessee's chief executive office and notice address, taxpayer identification number and any organizational identification number is as described with its execution of this Agreement below; (c) Lessee shall notify Lessor in writing at least 30 days before changing its legal name, state of organization, chief executive office location or organizational identification number; (d) Lessee is duly organized and existing in good standing under the laws of the state described above and all other jurisdictions where legally required in order to carry on its business, shall maintain its good standing in all such jurisdictions, and shall conduct its businesses and manage its properties (and cause each of its Affiliates to conduct its businesses and manage its properties) in compliance with all applicable laws, rules or regulations binding, in any jurisdiction, on Lessee and its Affiliates including, without limitation, all anti-money laundering laws and regulations; (e) the execution, delivery and performance of this Agreement, each Lease and Related Agreement to which it is a party has been duly authorized by Lessee, each of which are and will be binding on and enforceable against Lessee in accordance with their terms, and do not and will not contravene any other instrument or agreement binding on Lessee; and (f) there is no pending litigation, tax or environmental claim, proceeding, dispute or regulatory or enforcement action (and Lessee shall promptly notify Lessor of any of the same that may hereafter arise) that may adversely affect any Equipment or Lessee's financial condition or impair its ability to perform its Obligations.

10. Title; Property; Additional Security. (a) Title; Personal Property. Each Lease is and is intended to be a lease of personal property for all purposes. Lessee does not acquire any right, title or interest in or to any Equipment, except the right to use and possess the same under the terms of the applicable Lease. Except as specifically provided in the applicable Schedule, Lessee has no right or option to extend the Lease Term of a Lease or purchase any Equipment. Lessee assigns all of its rights (but none of its obligations) to Lessor under any purchase orders, invoices or other contracts of sale with respect to the Equipment, and conveys whatever right, title and interest it may now or hereafter have in any Equipment to Lessor. Lessor shall be the sole owner of Equipment free and clear of all liens or encumbrances, other than Lessee's rights under the Lease. Lessee will not create or permit to exist any lien, security interest, charge or encumbrance on any Equipment except those created by Lessor. The Equipment shall remain personal property at all times, notwithstanding the manner in which it may be affixed to realty. Lessee shall obtain and record such instruments and take such steps as may be necessary to (i) prevent any creditor, landlord, mortgagee or other entity (other than Lessor) from having any lien, charge, security interest or encumbrance on any Equipment, and (ii) ensure Lessor's right of access to and removal of Equipment in accordance with the Lease.

(b) Additional Security. To secure the punctual payment and performance of Lessee's Obligations under each Lease and, as a separate grant of security, to secure the payment and performance of all other Obligations owing to Lessor, Lessee grants to Lessor a continuing security interest in the Collateral, provided, however, that if there then exists no Event of Default, Lessor's security interest in Collateral subject to a Lease shall terminate upon the payment and performance of all Obligations of Lessee under the applicable Lease. Notwithstanding the grant of a security interest in any Collateral, Lessee shall have no right to sell, lease, rent, dispose or surrender possession, use or operation of any Equipment to any third parties without the prior written consent of Lessor. The foregoing grant of a security interest shall not of itself be a factor in determining whether any Lease creates a lease or security interest in the Equipment under applicable provisions of the UCC.

11. Default. Each of the following (a "Default") shall, with the giving of any notice or passage of any time period specified, constitute an "Event of Default" hereunder and under all Leases: (1) Lessee fails to pay any Rent or other amount owing under any Lease within 10 days of its due date; (2) Lessee fails to maintain insurance as required herein, or sells, leases, subleases, assigns, conveys, or suffers to exist any lien, charge, security interest or encumbrance on, any Equipment without Lessor's prior consent, or any Equipment is subjected to levy, seizure or attachment; (3) Lessee fails to perform or comply with any other covenant or obligation under any Lease or Related Agreement and, if curable, such failure continues for 30 days after written notice thereof by Lessor to Lessee; (4) any representation, warranty or other written statement made to Lessor by Lessee in connection with this Agreement, any Lease, Related Agreement or other Obligation, or by any Guarantor pursuant to any Guaranty (including financial statements) proves to have been incorrect in any material respect when made; (5) Lessee (w) enters into any merger or consolidation with, or sells or transfers all or any substantial portion of its assets to, or enters into any partnership or joint venture other than in the ordinary course of business with, any entity, (x) dies (if a natural person), dissolves, liquidates or ceases or suspends the conduct of business, or ceases to maintain its existence, (y) if Lessee is a privately held entity, enters into or suffers any transaction or series of transactions as a result of which Lessee is directly or indirectly controlled by persons or entities not directly or indirectly controlling Lessee as of the date hereof, or (z) if Lessee is a publicly held entity, there shall be a change in the ownership of Lessee's stock or other equivalent ownership interest such that Lessee is no longer subject to the reporting requirements of, or no longer has a class of equity securities registered under, the Securities Act of 1933 or the Securities Exchange Act of 1934; (6) Lessee undertakes any general assignment for the benefit of creditors or commences any voluntary case or proceeding for relief under the federal bankruptcy code, or any other law for the relief of debtors, or takes any action to authorize or implement any of the foregoing; (7) the filing of any petition or application against Lessee under any law for the relief of debtors, including proceedings under the federal bankruptcy code, or for the subjection of property of Lessee to the control of any court, receiver or agency for the benefit of creditors if such petition or application is consented to by Lessee or is otherwise not dismissed within 60 days from the date of filing; (8) any default occurs under any other lease, credit or other agreement or instrument to which Lessee and Lessor or any Affiliate of Lessor are now or hereafter party; (9) any default occurs under any other agreement or instrument to which Lessee is a party and under which there is outstanding, owing or committed an aggregate amount greater than \$100,000; (10) any attempted repudiation, breach or default of any Guaranty; or (11) the occurrence of any event described in clauses (4) through (9) above with reference to any Guarantor or any controlling shareholder, general partner or member of Lessee. Lessee shall promptly notify Lessor in writing of any Default or Event of Default.

12. Remedies. (a) Upon the occurrence of an Event of Default, Lessor may, in its discretion, exercise any one or more of the following remedies with respect to any or all Leases or Equipment: (1) cause Lessee to promptly discontinue use of or disable any Equipment, or to assemble and return any Equipment or other Collateral in accordance with the terms of the applicable Lease; (2) remedy such Event of Default or proceed by court action, either at

law or in equity, to enforce performance of the applicable provisions of any Lease; (3) with or without court order, enter upon the premises where Equipment is located and repossess and remove the same, all without liability for damage to such premises or by reason such entry or repossession, except for Lessor's gross negligence or willful misconduct; (4) dispose of any Equipment in a public or private transaction, or hold, use, operate or keep idle the Equipment, free and clear of any rights or interests of Lessee therein; (5) recover direct, incidental, consequential and other damages for the breach of any Lease, including the payment of all Rent and other amounts payable thereunder (discounted at the Discount Rate with respect to any accelerated future amounts), and all costs and expenses incurred by Lessor in exercising its remedies or enforcing its rights thereunder (including all Attorneys' Fees); (6) by written notice to Lessee, cancel any Lease and, as liquidated damages for the loss of Lessor's bargain and not as a penalty, declare immediately due and payable an amount equal to the Stipulated Loss Value applicable to such Leases which Lessee acknowledges to be reasonable liquidated damages in light of the anticipated harm to Lessor that might be caused by an Event of Default and the facts and circumstances existing as of the Acceptance Date of each Lease; (7) without notice to Lessee, apply or set-off against any Obligations all security deposits, advance payments, proceeds of letters of credit, certificates of deposit (whether or not matured), securities or other additional collateral held by Lessor or otherwise credited by or due from Lessor to Lessee; or (8) pursue all other remedies provided under the UCC or other applicable law. Upon the commencement of any voluntary case under the federal bankruptcy code concerning the Lessee, the remedy provided in clause (6) above shall be automatically exercised without the requirement of prior written notice to Lessee or of any other act or declaration by Lessor, and the liquidated damages described therein shall be immediately due and payable. Lessee shall pay interest equal to the lesser of (a) 12% per annum, or (b) the highest rate permitted by applicable law ("**Default Rate**") on (i) any amount other than Rent owing under any Lease and not paid when due, (ii) Rent not paid within 30 days of its due date, and (iii) any amount required to be paid upon cancellation of any Lease under this Section 12. Any payments received by Lessor after an Event of Default, including proceeds of any disposition of Equipment, shall be applied in the following order: (A) to all of Lessor's costs (including Attorneys' Fees), charges and expenses incurred in taking, removing, holding, repairing and selling or leasing the Equipment or other Collateral or enforcing the provisions hereof; (B) to the extent not previously paid by Lessee, to pay Lessor for any damages then remaining unpaid hereunder; (C) to reimburse Lessee for any sums previously paid by Lessee as damages hereunder; and (D) the balance, if any, shall be retained by Lessor.

(b) No remedy referred to in this Section 12 shall be exclusive, each shall be cumulative (but not duplicative of recovery of any Obligation) and in addition to any other remedy referred to above or otherwise available to Lessor at law or in equity, and all such remedies shall survive the cancellation of any Lease. Lessor's exercise or partial exercise of, or failure to exercise, any remedy shall not restrict Lessor from further exercise of that remedy or any other available remedy. No extension of time for payment or performance of any Obligation shall operate to release, discharge, modify, change or affect the original liability of Lessee for any Obligations, either in whole or in part. Lessor may proceed against any Collateral or Guarantor, or may proceed contemporaneously or in the first instance against Lessee, in such order and at such times following an Event of Default as Lessor determines in its sole discretion. In any action to repossess any Equipment or other Collateral, Lessee waives any bonds and any surety or security required by any applicable laws as an incident to such repossession. Notices of Lessor's intention to accelerate, acceleration, nonpayment, presentment, protest, dishonor, or any other notice whatsoever (other than notices of Default specifically required of Lessor pursuant to Section 11 above) are waived by Lessee and any Guarantor. Any notice given by Lessor of any disposition of Collateral or other intended action of Lessor which is given in accordance with this Agreement at least 5 business days prior to such action, shall constitute fair and reasonable notice of such action.

13. Assignment. Lessor and any Assignee may assign or transfer any of Lessor's interests in any Lease or Equipment without notice to Lessee, subject, however, to the rights of Lessee to use and possess the Equipment under such Lease for so long as no Event of Default has occurred and is continuing. Lessee agrees that: (i) the rights of any Assignee shall not be affected by any breach or default of Lessor or any prior Assignee, and Lessee shall not assert any defense, rights of set-off or counterclaim against any Assignee, nor hold or attempt to hold such Assignee liable for any such breach or default; (ii) no Assignee shall be required to assume any obligations of Lessor under any Lease except the obligation of non-interference in Section 1 above, (iii) any Assignee expressly assuming the obligations of Lessor shall thereupon be responsible for Lessor's duties under the applicable Lease accruing after assignment and Lessor shall be released from such duties, and (iv) Lessee shall execute and deliver upon request such additional documents, instruments and assurances as Lessor deems necessary in order to (y) acknowledge and confirm all of the terms and conditions of any Lease and Lessor's or such Assignee's rights and obligations with respect thereto, and Lessee's and Assignee's compliance with all of the terms and provisions thereof, and (z) preserve, protect and perfect Lessor's or Assignee's right, title or interest hereunder and in any Equipment, including, without limitation, such UCC financing statements or amendments, control agreements, corporate or member resolutions, votes, notices of assignment of interests, and confirmations of Lessee's obligations and representations and warranties with respect thereto as of the dates requested. Lessor may disclose to any potential Assignee any information regarding Lessee, any Guarantor and their Affiliates. **Lessee shall not assign, pledge, hypothecate or in any way dispose of any of its rights or obligations under any Lease, or enter into any sublease of any Equipment, without Lessor's prior written consent. Any purported assignment, pledge, hypothecation, disposal or sublease by Lessee made without Lessor's prior written consent shall be null and void.**

14. Financial and Other Data. (a) During any Lease Term, Lessee shall (i) maintain books and records in accordance with generally accepted accounting principles consistently applied ("**GAAP**") and prudent business practice; (ii) promptly provide Lessor, within 120 days after the close of each fiscal year, and, upon Lessor's request, within 45 days of the end of each quarter of Lessee's and any Guarantor's fiscal year, a copy of financial statements for Lessee and each Guarantor requested by Lessor, in each case prepared in accordance with GAAP and (in the case of annual statements) audited by independent certified public accountants and (in the case of quarterly statements) certified by the chief financial officer of Lessee or Guarantor, as applicable; provided, however, that for so long as Lessee or any such Guarantor is legally and timely filing annual and quarterly financial reports on Forms 10-K and 10-Q with the Securities and Exchange Commission which are readily available to the public, the filing of such reports shall satisfy the foregoing financial statement reporting requirements for such entity; and (iii) furnish Lessor all other financial information and reports and such other information as Lessor may reasonably request concerning Lessee, any Guarantor and their respective affairs, or the Equipment or its condition, location, use or operation.

(b) Lessee represents and warrants that all information and financial statements at any time furnished by or on behalf of Lessee or any Guarantor are accurate and reasonably reflect as of their respective dates, results of operations and the financial condition of Lessee, such Guarantor or other entity they purport to cover. Credit and other information regarding Lessee, any Guarantor or their Affiliates, any Lease or Equipment may be disclosed by Lessor to its Affiliates, agents and potential Assignees, notwithstanding anything contained in any agreement that may purport to limit or prohibit such disclosure.

15. Definitions

As used herein, the following terms shall have the meanings assigned or referred to them below:

"**Affiliate**" means any entity controlling, controlled by or under common control with the referent entity; "**control**" includes (i) the ownership of 25% or more of the voting stock or other ownership interest of any entity and (ii) the status of a general partner of a partnership or managing member of a limited liability company.

"Assignee" means any assignee or transferee of all or any of Lessor's right, title and interest in any Lease or any Equipment.

"Code" means the Internal Revenue Code of 1986, as amended.

"Collateral" means and includes all of Lessee's right, title and interest in and to all Equipment, together with: (i) all parts, attachments, accessories and accessions to, substitutions and replacements for, each item of Equipment; (ii) all accounts, chattel paper, and general intangibles arising from or related to any sale, lease, rental or other disposition of any Equipment to third parties, or otherwise resulting from the possession, use or operation of any Equipment by third parties, including instruments, investment property, deposit accounts, letter of credit rights, and supporting obligations arising thereunder or in connection therewith; (iii) all insurance, warranty and other claims against third parties with respect to any Equipment; (iv) all software and other intellectual property rights used in connection therewith; (v) proceeds of all of the foregoing, including insurance proceeds and any proceeds in the form of goods, accounts, chattel paper, documents, instruments, general intangibles, investment property, deposit accounts, letter of credit rights and supporting obligations; and (vi) all books and records regarding the foregoing, in each case, now existing or hereafter arising.

"Discount Rate" means the 1-year Treasury Constant Maturity rate as published in the Selected Interest Rates table of the Federal Reserve statistical release H.15(519) for the week ending immediately prior to the original Acceptance Date of a Lease (or if such rate is no longer determined or published, a successor or alternate rate selected by Lessor).

"Equipment" means the items, units and groups of personal property, licensed materials and fixtures described in each Schedule, together with all replacements, parts, additions, accessories and substitutions therefor; and **"item of Equipment"** means a "commercial unit" as defined and described in Article 2A of the UCC, and includes each functionally integrated and separately marketable group or unit of Equipment.

"Guarantor" means any guarantor, surety, endorser, general partner or co-lessee of Lessee, or other party liable in any capacity, or providing additional collateral security for, the payment or performance of any Obligations of Lessee.

"Guaranty" means any guaranty, surety instrument, security, indemnity, "keep-well" agreement or other instrument or arrangement from or with any Guarantor.

"Obligations" means and includes all obligations of Lessee owing to Lessor under this Agreement, any Lease or Related Agreement, or of any Guarantor owing to Lessor under any Guaranty, together with all other obligations, indebtedness and liabilities of Lessee to Lessor under any other financings, leases, loans, notes, progress payment agreements, guaranties or other agreements, of every kind and description, now existing or hereafter arising, direct or indirect, joint or several, absolute or contingent, whether for payment or performance, regardless of how the same may arise or by what instrument, agreement or book account they may be evidenced, including without limitation, any such obligations, indebtedness and liabilities of Lessee to others which may be obtained by Lessor through purchase, negotiation, discount, transfer, assignment or otherwise.

"Related Agreement" means and includes any Guaranty and any approval letter or progress payment, assignment, security or other agreement or addendum related to this Agreement, any Lease or any Collateral to which Lessee or any Guarantor is a party.

"Stipulated Loss Value" means, as of any particular date, the product obtained by multiplying the **"Lessor's Cost"** specified in the Schedule by the percentage set forth in the **"Schedule of Stipulated Loss Values"** attached to the Schedule, specified opposite the Rent installment number (or date) becoming due immediately after the Casualty, Event of Default or other event requiring the calculation of Stipulated Loss Value. If there is no Schedule of Stipulated Loss Values attached to a Schedule, or if the Schedule of Stipulated Loss Values does not otherwise cover a Rent installment number (or date), Stipulated Loss Value on any Rent payment date shall equal the net present value of: (a) all unpaid Rent for the remainder of the Lease Term, plus (b) the amount of any purchase obligation, fixed price purchase option, or TRAC amount payment or, if there is no such obligation, option or payment, then the fair market value of the Equipment as of the end of the Lease Term, as estimated by Lessor in its sole discretion, all discounted to present value at the Discount Rate.

"UCC" means the Uniform Commercial Code in effect in the state specified in Section 16(h) of this Agreement.

"Vendor" means the manufacturer, distributor, supplier or other seller (whether or not a merchant or dealer) of the Equipment and any sales representative or agent thereof.

16. Miscellaneous. (a) At Lessor's request, Lessee shall execute, deliver, file and record such financing statements and other documents as Lessor deems necessary to protect Lessor's interest in the Equipment and to effectuate the purposes of any Lease or Related Agreement, and Lessee authorizes, and irrevocably appoints Lessor as its agent and attorney-in-fact, with right of substitution and coupled with an interest, to (i) execute, deliver, file, and record any such item, and to take such action for Lessee and in Lessee's name, place and stead, (ii) make minor corrections to manifest errors in factual data in any Schedule and any addenda, attachments, exhibits and riders thereto, and (iii) after the occurrence of an Event of Default, enforce claims relating to the Equipment against insurers, Vendors or other persons, and to make, adjust, compromise, settle and receive payment under such claims; but without any obligation to do so.

(b) Federal law requires all financial institutions to obtain, verify and record information that identifies each entity that obtains a loan or other financial accommodation. The first time Lessee requests a financial accommodation from Lessor, the Lessor may ask for Lessee's (or any Guarantor's) legal name, address, tax ID number and other identifying information. Lessee shall promptly provide copies of business licenses or other documents evidencing the existence and good standing of Lessee or any Guarantor requested by Lessor.

(c) Time is of the essence in the payment and performance of all of Lessee's Obligations under any Lease or Related Agreement. This Agreement, and each Lease or Related Agreement may be executed in one or more counterparts, each of which shall constitute one and the same agreement. All demands, notices, requests, consents, waivers and other communications concerning this Agreement and any Lease or Related Agreement shall be in writing and shall be deemed to have been duly given when received, personally delivered or three business days after being deposited in the mail, first class postage prepaid, or the business day after delivery to an express carrier, charges prepaid, addressed to each party at the address provided herein (and, in the case of notices or other communications by Lessee to Lessor, with a copy to atlcustomerservice@bankofamerica.com), or at such other address as may hereafter be furnished in writing by such party to the other.

(d) Except as otherwise agreed between Lessee and Lessor in writing, Lessee shall reimburse Lessor upon demand for costs and expenses incurred by Lessor in connection with the execution and delivery of this Agreement, any Lease or Related Agreement. Lessee shall reimburse Lessor on demand for all costs (including Attorneys' Fees) incurred by Lessor in connection with Lessee's exercise of any purchase or extension option under any Lease, or any amendment or waiver of the terms of this Agreement or any Lease or Related Agreement requested by Lessee.

(e) Any provisions of this Agreement or any Lease or Related Agreement which are unenforceable in any jurisdiction shall, as to such jurisdiction, be ineffective to the extent of such unenforceability without invalidating the remaining provisions thereof, and any such unenforceability shall not render unenforceable such provisions in any other jurisdiction. Any requirement for the execution and delivery of any document, instrument or notice may be satisfied, in Lessor's discretion, by authentication as a record within the meaning of, and to the extent permitted by, Article 9 of the UCC.

(f) This Agreement and any Related Agreement or other document, amendment, approval, consent, information, notice, certificate, request, statement, disclosure or authorization related to hereto or thereto (each a “**Communication**”), including Communications required to be in writing, may, if agreed by Lessor, be in the form of an Electronic Record (as defined below) and may be executed using Electronic Signatures (as defined below), including, without limitation, facsimile and/or .pdf. Lessee agrees that any Electronic Signature (including, without limitation, facsimile or .pdf) on or associated with any Communication shall be valid and binding on Lessee to the same extent as a manual, original signature, and that any Communication entered into by Electronic Signature, will constitute the legal, valid and binding obligation of Lessee, enforceable against Lessee in accordance with the terms thereof to the same extent as if a manually executed original signature was delivered to Lessor. Any Communication may be executed in as many counterparts as necessary or convenient, including both paper and electronic counterparts, but all such counterparts are one and the same Communication. For the avoidance of doubt, the authorization under this paragraph may include, without limitation, use or acceptance by Lessor of a manually signed paper Communication which has been converted into electronic form (such as scanned into .pdf format), or an electronically signed Communication converted into another format, for transmission, delivery and/or retention. Lessor may, at its option, create one or more copies of any Communication in the form of an imaged Electronic Record (“**Electronic Copy**”), which shall be deemed created in the ordinary course of Lessor’s business, and destroy the original paper document. All Communications in the form of an Electronic Record, including an Electronic Copy, shall be considered an original for all purposes, and shall have the same legal effect, validity and enforceability as a paper record. Notwithstanding anything contained herein to the contrary, Lessor is under no obligation to accept an Electronic Signature in any form or in any format unless expressly agreed to by Lessor pursuant to procedures approved by Lessor; provided, however, without limiting the foregoing, (a) to the extent Lessor has agreed to accept such Electronic Signature, Lessor shall be entitled to rely on any such Electronic Signature without further verification and (b) upon the request of Lessor any Electronic Signature shall be promptly followed by a manually executed, original counterpart. For purposes hereof, “**Electronic Record**” and “**Electronic Signature**” shall have the meanings assigned to them, respectively, by 15 USC §7006, as it may be amended from time to time.

(g) For the sole purpose of establishing original chattel paper to enforce a security interest, Lessor and Lessee unconditionally agree that the physical printed version of any Schedule containing an Electronic Signature with the legend “Original” or “Original Chattel Paper” shall constitute the only original authoritative chattel paper version and record. Lessor and Lessee further agree, unless the electronic platform used automatically includes an “Original,” “Original Chattel Paper” or other legend or indicia of singular authenticity acceptable to Lessor thereon, Lessor shall be the sole party responsible for adding such legend on to such document and Lessee shall not add such legend on such document unless expressly instructed by Lessor. Should Lessor add any legend to any Schedule, Lessor shall at Lessee’s request also generate a duplicate document imprinted with “Duplicate Original” or other similar legend. The provisions of this Section shall not restrict or affect the offering or acceptance of any such document without a legend as evidence in non-security interest enforcement proceedings.

(h) THIS AGREEMENT AND ANY LEASE OR RELATED AGREEMENT, AND THE LEGAL RELATIONS OF THE PARTIES THERETO, SHALL IN ALL RESPECTS BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF WASHINGTON, WITHOUT REGARD TO CHOICE OF LAW PRINCIPLES; THE PARTIES CONSENT AND SUBMIT TO THE JURISDICTION OF THE STATE AND FEDERAL COURTS OF SUCH STATE FOR THE PURPOSES OF ANY SUIT, ACTION OR OTHER PROCEEDING ARISING THEREFROM, AND EXPRESSLY WAIVE ANY OBJECTIONS THAT IT MAY HAVE TO THE VENUE OF SUCH COURTS. THE PARTIES EXPRESSLY WAIVE ANY RIGHT TO TRIAL BY JURY IN ANY ACTION BROUGHT ON OR WITH RESPECT THERETO. IN NO EVENT SHALL LESSOR HAVE ANY LIABILITY TO LESSEE FOR INCIDENTAL, GENERAL, CONSEQUENTIAL, PUNITIVE OR EXEMPLARY DAMAGES. Any cause of action by Lessee against Lessor relating to this Agreement or any Lease or Related Agreement shall be brought within one year after any such cause of action first arises, and Lessee hereby waives the benefit of any longer period provided by statute.

(i) EACH LEASE, TOGETHER WITH THIS AGREEMENT AND ANY RELATED AGREEMENTS, (i) CONSTITUTES THE FINAL AND ENTIRE AGREEMENT BETWEEN THE PARTIES SUPERSEDING ALL CONFLICTING TERMS OR PROVISIONS OF ANY PRIOR PROPOSALS, APPROVAL LETTERS, TERM SHEETS OR OTHER AGREEMENTS OR UNDERSTANDINGS BETWEEN THE PARTIES, (ii) MAY NOT BE CONTRADICTED BY EVIDENCE OF (y) ANY PRIOR WRITTEN OR ORAL AGREEMENTS OR UNDERSTANDINGS, OR (z) ANY CONTEMPORANEOUS OR SUBSEQUENT ORAL AGREEMENTS OR UNDERSTANDINGS BETWEEN THE PARTIES; and (iii) MAY NOT BE AMENDED, NOR MAY ANY RIGHTS THEREUNDER BE WAIVED, EXCEPT BY AN INSTRUMENT IN WRITING SIGNED BY LESSEE AND LESSOR/ASSIGNEE.

In Witness Whereof, Lessor and Lessee have executed this Agreement as of the date first above written.

BANC OF AMERICA LEASING & CAPITAL, LLC (Lessor)

PROSSER PUBLIC HOSPITAL DISTRICT (Lessee)

By: _____
 Print Name: _____
 Title: _____

By: not for execution
 Print Name: _____
 Title: _____

Taxpayer ID # : 91-6013490
 Org. ID # (if any) _____
 Chief Executive Office:

7. Further Representations and Agreements. Lessee represents, warrants and agrees as follows: (a) all representations and warranties of Lessee contained in the Master Lease are restated as of the Acceptance Date and are true and correct as of such date; (b) there has been no material adverse change in the operations, business, properties or condition, financial or otherwise, of Lessee or any Guarantor since ~~June 30, 2024~~ 12/31/2023; (c) there exists no Default or Event of Default as of the Acceptance Date; and (d) the operation and maintenance of any Equipment in the ordinary course by Lessee does not require the entry into any software or other intellectual property rights agreement with any licensor or other person, except as disclosed to Lessor in writing prior to the Acceptance Date.

8. Lease Options.

Purchase Option. Provided no Event of Default has occurred and remains uncured, and upon Lessee having provided Lessor with written notice not more than 360 days or less than 30 days prior to expiration of the Lease Term, Lessee may irrevocably elect to purchase all of Lessor's right, title and interest in and to all, but not less than all, of the Equipment under this Schedule, free from all liens and encumbrances created by Lessor, but otherwise on an "AS-IS, WHERE-IS," quitclaim basis, for a purchase price equal to: the then fair market value of the Equipment, which fair market value will not exceed 10% of the cost of the Equipment indicated in Section 1 above, as determined by Lessor; *plus* all Base Rent installments, late charges and other amounts then due and owing under the Lease; *plus* all applicable taxes, assessments and other charges due or payable in connection with the sale of the Equipment (collectively, the "**Purchase Price**"). Lessee shall pay Lessor the Purchase Price on or before the expiration of the Base Term in immediately available funds.

As used herein, "**fair market value**" means the amount which would be obtained in an arm's-length transaction between an informed and willing buyer-user (other than a buyer-user currently in possession or a used equipment or scrap dealer) and an informed and willing seller, each under no compulsion to buy or sell, and "**fair market rental value**" means the amount which would be obtained in an arm's-length transaction between an informed and willing lessee (other than a lessee currently in possession) and an informed and willing lessor, each under no compulsion to lease; provided, however, that in each such determination (a) the costs of removal of any Equipment from the location of current use shall not be a deduction from such value, (b) it shall be assumed (whether or not the same be true) that the Equipment has been maintained and would have been returned to Lessor in compliance with the requirements of this Lease, and (c) if any Equipment has been attached to or installed on or in any other property leased or owned by Lessee, the value for such Equipment shall be determined on an installed basis, in place and in use.

BANC OF AMERICA LEASING & CAPITAL, LLC

Prosser Public Hospital District

By: _____

By: _____ ~~not for execution~~

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

Acceptance Date: _____

Where multiple counterpart originals of this Schedule have been executed by Lessee and Lessor, only the counterpart marked "Lessor's Copy" shall be deemed chattel paper evidencing the Lease of Equipment subject to this Schedule, and a security interest in such chattel paper and Lease may be perfected through the transfer and possession of the "Lessor's Copy" of such Schedule only, without the need to transfer possession of the Master Lease, any Related Agreement or any other document executed and delivered in connection with this Lease.

The terms applicable to the Lease of Equipment subject to this Schedule are supplemented by the following:

- Annex I: Schedule of Stipulated Loss Values
- Annex II: Supplemental Maintenance and Return Conditions

The undersigned, _____, the duly elected or appointed _____ of _____ (the "Company"), in order to induce Banc of America Leasing & Capital, LLC ("BALC") to enter into one or more loans, leases or otherwise extend financial accommodations to or for the benefit of the Company or any other party, hereby certifies to and agrees with BALC as follows:

(i) the Company is duly organized, validly existing and in good standing under the laws of the State or Commonwealth of _____, and the Company shall promptly provide upon BALC's request certified copies of the Company's organizational documents (e.g., articles of incorporation or organization, by-laws, partnership agreement, operating agreement, etc.) and any votes, consents, minutes or resolutions of any of the Company's authorizing actions describe in clause (v) below, together with any requested certificates of existence or good standing of recent date issued by the Company's state of organization;

(ii) the Company has full power and authority to enter into one or more transactions, at any time and in any amount or form, with BALC: (a) to sell to and/or lease or purchase from BALC any personal property or fixtures; (b) to borrow and otherwise effect loans and advances or extensions of credit; (c) to guaranty or otherwise provide financial accommodations or additional security for the payment and performance of any obligations or indebtedness owing to BALC by the Company or any other party; and (d) to sell, assign, transfer, mortgage, pledge, hypothecate, grant security interests in, endorse and deliver to BALC, any and all real or personal property of the Company, tangible or intangible, of every name and description, as security for the payment and performance of any obligations or indebtedness owing to BALC by the Company or any other party, or otherwise in connection with any of the foregoing (the "Authorized Transactions");

(iii) each of the representatives of the Company designated below (an "Authorized Representative"), is a duly qualified and acting representative of the Company serving in the capacity indicated below, and the signature appearing opposite his or her name below is his or her genuine signature:

<u>Name</u>	<u>Title</u>	<u>Specimen Signature</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(iv) each Authorized Representative has full power and authority to act alone on behalf of the Company with respect to the Authorized Transactions and to do and perform all acts and things, and to execute, in writing or electronically, and deliver all instruments and documents of every kind and nature he or she may deem necessary, proper or incidental to, or which are otherwise required by BALC in connection with, the completion of the Authorized Transactions, including but not limited to one or more leases, loan agreements, promissory notes, security agreements, schedules, riders, certificates, guaranties, pledge agreements, subordination agreements, purchase orders or agreements, disbursement authorizations, invoices, bills of sale, intercreditor agreements, consents, disclaimers of interests and UCC financing statements and any future modification(s) or amendments thereof ("Authorized Documentation"), with such execution and delivery to be conclusive evidence that such Authorized Transactions have been duly and specifically authorized and approved by the governing body and appropriate officials of the Company as being for the benefit of the Company in consideration of reasonably equivalent value to the Company, and that such Authorized Documentation is intended to constitute the valid and legally binding obligations of the Company, enforceable by BALC in accordance with their terms;

(v) all votes, meetings, consents or other actions necessary or appropriate to duly and properly authorize the Company to enter into the Authorized Transactions and for the Authorized Representative to execute and deliver the Authorized Documentation has been taken, and remain in full force and effect as of the date hereof and have not been modified or rescinded in any respect;

(vi) all previous acts of, and all documents and papers heretofore executed and delivered by, any Authorized Representative in connection with the Authorized Transactions or any Authorized Documentation are ratified, confirmed and approved as the act or acts of the Company; and

(vii) the Company shall furnish written notice to BALC of any revocation, modification or amendment of any votes, meetings, consents or other actions affecting any of the foregoing certifications, and BALC shall be entitled to rely on these certifications until such notice is received by BALC.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Company, this _____ day of _____, 2021.

Title: _____ *

Confirmed**

By: _____

Title: _____

****If the Company is a corporation, this certificate should be signed by the Secretary or Assistant Secretary of the Company; if the Company is a general or limited partnership, this certificate should be signed by a general partner of the Company; if the Company is a limited liability company, this certificate should be signed by a member of the LLC or other officer required by the LLC's Operating Agreement or Articles of Organization.***

*****If the signer of this certificate is also authorized to act on behalf of the Company in connection with Authorized Transactions and Documentation, this Certificate should also be confirmed in the space provided by another Authorized Representative.***



PROSSER MEMORIAL HEALTH EMPLOYEE NEWSLETTER

THE PULSE

News & Events

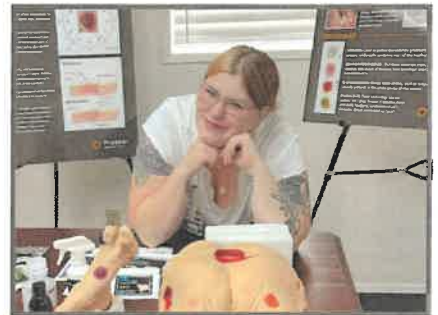
Wound Care Brunch & Learn

Thank you to everyone who participated in our Wound Care Brunch and Learn session hosted by Savannah Capener and Mary Ella Clark. Attendees gained valuable insights and earned continuing education (CE) credits.



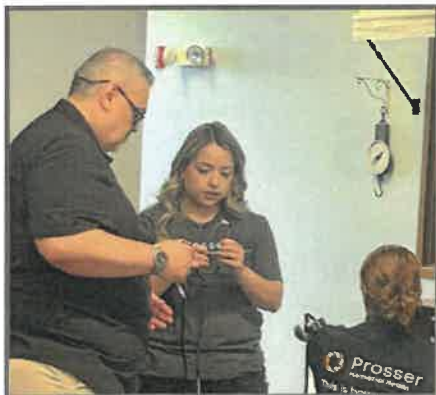
Heartlinks Hospice Skills Fair

Thank you to Savannah Capener and Sheri Ricard for participating in the Heartlinks Hospice employee skills fair!



MA Skills Fair & Patient Access Training

Our MA Skills Fair and Patient Access training for our clinic teams was an outstanding day of education. The event wrapped up with a tour of the new hospital. We extend our heartfelt gratitude to everyone who helped organize, teach, train, engage, and participate!





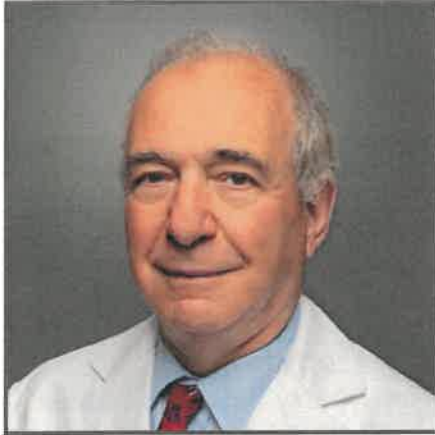
Blood Drive August 27

The blood drive will be held in the Vineyard Conference Room at Prosser Memorial Hospital from 9:00am - 3:00pm. Visit <https://www.redcrossblood.org/give> and use code "PMH" to schedule a time. Community members welcome.



4th Annual Wine Country Classic September 6

Join us on Friday, September 6 for the Wine Country Classic at Canyon Lakes Golf Course in Kennewick. Event starts at 8:00am. Event proceeds benefit the Prosser Memorial Health Foundation. If you want to sign up a team, a sponsor, or want to volunteer, please contact Shannon Hitchcock or Kristal Oswalt in Community Relations.



Welcome Dr. Laraiso

Help us welcome Dr. Ralph G. Laraiso, DO, to our Prosser Clinic team! Dr. Laraiso brings a wealth of experience in physical medicine and rehabilitation, specializing in the management and treatment of acute and chronic pain conditions.



Welcome Dr. Adling

Help us welcome Dr. Michael Adling, DO, to our Benton City Clinic Team! He will provide a wide array of services across all age groups, specializing in family medicine, well-child visits, women's health services and care for acute illnesses.



Bloomsday 2024

Congratulations to Madison Benjert, Lindsey Schutt, Emily Closs, Dr. Heidi Weaver, and Ashley Gunderson for their participation in this year's Bloomsday race!

Café Specials

Week of July 1

House Specialty Sandwiches—Italian Sub, Calssy Club Sub & Chicken Avocado Ranch Sub • Closed for Lunch • House Specialty Salads—Chicken Caesar Salad, Strawberry Salad & Tex-Mex Chicken Salad • Closed for the 4th of July • Grill Options Only

Week of July 8

House Specialty Sandwiches—Italian Sub, Calssy Club Sub & Chicken Avocado Ranch Sub • Verde—Nachos • House Specialty Salads—Chicken Caesar Salad, Strawberry Salad & Tex-Mex Chicken Salad • Entrée Reimagined—Chicken Parmesan, Meatballs, Penne, Marinara & Italian Veggies • Cheeseburger Wrap

Week of July 15

House Specialty Sandwiches—Italian Sub, Calssy Club Sub & Chicken Avocado Ranch Sub • Tavola/Pasta Bar—Italian Sausage w/Peppers & Onions in Marinara, Chicken Strips w/Basil & Tomatoes in Pesto or Shrimp w/Broccoli In Alfredo • House Specialty Salads—Chicken Caesar Salad, Strawberry Salad & Tex-Mex Chicken Salad • Ceviche—Fish Ceviche or Shrimp Ceviche • Entrée Reimagined—Teriyaki Chicken, Asian Pork Loin, Potstickers, White Rice & Snap Peas

Week of July 22

House Specialty Sandwiches—Italian Sub, Calssy Club Sub & Chicken Avocado Ranch Sub • Henry's Kitchen • House Specialty Salads—Chicken Caesar Salad, Strawberry Salad & Tex-Mex Chicken Salad • Entrée Reimagined—Lasagna Roll Ups, Pot Roast, Mashed Potatoes, Gravy & Carrots • Spudshack/Baked Potato Bar



Mobile Order with InstaEat!

Web Orders: <https://order.instaeat.com/2583>
Apple Devices Link: <https://apps.apple.com/us/app/instaeat/id1517007451>
Android Devices Link: <https://play.google.com/store/apps/details?id=com.tacitinnovations.instaeat&gl=US>

Café Hours

Monday - Friday
Breakfast: 7:00am - 9:00am • Lunch: 10:30am - 2:00pm
Premade Burritos & Grab-N-Go's: 9:00am - 10:30am
Saturday and Sunday
Breakfast: 7:00am - 9:00am • Lunch: 11:00am - 1:00pm

Welcome to the Team!



Left to right: Tatyana Sushkina, Loren Ziegler, Kassidy Ferguson

Congratulations to Kassidy for passing her CPA exam!

"I never planned to get my CPA when I was still in school, but I just really fell in love with accounting and wanted to learn more, so I went all in. I sat for my first exam in February of 2023 and my last in February 2024, so it was one full year of studying and taking the 4 exams while working at my previous job full time. I would study every night after putting my toddler to bed and it was not easy, but it was so worth it, and I'm excited to learn more and grow more professionally with the license under my belt." - Kassidy Ferguson

WELCOME TO THE TEAM

Q1: What have you enjoyed at Prosser Memorial Health so far?

Q2: What is your favorite hobby?

Daniela Derobus

OB/GYN, CMA

- Q1: Being part of the team.
- Q2: I like to color.

Kassidy Ferguson

Senior Accountant, Accounting

- Q1: The team!
- Q2: Reading

Jesse Clossey

ER, PA-C

- Q1: Great staff working with.
- Q2: Home remodeling, guitar, games.

Tatyana Sushkina

Director of Patient Billing Services

- Q1: The culture.
- Q2: Cooking and cross stitching.

Alicia Van De Venter

HIM, Certified Clinic Coder

- Q1: Everyone is so nice and welcoming.
- Q2: Shopping

Stacie Olson

Emergency Department, ARNP

- Q1: Teamwork, friendly staff, patient focus care.
- Q2: Baking and gardening.

Yvette Rangel Ventura

BCC, PSR

- Q1: Staffing feels like family.
- Q2: Spending time with my family, cook-outs.

Montana McDonald

CT, X-Ray Tech

- Q1: I enjoy how everyone feels like family here, you can tell everyone loves to work here.

Q2: I love to ride my horses.

Loren Ziegler

Maintenance Director

- Q1: The friendly culture. People care.
- Q2: Watching movies.

Linda Brumley

CS Surgical, CS Tech

- Q1: Staff are very friendly.
- Q2: Camping.

Jason Almanza

Surgical Services, Endoscopy Tech

- Q1: The ability to work in a safe environment that is created to me grow and feel respected while I do.
- Q2: Music and playing sports.

ASPIRE Awards



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



Tanieka Wray

Congratulations to Tanieka Wray, OR Tech, for receiving a Silver ASPIRE Award! There was an emergency c-section on a Sunday afternoon and Tanieka was called in to have the OR set-up for the provider. When the provider and patient arrived the room was ready and Tanieka was scrubbed in and ready to assist. She saved the doctor valuable time and ensured the patient was helped immediately. On behalf of the OR team, provider, and the patient thank you for your excellent work!



Saul Trujillo

Congratulations to Saul Trujillo, Maintenance Mechanic, for receiving a Bronze ASPIRE Award! The Maintenance Department learned that our regular garbage pickup was going to be delayed which was then going to interfere with our campus wide Hospital Week celebration. They decided to rent a dump trailer to handle the overflow. Saul offered to use his personal vehicle to tow the dump trailer to the transfer station. This act provided the ability to seamlessly continue our daily operations and no interruption in our Hospital Week festivities. Saul showed a great commitment to our ASPIRE values and the PMH team! Thank you!



Gus Davila

Congratulations to Gus Davila, Maintenance Mechanic, for receiving a Bronze ASPIRE Award! The family member of a patient found themselves stuck in our employee parking lot when they came out to leave and employees had arrived for work and filled up the lot. Gus realized the individual was having trouble and getting frustrated and quickly stepped in to offer his help. Using his extensive experience and CDL license, Gus was able to get the truck and trailer out of the lot and the family member was on their way. Thank you to Gus for jumping in and demonstrating our ASPIRE values in action!

Anniversaries

Happy Anniversary!

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

Happy 1 Year

- **Oralia Amezcua Alcala**
Certified Medical Assistant
- **Joshua Macke**
Physician Emergency
- **Perla Torres**
O.B. Technician
- **Samantha Pedersen**
ARNP
- **Aracelia Ruelas**
Acute Care Technician
- **Maria Blair**
EMT B
- **Amanda Esparza-Jensen**
Surgery Scheduler Coordinator

Happy 2 Years

- **Sarah Moritzky**
RN
- **Julisa Gonzalez**
RN
- **Michelle Hiles**
RN Resource Nurse
- **Felix Garcia**
Patient Registrar
- **Nayely Martinez**
Patient Registrar
- **Miriam Robles**
RN
- **Cecilia Espinoza**
Certified Medical Assistant
- **Marneye Driesen**
Echo Tech
- **Amanda Bazan**
Patient Services Representative - Clinic
- **Guadalupe Mariano**
Certified Medical Assistant
- **Shelbie Stafford**
Clinic Specialty Referral/ Scheduler /
Call Center
- **Vanessa Cisneros**
Endoscopy Technician

Happy 3 Years

- **Alfredo Tambanillo**
Medical Technologist
- **Seirra Goble**
Central Sterilizing Technician
- **Steven Peters**
Licensed Mental Health Counselor
- **Esperanza Lopez-Aviles**
Certified Medical Assistant
- **Griselda Villalobos**
ED Technician

Happy 4 Years

- **Lindsey Smith**
Physician Emergency
- **Griselda Cruz**
Clinic Specialty Referral / Scheduler /
Call Center
- **Leticia Navarro**
ED Technician

Happy 5 Years

- **David Rollins**
CFO
- **Annie Tiemersma**
Community Outreach Coordinator /
Provider Recruiter
- **Carling Vaux**
RN Lead
- **Helen Kone**
RN Resource Nurse
- **Amy Enriquez**
Environmental Services Technician

Happy 6 Years

- **Nimfa Vilorio**
Medical Technologist
- **Kayla Schaneman**
Lab Assistant II
- **Shannon Hitchcock**
Chief Communications Officer/ E.D. of
the Foundation / Community Relations

Happy 7 Years

- **Christopher Wells**
RN
- **Christine Rivero**
Respiratory Therapist

Happy 10 Years

- **Celeste Rodriguez**
CT Technologist

Happy 11 Years

- **Kirstie Wood**
RN
- **Ophelia Gonzalez**
Certified Medical Assistant

Happy 15 Years

- **Rosalynn Tedeschi**
RN

Happy 17 Years

- **Angela Garcia**
Cook
- **Christopher Huston**
RN
- **Jennifer Trevino**
Certified Medical Assistant

Happy 18 Years

- **Mary Lee Dawsey**
AP Clerk

Happy 29 Years

- **Sheri Allen**
RN

Birthdays



Free 20oz Busy Bean Coffee on your birthday!

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

July 1

- **Tammy Leighty**
HIM Tech I

July 2

- **Kristi Mellema**
Chief Compliance & Quality Officer
- **Rebecca Morris**
Advanced Practice Clinician
- **Maria Ramirez**
HR Generalist

July 4

- **Haley Seaton**
Central Sterilizing Technician

July 5

- **Patricia McClure**
RN

July 6

- **Jacqueline Villanueva**
Clinical Informatics Specialist

July 7

- **Gloria Zuniga**
Outpatient Hospital Scheduler

July 8

- **Elizabeth Guzman**
Mammographer

July 9

- **Brian Brindle**
Echo Tech
- **Jose Santa-Cruz**
Physician

July 10

- **Monique Saenz**
Patient Services Representative - Clinic
- **Rachel Boyle**
Lab Assistant II
- **Katelyn Greene**
ED Technician

July 11

- **Briana Bouche**
Nuclear Medicine Technologist
- **Christina Hurtado**
Collection / Cash Posting / Credit Balance Clerk

July 13

- **Amy Shook**
RN First Assist
- **Alex Carballo-Martinez**
MRI Technician
- **Alison Campbell**
RN
- **Virginia Esqueda**
Call Center Representative
- **Selene Aguado**
Call Center Representative

July 14

- **Heidi Weaver**
Physician

July 15

- **Katie Fischer**
Triage RN

July 16

- **Kirsten Zeigler**
RN

July 18

- **Suzanne Staudinger**
Physician
- **Zach Garland**
ARNP

July 19

- **Eric Heinlein**
RN
- **Trudy Lewis**
Cook
- **Judy McCormick**
Mammographer

July 19

- **Kathleen Atkinson**
RN
- **Suzanne Merk**
RN

July 21

- **Christopher Murphy**
Respiratory Therapist
- **Jonathan Kim**
Physician Emergency

July 22

- **Melissa Bender**
RN

July 23

- **Zaira Ruiz Campuzano**
O.B. Technician
- **Brooke Goodpaster**
RN

July 24

- **Jazmin Avila**
Patient Registrar

July 25

- **Jennifer Smith**
CT Technologist
- **Sam Strebel**
Physician Orthopedic
- **Coral Tieu**
Physician
- **Marlen Cerda**
Certified Medical Assistant

July 26

- **Jill Pagel**
Medical Social Worker

July 27

- **Lisa Kletke**
RN

July 27

- **Donna Arambula**
Call Center Representative

July 29

- **Christopher Huston**
RN

July 30

- **Cecilia Garcia**
MRI Technician
- **Thomas Norton**
Help Desk Technician
- **Michelle Casillas**
RN Resource Nurse

July 31

- **Darla Don**
Courier
- **Dora Campos**
Certified Medical Assistant
- **Ashley Olson**
RN



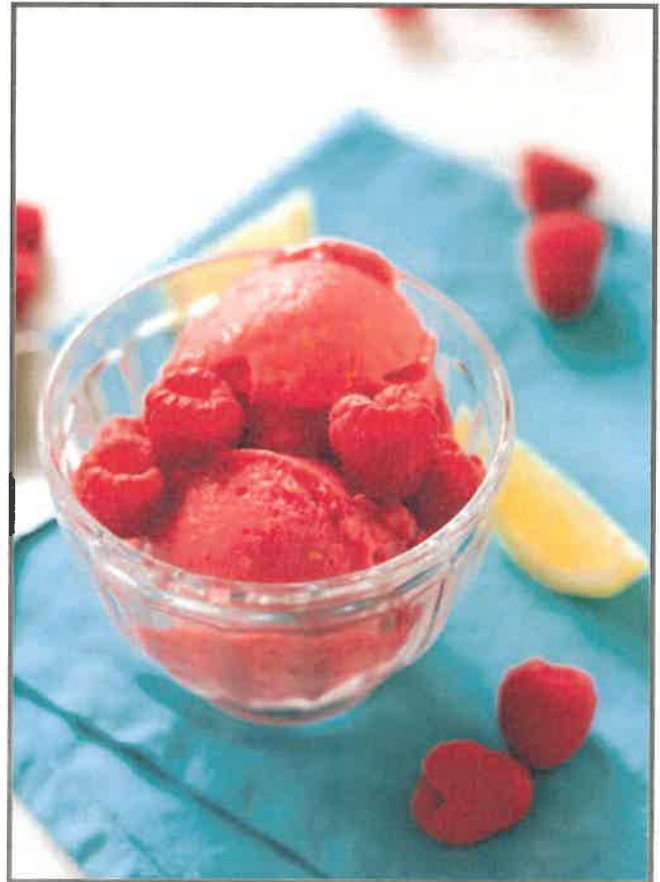
Sugar Free Raspberry Sorbet

Ingredients:

- 12 oz raspberries (fresh or frozen)
- 1/2 tsp lemon juice
- 2 tbsp powdered monk fruit blend (to taste)
- 1/4 tsp water (as needed)

Instructions:

1. If using fresh berries, freeze them: Line a baking sheet with parchment paper. Arrange fresh raspberries in a single layer and freeze for at least 4 hours, until solid.
2. Using a food processor or blender, blend frozen raspberries, lemon juice, and sweetener, until smooth, scraping sides as needed. Adjust sweetener to taste.
3. If sorbet is too thick, add water to thin out as needed.



Tip

EAP

Coping With the Stress of Unexpected Events

It is **NORMAL** to have wide-ranging feelings and symptoms of stress in response to **unexpected** events or circumstances. It doesn't matter the cause — it could be weather-related or resulting from an act of Nature, it could be from a large business change such as a layoff or downsizing, or it could be from an unexpected death, trauma, or disaster.

Each person responds differently to the stress of these unforeseen events. Some people have a wide range of feelings and reactions. It is important to allow yourself (and others) permission to acknowledge the feelings and responses to unexpected circumstances or events.

Remember the EAP is available for support and consultation to you and your family members. Please feel free to contact us 24/7 at (800) 777-4114.

Remember the following:

- You are having a normal & expectable human response to an out of the ordinary & unexpected situation or event.
- You are not alone and that others are going through a process similar to yours.
- The need to acknowledge loss and change is a universal step for integrating your experience and being able to mobilize your energies and move forward.
- Focus on your strengths and enhance your existing healthy coping skills.
- Ask for support and help from your family members, friends, colleagues, church or other community resources — like the EAP.
- Maintain or re-establish the regular Work/Life routines that support your well being and effectiveness.
- Redefine your priorities and focus your energy and resources on those priorities.
- Set small goals that are realistic to the unexpected circumstance or aftermath and begin to take steps to accomplish them. Hope for preferred outcomes rather than having rigid expectations.
- Minimize the use of caffeine and alcohol, as both of these substances tend to increase your overall level of stress.
- Acknowledge sadness or conflicting feelings and realize that hurt invariably leads to healing, losses becomes sources or strength, and fear, when properly attended, leads to freedom and increased effectiveness in the face of adversity and loss.
- If the intensity of your feelings and experience does not begin to fade with a week or two, contact your EAP or a behavioral healthcare professional for consultation.

**"Live in the active voice, rather than in the passive.
Think more about what you can make happen than what is happening to you."**

First Choice Health™

Healthy Employees. Healthy Companies.™

CONTACT US

TOLL-FREE: (800) 777-4114

TTY/TTD: (800) 777-4969

www.FirstChoiceEAP.com



Tip

EAP

Healthy Stress Management Tools

- Identify the sources of stress in your life
- Be realistic with your expectations of yourself and others
- Learn what you can and cannot control (let go)
- Breathe deeply
- Redefine threats as opportunities for growth
- Take mini-breaks and lunch breaks
- Ask for help
- Use your support network
- Delegate tasks
- Set limits
- Resist “all or nothing” thinking
- Use humor
- Avoid avoidance
- Get moderate exercise
- Eat healthy and nutritious food (you are what you eat)
- Junk the junk food
- Watch out for compulsive behaviors as a way to cope (eating, drinking, spending, gambling, internet, and others)
- Get consistent and productive sleep
- Call your EAP for support!

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Tip

EAP

Self Care During Difficult Times

- Remember to take your breaks and lunch hours. It is important to get away from your desk. Stretch and release the tension that has collected in your mind and body.
- Meditate or sit quietly when you begin to feel stressed. Inhale slowly and deeply through your nostrils and exhale slowly and fully, allowing troublesome thoughts to dissolve.
- If you have an exercise routine, maintain it to minimize the effects of pent up pressure. If you don't have a routine, check with your doctor before you begin one, but try to start getting some exercise. Even a walk at lunch time can help.
- Make sure that you continue to eat regular and healthy meals. Junk that "junk food!"
- Sleep is the time that you renew and refresh. Make sure to get at least 8 hours of sleep a night.
- Avoid your intake of alcohol and caffeine, both of which can rob you of energy, disrupt your sleep and increase the stress on your mind and body. Remember alcohol is a depressant and in no way allows you to cope with the stress and demands of your life.
- Avoid over-committing yourself. Remember, it is alright to ask for help when you need it.
- Finally, it is important to have someone in your life that you can talk with about your stress, frustrations and needs. A person separated from the concern is much more likely to see things clearly and objectively than a person that is stuck in the middle.
- Remember the EAP is available to support you during difficult or uncertain times. Call anytime, 24/7. Services are of no cost to you, your spouse or domestic partner, and any children up to the age of 26; and are confidential.

First Choice Health.

Healthier Employees. Healthier Companies.™

CONTACT US

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TTY/TTD: (800) 777-4969
www.FirstChoiceEAP.com



JULY / 2024

REACH



Know your net worth

You need to know where you stand presently with your finances to help you move forward and make sound financial decisions. Your net worth – your assets minus your liabilities – is essentially a snapshot of your current financial situation. Understanding your net worth is an important first step in creating a smart financial plan.

How to determine net worth

First, list your assets, including:

- Real estate – Your home and any other buildings and land you own
- Bank accounts – Savings and passbook accounts, certificates of deposit, money market funds
- Securities – Stocks, bonds, mutual funds, other securities
- Retirement plans – 401(k), 403(b), 457 and profit-sharing plan accounts; individual retirement accounts; annuities; other
- Life insurance – The cash value of any insurance policies that you own
- Business interests – Any ownership interest in a business
- Personal property – Autos, jewelry, artwork, antiques, boats
- Cryptocurrencies – Any crypto coins, tokens

Next, put values on your assets. It may be necessary to get the input of professional appraisers to value real estate, artwork, antiques, collectibles and business interests. Once you have information, add up the total value of your assets.

You will then need to list your outstanding liabilities. How much do you owe on your mortgage, credit cards, student loans, car loans and other debts? Add up what you owe and subtract that number from the total value of your assets to arrive at your net worth.

Increasing your net worth

Once you determine your net worth, you can look into strategies to increase it. A key step is to save and invest regularly – whether it is through a 401(k) or similar employer-provided retirement plan, or investment and individual retirement accounts you've opened outside of work.* Also examine your overall level of debt and consider whether you have more than you can comfortably handle. Paying off credit cards and other loans is another way to increase net worth.

Your financial professional can explain in greater detail the ways you might increase your net worth and enhance the overall state of your financial well-being.

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

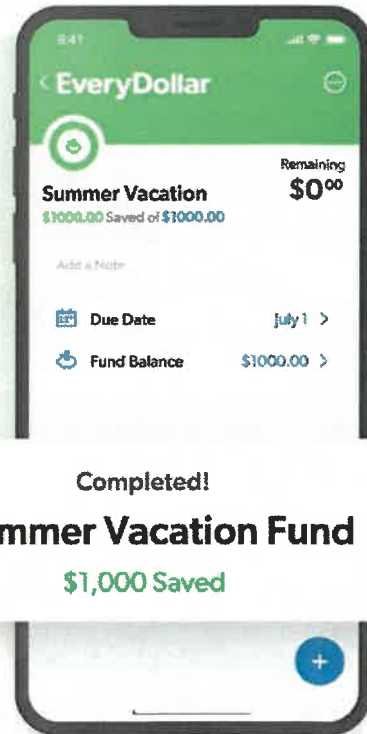
(Continued)

HEALTH & WELLNESS



SAVE FOR THE SUMMER YOU *really* WANT.

—Jonathan
SmartDollar User



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Keyword: **pmh2219**

HEALTH & WELLNESS



PRE-RETIREMENT PLANNING SEMINAR

Session 1

Retirement Income: Planning for your future



THURSDAY
July 18

7:00 PM (ET) OR 8:30 PM (ET)

SCAN TO
REGISTER



CLICK TO REGISTER >

Your dedicated partner for retirement plan solutions | usicg.com |

JOIN US

We are committed to helping you achieve a successful retirement and recognize that you may have concerns regarding how to properly prepare for retirement. We asked USI Consulting Group, our retirement plan consultants, to host a series of complimentary webinars for their Retirement Education Specialists to help answer your questions.

You and a guest are invited to join our first session, which will focus on:

- Utilizing retirement income
- The impact of longevity
- Dealing with inflation
- Healthcare expenses in retirement
- Importance of sequence of returns



QUESTIONS?
kim.thomas@usi.com



PRE-RETIREMENT PLANNING SEMINAR

Session 2

Transforming Social Security into a winning retirement strategy



THURSDAY
July 25

7:00 PM (ET) OR 8:30 PM (ET)

SCAN TO
REGISTER



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You and a guest are invited to join our session, which will focus on:

- The rules of Social Security retirement benefits
- Collecting benefits early
- Spousal and Survivor benefits
- Collection strategies



QUESTIONS?
kim.thomas@usi.com

HEALTH & WELLNESS



PRE-RETIREMENT PLANNING SEMINAR

Session 3

Is Long Term Care insurance something you should consider?



THURSDAY

August 22

7:00 PM (ET) OR 8:30 PM (ET)

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We are committed to helping you achieve a successful retirement and recognize that you may have concerns regarding how to properly prepare for retirement. We asked USI Consulting Group, our retirement plan consultants, to host a series of complimentary webinars for their Retirement Education Specialists to help answer your questions.

You and a guest are invited to join our session, which will focus on answering these questions:

- What is Long Term Care and who pays for it?
- When does Medicaid get involved?
- What services are covered?
- What are the important policy considerations?



QUESTIONS?

kim.thomas@usi.com



PRE-RETIREMENT PLANNING SEMINAR

Session 4

Understanding Medicare basics



THURSDAY

August 29

7:00 PM (ET) OR 8:30 PM (ET)

SCAN TO REGISTER



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We are committed to helping you achieve a successful retirement and recognize that you may have concerns regarding how to properly prepare for retirement. We asked USI Consulting Group, our retirement plan consultants, to host a series of complimentary webinars for their Retirement Education Specialists to help answer your questions.

You and a guest are invited to join our session, which will focus on:

- Types of Medicare coverage
- Medicare Advantage plans
- Eligibility and enrollment process
- Supplementing Medicare



QUESTIONS?

kim.thomas@usi.com

HEALTH & WELLNESS



PRE-RETIREMENT PLANNING SEMINAR

Session 5

Managing the transition to retirement



THURSDAY

September 26

7:00 PM (ET) OR 8:30 PM (ET)

SCAN TO REGISTER



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JOIN US

We are committed to helping you achieve a successful retirement and recognize that you may have concerns regarding how to properly prepare for retirement. We asked USI Consulting Group, our retirement plan consultants, to host a series of complimentary webinars for their Retirement Education Specialists to help answer your questions.

You and a guest are invited to join our session, which will focus on:

- Key retirement planning decisions
- Importance of relationships in retirement
- Legal considerations
- Steps to a happy and productive retirement



QUESTIONS?

kim.thomas@usi.com



Prosser
Memorial Health

ProsserHealth.org

EMPLOYEE ANNUAL POOL Party

Friday, August 16
EJ Miller Park

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

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

Evening and Night Shift:
Dinner will be served in the Shipping and Receiving Area
starting at 8:30pm.

Please RSVP by August 9.
Scan the QR code or sign up on SharePoint.



SCAN HERE



Prosser
Memorial Health

PROSSER MEMORIAL HEALTH

2024-2026 SEIU Labor Agreement Highlights

After several months and seven (7) negotiations sessions, the negotiations teams for Prosser Memorial Health and SEIU representing PMH Nurses have arrived at a tentative agreement.

In addition to numerous language cleanup and clarification revisions which will improve administration of the contract, the teams negotiated and ultimately agreed upon the following economic proposals:

- **2024:**
 - RNs: A 9.0% base wage increase (includes market adjustments) plus a 2.2% step increase for a total wage rate increase of 11.2%;
 - LPNs: 8.8% wage adjustment for current LPNs plus a 2.2% step increase for a total wage rate increase of 11.0%;
- **2025:**
 - RNs and LPNs: A 4.0% base wage increase plus a 2.2% step increase for a total wage rate increase of 6.2%;
- **2026:**
 - RNs and LPNs: A 3.5% base wage increase plus a 2.2% step increase for a total wage rate increase of 5.7%
- Addition of a 28th Step to the existing pay scale;
- An increase for Lead Pay from \$3.00/hr to \$4.00/hr;
- An increase in stand-by pay from \$4.00/hr to \$4.50/hr;
- An increase for Preceptor Pay from \$3.00/hr to \$4.00/hr;
- An increase for On-Call coverage \$4.00/hr to \$4.50hr;
- An increase for obtaining a Master's Degrees of an additional \$1.00/hr above the \$1.00/hr currently paid for a Bachelor's Degree;
- An increase for obtaining a second language certification of an additional \$1.00/hr above the two certifications currently allowed (different than the current language proficiency tests that are an additional \$1.00/hr but count against the two-certification limit);
- Current members will have the choice to continue using the current leave benefit model (i.e. Vacation/Sick/Floating Holidays/Holiday) with one additional floating holiday added or move to an enhanced PTO model that includes an Extended Ill Bank (EIB) (currently utilized by the non-union staff, leadership and providers) with no requirement that current members have to switch but all future members will automatically be assigned to the PTO model.

Attachment V

	2023 PMH 7/1/2023	2023 VVMH	North West Regional Health	Millman North West	Trios		Ulti Step	2024 PMH 7/1/2024	2024 VVMH	Kadlec	North West Regional Health	Millman North West	Lourdes Medical Center	Astria Topenish	Medical Center, Walla		PMH 2025 7/1/2025	2025 VVMH	Kadlec	Medical Center, Walla	PMH 2026 7/1/2026
	Current		6/1/2023	6/1/2023	8/1/2023			9.0%		7/1/2024	6/1/2024	6/1/2024	1/1/2024	7/1/2024	1/1/2024		4.0%		1/1/2025	1/1/2025	3.5%
Base	36.71	\$38.40	\$39.31	\$37.47	\$35.31	Base	Step 1	40.02	\$40.83	\$ 38.37	\$ 39.74	\$ 39.36	\$36.20	\$37.16	\$37.78	Base	41.63	\$41.94	\$39.62	\$38.82	43.09
Step 1	37.51	\$39.56			\$36.08	Step 1	Step 2	40.89	\$41.53	\$ 39.53			\$36.99	\$38.26	\$38.56	Step 1	42.53	\$43.19	\$40.81	\$39.62	44.02
Step 2	38.33	\$40.74			\$36.91	Step 2	Step 3	41.78	\$42.78	\$ 40.72			\$37.82	\$39.41	\$39.43	Step 2	43.46	\$44.69	\$42.04	\$40.51	44.99
Step 3	39.20	\$41.97			\$37.72	Step 3	Step 4	42.73	\$44.06	\$ 41.94			\$38.44	\$40.61	\$40.24	Step 3	44.44	\$45.82	\$43.30	\$41.35	46.00
Step 4	40.04	\$43.23			\$38.58	Step 4	Step 5	43.65	\$45.28	\$ 43.20			\$39.76	\$41.81	\$41.13	Step 4	45.40	\$47.21	\$44.60	\$42.26	46.99
Step 5	40.92	\$44.52			\$39.44	Step 5	Step 6	44.61	\$46.75	\$ 44.39			\$40.45	\$43.05	\$42.01	Step 5	46.40	\$48.62	\$45.83	\$43.17	48.03
Step 6	41.82	\$45.86			\$40.35	Step 6	Step 7	45.59	\$48.15	\$ 45.51			\$41.36	\$44.35	\$42.97	Step 6	47.42	\$50.09	\$47.09	\$44.15	49.08
Step 7	42.74	\$47.23			\$41.21	Step 7	Step 8	46.59	\$49.59	\$ 46.88			\$42.49	\$45.68	\$43.93	Step 7	48.46	\$51.57	\$48.40	\$45.14	50.16
Step 8	43.69	\$48.65			\$42.15	Step 8	Step 9	47.63	\$51.08	\$ 48.03			\$43.20	\$47.06	\$44.89	Step 8	49.54	\$53.12	\$49.59	\$46.12	51.28
Step 9	44.65	\$50.11			\$43.11	Step 9	Step 10	48.67	\$52.62	\$ 49.25			\$44.19	\$48.47	\$46.47	Step 9	50.62	\$54.72	\$50.85	\$47.75	52.40
Step 10	45.62	\$51.61			\$44.07	Step 10	Step 11	49.73	\$54.19	\$ 50.47			\$45.10	\$49.90	\$47.49	Step 10	51.72	\$56.76	\$52.11	\$48.80	53.54
Step 11	46.63	\$52.65			\$45.09	Step 11	Step 12	50.83	\$55.28	\$ 51.60			\$46.17	\$51.39	\$48.53	Step 11	52.87	\$57.40	\$53.28	\$49.86	54.73
Step 12	47.66	\$53.76			\$46.11	Step 12	Step 13	51.95	\$56.36	\$ 52.64			\$47.24	\$52.94	\$49.76	Step 12	54.03	\$58.84	\$54.35	\$51.13	55.93
Step 13	48.72	\$54.77			\$47.17	Step 13	Step 14	53.11	\$57.51	\$ 53.69			\$48.33	\$54.53	\$50.69	Step 13	55.24	\$59.81	\$55.43	\$52.08	57.18
Step 14	49.80	\$55.87			\$48.16	Step 14	Step 15	54.29	\$58.66	\$ 54.76			\$49.40	\$56.17	\$51.85	Step 14	56.47	\$61.01	\$56.54	\$53.28	58.45
Step 15	50.89	\$56.98			\$49.26	Step 15	Step 16	55.48	\$59.80	\$ 55.88			\$50.51	\$57.17	\$52.96	Step 15	57.70	\$62.22	\$57.70	\$54.42	59.72
Step 16	52.00	\$58.12			\$50.39	Step 16	Step 17	56.68	\$61.03	\$ 57.00			\$51.63	\$58.88	\$54.16	Step 16	58.95	\$63.47	\$58.85	\$55.65	61.02
Step 17	53.14	\$59.29			\$51.51	Step 17	Step 18	57.93	\$62.25	\$ 58.13			\$52.81	\$57.86	\$55.30	Step 17	60.25	\$64.74	\$60.02	\$56.82	62.36
Step 18	54.32	\$60.47			\$52.67	Step 18	Step 19	59.21	\$63.50	\$ 59.31			\$53.99	\$59.60	\$56.38	Step 18	61.58	\$66.04	\$61.24	\$57.93	63.74
Step 19	55.50	\$61.68			\$53.86	Step 19	Step 20	60.50	\$64.77	\$ 60.50			\$55.23	\$59.60	\$57.68	Step 19	62.92	\$67.36	\$62.47	\$59.27	65.13
Step 20	56.73	\$62.92			\$55.07	Step 20	Step 21	61.84	\$66.06	\$ 61.72			\$56.43	\$61.38	\$58.98	Step 20	64.32	\$68.70	\$63.73	\$60.60	66.58
Step 21	57.97	\$63.55			\$56.33	Step 21	Step 22	63.19	\$67.32	\$ 62.94			\$57.74	\$61.38	\$60.20	Step 21	65.72	\$69.39	\$64.99	\$61.87	68.03
Step 22	59.26	\$64.18			\$57.56	Step 22	Step 23	64.60	\$67.39	\$ 64.21			\$59.00	\$63.21	\$61.51	Step 22	67.19	\$70.09	\$66.30	\$63.20	69.55
Step 23	60.55	\$64.92			\$58.97	Step 23	Step 24	66.00	\$68.06	\$ 65.48			\$60.34	\$63.21	\$62.89	Step 23	68.64	\$70.79	\$67.61	\$64.62	71.05
Step 24	61.89	\$65.47			\$60.21	Step 24	Step 25	67.47	\$68.74	\$ 66.80			\$61.73	\$65.10	\$64.22	Step 24	70.17	\$71.46	\$68.97	\$65.99	72.63
Step 25	63.27	\$66.13			\$61.56	Step 25	Step 26	68.97	\$69.43	\$ 68.13			\$63.10	\$65.10	\$65.69	Step 25	71.73	\$72.21	\$70.34	\$67.50	74.25
Step 26	64.83	\$66.79			\$62.80	Step 26	Step 27	70.67	\$70.13	\$ 69.48			\$64.54	\$67.09	\$65.69	Step 26	73.50	\$72.94	\$71.74	\$67.50	76.08
Step 27	66.45	\$67.45	\$66.47	\$64.10	\$64.06	Step 27	Step 28	72.44	\$70.83	\$ 70.88	\$67.88	\$ 66.40	\$65.93	\$67.09	\$67.00	Step 27	75.34	\$73.66	\$73.18	\$68.84	77.98
Step 28		\$68.13			\$65.35	Step 28	Step 29	74.04	\$71.54	\$ 72.30			\$66.58	\$69.10	\$68.34	Step 28	77.01	\$74.40	\$74.65	\$70.22	79.71
Step 29		\$68.81			\$66.64	Step 29	Step 30		\$72.25	\$73.74			\$ 67.25	\$ 69.10	\$ 69.71	Step 29		\$75.14	\$76.14	\$ 71.63	
Step 30		\$69.50			\$67.98	Step 30	Step 31		\$72.97	\$75.21			\$ 67.92	\$ 71.17		Step 30		\$75.89	\$77.65		
					\$69.47					\$75.21									\$77.65		
										\$76.71									\$79.20		

Attachment W

AGREEMENT

Between

PROSSER PUBLIC HOSPITAL DISTRICT

and the

Service Employees International Union Healthcare 1199NW

Representing Registered Nurses/Licensed Practical Nurses

July 1, 2024

THROUGH

June 30, 2027

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PREAMBLE

This Agreement is made and entered into by and between Prosser Public Hospital District, Prosser, Washington, hereinafter referred to as the "Employer" and Service Employees International Union Healthcare 1199NW hereinafter referred to as the "Union" representing Charge Nurses, Registered Nurses/Licensed Practical Nurses employed by the Prosser Public Hospital District.

ARTICLE 1 - RECOGNITION

- 1.1 The Employer recognizes the Union as the exclusive bargaining representative for registered nurses and licensed practical nurses in regular status full-time, part-time positions, and per diem nurses. Positions with RN requirements that meet the Fair Labor Standards Act (FLSA) exemption requirements shall not be included in the bargaining unit.

ARTICLE 2 - UNION SECURITY

- 2.1 Employees covered by this Agreement may become members of the Union. You can learn more about Union membership at www.seiuhc1199nw.org or from a Union organizer or delegate. No employee shall be discharged or discriminated against for any lawful Union activity, including serving on a Union committee or as a local unit chairperson outside of scheduled work hours.
- 2.2 The Employer agrees to notify the Union of personnel changes to include new hires, terminations, layoffs and leaves of absence exceeding thirty (30) days. Notification will be made within ten (10) working days.
- 2.3 Upon the signing of this agreement and monthly thereafter, the Employer shall supply to the Union via email an alphabetical list of all employees covered by this Agreement. The list shall include the name, address, telephone number, employee identification number, date of hire, rehire date (if applicable), shift, FTE job classification, unit shift hourly rate of pay and monthly gross earnings. Each month the Employer will provide a list of new hires, a list of all employees who have terminated during the month, and a list of all employment status changes for bargaining unit employees via email. The new hire, termination and employment status lists shall include the same data as the monthly employee roster except for month gross earnings. The termination list shall include the termination date. The employment status list shall include if the employee is no longer in a bargaining unit position.

2.4 During the term of this Agreement, the Employer shall deduct dues from the pay of each member of the Union who voluntarily executes a wage assignment authorization form. Upon request, the Employer shall deduct any additional employee authorized amounts including fees and HLF/COPE. HLF/COPE fees will be transmitted separately as specified by the Union. The dues and fees deducted will be transmitted to the Union by Automated Clearing House (ACH) biweekly. The Employer will provide the payment in a mutually agreeable format including the hospital or clinic name, employee name, employee ID number, the deduction amount and gross earnings for the period. Upon transmission of the ACH transfer to the Union, the Employer's responsibility shall cease with respect to such deductions. The Union and each employee authorizing the assignment of wages for the payment of Union dues will indemnify and hold the Employer harmless for all claims, demands, suits or other forms of liability that may arise against the Employer for or on account of any deduction made from the wages of such employee.

2.4.1 Voice Authorization

The Employer will accept hard copies, online copies and voice authorization copies as membership cards. The union will provide documents of such authorization.

2.5 Per Diem nurses are included in the Union in accordance with the PERC Stipulation (Case 20362-E-06-3149) as follows:

1. Currently employed Per Diem Nurses who have worked more than 348 hours in the twelve (12) month period prior to the bargaining unit's certification on July 1, 2006.
2. Nurses working more than 348 hours in any twelve (12) consecutive month period from an individual's original employment date.
3. If the Nurse has worked for less than twelve months prior to certification (7/1/06), the Nurse shall be included in the bargaining unit if the Nurse worked an average of 29 hours per month for each month wherein the Nurse worked.
4. After initial inclusion in the SEIU Healthcare 1199NW bargaining unit, a Nurse will continue to be included in the bargaining unit in subsequent years if the 348 hour threshold was met in the previous 12 month period.

2.6 During the term of this agreement, the Hospital shall deduct the sum specified from the pay of each member of the Union who voluntarily executes an SEIU COPE political action contribution wage authorization form. When filed with the

Hospital, the authorization form will be honored in accordance with its terms. The authorization form will remain in effect until revoked in writing by the nurse. The amount deducted and a roster of all nurses using payroll deduction for voluntary political action contributions will be promptly transmitted to the Union by a separate check payable to its order. Upon issuance and transmission of a check to the Union, the Hospital's responsibility shall cease with respect to such deductions. The Union and each nurse authorizing the assignment of wages for the payment of voluntary political action contributions hereby indemnifies and holds the Hospital harmless from all claims, demands, suits or other forms of liability that may arise against the Hospital for or on account of any deduction made from the wages of such nurse. The parties recognize that the Union is obligated under the Federal Election Campaign Act (FECA) to reimburse the Hospital for its reasonable cost of administering the COPE check-off in the parties' Collective Bargaining Agreement. The Hospital and the Union agree that one-quarter of one percent (0.25%) of all amounts checked off is a reasonable amount to cover the Hospital's costs of administering this check-off. Accordingly, the parties agree that the Hospital will retain one-quarter of one percent (0.25%) of all amounts deducted pursuant to the COPE check-off provision in the parties' Collective Bargaining Agreement to reimburse the Hospital for its reasonable costs of administering the check-off.

2.7 Union Indemnification: The Union shall defend, indemnify and hold harmless the Employer from, for and against any and all claims, lawsuits, complaints and/or grievances arising out of the provisions of this Article.

2.8 Revocation: The Employer will direct all questions about revocation to the Union. An employee may revoke their authorization for payroll deduction of payments to the Union by written notice to the Employer and the Union in accordance with the terms and conditions of their signed membership card. Every effort will be made to end the deduction effective on the first payroll and not later than the second payroll after receipt by the Employer of confirmation from the Union that the terms of the employee's signed membership card regarding dues deduction revocation have been met.

2.9 Outside Requests for Employee Information

Upon receiving any request for information from an outside entity or organization seeking any details regarding Union members, the employer shall:

- (1) Carefully analyze the request to determine whether the information sought is subject to disclosure under the Public Records Act.
- (2) Notify the Union of the request and provide an intended date of disclosure no less than ten (10) business days after notice is given; and
- (3) If the Union believes the release of the requested information is inappropriate it may seek to have a court make a determination and enjoin the release of the

information.

ARTICLE 3 - RECOGNITION OF RIGHTS & FUNCTIONS OF MANAGEMENT

- 3.1 The Union recognizes the prerogative of the Employer to operate and manage its affairs in all respects in accordance with its responsibilities, lawful powers and legal authority except as expressly limited by the terms of this Agreement. All matters not expressly or clearly covered by the language of this Agreement or other addenda to this Agreement and/or Memoranda of Agreement, shall be administered for the duration of this Agreement by the Employer in accordance with such policies and/or procedures as the Employer, from time to time may determine.
- 3.2 Employer prerogatives and core management rights which the Employer is not obligated to bargain about the decision and the effects of any decision are inclusive of, but not limited to, the following:
1. The right to establish and modify reasonable work rules and procedures; and,
 2. The right to schedule any and all work and overtime work, and the methods and process by which said work is to be performed in a manner most advantageous to the Employer and consistent with the needs of the patients as determined by the Employer; and,
 3. The right to hire, lay off and promote employees as deemed necessary by the Employer; and,
 4. The right to discipline an employee for just cause as indicated in this Agreement; and,
 5. The right to make any and all determinations as to the number of employees, the types of employees used and composition of the work force; and,
 6. The parties understand and agree that incidental related duties connected with operations, not enumerated in job descriptions, shall nevertheless be performed by the employee when requested by the Employer and the completion of the orientation check-off list; and,
 7. The Employer shall have the right to take whatever actions the Employer deems necessary to carry out services in an emergency. The Employer shall be the sole determiner as to the existence of an emergency. An emergency shall be a sudden or unexpected happening or situation inclusive of deficiencies in revenues that calls for action without delay; and,

8. The Employer has the right to modify any and all operations and work requirements in order to more effectively and efficiently carry out services based on the Employer's assessment of the financial stability of the Hospital inclusive of but not limited to declines in revenues, declines in reimbursement formulas, declines in patient census etc., which may have an adverse effect on the Employers ability to continue operations at current levels and with the current staffing allocations as well as employee hours of work. The Employer has the right to reorganize hours and employees to provide services on a more cost effective basis to remain competitive except as restricted by other articles; and,
9. The Employer has the right to introduce new improved and automatic methods and equipment to improve efficiency and reduce costs; and,
10. The Employer has the right to close or liquidate, combine, relocate and reorganize divisions, offices, branches, operations and facilities within the hospital including staffing level cuts to address problems identified by the Employer.

ARTICLE 4 - UNION RIGHTS

- 4.1 An employee has the right to hold Union office, seek Union assistance, file a grievance or use other benefits of this Agreement according to the terms set forth herein.
- 4.2 Union Delegates. A list of Union delegates from the bargaining unit, elected in accordance with the Union's District and National Bylaws, shall be provided to the Hospital. Such delegates will receive complaints and process grievances, provided that such activity does not interfere with the work assignment of the Union delegate or other nurses. Grievances and other Union business will be processed on break or lunchtime and not in work, patient care, or visitor reception areas. Management expressly, in advance, may approve that work time be used. The parties acknowledge the general proposition that Union business performed by the Union delegate, representative, and nurses, including the investigation of grievances, will be conducted during nonworking hours (e.g., coffee breaks, lunch periods, and before and after shift). The Hospital will recognize union delegates. The Union will supply the Hospital's Director of Human Resources with the names of the Union delegates and shall keep the list current. Subject to appropriate advance notice, schedule and staffing requirements, Union officers and delegates [not to exceed a total of 4 (four)] may use eight (8) consecutive hours per calendar year of paid educational/professional leave time to attend Union sponsored training in leadership, representation and dispute resolution.

- 4.3 Negotiations. The Hospital will schedule up to six (6) nurse negotiators for paid release time for joint negotiations.
- 4.4 Union's Executive Board. A good faith effort shall be made to schedule off a Union delegate or nurse who serves on the Union's Executive Board so that the nurse may attend designated meetings. Requests for such scheduling must be made prior to the schedule being made up and posted.
- 4.5 Meeting Rooms. In accordance with Hospital policy, the Union shall be permitted to use designated premises of the Hospital for the purpose of holding meetings.
- 4.6 Bulletin Board. In accordance with Hospital policy, the Hospital will provide bulletin board space for use by the nurses in every nursing department break room and including all clinics. The cafeteria will not be considered a break room for purposes of this article. The bulletin board space shall be located in a non-public area and be used for posting Union meeting announcements and educational announcements. The Union agrees to limit the posting of Union materials to the designated bulletin boards. It is the responsibility of the Union delegates as defined in Section 4.2 to ensure compliance with this Article.
- 4.7 Union Orientation. In order to ensure that employees who are covered under the Agreement have an accurate and timely introduction to Union membership, the Employer and Union agree that it is in the best interest of the employee to receive orientation to the Union and the collective bargaining agreement during the nurse onboarding process which shall occur the first week of employment.

A union representative so designated by the Union will be provided a timeframe during the nurse onboarding process not to exceed thirty (30) minutes during which the new bargaining unit employee and union delegate, on paid time, will have the opportunity to meet privately without employer representation and will be paid regular time and coded for education.

To facilitate this, Human Resources will provide the Union with a list of nurses scheduled for nurse onboarding five (5) days prior to onboarding when scheduling permits. The list will include the date and time of the new employee orientation, the agenda, the new employee's name, position, department, FTE shift (if known), unit, personal email address and contact number if made available by the employee.

- 4.8 When documents in an employee's personnel file or supervisory file are the subject of a public disclosure request, the Employer will provide the employee notice within seven (7) days of receiving the request. This notification will include the anticipated release date, if known. This may occur either through a group communication or to an individual depending on the nature of the request.

If the Employer receives a public disclosure request for documents in a group of employees' personnel files or supervisory files, the Employer will notify the Union of the request within seven (7) days of receiving the request. This notification will include the anticipated release date, if known.

ARTICLE 5 - UNINTERRUPTED PATIENT CARE

- 5.1 It is recognized that the Employer is engaged in a vital public service requiring continuous operation, and it is agreed that recognition of such obligation of continuous service is imposed upon both the employees and the Union. Neither the Union nor the employees, its members, agents, representatives, or persons acting in concert with them, shall incite, encourage or participate in any strike, walkout, sickout, slowdown, picketing or any other form of work stoppage.
- 5.2 The Employer agrees not to engage in any lockout.

ARTICLE 6 - NONDISCRIMINATION

- 6.1 The provisions of this Agreement shall be applied equally to all employees in the bargaining unit without discrimination as to age, sex, marital status, race, color, creed, national origin, sexual orientation, religious belief, political ideology or ancestry.
- 6.2 The Employer, the Union, and its members agree not to interfere with the rights of employees to become members of the Union, and there shall be no discrimination, interference, restraint, threats, or coercion against any employee because of Union membership or because of any employee's activity in any official capacity on behalf of the Union or for any other cause. The Union recognizes its responsibility as bargaining agent and agrees to represent all employees in the bargaining unit without discrimination, interference, restraint, or coercion.

ARTICLE 7 - LABOR/MANAGEMENT COMMITTEE

7.1 Labor Management Committee. The Employer, jointly with the Union, shall establish a Labor Management Committee. The Committee shall discuss issues of concern, recommend solutions to problems identified by the hospital or bargaining unit, and make recommendations for improving working conditions, patient safety, and employee satisfaction.

1. The Committee's recommendations hold significant weight and will be carefully considered by the hospital administration for implementation.
2. The SEIU members appointed by the Union will be considered standing members of the Committee, but other bargaining unit members may participate ad-hoc.
3. Hospital members will include the Chief Nursing Officer and the Chief Human Resource Officer, but other leaders may participate ad hoc based on the agenda

- items to be considered.
4. The Committee will be scheduled at least quarterly, but greater or fewer meetings may be conducted by mutual agreement of the Union and the Employer.

7.2 Hospital Staffing Committee. The Union and the Employer acknowledge that the parties endeavor to provide a staffing level consistent with patient safety and safe working conditions. The parties are committed to the proposition that adequate staffing is necessary to meet the department's needs and provide quality service. To this end, the Hospital Staffing Committee (HSC) has been established in compliance with RCW 70.41.420.

The purpose of the Hospital Staffing Committee is to protect patients, support greater retention of patient care staff, and promote evidence-based nurse staffing by establishing a mechanism where direct care nurses and hospital management can participate in a joint process regarding decisions about nurse staffing. Meetings will be open to all patient care staff, and meeting minutes will be accessible to all stakeholders on the hospital's intranet site.

ARTICLE 8 - JOB CLASSIFICATION/EMPLOYMENT STATUS

8.1 A. Job Classifications

1. Staff Nurse: A nurse who is an RN who is responsible for direct and/or indirect total nursing care of patients.
2. Lead Nurse: A lead nurse is a RN or LPN, who is assigned the responsibility of a patient care unit for a complete shift.
3. Staff Licensed Practical Nurse: A nurse who, under supervision, is responsible for the nursing care of patients.

B. Employment Status:

1. Probationary Status. The first ninety (90) calendar days of continuous satisfactory employment shall be a probationary period. A probationer is subject to discharge or termination without cause and without recourse. After ninety (90) calendar days of continuous satisfactory employment, documented in writing, the nurse shall be considered a regular employee. During this probationary status, the employee shall not be assigned to "on-call" status unless said employee has satisfactorily completed the orientation check-off list as determined by the Hospital.

Performance evaluations during the probationary period will be done at intervals. The Employer may extend the probationary period up to three (3) thirty (30) day extensions with performance evaluations after each extension. Should the Employer extend a nurse's probationary period the Union will be notified in writing of the reason and whether the nurse is being placed on an action plan or performance improvement plan.

Employees who substantially change job sets shall be considered probationary employees and shall be subject to the same requirements as all other probationary employees. If an employee has satisfactorily completed the skills/orientation checklist as determined by the Employer, the employee may be assigned to on-call status.

After ninety (90) calendar days of continuous satisfactory employment as a probationary employee, said employee shall be eligible for benefits inclusive of sick/EIB leave and vacation/PTO.

2. Regular status. Regular status shall be divided into full-time and part-time categories and be held by nurses who satisfactorily complete a probationary period. Employment status of regular nurses shall be as follows:
 - a) Full-time status is held by nurses who regularly work eighty (80) hours per pay period or seventy-two hours (72) hours if a nurse is assigned to work twelve (12) hour shifts. A workweek is defined as Monday through Sunday.
 - b) Part-time with benefits status is held by all nurses who regularly work at least forty (40) hours per pay period, but less than forty (40) hours per workweek. All part-time nurses shall be compensated on the same basis of pay and benefits as full-time nurses, their pay and benefits being pro-rated in proportion to hours worked except where otherwise indicated in this contract.
 - c) Part-time without benefits status is held by nurses who regularly work less than forty (40) hours per pay period. Part-time without benefits nurses shall be placed on the wage scale based on experience as per contract and receive fifteen percent (15%) premium and shall be eligible to receive shift differential, charge pay and stand-by pay/call-back pay, if applicable. Said nurses shall also be eligible for holiday pay if they work on the holiday. If said employees become eligible for medical benefits based on the requirements of the Affordable Care Act the 15% premium in lieu of benefits will be removed from the hourly rate effective with the eligibility date through the sustainability period. If an employee signs a waiver to opt out of medical coverage the 15% in lieu of benefits will remain in place.
3. Per Diem Status is held by nurses who are not in regularly scheduled status but make themselves available to work when needed. Per Diem nurses shall be available to work at least one (1) weekend or more per

month and two (2) or more holidays per calendar year Per Diem nurses shall be placed on the wage scale based on experience as per contract and receive fifteen percent (15%) premium. Per Diem Nurses who do not meet the availability requirements and have not completed mandatory education and competencies by their anniversary date will be removed from the employment roster and notified by US mail. If said employees become eligible for medical benefits based on the requirements of the Affordable Care Act the 15% premium in lieu of benefits will be removed from the hourly rate effective with the eligibility date through the sustainability period. If an employee signs a waiver to opt out of medical coverage the 15% in lieu of benefits will remain in place. Per Diem nurses shall be eligible to receive stand-by pay, if applicable, lead pay and holiday pay for hours worked on the holiday as per the contract. Per Diem nurses are eligible for weekend differential, shift differential, or call back pay. Regular status nurses who change to per diem status and subsequently return to regular status within twelve (12) months without a break in employment shall have previous seniority and benefit accruals reinstated, exclusive of the time spent in per diem status. Per Diem nurses shall not accrue seniority.

4. Supplemental status is held by nurses who are not regular status as defined above and include temporary and seasonal (defined above) nurses. They are not covered by the terms and conditions of this contract.

- 8.2 Definition of Regular Rate of Pay. The regular rate of pay shall include the nurse's base rate of pay, shift differential if the nurse is regularly scheduled to work a shift eligible for a shift premium (3pm-11pm evening shift; 11pm-7am night shift), certification premiums, and the float premium associated with the resource nurse position. It also includes the fifteen percent (15%) premium for Per Diem nurses.

ARTICLE 9 - WAGE/OTHER COMPENSATION

9.1 Wages.

2024:

Effective the first full pay period in July 2024, the wage scale will increase by nine percent (9%) for RNs as reflected in the attached wage scale.

Effective the first full pay period in July 2024, the wage scale will increase by zero percent (0%) for LPNs as reflected in the attached wage scale. LPNs employed at the time of ratification of the contract will each be moved up four (4) steps on the existing LPN wage scale.

2025:

Effective the first full pay period of July 2025, the wage scale will increase by four (4%) percent for RNs as reflected in the attached wage scale.

The wage scale for LPNs will increase by four percent (4%) the first full pay period of July 2025 as reflected in the attached wage scale.

2026:

Effective the first full pay period of July 2026, the wage scale will increase by three and one half (3.5%) percent for RNs as reflected in the attached wage scale.

The wage scale for LPNs will increase by three and one half percent (3.5%) the first full pay period of July 2026 as reflected in the attached wage scale.

Contract language changes for premium pays shall be effective upon ratification. Nurses and LPNs at the top of the pay scale shall receive a 3% stipend effective the first full pay period after January 1 of each year for the life of the contract.

1. Hire in Rates for RNs. Effective July 1, 2024 nurses will receive one for one credit on the wage scale for each year of recent, continuous experience directly relevant to that required in the position for which the nurse is being hired as determined by the CNO.

Nurses with a break in service of greater than three (3) years will be placed in a residency position for a minimum of three (3) months, and can be extended to six (6) months depending on the employee's progress. At the completion of a successful residency, the employee will then receive year for year applicable credit and will be placed on the wage scale accordingly.

In the event that a nurse is hired into a specialized position (either with or without a break in service) residency may be required and may exceed six (6) months. This is determined upon hiring with agreement of the Employer and employee. For example specialized positions may include, but are not limited to, Emergency Room, Perioperative Services and Obstetrics.

2. Hire in Rates for LPNs. Effective consistent with contract ratification, LPNs employed by the Employer who become licensed as RNs and are promoted to an RN position shall be credited with prior LPN experience based on one (1) year of experience on the registered nurse wage schedule for each two (2) full years of prior recent, relevant, continuous LPN experience.

9.2 Other Compensation. Regular nurses, as defined in Article 8, shall receive other compensation as follows:

1. Shift Differential.
Nurses working evening duty (3-11 shift) shall receive \$2.75 per hour in

addition to their regular hourly wage. Nurses working night shift (11 p.m. -7 a.m.) shall receive \$4.00 per hour in addition to their regular hourly wage. Any nurse working in the clinic shall receive evening differential of \$2.75 after 3pm, if working a shift ten (10) hours or longer.

2. Stand-by.

Nurses required to “stand-by” for possible call to duty shall receive \$4.50 per hour. Stand-by duty shall not be counted as hours worked for purposes of computing overtime or eligibility for wage increases.

9.2.1 Callback pay

Any employee on standby who is called back to work shall be compensated at the rate of time and one half (1 ½) the regular rate of pay. If the employee has been released from duty and is called back, the employee shall receive time and one-half for a minimum of three (3) hours.

9.2.2 Callback Relief. The Employer shall make their best effort to provide relief for an employee who requests the immediate next scheduled shift off, or a change in the employee’s start or end time for the immediate next shift when the employee has been working on call within nine (9) hours of the start of his or her next scheduled shift. To be considered the employee must notify the employer no later than one and one-half (1 ½) hours in advance of the employee’s shift if making such a request. At the employee’s request, a vacation/PTO or sick/EIB day may be used. This schedule adjustment shall not count as an occurrence with the Employer’s Attendance Policy.

3. Lead Duties.

Regular status or per diem nurses who perform lead duties shall receive \$4.00 per hour in addition to their regular hourly wage.

4. Degree and Certification Pay.

Nurses certified by a nationally recognized specialty organization and approved by administration, will be paid a premium of \$1.00 per hour for each applicable certification for a maximum of two certifications. A certified registered nurse may be required by administration to participate in teaching project(s) or committee work in their specialty area. Examples of certification would include: Critical-Care Nurses Certification (CCRN), American Nurses Certification (RN,C), Certification for Emergency Nursing (CEN), Certification for Perioperative Nursing (CNOR, CRNFA), Intravenous Nursing Certification (CRNI), National Certification for Obstetric, Gynecologic and Neonatal Nursing Specialties (RNC), Orthopedic Nurses Certification (ONC), Rehabilitation Nursing Certification (CRRN, CRRN-A), Wound Ostomy Continence Nursing

Certification (CCCN, CETN, COCN, CWCN, CWOCN), Certified Surgical Technologist (CST).

Nurses with a BSN will be paid a premium of \$1.00 per hour and nurses with a MSN will be paid a premium of \$2.00 per hour. These premiums will not be pyramided. Nurses who are eligible to receive either of these premiums will not have their degree counted toward the maximum number of certifications.

5. Weekend Premium Pay.

Any nurse who works on a weekend shall receive three dollars and fifty cents (\$3.50) in addition to their regular hourly rate for each hour worked. For premium pay purposes, the weekend shall be defined as a forty-eight (48) hour period beginning at 11:00 p.m. Friday to 11:00 p.m. Sunday. This premium shall not apply to annual leave, sick/EIG leave, education hours or other hours paid but not worked.

6. Jury Duty.

Employees will receive their regular rate of pay while serving on jury duty. They shall turn in to the Employer any compensation by the court for performing this important civic duty. If an employee is not impaneled on a jury they are required to return to work in order to receive benefits under this provision. Night shift employees are excused from work with pay if they are impaneled on a jury and will be excused from the shift prior to jury duty services without pay.

7. Employees who volunteer to work extra shifts beyond their FTE shall be paid at time and one-half for each additional hour worked. Also, employees who work a shift that was picked up in a specific role or department will not be floated to another department during the duration of their shift unless the nurse mutually agrees to float. Those hours will count in the work hours total for that week; however, if the nurse does not work forty (40) hours that week and is not otherwise eligible for overtime as defined by the Fair Labor Standards Act (FLSA), the nurse will still receive time and one half for hours worked on the extra shift. In the event an RN elects to work an extra shift resulting in that employee working a third consecutive weekend, in lieu of the premium pay described above the RN shall be paid at time and one-half for each additional hour worked. The LPN will receive extra pay of \$12.50 per hour in accordance with Article 12.6.

8. Preceptor Pay. All nurses assigned preceptor duty shall be paid preceptor pay at the rate of three dollars (\$3.00) per hour. A preceptor nurse is a regular full-time or part-time nurse who is selected by the Employer to participate in the planning, organizing, teaching and evaluating new skills development of recent graduates or new staff nurses and nursing and or tech students during intern rotations when there is no preceptor on the

premises. This is not to be confused with routine orientation. It is understood that staff nurses in the ordinary course of their general professional nursing responsibilities will be expected to participate in the orientation process of new nurses. These orientation responsibilities will include such things as providing informational assistance, support and guidance to new nurses and is generally short term in nature.

Preceptors must demonstrate clinical experience in patient care, communication, leadership skills and interpersonal relationships, and be able to teach these skills in a close one-to-one relationship with preceptees. Preceptors are assigned by the Employer to a preceptee on as consistent a basis as possible; however may be assigned to a precepting team where there is a planned approach for the joint sharing of preceptor responsibilities over a specific training period. There shall be no duplication of preceptor pay for the same hours. Preceptors will be consulted to determine whether preceptees have successfully completed orientation or if more training is needed. Preceptor assignments maybe made for the orientation of experienced nurses at the discretion of the Employer.

EPIC superuser activity will qualify for preceptor pay as approved by the department leader.

9. Resource Nurse Premium. Upon successful completion of orientation to all areas identified in the Resource Nurse job description a \$4.00 per hour premium will be paid.
10. Float premium. \$2.00 per hour (see Article 13.2)
11. Bilingual certification premium. Option 1: Nurses who receive a Certification from the State of Washington as an interpreter fluent in Spanish and provide such documentation of achievement to the Human Resources Department will be eligible to receive \$2.00 per hour premium and receipt of such premium will not count towards the nurse's maximum number of certifications.

Option 2: Nurses who receive a fluency certification in Spanish from ALTA at the required level will be eligible to receive a premium of \$1.00 per hour and the certification will count towards the total maximum certifications allowed.

There shall be no pyramiding of the bilingual certification Options.

If any creation of CRFNA position and if anyone is hired during the duration of this contract the Union and Employer will meet to discuss job description and wages for this position. Such discussion will not constitute a basis for reopening any other provisions contained herein during the term of the contract.

ARTICLE 10 - HOURS OF WORK AND OVERTIME

- 10.1 A work period will consist of up to forty (40) hours actually worked within a seven (7) day work period will be provided an unpaid thirty (30) minute lunch period which will be taken, as practical, at the halfway point of the work day. If a nurse cannot be properly relieved, then the thirty minutes will be considered time worked for purposes of calculating overtime.
- 10.2 The Employer will provide two (2) fifteen (15) minute rest periods with pay, each to be taken at approximately the middle of the first half of the shift and near the middle of the second half of the shift. The Employer may alter the timing of these rest periods based on service needs and requirements.
- 10.3 Overtime will be calculated and paid for hours actually worked in excess of the assigned shift or forty (40) hour overtime threshold in accordance with the Fair Labor Standards Act (FLSA). The up to forty (40) hour workweek can consist of up to five (5) eight (8) hour days or an alternative innovative shift schedule as determined by the Employer. Employees who work in excess or beyond their scheduled work shift are entitled to time and one-half (1-1/2) premium pay for such hours. There shall be no pyramiding of overtime pay and/or premium pay at the rate of one and one-half (1-1/2).

In accordance with RCW 49.28.130-150 and HB 1155, the Employer will make reasonable efforts to fill shifts and pre-plan for situations when unexpected staff shortages occur in an effort to restrict mandatory overtime for nurses. In accordance with RCW 49.28.130-150 and HB 1155, the acceptance by any employee of overtime is strictly voluntary, and the refusal of an employee to accept such overtime work is not grounds for discrimination, dismissal, discharge, or any other penalty, threat of reports for discipline, or employment decision adverse to the employee. This does not apply to overtime work that occurs:

- a) Because of any unforeseeable emergency circumstances;
- b) Because of prescheduled on-call time;
- c) When the employer documents that the employer has used reasonable efforts to obtain staffing.
- d) When an employee is required to work overtime to complete a patient care procedure already in progress where the absence of the employee could have an adverse effect on the patient.

Time Worked. Holiday time worked shall count as time for overtime purposes. Sick/EIB leave, vacation/PTO time and any other time during which an employee is not actually physically working at the Employer's facilities shall not apply for overtime purposes.

10.4 Innovative Shifts. When the Employer determines it necessary to implement innovative shifts, the Employer will provide reasonable notice to affected employees.

The innovative workday may be nine (9), ten (10), or twelve (12) hours. Nurses working innovative shifts such as up to twelve (12) hour shifts (work twelve (12) hours in a twelve and one-half (12 - ½) hour period with one (1) thirty (30) minute meal breaks) must work the full shift before becoming eligible for overtime beyond the twelve (12) hour shift or must work beyond forty (40) hours within a seven (7) day work period before becoming eligible for overtime.

Nurses working innovative shifts like twelve (12) hour shifts (work twelve (12) hours in a twelve and one-half (12 - ½) hour period with one (1) thirty (30) minute meal break) must work the full equivalent of hours for the applicable work period before becoming eligible for overtime.

Nurses must work seventy-two (72) hours in a fourteen (14) day work period if twelve (12) hour shifts are used before they will be considered full time employees.

Rest periods for twelve (12) hour shifts will be carried out in accordance with state law, i.e., fifteen (15) minutes for each four (4) hours.

Normally, nurses scheduled to work twelve (12) hour shifts will not have to work more than three (3) consecutive shifts except by mutual agreement.

Subject to the Employer's assessment of hospital needs, nurses working twelve (12) hour shifts will be provided a regular routine or pattern of days on and days off during a work period. Normally, twelve (12) hour shift employees will not rotate shifts except if the Employer determines rotation is in the best interests of the Hospital. In this case, the Employer will provide one (1) weeks' notice of the rotation schedule.

The Employer has the right to implement a ten (10) hour shift schedule based on the same criteria and provisions applicable to the twelve (12) hour shift scheduling outlined above.

Nurses working a ten (10) hour shift will receive two (2) fifteen (15) minute paid rest breaks and a thirty (30) minute unpaid meal period.

Nurses working a twelve (12) hour shift will receive three (3) fifteen (15) minute paid rest breaks, and a thirty (30) minute unpaid meal period.

Nurses working a nine (9) hour shift will receive two (2) fifteen (15) minute paid rest breaks and an unpaid meal period.

ARTICLE 11 - ORIENTATION

- 11.1 The Employer will carry out reasonable orientation programs for new hires and re-hires, or current staff as needed. Nurses required to work in alternate areas, i.e. OR, OB, PACU, ER, and other alternate areas as determined by the Employer, will be provided reasonable orientation and training.

The Employer retains the right to require floating to assist in managing staff resources and will provide reasonable orientation/cross-training appropriate to the assignment and experience of the employee. Examples of a float assignment may include an ED nurse who floats to Medical/Surgical and is asked to care for a specific patient(s) only. The employee would not be expected to be the Lead Nurse and assume full responsibility for the unit. Another example would be a Medical/Surgical nurse may be asked to float to Family Birthplace and care for post-partum, newborn and/or Women's Health patients. The nurse would not be expected to take the place of the Lead Nurse and assume full responsibility for the unit.

In the event a nurse is experienced in multiple units and has the appropriate skill sets, they may float to another unit and perform in the capacity of a Lead Nurse. The appropriate training and ability would be identified in the employee's file/competencies and on-going education.

- 11.2 Nurses cannot sign up or be asked to take an on-call status during their orientation/probationary period, until said employee has satisfactorily completed the orientation check-off list in accordance with the Employer's determinations.

ARTICLE 12 - SCHEDULING

- 12.1 When developing staffing schedules, Department Managers will take into consideration seniority within classifications. Scheduling work will be carried out with mutual respect between the personal needs of the employee and the needs of the hospital. Scheduling work will take into consideration input from the employee as well as taking into consideration the needs of the Employer.
- 12.2 Work schedules will be posted for four (4) weeks at least one (1) week before the beginning of the schedule. Changes in the schedule will be determined by the Employer and will be based on service needs of the Hospital as assessed by the Employer. Nurses wishing to change their schedule after posting shall find an equally qualified nurse for replacement and that replacement is subject to Employer prior approval.

- 12.3 Nursing administration will make a reasonable effort to schedule nurses so that they have a rest period of twelve (12) hours between shifts: Provided, however, the Employer may schedule nurses to work with less than nine (9) hours between shifts if the Employer determines circumstances warrant such scheduling. If the Employer requests the nurse to hold over their scheduled shift, and/or if the Employer requests a nurse to report to work earlier than their regular scheduled shift, with less than nine (9) hours between shifts, the hours worked will be paid at the time and one-half.
- a) Nurses who holdover for a double shift or come in early for a shift on an unanticipated basis shall be paid a rate of time and one-half for hours worked, and time and one-half for the second shift if there is less than nine (9) hours between the shifts worked.
 - b) Nurses who report to work from standby shall be paid a rate of time and one-half for the call back hours worked.
 - c) Nurses who report to work from standby call and have less than nine (9) hours of rest prior to the start of their regularly scheduled shift shall be paid a rate of time and one-half for all of the hours worked in the shift worked without the required rest.
 - d) The requirement to pay overtime for a shift, if there is less than nine (9) hours between the end of one shift and the beginning of the next shift, will not apply if the employee voluntarily (i.e., preschedules, agrees to switch with a co-worker) accepts a schedule that includes a work shift with less than nine (9) hours between.
- 12.4 Nursing administration may rotate regularly scheduled shifts based on the Employer's assessment of service needs after input between the nurse and supervisor. Nurses may be scheduled to work more than two different shifts in any one (1) work week. Overtime is based on total hours worked.
- 12.5 Weekends. The Hospital will make a good faith effort to schedule all full-time and part-time RNs for no more than two (2) out of four (4) continuous weekends (both Saturday and Sunday). If a nurse is scheduled or picks up an extra shift at the request of the organization causing the employee to work any part of the third consecutive weekend, the nurse will be paid at the rate of one and one-half (1 1/2) times the nurse's regular rate for all hours worked on the third (3rd) consecutive weekend. If the nurse works an additional weekend shift that is not a consecutive weekend, the nurse shall be paid the premium pay as noted in Article 9.2(8). This section would not apply to a nurse who wants to work only weekends or trades due to personal reasons.
- 12.6 Nursing administration has the right to direct nurses to work three (3) or more consecutive weekends if the Employer determines that circumstances warrant

such scheduling. Regular status LPNs will receive extra pay of \$12.50 per hour for hours worked on the unscheduled weekend unless such scheduling occurs by prior directive such as employees hired to work weekends, trading shifts and/or trading weekends.

- 12.7 Scheduling requests are subject to Employer prior approval.
- 12.8 Nursing administration will post a calendar at the beginning of each year as an aid for nurses to schedule vacation/PTO. Vacation/PTO requests are subject to prior approval by the Employer, and the Employer will communicate a response in writing to the nurse within fourteen (14) calendar days of the nurse's request. If there is a conflict in requested time off, subject to a needs assessment by the Employer, the nurse with highest seniority will be given priority. Vacation/PTO requests must be submitted at least twenty (20) calendar days prior to the posting of the next schedule period but not more than 30 days unless the nurse has discussed with the manager the need to make reservations, etc. Once the Employer has approved an employee's vacation/PTO request, the approval shall not be subject to reversal by a more senior employee submitting a vacation/PTO request after a less senior employee has already received approval in accordance with the above provisions.
- 12.09 Requests for leave of absence, except for bona fide emergencies, must be submitted in writing to the Employer at least thirty (30) calendar days prior to the beginning of the requested leave.
- 12.10 If scheduling cannot be accommodated through the provisions of sections 12.5 through 12.11 above then the Employer has the right to assign the least senior employee to work based on the Employer's assessment of needed services and employee skills.

ARTICLE 13 - LOW CENSUS

13.1 Low census will be voluntary as opposed to mandatory. The Employer has certain options available to it for implementation of low census inclusive of but not limited to low censusing regular status nurses, per diem nurses, part-time nurses, supplemental nurses and volunteers. The determination of who is low censused is up to the Employer based on its assessment of operation requirements. After the Employer has determined which classification of employee will be low censused, it will be implemented as follows: 1) per diem nurses, 2) supplemental nurses, 3) agency nurses and 4) regular status nurses rotated within classification of employee.

- 13.2 In the event that there are declining patient care requirements or workload in a particular department or unit, prior to any low census, the Employer will request that surplus staff float to another area of the hospital if a need exists.

Determination of who floats will be based on skill mix and patient needs. In the event such an assignment is made the affected employee will be paid a premium for each hour worked in the newly assigned department. (See Article 9.2.10)

If assistance is not needed for direct patient care in any other unit, the Employer may ask the employee to orient to another department, complete continuing education or competency requirements or to work on policy development or quality monitoring specific to the unit.

13.3 Employees who are low censused are not entitled to pay but may be entitled to continuation for an interim period of certain benefits as follows:

1. Full-time employees will be eligible for continuation of medical and dental subject to the provisions of Article 19 - Hospital Plans. Full-time employees shall be eligible for accrual of vacation/PTO leave, sick/EIB leave, holidays or any other benefits.
2. Part-time employees who are low censused will continue to receive medical and dental benefits subject to the provisions of Article 19 - Hospital Plans. Part-time employees shall be eligible for accrual of vacation/PTO leave, sick/EIB leave, holidays or any other benefits.

13.4 If a nurse requests a low census day, the nurse will not be compensated unless they elect to utilize accrued vacation/PTO. If a nurse reports for work and is sent home because of low census or if there is no effort to notify the nurse of low census prior to the shift, the nurse will be paid two (2) hours at the regular rate. Such payment shall not count towards the overtime threshold.

ARTICLE 14 - BENEFITS

14.1 Benefits are those set forth in this Agreement. Unless a provision is specifically set in this agreement, regular status nurses shall become eligible for, accrue and have administered benefits contained in the Hospital personnel Policy. Regular full-time and part-time status nurses accrue benefits, including vacation/PTO and sick/EIB hours, based on the number of hours paid, excluding overtime.

Individual bargaining unit members shall have the choice to either continue with the existing paid leave program (14.2) or move to a PTO based paid leave program (14.3). Existing Nurses at the time of contract ratification will be able to permanently switch to the PTO program or remain on the existing paid leave program. All Nurses hired after contract ratification will automatically be placed on the PTO/EIB program.

14.2 Existing Paid Leave Program

Vacation hours shall accrue based on years of service represented in the continuing accrual factor multiplied by the number of hours worked. The number of hours listed below illustrates the number of days calculated for a full-time employee working 2080 hours per year.

Vacation pay shall be prorated annually based on the accrual factor represented in the following schedule:

1 yr. but less than 3 yrs	.03846	10 days per year
3 yrs. but less than 5 yrs.	.05000	13 days per year
5 yrs. but less than 10 yrs.	.05769	15 days per year
10 yrs. but less than 15 yrs.	.06923	18 days per year
15 yrs. but less than 20 yrs.	.08462	22 days per year
20 plus yrs.	.09615	25 days per year

All nurses who have completed nineteen (19) years or more of employment at Prosser Public Hospital District are entitled to twenty-five (25) days annually. A maximum of fifteen (15) vacation days may be taken at one time.

Vacation pay shall be the amount that the nurse would have earned had the nurse worked during the vacation period at the nurse's regular rate on his/her regular shift, including shift differential, and excluding weekend premium.

Vacation for regularly scheduled part-time employees shall be prorated according to hours worked.

Subject to the concurrence of Nursing Administration, accrued vacation may be taken at any time after the ninety (90) day probationary period. Subject to the concurrence of Nursing Administration, nurses may take accrued vacation in the form of payment in lieu of time off up to a maximum of pay for eighty (80) hours. The vacation bank must have more than 120 hours to be eligible for the buy back. Nurses may carry over a maximum of twenty (20) days into the next year's vacation accrual.

14.2.1 Holidays. Nurses are entitled to twelve (12) paid holidays annually, as follows:

New Years Day	Thanksgiving Day
Memorial Day	Day after Thanksgiving
Independence Day (July 4th)	Christmas
Labor Day	Five (5) Floating Holidays

Full-time nurses will be paid for fifty-six (56) hours annually of holiday pay for the seven (7) recognized holidays, plus forty (40) hours for the five (5) floating holidays, in addition to the hours worked on the holiday, up to a maximum of 88 hours annually. Full-time employees will be credited with forty (40) hours (pro-rated for part-time) for use as floating holiday on January 1 of each year. Probationary employees may not use floating holidays until the completion of their probationary period. Floating holiday hours are not cumulative and must be taken during the year in which they are credited. Floating holiday hours may be used in one-hour increments.

Part-time employees will receive holiday pay in proportion to full-time hours based upon the number of regularly scheduled hours for the position. Holiday pay shall be paid on a 24-hour rotation and based on hours worked.

Nurses who do not work on a holiday, will be paid at their regular rate for the holiday. A full-time nurse will receive eight (8) hours of pay; a part-time nurse will receive pro-rated hours based upon his/her regular schedule. A nurse who works innovative shifts would receive holiday pay for the number of hours in their holiday bank for that holiday, to a maximum of fifty-six (56) hours annually for recognized holidays (excluding floating holidays) and prorated for part-time nurses based on hours approved for the position. Nurses working innovative shifts may claim up to their regularly scheduled hours of holiday pay.

Except for floating holidays, nurses may trade holiday pay for another day off that is agreed on by the Employer/employee. Payment for holidays will be made in the pay period in which the holiday is taken or thirty (30) days after the holiday, whichever occurs first.

It is explicitly agreed that holiday work will be rotated among nurses. To be entitled to holiday pay, the employee must work the scheduled workday immediately preceding the holiday and the scheduled workday immediately following the holiday, unless excused by the Department Manager.

14.2.1.1 **Holiday Pay Interpretation:** The interpretation of holiday pay shall be as follows: RNs and LPNs working on a holiday shall be paid one and one-half times (1 ½) their hourly rate. In addition they shall also be paid eight (8) hours of holiday pay or pro-rated based on FTE.

14.2.2 **Sick Leave.** Any nurse using sick leave must notify the house supervisor three (3) hours prior to the start of their shift unless illness/accident prevents such notification in order to ensure patient safety and better provide nurses with an appropriate rest between shift. Any employee who is off work due to illness in excess of three (3) work days, or less if sick leave abuse is an issue, may be required to provide a doctor's verification of the illness as well as the doctor's approval to return to work.

Sick Leave Policy for Employees: Sick leave is provided to employees as a protection against loss of income in the event of absence from work for medical reasons, including extended absence on account of illness or injury. Its use is restricted to health related absences and employees are encouraged to accumulate sick leave to carry them through unforeseen and lengthy illness.

In accordance with the cooperative spirit of the Agreement, the Union and the

Employer agree that they will work jointly to prevent misuse and/or abuse of sick leave.

Sick leave for regular full-time and regular part-time nurses shall accrue at a rate proportionate to the actual hours worked up to a maximum of eight (8) hours per month from the date of hire. Sick leave shall be from the first day of illness, but no sick leave shall be paid during the first ninety (90) days of employment.

Sick leave may be accumulated up to a maximum of 720 hours. Nurses with sick leave accumulated in excess of 480 hours may exchange accumulated sick leave days for additional compensation at the rate of one (1) day at the nurse's then regular hourly wage or one (1) vacation day for each three (3) days of accumulated sick leave in excess of 480. Nurses may exchange sick leave days for additional compensation or vacation day(s) one (1) time in any twelve (12) month period. Such exchange shall be with input from the employee.

Accrued sick leave shall be paid as additional compensation to a nurse who, with proper notice, voluntarily terminates or retires after twenty (20) years of continuous employment at the rate of one (1) day at his/her regular hourly wage for each three (3) days of accrued sick leave.

Nurses with regular part-time status may use sick time to the extent it has been accrued.

Time loss under the Family Leave Act is inclusive of sick leave and vacation leave. Employees must use sick leave and vacation leave before becoming eligible to use FMLA leave without pay.

In accordance with Chapter 49.46 RCW nurses will not be disciplined for use of sick leave.

The Employer will provide Paid Family and Medical Leave benefits through the state-run insurance program and in accordance with the laws of the State of Washington. When an employee is eligible to receive payments under Paid Family and Medical Leave Program, the employee shall be permitted to supplement such payments with accrued sick and/or annual leave to make up the difference between compensation received under Paid Family and Medical Leave and the employee's regular pay, but not to exceed the net earnings the employee would have normally received during normal work week.

14.2.3 Bereavement Leave

Up to twenty four (24) hours of paid leave in lieu of regularly scheduled work days shall be allowed for a death in the immediate family. An additional sixteen (16) hours may be granted for a maximum of forty (40) hours when extensive travel (in excess of 300 miles one way) is required to attend a funeral. Time

requested for bereavement leave must be taken within ten (10) calendar days of the death of a family member of the funeral of a family member. Immediate family shall be defined by employer policy. The employee is responsible for contacting their supervisor/manager as soon as the need for leave is known in order to obtain approval. Bereavement leave shall be pro-rated for part-time employees.

1. Additional leave may be granted at the discretion of the Employer. The employee may choose to use accrued vacation, personal leave, or leave without pay.

For the purpose of this article only, "immediate family" includes spouse, domestic partner, parent, grandparent, brother, sister, child, step-child or grandchild of the employee, and the same members of the employee's spouse's or domestic partner's family.

14.2.4 Family Care Act Provisions. Earned sick leave with pay may be taken for the following reasons:

- a) Illness or injury that incapacitates the employee to the extent that he/she is unable to perform his work.
- b) Doctor, dental, and optical appointments for treatment including laboratory work associated with the actual appointments.
- c) Care for a child/children of the employee with a health condition that requires treatment or supervision. Child means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis (in place of) who is:
 - i.) Under eighteen (18) years of age; or
 - ii.) Eighteen (18) years of age or older and incapable of self-care because of a mental or physical disability.
- d) Care of a spouse, parent, parent-in-law, or grandparent of the employee who has a serious health condition or an emergency condition (Family Care Act RCW 49.12.270, WAC Chapter 296-130).

14.2.5 Employee leave for military service will be governed by RCW 38.40.060 and USERRA.

14.2.6 Paid Family and Medical Leave. Employees may be eligible for paid family and medical leave benefits through the state-administered Washington Paid Family and Medical Leave Program. These benefits may be supplemented up to 100% of an employee's regular pay using sick and vacation leave. Both the Employer and employees will be required to pay into the Washington Paid Family Medical Leave Program at the statutory rates.

14.3 PTO Program

POLICY:

The organization believes that it is in an employee's best interest to use at least 96 hours of Personal Time Off (PTO) per year in order to maintain a quality work-life balance. Therefore, staff are encouraged to use available PTO for rest, relaxation, and personal pursuits along with unscheduled leave.

The PTO Accrual amount is determined by adding together Vacation Time, Sick Leave and Floating Holidays that were utilized prior to the Effective Date. Sick Leave (as required by Washington State Law) is included in the PTO accrual.

PTO will accrue as follows: (Prorated based on FTE)

0-5 years	28 Days	
5-10 years	30 Days	
10-15 years	33 Days	
15-20 years	37 Days	
20-25 years	40 Days	
25+	44 Days	

PROCEDURE:

- PTO begins to accrue upon employment and accrues each pay period and is available for use after the first official day of employment.
- A change in the PTO accrual due to a promotion to an exempt/manager role is determined by date of transfer into the new role. The new accrual will be effective with the PAR effective date within the payroll cycle in which the transfer occurs.
- Accrual rates are based on years of service and change in the pay period in which a service anniversary is reached that increases PTO eligibility.
- Accrual rates for those working less than 40 hours per week are adjusted proportionally based on FTE (full-time equivalency) status eligibility.
- Accruals will cease when the employee has reached the maximum of 480 hours in their PTO bank. Once this maximum is accrued, no additional hours will accrue until PTO is utilized or the cash out provision is exercised.

- Employees will still utilize Sick Leave and PTO codes on their timesheets so that protected Sick Leave can be tracked and to ensure that EIB eligibility is verified as defined below.

Extended Illness Bank

- An Extended Illness Bank (EIB) is also available for an employee to utilize as needed when an illness occurs that requires the employee to miss more than three consecutive days.
- EIB may be accessed on the first day of absence if the absence is due to an illness that requires overnight hospitalization for the employee.
- The EIB accrues at the rate of 6 days per year for all regularly scheduled hours (excluding On-Call hours, Overtime, Call-Back) not to exceed 40 hours per week, is prorated over the entire year and is adjusted proportionally based on FTE status eligibility. The accrual of the EIB is not included in the PTO accruals.
- Once an employee misses more than two consecutive days, they are eligible to utilize EIB hours instead of utilizing PTO or Unpaid hours.
- EIB hours can be used to replace only regularly scheduled hours in any given week.
- Once an employee returns to work for more than three regularly scheduled shifts, EIB is no longer available to be used for subsequent sick leave for the same related illness or cause without the employee once again missing work for more than three consecutive days.
- The EIB bank is not eligible for Cash-Out.
- Donation of EIB to another employee may be approved by administration on a case by case situation.
- Accruals will cease when the employee has reached the maximum cap of 720 hours.

PTO Cash Out

- An Employee may elect to be paid an annual lump sum PTO payment in lieu of taking time off with the written approval of Human Resources up to a maximum of 80 hours if the employee has used a minimum of 120 hours in the prior twelve months.
- The cash-out is only available once per every twelve months.

Holidays

- Full-Time Equivalent Employees are granted up to six paid holidays per year (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas.)
- The holidays are paid pro-rated to the Employee's FTE status. (Ex. 1.0 FTE = 8.0 hrs, 0.9 FTE = 7.2 hrs, 0.8 FTE = 6.4 hrs, 0.6 FTE = 4.8 hrs, 0.5 FTE = 4.0 hrs)
- The holiday pay is not eligible for a cash-out or donation to another employee.
- Holidays are available to eligible employees after their official first day of employment.

Legacy Sick Bank (Grandfathered upon 7/1/2024)

- All Employees who are impacted by the change from a separate Sick Bank to a PTO model that encompasses PTO Pay, Sick Pay as of the effective date of this policy will have

their current Sick Hours Balance grandfathered as of that date and they may utilize it as appropriate per the prior Sick Leave Policy in Effect on 07/01/2024.

- No further accrual of Sick Hours will be added after the policy effective date.
- On or before 07/01/2024, any employee with a Sick Hours Balance greater than 480 may convert the excess hours to PTO at a rate of 3 to 1 but after this date, no further conversions are available from this account.

Accrued PTO may be used following completion of the probationary period. PTO for regular part-time employee is prorated. Subject to department needs and upon approval of the Department Manager, a maximum of fifteen (15) PTO days may be taken at one time.

- 14.3.1** PTO pay shall be an amount equivalent to what the employee would have received had the employee been at work, including shift differential and excluding overtime and weekend premium.
- 14.3.2** PTO will be requested in writing as far in advance as possible. The Department Manager will decide on the request and communicate approval or disapproval no later than thirty (30) days after an advance PTO request has been submitted and no later than three (3) days after a request with less than thirty (30) days notification of the requested PTO. If there is a conflict in PTO time requested, the senior employee in the department in the job classification gets first choice, other employees will be asked to state an alternate date. Once a PTO request has been approved, a senior employee shall not be entitled to bump a less senior employee when the same time is requested.
- 14.3.3** The Employer reserves the right to limit the number of employees who may take a PTO at any particular time.
- 14.3.4** PTO time shall be accumulated during the probationary period; however, said accruals may not be used until completion of the probationary period. PTO time may be allowed up to the limits of the amount earned. The employee must request, and said request is subject to prior approval from the Employer, before the employee can utilize said PTO time.
- 14.3.5** If an employee requests and receives approval to use PTO time after scheduled to work on the current posted work schedule, it shall be the responsibility of the Employee to find a replacement employee to work in their place.
- 14.3.6** Unscheduled PTO/EIB occurs when an employee is unexpectedly absent from a scheduled shift due to unforeseen events or illness. In this instance the Employee is not responsible to find a replacement.
- 14.3.7** Upon voluntary separation by resignation or retirement, provided the employee gives fourteen (14) calendar days written notification prior to separation from the organization, the employee shall receive payment for accrued PTO at the rates defined above. In case of involuntary separation by death, reduction in force, or termination, the employee shall receive compensation for all accrued PTO at the date of separation.
- 14.3.8** Accrued sick leave shall be paid as additional compensation to a nurse who, with proper

notice, voluntarily terminates or retires after twenty (20) years of continuous employment at the rate of one (1) day at his/her regular hourly wage for each three (3) days of accrued sick leave.

14.3.9 Holidays. Nurses are entitled to six (6) paid holidays annually, as follows:

New Years Day	Thanksgiving Day
Memorial Day	Independence Day (July 4 th)
Christmas	Labor Day

Full-time nurses will be paid for forty eight (48) hours annually of holiday pay for the six (6) recognized holidays in addition to the hours worked on the holiday.

Part-time employees will receive holiday pay in proportion to full-time hours based upon the number of regularly scheduled hours for the position. Holiday pay shall be paid on a 24-hour rotation and based on hours worked.

Nurses who do not work on a holiday, will be paid at their regular rate for the holiday. A full-time nurse will receive eight (8) hours of pay; a part-time nurse will receive pro-rated hours based upon his/her regular schedule. A nurse who works innovative shifts would receive holiday pay for the number of hours in their holiday bank for that holiday, to a maximum of forty eight (48) hours annually for recognized holidays and prorated for part-time nurses based on hours approved for the position. Nurses working innovative shifts may claim up to their regularly scheduled hours of holiday pay.

Nurses may trade holiday pay for another day off that is agreed on by the Employer/employee. Payment for holidays will be made in the pay period in which the holiday is taken or thirty (30) days after the holiday, whichever occurs first.

It is explicitly agreed that holiday work will be rotated among nurses. To be entitled to holiday pay, the employee must work the scheduled workday immediately preceding the holiday and the scheduled workday immediately following the holiday, unless excused by the Department Manager.

14.3.9.1 Holiday Pay Interpretation: The interpretation of holiday pay shall be as follows: RNs and LPNs working on a holiday shall be paid one and one-half times (1 ½) their hourly rate. In addition they shall also be paid eight (8) hours of holiday pay or pro-rated based on FTE.

14.3.10 Sick/EIB Leave. Any nurse using sick/EIB leave must notify the house supervisor three (3) hours prior to the start of their shift unless illness/accident prevents

such notification in order to ensure patient safety and better provide nurses with an appropriate rest between shift. Any employee who is off work due to illness in excess of three (3) work days, or less if sick/EIB leave abuse is an issue, may be required to provide a doctor's verification of the illness as well as the doctor's approval to return to work.

Sick/EIB Leave Policy for Employees: Sick/EIB leave is provided to employees as a protection against loss of income in the event of absence from work for medical reasons, including extended absence on account of illness or injury. Its use is restricted to health related absences and employees are encouraged to accumulate sick/EIB leave to carry them through unforeseen and lengthy illness.

In accordance with the cooperative spirit of the Agreement, the Union and the Employer agree that they will work jointly to prevent misuse and/or abuse of sick/EIB leave.

Nurses with regular part-time status may use sick/EIB time to the extent it has been accrued.

Time loss under the Family Leave Act is inclusive of sick/EIB leave and vacation/PTO leave. Employees must use sick/EIB leave and vacation/PTO leave before becoming eligible to use FMLA leave without pay.

In accordance with Chapter 49.46 RCW nurses will not be disciplined for use of sick/EIB leave.

The Employer will provide Paid Family and Medical Leave benefits through the state-run insurance program and in accordance with the laws of the State of Washington. When an employee is eligible to receive payments under Paid Family and Medical Leave Program, the employee shall be permitted to supplement such payments with accrued sick/EIB and/or annual/PTO leave to make up the difference between compensation received under Paid Family and Medical Leave and the employee's regular pay, but not to exceed the net earnings the employee would have normally received during normal work week.

14.3.11 Bereavement Leave

Up to twenty four (24) hours of paid leave in lieu of regularly scheduled work days shall be allowed for a death in the immediate family. An additional sixteen (16) hours may be granted for a maximum of forty (40) hours when extensive travel (in excess of 300 miles one way) is required to attend a funeral. Time requested for bereavement leave must be taken within ten (10) calendar days of the death of a family member of the funeral of a family member. Immediate family shall be defined by employer policy. The employee is responsible for

contacting their supervisor/manager as soon as the need for leave is known in order to obtain approval. Bereavement leave shall be pro-rated for part-time employees.

2. Additional leave may be granted at the discretion of the Employer. The employee may choose to use accrued vacation, PTO, personal leave, or leave without pay.

For the purpose of this article only, “immediate family” includes spouse, domestic partner, parent, grandparent, brother, sister, child, step-child or grandchild of the employee, and the same members of the employee’s spouse’s or domestic partner’s family.

14.3.12 Family Care Act Provisions. Earned sick/EIB leave with pay may be taken for the following reasons:

- e) Illness or injury that incapacitates the employee to the extent that he/she is unable to perform his work.
- f) Doctor, dental, and optical appointments for treatment including laboratory work associated with the actual appointments.
- g) Care for a child/children of the employee with a health condition that requires treatment or supervision. Child means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis (in place of) who is:
 - i.) Under eighteen (18) years of age; or
 - ii.) Eighteen (18) years of age or older and incapable of self-care because of a mental or physical disability.
- h) Care of a spouse, parent, parent-in-law, or grandparent of the employee who has a serious health condition or an emergency condition (Family Care Act RCW 49.12.270, WAC Chapter 296-130).

14.3.13 Employee leave for military service will be governed by RCW 38.40.060 and USERRA.

14.3.14 Paid Family and Medical Leave. Employees may be eligible for paid family and medical leave benefits through the state-administered Washington Paid Family and Medical Leave Program. These benefits may be supplemented up to 100% of an employee’s regular pay using sick/EIB and vacation/PTO leave. Both the Employer and employees will be required to pay into the Washington Paid Family Medical Leave Program at the statutory rates.

ARTICLE 15 - VACANCIES

15.1 If the Nursing Administration determines that a job vacancy should be filled, the

administration will post vacant positions. The posting period will normally be five (5) calendar days. In an emergency, the Employer can assign a temporary employee.

- 15.2 Applications for vacant nursing positions must be in writing and timely submitted. If the administration determines that the applicant's skills and abilities are equal, then the most senior qualified nurse will be given preference; provided, however, these provisions do not preclude the Employer from seeking outside applications if the administration determines there is a need based on qualifications to bring in outside applicants to get the best qualified person for the job opening.

ARTICLE 16 - INDUSTRIAL INSURANCE

- 16.1 For a period of absence from work due to injury or occupational disease resulting from employment, the employee shall file an application for workers' compensation in accordance with State Law.
- 16.2 If the employee has accumulated sick/EIB leave or vacation/PTO leave, the Employer shall pay the difference between his loss compensation and his full regular salary unless the employee elects not to use his sick/EIB leave or vacation/PTO leave, provided that it is the responsibility of the Employer to make available a written explanation of such elective.
- 16.3 Should an employee receive workers' compensation for time loss and he also receives sick/EIB leave compensation, his sick/EIB leave accrual will be reduced by the total number of hours he was on sick/EIB leave minus the number of hours at his hourly rate for which he/she is paid from a workers' compensation fund, on an hour-for-hour basis.
- 16.4 Until eligibility for workers' compensation is determined, the Employer may pay full sick/EIB leave, provided that the employee shall return any subsequent overpayment to the Employer.
- 16.5 Should any employee apply for time loss compensation and the claim is then or later denied, sick/EIB leave and annual leave may be used for the absence.
- 16.6 Nothing herein pertains to permanent disability award.
- 16.7 If an employee has no sick/EIB leave accumulated or runs out of sick/EIB leave, the word "vacation/PTO" may be substituted for sick/EIB leave above.

ARTICLE 17 - ACCIDENTS TO EMPLOYEES

- 17.1 Accidents occurring while on duty must be documented in the PMH event

reporting system and reported to the supervisor and/or house supervisor when they occur. An employee injury report will be completed when the employee determines that an employee injury has occurred. If the injury requires more than first aid, the employee must be evaluated by a medical provider as soon as possible.

ARTICLE 18 - SEPARATION FROM EMPLOYMENT

- 18.1 A nurse terminated without cause except for probationary employees and who have not been provided two (2) weeks written notice will be provided forty (40) hours severance pay and vacation/PTO time accrued will be cashed out. An employee who is terminated with cause is not entitled to any severance pay, but vacation/PTO time accrued will be cashed out.
- 18.2 The administration may provide a letter of recommendation for a nurse who has been terminated without cause except for probationary employees. Such determination is dependent on the record of the employee.
- 18.3 An exit interview with Human Resources may be granted when requested by the Hospital or the affected nurse.

ARTICLE 19 - HOSPITAL PLANS

- 19.1 The Employer agrees to make available health, dental, vision and life insurance plans for employee participation the first month following date of hire, subject to the following provisions:
 - 19.1.1 Regular status employees working sixty (60) to eighty (80) hours per pay period will be eligible for 100% contribution toward the Basic plan for Medical, Dental and Vision.
 - 19.1.2 Part-time employees with benefits working forty (40) hours per pay period but less than sixty (60) hours per pay period will be eligible for fifty percent (50%) employer contribution towards the plans with fifty (50%) paid by the employee by payroll deduction.
- 19.2 Should more than one policy be available to the employee, the Employer will pay the percentage of the premium of the lowest premium plan subject to the provisions of Section 19.1.1.

- 19.3 The life insurance plan provides each regular status employee with life insurance for his/her family during the period of employment.
- 19.4 The Employer shall pay a percentage of the dental premium for the employee only in accordance with Section 19.1.
- 19.5 The Employer shall provide a vision care plan for employees and pay a percentage of the monthly premium in accordance with Section 19.1. Plan participation is mandatory for bargaining unit members.
- 19.6 The Hospital may, at its discretion, offer different insurance and savings plans for employee participation.
- 19.7 The Employer reserves the right to modify insurance plans to stabilize premiums at current levels subject to providing the Union and employees sixty (60) days notification prior to implementation.
- 19.8 The Employer and the Union agree to establish an Insurance Advisory Committee of twelve (12) persons: four (4) assigned by management and four (4) from SEIU District 1199NW and four (4) from ASCME Union Local 874-H. The purpose of the Insurance Advisory Committee is to explore and research insurance alternatives and to make recommendations to management. The committee does not have the authority to bind in any way either party to this agreement. None of the provisions of this section or any of the explorations, research and recommendations as provided for in this section are subject to the grievance procedure in this contract.

ARTICLE 20 - SENIORITY

- 20.1 No employee shall acquire any seniority until he has completed the appropriate probationary period. When an employee has completed the probationary period, seniority shall date from date of most recent hire. Provided, however, employees who are laid off due to a reduction in force and are subsequently rehired within a twelve (12) month period shall be credited for all past service for seniority purposes.
- 20.2 Seniority for layoff and recall purposes is based on time within a particular classification or category of employee. Seniority for benefit accrual purposes shall mean length of continuous service in the Bargaining Unit.
- 20.3 An employee shall lose all seniority rights and employment shall cease for any of the following reasons:
1. Voluntary resignation;

2. Discharge for just cause;
3. Failure to report for work at the end of an authorized leave of absence;
4. Failure to report for work within four (4) calendar days after the Employer deposits written notice of recall from layoff by Certified Mail in the United States Post Office addressed to the last known address, unless an extension is approved by the supervisor;
5. Absence due to sickness or accidents where the employee does not report for work or does not notify the Employer regarding the sickness or accident and the approximate date of return;
6. Layoff for a period in excess of twelve (12) months.

ARTICLE 21 - LAYOFFS AND RECALL

- 21.1 The Employer has the right to determine if and when a layoff is necessary. Normally, layoffs are due to revenue shortfalls, cutbacks in funding sources, reductions in reimbursement formula or criteria, lack of work, reorganizations, reprioritization of services by management, lack of money and/or the necessity to downsize to compete. The Employer's determination of the need for layoffs is final and binding on all parties. The Employer has the right to decide which category(ies) of employees will be laid off. Categories will be based on the job classification article in this contract. If the competency, skill, training, and employment record is equal as determined by the Employer amongst the employees in the category scheduled for layoff then seniority shall prevail. If the Employer elects to deviate from seniority because of questions about competency, skill, training and employment record it will notify the Union of this situation and will provide the Union with an opportunity to provide input.
- 21.2 Employees laid off will be put on a recall list for one (1) year. Laid off employees will be provided an opportunity to return to work when positions become available for which they are qualified. Laid off employees must keep the Employer informed of their address so that the Employer can notify them.
- 21.3 Notice of Layoff. Prior to the announcement or notice of layoff to the nurse(s), the Hospital shall notify the Union of the layoff. Thirty (30) days' advance notice of layoff (or pay in lieu thereof) will be given to nurses subject to layoff, except for unforeseeable conditions beyond the Employer's control. For layoff purposes, the cutoff date for determining seniority shall be the end of the pay period immediately before the announcement of layoff. Upon request, the parties will meet for the purpose of discussing the layoff.

ARTICLE 22 - DISCIPLINE AND DISCHARGE

22.1 The Employer has the right to discipline any employee based on the following disciplinary actions:

1. Oral reprimand
2. Written reprimand
3. Suspension without Pay
4. Discharge or Termination

It is important that standards of conduct be established for any organization and that employees who violate these standards be disciplined. In order to ensure that discipline is administered fairly and consistently, the Progressive Discipline process will be followed except for serious misconduct that will warrant more serious discipline subject to the provisions within this Article.

The Hospital will attempt to address Nurses' concerns using established processes. Conflict between Nurses and leadership may be escalated through both formal and informal discussion.

The Employer has the right to implement the above disciplinary actions based upon the seriousness of the affected employee's conduct as determined by the Employer. The above enumerated disciplinary actions may be implemented without regard to the order indicated hereinabove. In other words, the Employer may implement disciplinary action by way of a written reprimand coupled with a suspension without pay or the Employer may determine the cause is of such a serious nature as to warrant a different combination of disciplinary actions. Disciplinary actions do not have to be taken in order of increasing severity from oral reprimand to discharge based on the seriousness of the incident.

22.2 Just Cause for the disciplinary action referenced in Section 22.1 above is inclusive of but not limited to:

1. Neglect of duty (i.e. violation of patient rights);
2. Insubordination (i.e. refusal or failure to obey supervisor, in work related instructions or directives, etc.);
3. Conviction of a crime which may affect work performance;
4. Improper performance or failure to perform;
5. Misconduct;
6. Violation of rules or regulations (whether written or oral);
7. Unauthorized use of equipment;
8. Abuse of sick/EIB leave (i.e. usage indicating a pattern or misrepresentation of illness);
9. Falsification of reports and/or records;
10. Solicitation and/or acceptance of personal gifts or gratuities;

11. Communication and/or conveyance of any information and/or data which is privileged and/or confidential regarding patient information and/or doctor-patient privileged information and/or Employer privileged/confidential information relating to Employer operations;
12. Sexual harassment;
13. Unauthorized handling, possession, use of or the presence of alcohol, legal or illegal drugs and/or any other controlled substances while on Employer property as provided below;
14. Possession and/or use of any firearm, knife or other instrument which could be considered or could be perceived as a weapon while on Employer property;
15. Theft;
16. Willful damage to Employer property;
17. Recklessness/Carelessness: Behavior which is disruptive to the work environment or to patient care which lacks caution and consideration for consequences and results in harm;
18. Violation of any of the State Nurses and Licensed Practical Nurses rules, regulations, statutes, WAC's and any other regulations and procedures applicable to RNs and LPNs by the State authorities;
19. And all such other just causes as reflected in applicable statutory, case law and/or arbitration case law.

22.3 The Employer has the right to implement progressive discipline.

22.4 The Employer has the right to suspend without pay an employee for just cause for up to a maximum period of thirty (30) working days for each cause. In the event the Employer determines that a suspension without pay may be the appropriate disciplinary action, the Employer will provide, in writing, a brief description of the cause and the circumstances from the Employer's perspective to the employee and the Union representative or Shop Steward. The employee and his/her representative will be provided an opportunity to provide to the Employer their perspective of the cause. The Union and the Employer will mutually agree to either a pre-disciplinary meeting or a written response. The Employer will notify the Union representative or Shop Steward and the employee of the time line for the meeting or written response. Thereafter, the Employer will issue the disciplinary action it determines to be appropriate.

22.5 The Employer has the right to discharge or terminate an employee for just cause which the Employer believes to be of a serious nature. Prior to the implementation of a discharge or termination, the Employer shall provide the Union or Shop Steward and the employee with a brief description of the causes and circumstances involved with the potentially dischargeable cause. The Union representative or Shop Steward and the employee will be provided an opportunity to present their perspective of the case(s) and/or circumstances prior to the Employer determining whether or not discharge or termination is appropriate. The

Union and employee's explanation shall occur at a pre- disciplinary action meeting to be established by the Employer. Thereafter, the Employer will investigate and make a determination as to whether or not discharge or termination is appropriate.

- 22.6 The Employer will provide copies of disciplinary action inclusive of written reprimands and suspension without pay to the Union representative. Notations of oral reprimands in the employee's personnel file shall be permitted and the employee will be informed of said notations. The notation will generally provide for the date, time and a brief description of the oral reprimand. All management personnel may initiate disciplinary action subject to the provisions of this Agreement.
- 22.7 Personnel files/references to disciplinary actions are subject to the following:
1. Written reprimands shall remain in the personnel file for a period of twelve (12) months from the date of the last disciplinary action. If there exists another written reprimand within the twelve (12) month period then all written reprimands will remain in the employee's personnel file for twenty-four (24) months from the latest written reprimand regardless of whether such reprimands are for similar or dissimilar causes. NOTE: Any written reprimands relating to patient rights violations shall be maintained in the personnel file for the applicable statutory time (i.e., Statute of Limitations) and shall be considered for discipline purposes.
 2. Suspensions without pay will remain in the employee's personnel file on a permanent basis.
 3. Discharge or termination shall remain in the employee's personnel file permanently.
- 22.8 Where an employee is requested to attend a meeting with management for disciplinary or investigatory reason, said employee shall have the right to have a Union representative present at their request.

ARTICLE 23 - GRIEVANCE PROCEDURE

- 23.1 A grievance shall be defined as a dispute or disagreement involving the interpretation, application or alleged violation of a specific provision of this Collective Bargaining Agreement.
- 23.2 The parties agree that the time limitations provided are essential to the prompt and orderly resolution of any grievance and that each will abide by the time limitations unless an extension of time is mutually agreed to in writing.

23.3 No grievance shall be valid unless it is timely submitted at Step 1. If the grievance is not presented within fifteen (15) working days from its occurrence or knowledge of its occurrence said grievance shall be waived and forever lost. For purposes of the essential time limitation of fifteen (15) working days, this is to be defined as fifteen (15) working days, Monday through Friday.

23.4 The grievance shall be in written form and shall include the following:

1. A specific statement of the grievance and relevant facts; and,
2. The specific provisions of the Agreement allegedly violated; and,
3. The specific remedy sought.

23.5 The grievance steps shall be as follows:

STEP 1:

The aggrieved employee shall submit in writing within fifteen (15) working days of the occurrence his/her grievance to his/her supervisor. The supervisor shall respond within fifteen (15) working days from the date of receipt of the grievance. A grievance concerning a termination will be presented at step two (2) of the grievance procedure.

STEP 2:

If the grievance has not been satisfactorily resolved at Step 1 then the party initiating the grievance and the Union's Labor Relations Specialist shall, within fifteen (15) working days of the due date of the response file a written appeal to Step 2.

STEP 3:

If either party is dissatisfied with the response of the other party, the Union or the Employer may refer the grievance to final and binding arbitration. The Union or Employer may notify the other party in writing of submission to arbitration only if said notification is received by the other party within twenty (20) working days from the date of the response in Step 2 or within twenty (20) working days from the date of receipt of the timely response. Subject to timely notice, the parties will select an arbitrator to hear and determine the grievance. The parties will attempt to mutually agree upon a neutral arbitrator within the first fifteen (15) working days after submission to arbitration. If the parties are unable to mutually agree then the parties shall request a list of eleven (11) names from the State Public Employees Relations Commission (PERC). The parties shall utilize the traditional striking of names methodology for selection of the neutral arbitrator. A coin will be flipped in order to determine who strikes the first name.

The arbitrator will meet and hear the matter at a date to be mutually agreed upon by and between the parties and the arbitrator. A decision shall be reached within a reasonable period of time after the arbitration proceedings and after post

arbitration briefs are applicable.

The arbitrator shall not have the authority to add to, subtract from, alter, change or modify the terms and/or provisions of this Agreement. The power of the arbitrator shall be limited to interpretation of or application of the terms of this Agreement or to determine whether there has been a violation of the terms of this Agreement by either the Employer or the Union. The arbitrator shall be jurisdictionally limited to deciding the issue raised at Step 1 of the grievance procedure. The arbitrator shall not have the authority to decide additions, variations and/or subsequent grievances beyond the matter raised in Step 1. The arbitrator shall not have the authority to award punitive damages.

Each party shall bear one half (1/2) the expenses of the arbitrator. Each party shall be responsible for paying the expenses for their own representatives.

ARTICLE 24 - GENERAL PROVISIONS

- 24.1 Employees terminating their employment shall provide fourteen (14) calendar days notice, in writing, to the Employer. Failure to provide written notice in the specified time frame will result in forfeiture of accrued benefits and may make the employee ineligible for rehire. No sick/EIB leave may be utilized after notification unless approved in writing by the Employer.
- 24.2 Any use of employee work time to conduct, and/or engage in any Union activities must be in accordance with federal and state law, including but not limited to Public Employment Relations Commission (PERC) authority and the Union's Collective Bargaining Agreement. Failure to comply with such law will be discussed at LMC and disciplinary action outlined in Article 22 may result if the behavior is not corrected.
- 24.3 The Employer will provide relevant employment policies and procedures, whether written or verbal, developed by the Employer or changes in existing policies and procedures, to the employees and the Union, either in writing for written policies or verbally in oral policies, prior to their effectiveness, unless the Employer was not provided sufficient notification to properly implement such policy or procedure prior to the effective date required by any Federal or State agency.
- 24.4 Wherever the terms "input" or "discussion" are used referring to the Union, nurses or employees, "input" or "discussion" does not create an obligation by the Employer to bargain about the decision and its effects.

ARTICLE 25 - PROFESSIONAL MEETINGS

- 25.1. Nurses attending scheduled meetings, such as in-service programs or nursing

staff, shall be paid their regular hourly wage for one (1) hour unless attendance puts the nurse over forty (40) hours for the work week. Nurses attending mandatory staff meetings or mandatory in-services beyond their shift shall be paid premium pay of one and one-half (1-1/2) their hourly wage or overtime if he/she exceeds the overtime threshold in accordance with FLSA for the number of hours needed to attend a mandatory meeting.

- 25.2 Unless notice of meetings or in-service is posted two (2) weeks in advance, a meeting shall not be considered mandatory.
- 25.3 If a scheduled meeting is canceled and an off-duty nurse shows up for the meeting, the nurse shall be paid for one (1) hour at his/her regular hourly wage unless a witnessed attempt to notify the nurse of the cancellation has been made.
- 25.4 Nurses are expected to attend a majority of scheduled meetings.
- 25.5 Nurses shall be eligible for up to five (5) days per calendar year of off-campus continuing education at the sole expense of Hospital as follows:
 1. The number of eligible days shall be determined by dividing hours worked by full-time equivalent hours and multiplying the quotient by five (5).
 2. The continuing education must be approved by Nursing Administration. Nursing Administration shall approve continuing education if the requesting nurse can demonstrate that attendance will be of equal benefit to both the Hospital and him/her.
 3. A request for continuing education must be submitted in writing to Nursing Administration at least three (3) weeks in advance of the program. Nursing Administration must reply to employees within one (1) week of request by written approval or denial.
 4. Over the last calendar year the requesting nurse must have attended:
 - a) At least sixty percent (60%) of all voluntary meetings or in-services, and
 - b) At least ninety percent (90%) of all mandatory meetings or in-services.
 5. Normally, continuing education will not be provided to nurses until said nurses have satisfactorily completed the orientation checklist as determined by the Employer, unless the education is part of the Departmental orientation requirements of the Employer.

ARTICLE 26 - SAVINGS CLAUSE

26.1 If an Article or Section of the Agreement is held to be unlawful or unenforceable by court of competent jurisdiction, such judicial decision shall apply only to the specific provision involved. The remainder of the Agreement shall not be affected thereby and the parties agree to enter into immediate negotiations for the purpose of arriving at a mutually satisfactory replacement for such invalidated provision.

ARTICLE 27 - TERM OF AGREEMENT

27.1 This agreement shall be effective upon July 1, 2024 and shall continue in effect until June 30, 2027, and shall continue in full force and effect from year to year thereafter unless notice has been given in writing, ninety (90) day prior to June 30, 2027 or any anniversary date thereafter by either party, that this Agreement is to be amended or terminated.

ARTICLE 28 – SUCCESSORSHIP

The Employer will notify any legal successor about this Agreement and encourage any such successor to adopt the Agreement.

Agreed this _____ day of _____, 2024.

IN WITNESS THEREOF, The parties hereto have executed this Agreement in duplicate original this _____ day of _____, 2024.

Date Signed: _____

Date Signed: _____

PROSSER PUBLIC HOSPITAL DISTRICT

Service Employees International
Union Healthcare 1199NW

Craig Marks, Chief Executive Officer

Diane Sosne, President

Stephen Kenny, President

MOU Referral Bonus:

The purpose of the MOU is to document the understanding of the parties related to the establishment of a Referral Bonus to be adopted upon ratification of this contract.

PMH will pay a \$1,000.00 lump sum to a nurse who refers a new nurse to PMH. The referring nurse shall be paid one half of the referral bonus in the paycheck following the date on which the new nurse begins work. The second half of the referral bonus shall be paid to the referring nurse once the new nurse has successfully completed a 90-day probationary period.

A new nurse is defined as a nurse who has never worked at PMH or a nurse who returns to PMH after six months of severing employment. The referring party must be an RN or LPN within the bargaining unit.

The referred nurse would identify the referring nurse on the employment application.

MEMORANDUM OF UNDERSTANDING

In an effort to work together to ensure PMH nurses have access to quality affordable healthcare, the hospital will commit to convening the Health Insurance Advisory Committee at least quarterly. The committee may provide recommendations regarding plan design and cost controls, including, but not limited to, prescription drugs, premiums, copays, deductibles, and inpatient and outpatient benefits provided under the plan.

On an annual basis in the last quarter of the year, the Committee shall review the current medical plan, anticipated cost increases, and review of utilization data. The meeting date and time will be set by management, giving at least fourteen (14) days' advance written notice to the Union and staff nurses. The meeting shall occur prior to annual implementation of changes to the plan.

MEMORANDUM OF UNDERSTANDING

The purpose of this MOU is to provide for staffing for appropriate care of patients in patient care areas-Emergency Department, Acute Care Services, Surgical Services, Wound Care and Infusion Center, and Family Birth Place.

1. Schedules are drafted each month by the department manager using the parameters of the master schedules and the Collective bargaining agreement. This draft includes any approved vacation/PTO educational requests off or shift trades.
2. The schedule(s) are updated daily with any changes by the department manager House Supervisor. This maintains accurate updated schedules required for regulatory purposes, as well as provides a communication tool for staff in even of sick calls after hours. They then have a current tool identifying the status of each employee.
3. Agency personnel are utilized and must be preauthorized by the Manager or designee.
4. House Supervisor or designated lead completes a daily staffing sheet for each are noting who is scheduled to work the next day, to include vacancies and/or agency staff. These sheets are routed to the Manger or designee with the daily census/assignment sheets of the previous day.
5. In the event there are available shifts before or after the posting of a particular schedule, the available shifts will be filled in the safest, most cost-effective, efficient manner possible. These will be filled by contacting part-time employees, per diem employees, full-time employees and then agency whenever possible.
6. The House Supervisor assigned to each shift will be responsible for assessing staffing needs for the next 24 hours, and communicating with the Manager during normal business hours. The House Supervisor facilitates and adjusts staffing after hours based on patient acuity and staffing skill mix.
7. Absences (Call ins) must be forwarded to the managers, House Supervisor or their designee.
8. Surgical Services and Wound Care and Infusion Center staffing will be determined by the manager, house Supervisor or designee.
9. Staffing Alert - In the event of such an unforeseen emergent circumstance in which the staffing is not in adherence to the staffing plans, the staff nurse shall inform the unit manager/House Supervisor in order to rectify the situation. If the situation is not resolved staff nurses may declare a Staffing Alert and notify the nurse manager/House Supervisor that they are doing so. The nurse manager/House Supervisor shall notify the appropriate administrator and the parties shall confer immediately to explore and implement all reasonable alternatives to bring the unit into adherence as soon as possible. Alternatives to be considered are:
 - a. Utilize resource nurses
 - b. Calling in nurses on standby/call
 - c. Calling in Per Diem nurses

- d. Soliciting volunteers for overtime shifts
- e. Utilize nurse managers and House Supervisors.
- f. Use of agency nurses

10. In the event a nurse has staffing concerns or is calling a staffing alert, the nurse will complete an Safe Nurse Staffing Reporting and Investigation Form found on SharePoint within 24 hours.

MEMORANDUM OF UNDERSTANDING

The Union and the Employer recognize the need to actively manage break relief in order ensure nurses can take rest and meal times without compromising patients safety or forgoing breaks or meals. Within three months of ratification of this agreement the Nurse Staffing Committee (NSC) will revisit the break and meal time plan for each nursing department. A quarterly report of issues and corrective actions related to breaks and meal times will be reported to the NSC. Departments who have ongoing break and meal time issues will be required to modify their plan to achieve sustained compliance with break and meal time relief. Departmental plans may include but are not limited to utilizing float or resource nurses, assigning times for breaks and meal times, modifying staffing assignments and utilization of the House Supervisor or Department Directors.

MEMORANDUM OF UNDERSTANDING

Management and the Union agree to track staffing productivity (staffing, skill mix, census, acuity, scheduling) on each nursing department in an effort to maximize the safety, effectiveness, and efficiency of labor expenditure to meet the District approved departmental budgets. This information will be analyzed at the Nurse Staffing Committee and recommendations for improvement will be implemented to correct issues as they are identified. Recommendations may include, but are not limited to: cross training, education, quality improvement initiatives, lean analysis or nursing functions, and/or revising a department's skill mix. It is understood this MOU will coordinate with the ongoing work of the Staffing Committee regarding safe staffing levels.

MOU - INCLEMENT WEATHER AND NATURAL DISASTERS

The parties recognize that natural disasters and inclement weather are likely events which require planning and shared understandings. All scheduled nurses are considered essential to show up for work. All employees are encouraged to keep a disaster preparedness kit (e.g., change of clothes, appropriate work attire, snow boots, window scraper, toiletries, medications, contact lens solution, blanket, flashlight and batteries, water, snacks etc.) This is a good year-round preparedness tactic.

1. If an employee is unable to report to work because of inclement weather or a natural disaster, the employee will not be paid and the employee will not be disciplined.
2. For all employees who remain at Prosser Memorial throughout a period of inclement weather or a natural disaster, the facility will make a good faith effort to provide the following:
 3. A hotel room or sleep room with clean beds/raised cots, clean linens, bathroom and shower access for rest times. Patient rooms, where available, will be coordinated with CNO or designee and distributed equitably
 4. If management requires the employee to remain at the facility during an inclement weather event, they will be placed on standby and work hours will be paid accordingly until the employee is released.
 5. An employee who prefers to remain at or close to the hospital to ensure a safe and timely commute back to the facility during (or threat of) inclement weather or natural disasters will not be placed on standby, but is still eligible for the accommodations outlined in this MOU.
 6. If the Employer decides that a work location is non-operational due to severe inclement weather or natural disaster, employees must check-in with the department manager for their assignment.

MOU - Staffing

The purpose of the Nurse Staffing Plan is to ensure the safe delivery of quality patient care within Prosser Memorial Hospital in accordance with House Bill (HB) 1714.

1. Shifts:

- a. Shifts may vary based on department needs but will typically be based on 12, 10, or 8 hour increments.
- b. 12 hour shifts are typically 0700-1930 and 1900-0730
- c. 10 and 8 hour shifts will have start and stop times which vary based on departmental needs.
- d. Stand-by shifts may be pre-arranged when needed to ensure an appropriate response to changing census or patient acuity.

2. House Supervisor:

- a. A House Supervisor will be designated to assess and ensure safe staffing throughout the hospital 24/7.
- b. The House Supervisor may be a department leader, Resource Nurse, or qualified staff nurse.
- c. The delegation of authority will be delineated by the hand off of the House Supervisor phone and verbal report on the status of each department providing patient care services and relevant ancillary department concerns. The individual designated to carry the House Supervisor phone is the designated House Supervisor until a subsequent hand off occurs.
- d. All staffing needs, requests, and sick calls should be relayed to the designated house supervisor by calling the House Supervisor phone.
- e. The House Supervisor must be consulted prior to staff being granted low census or on-call for their (same day) scheduled shifts in order to ensure staff are not needed in other departments.
- f. The designated House Supervisor has the authority to assign staff to assist in other departments, to the level the employee being floated is qualified to do so, in order to ensure safe staffing and the needs of the hospital are met.
- g. The House Supervisor should be made immediately aware of staffing alerts or unsafe staffing concerns in order to initiate corrective action as quickly as possible. When unable to address a staffing concern the house supervisor should initiate the chain of command by calling the department leader and/or the Chief Nursing Officer (CNO).
- h. Any nurse dissatisfied with the response to a safe staffing concern may call the department director or CNO. If still not satisfied the safety concern is resolved should put their concerns in writing utilizing the Short Staffing Complaint Form. (All Short Staffing complaints will be logged and reviewed for tracking and trending at the Nurse Staffing Committee.
- i. The House Supervisor should respond to all unsafe or emergent conditions as outlined in the hospital policy relevant to the situation.

3. Acute Care/Swing Bed:

- a. Two nurses (one an RN) will be staffed per shift when one patient is on the unit.
- b. Nurse to patient ratios are not to exceed 1:5 on days and 1:6 on nights.
- c. High acuity and intensity of service may significantly reduce the nurse patient ratio in order to ensure critical patients can be safely managed.
- d. Support staff will be assigned to assist with ADL's and safe patient handling (SPH) based on census and intensity of service required shift to shift.
- e. Additional nursing or support staff may be needed on an unanticipated bases due to patient volumes or acuity. The House Supervisor should be notified in order to provide additional assistance. This may include but is not limited to the following:
 - 1) House Supervisor assisting with patient care needs;
 - 2) Float Resource nurse or other staff to assist;
 - 3) Request assistance from the Department Director;
 - 4) Call in off duty nurses willing to assist.

4. Family Birthplace:

- a. Two labor trained RN's will be readily available in the hospital 24/7.
- b. During times the department is empty these nurses may be assigned patients or task in other units as long as they can provide a timely response to the arrival of an obstetrical patient.
- c. The nurse staffing for obstetrical and newborn patients will be in accordance with the evidence-based guidelines published by AWHONN.
- d. Additional nursing or support staff may be needed on an unanticipated bases due to patient volumes or acuity. The house supervisor should be notified in order to provide additional assistance. This may include but is not limited to the following:
 - 1) House Supervisor to assisting with patient care needs;
 - 2) Float Resource nurse or other staff to assist;
 - 3) Request assistance from the Department Director;
 - 4) Call in off duty nurses willing to assist.

5. Emergency Department:

- a. ED is staffed with not less than two RN's and an ER technician on each shift.
- b. Periodic analysis of patient volume trends will be completed to determine optimal times to schedule additional nurses (such as 1100-2300).
- c. Additional nursing or support staff may be needed on an unanticipated basis due to patient volumes or acuity. The house supervisor should be notified in order to provide additional assistance. This may include but is not limited to the following:
 - 1) House Supervisor to assist with ED patients;
 - 2) Float Resource nurse or other staff to assist;
 - 3) Request assistance from the ED Director;
 - 4) Call in off duty nurses willing to assist.

6. Surgical Services:

- a. Surgical Services core staffing consists of one circulator (RN) and one scrub (RN, LPN or Scrub Technician); and one RN trained in phase I recovery for each OR in service. Core staff must be available 24/7 either in house or available within 30 minutes on-call.
- b. Intraoperative staffing will be in accordance with AORN evidence based guidelines.
- c. Peri-operative and Post-operative staffing will be in accord with ASPN evidence based guidelines.

7. Outpatient Special Services (OSP):

- a. Staffing will consist of no less than one nurse designated to care for OSP patients when patients are being cared for within the department.
- b. After hours and weekend patients may be cared for in other staffed departments at the direction of the House Supervisor.
- c. Patients should not be left unattended in the OSP department, when dedicated staff are not available the patient treatment should occur on a staffed unit.

8. Additional Support Staff and staffing considerations:

- a. A Resource nurse and/or House Supervisor will be scheduled each shift to provide additional staffing support.
- b. At least one Respiratory Therapist will be scheduled 24/7 to assist with the management of patients requiring respiratory support.
- c. EMS staff may be utilized as needed to assist with spikes in ED census, combative patients, or safe patient handling tasks.
- d. Physical, Occupational, and Speech therapists are available Monday thru Friday.
- e. ED Techs, OB Techs, and AC Techs are generally scheduled each shift in addition to what is designated above.
- f. Nursing department managers will be responsive to department needs.
- g. Level of experience, specialty certification or training, skill mix, and need for specialty or intensive equipment will be considered when making staffing assignments.

9. Breaks and meal times:

- a. Each department and shift are allowed discretion in the timing and coverage of breaks and mealtimes to best match the workflow and preferences of the staff in those departments, provided such breaks and mealtimes are taken in compliance with state and federal law.
- b. Department leaders, resource nurses, the House Supervisor, and float staff are available to support break and mealtime relief as needed.
- c. Missed break and meal times will be tracked by department and shift to identify trends requiring a more additional planning to ensure break and mealtime relief.

HOT SHIFTS MOU

The purpose of this MOU is to allow for the trial of a "Hot Shift" rate for the duration of this contract period. Unless renegotiated, this MOU will automatically expire at the end of this contract period. The intent is to incentivize and reward nurses who fill unanticipated critical needs on short notice. Since utilization and impact are difficult to assess, the Hospital wants to trial this incentive and reassess its continuation during the next negotiation.

1. Definition: A Hot Shift will be an unanticipated critical need for which staff accept the assignment on short notice, typically within 12 hours of the identified need and will be compensated at twice the nurses base rate.
2. Authorization: Hot Shifts must be authorized by the Chief Nursing Officer (CNO) or Administrator on Duty (AOD) before the start of the shift.
3. The Department Director or on-duty House Supervisor may request authorization by explaining the critical need and the actions already taken to address it.
4. Perdiem Nurses must have worked four (4) shifts in the last four (4) rolling weeks to qualify for the Hot Shift rate.
5. Nurses working a hot shift will be given the first opportunity to do a low census should the critical need be resolved before the end of their shift.
6. The Hospital will track the utilization of the 'Hot Shift' premium and review the findings periodically at the Labor Management Committee.

Attachment X

2023 LEM Scores		
Leader	Rank	Score
Phillip Braem	1	4.14
Christi Doornik	2	4.13
Aurora Weddle	3	4.10
Sasha Thomason	4	4.04
Brian Fischer	5	3.97
Bryon Dirkes	6	3.94
Sara Dawson	7	3.85
Molly Schutt	8	3.79
Susan Miklas	9	3.77
Marla Davis	10	3.73
Terr Polomarez	11	3.65
David Rollins	12	3.65
Merry Fuller	13	3.63
Lidsay McKie	14	3.59
Craig Marks	15	3.58
Maintenance / EVS	16	3.57
Rusti Wilson	17	3.55
Andrea Valle	18	3.50
Melanie McGreggor	19	3.40
Stephanie Titus	20	3.40
Lindsi Powell	21	3.29
Lisa Reagor	22	3.24
Shannon Hitchcock	23	3.11
Kristi Mellema	24	3.05



Dear Healthcare Professionals,

Hello! I am writing to say thank you!
During the pandemic, your dedication and
hard work was amazing!

As we look back, no doubt the effects:
physical, economic, emotional will be felt for
some time. Covid-19 made history. Historic
too, was your response!

Whether your medical ethics or your love of
neighbor (Matthew 22:39) motivated you, we were
grateful! So who comforted the comforters, like
you. Maybe you knew this verse Isaiah 41:10, "Do
not be afraid for I am with you. Do not be anxious
for I am your God. I will fortify you, yes I will
help you, I will really hold onto you with my
right hand of righteousness." By God's Kingdom
(soon) all disease, pestilence and sickness will be
eliminated! (Revelation 21:4)

Until then, thank you so much for all of
your sacrifices and your efforts!

With gratitude,
E Davis





Springtime @ Fort Vancouver
Bonnie Baird

We appreciate you for all care of us. Christine

Thank you all for caring so much for your staff and making this "The Best" Place to work!!!

Cornell ☺ Thanks

"Rose T&P" ☺ Young Carol

Thank you! ☺ Michelle

Thank you Stephanie RN
Thank you!!
Adrian RN
Kustia D

Thank you for all the fun you'll have created for Hospital Week!
We appreciate you!

Thank You for every-thing you do for us.
Tessa

Thank you! Kirsten

Angie Gonzalez ☺

Thank you! We appreciate the love & Smelly C

SUCH A WONDERFUL WEEK!
THANK YOU! BAYLEE, OB TRAVEL RN

Thank You! (Vanessa)

For Rynobh
Aunt Berna
Thank you!
Ashley, RN

Thank you for everything the hospital really takes care of us! Bless their hearts! Thank you for thinking of us and for all the goodies. Lynn RN

Recio ☺ M.

Elm... Thanks you so much!! ☺

Thank you for all you do Nancy ☺

Thank you so much! We appreciate all you do for us!
Liesey Schutt

We appreciate all you do for us!
-Jen F RN

Bonnie ☺

Jill P

And the love is so appreciated! Thank You for everything -Amanda B

Mary Ellen

Administration —

Thank you all for a great hospital week, + for making me feel like a valued employee. PMH is the best. I'm proud to be a part of this growing hospital and GI Clinic ~

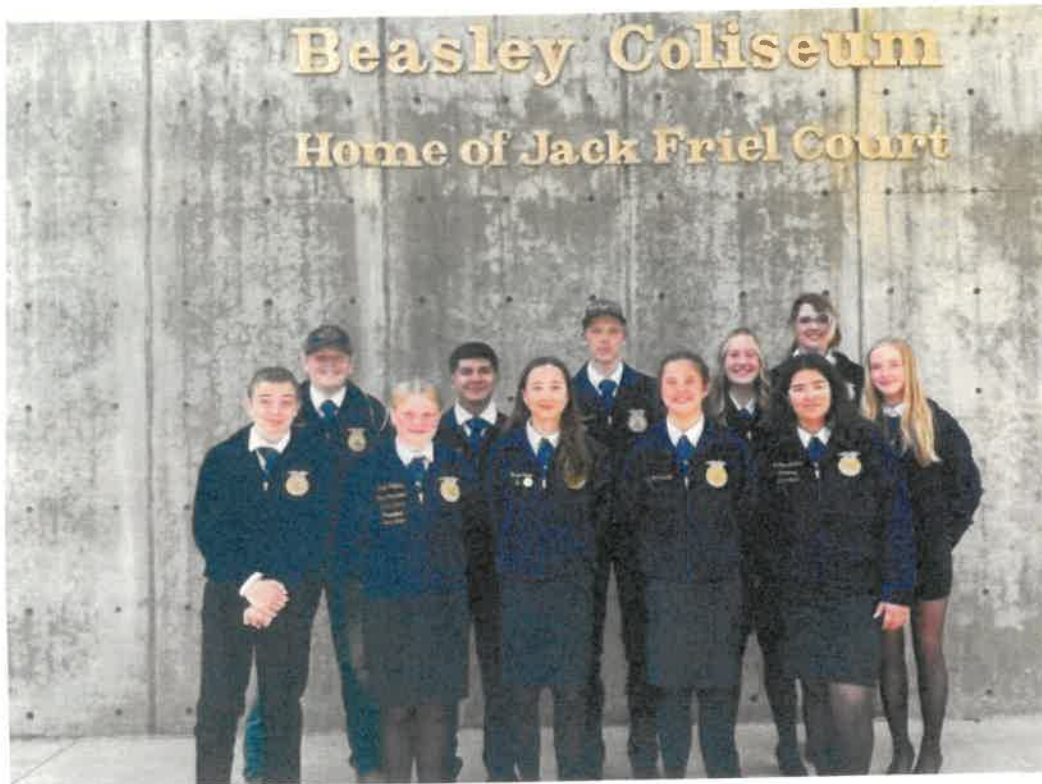
Billie Brown

Life's  **KINDEST** 
people are truly selfless, thoughtful and full of **LOVE**.
They never realise  how much  difference they make to the lives of those **lucky** enough to know them.

♥ Thank you ♥

Prosser Memorial

Hospital



Emily Steffey

~~Phillips~~ Anderson

Grace West

Redolfo
Arriaga

~~Diego~~ Mentaza

Ben Munn

Rachel
Reen

Lexi Wenger

Dear Prosser Memorial hospital,
From all of us with Paterson
FFA we thank you for your
generous support! On May 9th Paterson
FFA left for Pullman WA to compete
in Agriculture Issues, Conduct of Chapters
meetings, and Creed speaking. Our members
did exceptionally well in their competition.

Thanks to your support Paterson
FFA was able to represent our
community and promote Agriculture!

Thank you so much!

From
Paterson FFA

Dr. Syed Hashmi
Hospitalist at Prosser Memorial Hospital, 723 Memorial St.
Prosser WA 99350

Dear Dr. Hashmi

I want to thank you for all that you did to assist me in getting the medical care that I needed during and after my hospital stay at PMH while awaiting a bed.

Your care led to my getting the care that I needed and I am so grateful for all that you did to see that I was connected with a team of heart specialists at Swedish in Seattle.

I remember telling you that I needed 10 more years so our granddaughter Emon who has been with us since age 2 is only 12 years old and needs us for a few more years with us.

I am so grateful that you were able to recognize what was wrong needing correction in my health. And once a bed was available for me at Swedish - Cherry Hill Hospital, I went over by ambulance and got to the hospital in late night - early morning hours. I wish that some day I was already connected with one of the heart specialists that you had connected me with and received excellent care.

I was there approximately 2 weeks and then came home where my husband was able to administer my brother's injections until no longer needed.

I am doing well and am forever grateful for the additional time I will have with my granddaughter Emon.

Thank you for your gift of more years with our granddaughter.

I now have a July 2024 appointment with the cardiologist here in Prosser. Dr. Botby

We will be forever grateful that our paths crossed when they did at PMH.

Thank You

Lynnda Yule

March 10, 2024

I have a lack of words to express my overwhelming thanks and appreciation to all of you who were instrumental through my gallbladder removal surgery on February 16, 2024. From my many consultations starting early in 2023 with Dr. McDonnell, Gastroenterologist, Pre-OP and POST-OP consultations with Afton Dunham, ARNP, to the actual surgery day with Dr. Unger, General Surgeon, inclusive of everyone else who assisted these fabulous specialists, I thank you from the bottom of my heart for the sincere and thoughtful care you gave me during the entire process. I have nothing but accolades for ALL OF YOU and the Prosser Memorial Staff. You are TOP NOTCH!

Sue Ann (Susie) McDonnell

*Sue Ann McDonnell
(Susie)*

PMH:

Thank you so very much for always helping others out. You are such a gift to us all. Your sponsorship funds will go to helping us keep up with our Beloved Market.

Thank you from all of us.
(These are just a handful of vendors - and this card is one of our vendors local artwork.)

Sam
@unclesams
little coral

Thank
you!

Forever Day Food
- Re Edwards

- Prosser Farmers
Market

Pelican Acres

Extracts By Annabel

- The Ranches

- Lucid
Studio

- FREE EXPRESSION STUDIO
MEGAN TYLER

Attachment AA



Month Ending				Prior YR		Change		Year to Date				Prior		Change
Actual	Budget	Variance	%	Month	Month			Actual	Budget	Variance	%	Year	Year	
Key Volumes														
315	302	13	4%	296	6%	Inpatient Acute Days	1,975	1,834	141	8%	1,705	16%		
42	88	(46)	-52%	80	-48%	Inpatient Swing Days	588	532	56	11%	454	30%		
357	390	(33)	-8%	376	-5%	Total Inpatient Days	2,563	2,366	197	8%	2,159	19%		
124	115	9	8%	103	20%	Inpatient Admissions	790	698	92	13%	646	22%		
127	115	12	10%	112	13%	Inpatient Discharges	782	698	84	12%	658	19%		
5	5	(0)	-2%	7	-29%	Swing Bed Discharges	42	31	11	36%	35	20%		
64	68	(4)	-6%	57	12%	Observation Days	345	413	(68)	-17%	426	-19%		
2,631	2,269	361	16%	2,262	16%	Adjusted Patient Days	16,675	13,653	3,022	22%	13,723	22%		
11.90	13.00	(1.10)	-8%	12.53	-5%	Average Daily Census	14.08	13.00	1.08	8%	11.93	18%		
936	669	266	40%	674	39%	Adjusted Discharges	5,088	4,027	1,060	26%	4,183	22%		
2.48	2.63	(0.15)	-6%	2.64	-6%	Average Length of Stay - Hospital	2.53	2.63	(0.10)	-4%	2.59	-3%		
8.40	17.21	(8.81)	-51%	11.43	-27%	Average Length of Stay - Swing Bed	14.00	17.21	(3.21)	-19%	12.97	8%		
48%	52%	-4%	-8%	50%	-5%	Acute Care Occupancy (25)	56%	52%	4%	8%	48%	18%		
66	54	12	22%	54	22%	Deliveries	350	329	21	6%	295	19%		
221	253	(32)	-13%	217	2%	OR Surgical Procedures	1,255	1,534	(279)	-18%	1,156	9%		
225	221	4	2%	217	4%	GI Procedures	1,411	1,340	71	5%	1,227	15%		
1,851	1,626	225	14%	1,624	14%	Emergency Dept Visits	10,606	9,864	742	8%	9,381	13%		
17,509	17,944	(435)	-2%	16,062	9%	Laboratory Tests	106,450	108,859	(2,409)	-2%	102,056	4%		
3,657	3,420	237	7%	3,318	10%	Radiology Exams	20,912	20,751	161	1%	18,596	12%		
2,485	2,424	61	3%	1,385	79%	Total Outpatient Specialty Visits	14,955	14,706	249	2%	8,680	72%		
983	1,313	(330)	-25%	763	29%	PMH - Benton City Clinic Visits	6,559	7,965	(1,406)	-18%	5,376	22%		
1,251	1,163	88	8%	919	36%	PMH - Prosser Clinic Visits	7,535	7,054	481	7%	6,145	23%		
1,043	1,244	(201)	-16%	999	4%	PMH - Grandview Clinic Visits	7,573	7,549	24	0%	6,180	23%		
695	857	(162)	-19%	716	-3%	PMH - Women's Health Clinic Visits	4,853	5,200	(347)	-7%	4,268	14%		
LABOR FULL-TIME EQUIVALENT														
427.03	401.19	(25.84)	-6%	373.82	14%	Employed Staff FTE's	412.10	401.19	(10.91)	-3%	354.85	16%		
47.10	46.75	(0.35)	-1%	35.89	31%	Employed Provider FTE	44.75	46.75	2.00	4%	36.10	24%		
474.13	447.94	(26.19)	-6%	409.71	16%	All Employee FTE's	456.85	447.94	(8.91)	-2%	390.95	17%		
405.94	403.15	(2.79)	-1%	357.46	14%	Productive FTE's	403.42	403.15	(0.27)	0%	345.99	17%		
18.58	18.44	(0.14)	-1%	18.81	-1%	Outsourced Therapy FTE's	19.78	18.44	(1.34)	-7%	16.15	22%		
9.65	16.55	6.90	42%	9.69	0%	Contracted Staff FTE's	13.26	16.55	3.29	20%	13.24	0%		
28.23	34.99	6.76	20%	28.50	-1%	All Purchased Staff FTE's	33.04	34.99	1.95	6%	29.39	12%		
9.08	9.00	(0.08)	-1%	8.34	9%	Contracted Provider FTE's	9.69	9.00	(0.69)	-8%	7.62	27%		
511.44	491.93	(19.51)	-4%	446.55	15%	All Labor FTE's	499.58	491.93	(7.65)	-2%	427.96	17%		



Statement of Operations
June 30, 2024

Month Ending						Year to Date					
Actual	Budget	Variance	%	Prior Year	%	Actual	Budget	Variance	%	Prior Year	%
Gross Patient Services Revenue						Gross Patient Services Revenue					
\$ 4,448,676	\$ 5,610,948	\$ (1,162,272)	-21%	\$ 4,544,689	-2%	\$ 29,204,711	\$ 31,482,239	\$ (2,277,528)	-7%	\$ 24,658,051	18%
28,330,961	27,028,579	1,302,382	5%	22,796,793	24%	160,798,536	150,148,688	10,649,848	7%	132,078,544	22%
32,779,637	32,639,527	140,110	0%	27,341,482	20%	190,003,247	181,630,927	8,372,320	5%	156,736,595	21%
Deductions from Revenue						Deductions from Revenue					
Contractual Allowances						Contractual Allowances					
7,257,871	7,340,177	82,306	1%	5,737,582	26%	43,163,244	40,733,245	(2,429,999)	-6%	34,997,421	23%
5,979,644	7,053,989	1,074,345	15%	5,637,286	6%	37,148,255	39,127,484	1,979,229	5%	32,701,198	14%
4,879,826	4,308,296	(571,530)	-13%	4,333,493	13%	26,778,886	23,721,784	(3,057,102)	-13%	24,505,301	9%
850,395	1,207,954	357,559	30%	898,652	-5%	8,153,252	6,627,176	(1,526,076)	-23%	3,826,865	113%
18,967,736	19,910,416	942,680	5%	16,607,013	14%	115,243,637	110,209,689	(5,033,948)	-5%	96,030,785	20%
601,852	583,661	(18,191)	-3%	1,154,529	-48%	3,013,681	3,274,839	261,158	8%	2,893,448	4%
428,094	143,145	(284,949)	199%	(59,071)	-825%	2,421,556	803,167	(1,618,389)	-202%	1,461,732	66%
19,997,682	20,637,222	639,540	3%	17,702,471	13%	120,678,874	114,287,695	(6,391,179)	-6%	100,385,965	20%
12,781,955	12,002,305	779,650	6%	9,639,011	33%	69,324,373	67,343,232	1,981,141	3%	56,350,630	23%
40,206	41,430	(1,224)	-3%	115,026	-65%	191,354	248,579	(57,225)	-23%	416,993	-54%
12,822,161	12,043,735	778,426	6%	9,754,037	31%	69,515,727	67,591,811	1,923,916	3%	56,767,623	22%
Net Patient Services Revenue						Net Patient Services Revenue					
4,971,473	4,599,931	(371,542)	-8%	3,620,317	37%	26,931,032	25,809,569	(1,121,463)	-4%	21,141,299	27%
1,298,766	1,358,792	60,026	4%	1,558,685	-17%	7,348,438	7,623,989	275,551	4%	6,741,673	9%
738,245	443,939	(294,306)	-66%	627,747	18%	3,630,070	2,490,881	(1,139,189)	-46%	3,282,114	11%
7,008,484	6,402,662	(605,822)	-9%	5,806,749	21%	37,909,540	35,924,439	(1,985,101)	-6%	31,165,086	22%
551,962	639,066	87,104	14%	439,941	25%	3,320,210	3,585,707	265,497	7%	2,865,647	16%
24,321	63,533	39,212	62%	60,128	-60%	242,156	381,197	139,041	36%	357,281	-32%
1,727,517	1,921,045	193,528	10%	1,642,976	5%	11,142,435	11,127,582	(14,853)	0%	8,457,432	32%
64,633	59,905	(4,728)	-8%	41,391	56%	310,625	359,428	48,803	14%	286,133	9%
523,493	868,052	344,559	40%	458,141	14%	4,597,238	5,208,310	611,072	12%	3,187,734	44%
106,058	60,597	(45,461)	-75%	149,643	-29%	360,087	435,970	75,883	17%	987,592	-64%
224,566	129,092	(95,474)	-74%	101,000	122%	1,058,047	774,549	(283,498)	-37%	708,753	49%
315,137	384,077	68,940	18%	216,019	46%	1,870,837	2,232,075	361,238	16%	1,302,188	44%
67,527	197,993	130,466	66%	153,297	-56%	552,084	1,187,962	635,878	54%	792,130	-30%
3,605,214	4,323,360	718,146	17%	3,262,536	11%	23,453,719	25,292,780	1,839,061	7%	18,944,890	24%
10,613,698	10,726,022	112,324	1%	9,069,285	17%	61,363,259	61,217,219	(146,040)	0%	50,109,976	22%
2,208,463	1,317,713	890,750	68%	684,752	223%	8,152,468	6,374,592	1,777,876	28%	6,657,647	22%
Operating Expenses						Operating Expenses					
80,005	83,583	(3,578)	-4%	84,614	-5%	501,914	501,498	416	0%	492,656	2%
93,167	13,902	79,265	570%	15,474	502%	410,019	273,307	136,712	50%	209,036	96%
(340,557)	(244,975)	(95,582)	39%	(27,446)	1141%	(1,668,985)	(1,659,745)	(9,240)	1%	(174,959)	854%
-	350	(350)	-100%	3,500	-	-	2,100	(2,100)	-100%	3,500	-100%
(167,385)	(147,140)	(20,245)	14%	76,142	-320%	(757,052)	(882,840)	125,788	-14%	530,233	-243%
\$ 2,041,078	\$ 1,170,573	\$ 870,505	74%	\$ 760,894	168%	\$ 7,395,416	\$ 5,491,752	\$ 1,903,664	35%	\$ 7,187,880	3%
Net Income (Loss)						Net Income (Loss)					



Prosser
Memorial Health
Statement of Cash Flows
June 30, 2024

CURRENT MONTH Actual	NET INCOME TO NET CASH BY OPERATIONS	YEAR TO DATE Actual
2,041,078	NET INCOME (LOSS)	7,395,416
315,137	Depreciation Expense	1,870,837
309,176	Amortization	1,574,861
-	Loss (Gain) on Sale of Assets	-
2,665,391	TOTAL	10,841,114
	WORKING CAPITAL	
(262,174)	Decrease (Increase) in Assets	(4,692,749)
6,109,901	Increase (Decrease) in Liabilities	(7,033,424)
8,513,118	NET CASH PROVIDED BY OPERATIONS	(885,059)
	CASH FLOWS FROM INVESTING ACTIVITIES	
(5,356,437)	Capital Purchasing	(24,024,348)
-	Proceeds on Capital Assets Sold	-
3,936,768	Investment/Financing Activity	29,717,778
(1,419,669)	NET CASH USED BY INVESTING ACTIVITIES	5,693,430
7,093,449	NET CHANGE IN CASH	4,808,371
	CASH BALANCE	
31,666,816	BEGINNING	33,951,894
38,760,265	ENDING	38,760,265
7,093,449	NET CASH FLOW	4,808,371



Prosser Memorial Health

Balance Sheet June 30, 2024

Assets	Assets				Liabilities & Fund Balance	Liabilities & Fund Balance			
	6/30/2024	5/31/2024	6/30/2023	12/31/2023		6/30/2024	5/31/2024	6/30/2023	12/31/2023
Cash & Temporary Investments	15,235,235	11,358,073	12,399,169	14,915,892	Current Portion of Bonds Payable	952,970	951,539	916,025	944,437
Gross Patient Accounts Receivable	60,437,234	62,538,669	48,113,284	55,092,791	Current Portion of USDA	-	-	-	-
Less Allowances for Uncollectible	(36,116,000)	(38,470,000)	(30,816,000)	(33,551,000)	Current Portion Capital Leases	1,206,115	1,227,868	1,145,683	1,268,928
Net Patient Receivables	24,321,234	24,068,669	17,297,284	21,541,791	Accounts Payable	7,856,126	2,741,299	2,227,294	15,200,534
Taxes Receivable	458,367	468,995	432,275	29,533	Payroll & Related Liabilities	5,641,505	4,576,158	4,582,434	5,397,806
Receivable from 3rd Party Payor	3,074,602	2,522,274	641,308	1,287,000	Cost Report Payable	178,110	178,110	624,467	261,000
Inventory	765,878	785,670	671,847	809,889	Other Payables to 3rd Parties	1,144,801	1,030,732	1,788,852	1,439,000
Prepaid Expenses	1,364,608	1,612,210	873,232	1,733,038	Deferred LEOFF Pension	(225,140)	(225,140)	(167,430)	(225,140)
Other Current Assets	332,298	596,995	34,248	222,987	Deferred Tax Revenue	498,654	581,763	479,452	-
Total Current Assets	45,552,222	41,412,886	32,349,363	40,540,130	Deferred EHR Medicare Revenue	-	-	-	-
LEOFF Net Pension Asset	511,093	511,093	484,647	511,093	Deferred COVID Revenue	-	-	-	-
Whitehead Fund - LGIP	1,335,272	1,329,368	1,265,191	1,299,832	Accrued Interest Payable	17,266	98,177	19,670	17,266
Funded Depreciation - Cash	293,162	269,566	1,322,351	783,328	Other Current Liabilities	-	-	-	-
Funded Depreciation - TVI	11,475,669	11,488,576	9,408,251	9,642,991	Total Current Liabilities	17,270,407	11,160,506	11,616,447	24,303,831
USDA Debt Reserve Fund	314	314	313	313	Non Current Liabilities				
Construction Fund - Western Alliance	4,926,821	834,342	2,496,102	925,260	Bonds Payable net of CP	7,314,840	7,366,445	8,271,088	7,622,452
Construction Interest Reserve	4,213,744	5,106,586	5,178,445	5,104,588	USDA Financing Payable net of CP	-	-	-	-
Tax Exempt Lease Funds	-	-	-	-	Western Alliance Construction net of CP	54,688,910	50,268,679	50,001	22,519,198
Bond Obligation Cash Reserve	768,955	768,898	768,095	768,597	Right of use Assets net of CP	11,701,933	11,823,521	12,577,470	12,181,604
Board Designated Assets	23,525,030	20,308,743	20,923,395	19,036,002	Capital Leases net of CP	-	-	220,591	88,835
Land	478,396	478,396	478,396	478,396	Total Non Current Liabilities	73,705,683	69,458,645	21,119,150	42,412,089
Property Plant & Equipment	51,392,744	50,734,357	48,633,781	49,175,878	Total Liabilities	90,976,090	80,619,151	32,735,597	66,715,920
Construction In Progress	73,288,988	68,590,938	16,009,724	51,481,506	Fund Balance				
Accumulated Depreciation	(37,066,035)	(36,865,257)	(34,501,411)	(35,808,958)	Current YR Unrestricted Fund Balance	7,395,416	5,376,161	7,187,880	13,629,069
Accumulated Amortization	(3,136,037)	(3,023,212)	(1,180,164)	(2,531,477)	Prior YR Unrestricted Fund Balance	73,591,377	73,570,648	59,963,262	59,963,263
Net Property Plant & Equipment	84,958,056	79,915,222	29,440,326	62,795,345	Restricted Fund Balance	-	-	-	-
Investment & Other Non Current Assets	966,945	968,479	985,345	976,145	Total Fund Balance	80,986,793	78,946,809	67,151,142	73,592,332
Right of Use Assets	15,215,190	15,215,190	14,442,870	15,215,190					
Land - Gap Road	1,745,440	1,745,440	1,745,440	1,745,440					
Net Investments & Other Non Current Assets:	17,927,575	17,929,109	17,173,655	17,936,775					
Total Assets	\$ 171,962,883	\$ 159,565,960	\$ 99,886,739	\$ 140,308,252	Total Liabilities & Fund Balance	\$ 171,962,883	\$ 159,565,960	\$ 99,886,739	\$ 140,308,252



Prosser

Memorial Health

Statement of Operations 13-month Trend

	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Gross Patient Services Revenue													
Inpatient	\$ 4,544,689	\$ 3,484,981	\$ 4,490,628	\$ 5,156,897	\$ 5,766,903	\$ 3,955,055	\$ 4,357,067	\$ 3,815,939	\$ 4,430,403	\$ 5,067,202	\$ 5,193,376	\$ 6,249,115	\$ 4,448,676
Outpatient	22,796,793	21,960,789	24,247,491	21,609,258	23,507,554	24,181,157	24,564,847	23,933,076	24,667,031	27,408,710	27,422,882	29,035,877	28,330,961
Total Gross Patient Services Revenue	27,341,482	25,445,770	28,738,119	26,766,155	29,274,457	28,136,212	28,921,914	27,749,015	29,097,434	32,475,912	32,616,258	35,284,992	32,779,637
Deductions from Revenue		32%	34%	38%	38%	37%	41%	36%	38%	37%	34%	36%	39%
Contractual Allowances													
Medicare	5,737,582	6,241,345	7,180,734	5,460,944	6,592,978	6,042,959	5,458,710	6,436,884	5,574,830	7,178,796	7,924,915	8,789,949	7,257,871
Medicaid	5,637,286	5,106,109	5,693,794	5,463,534	5,850,501	5,447,086	5,273,138	5,606,465	5,839,968	6,487,971	6,887,534	6,346,673	5,979,644
Negotiated Rates	4,333,493	4,196,549	4,577,425	4,142,738	4,734,124	4,494,082	4,956,968	3,606,692	4,636,779	4,219,226	4,671,091	4,995,212	4,879,826
Other Adjustments	898,652	592,815	620,725	658,635	535,542	1,012,422	510,075	1,432,338	1,412,072	1,595,155	1,197,185	1,436,166	850,395
Gross Contractual Allowances	16,607,013	16,136,818	18,072,678	15,725,851	17,713,145	16,996,549	16,198,891	17,082,379	17,463,649	19,481,148	20,680,725	21,568,000	18,967,736
Indigent Financial Assistance	1,154,529	1,205,003	412,349	605,235	234,914	385,879	443,222	552,599	359,289	589,048	617,064	293,829	601,852
Bad Debt	(59,071)	(109,606)	525,972	162,237	251,702	315,062	548,144	44,695	274,361	498,421	335,248	840,737	428,094
Total Deductions From Revenue	17,702,471	17,232,215	19,010,999	16,493,323	18,199,761	17,697,490	17,190,257	17,679,673	18,097,299	20,568,617	21,633,037	22,702,566	19,997,682
Net Patient Services Revenue	9,639,011	8,213,555	9,727,120	10,272,832	11,074,696	10,438,722	11,731,657	10,069,342	11,000,135	11,907,295	10,983,221	12,582,426	12,781,955
COVID Grant Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Operating Revenue	115,026	153,756	26,182	17,374	50,173	20,321	20,211	21,134	39,991	30,259	29,533	30,230	40,206
Net Revenue	9,754,037	8,367,311	9,753,302	10,290,206	11,124,869	10,459,043	11,751,868	10,090,476	11,040,126	11,937,554	11,012,754	12,612,656	12,822,161
Operating Expenses		62%	51%	53%	50%	55%	55%	64%	58%	51%	54%	48%	55%
Salaries	3,620,317	3,680,168	3,659,643	3,787,121	4,041,599	4,751,054	4,020,962	4,449,489	4,561,347	4,064,472	4,322,374	4,561,878	4,971,473
Benefits	1,558,685	961,635	848,678	1,219,637	1,067,061	765,362	1,489,767	1,119,280	1,196,766	1,572,671	935,242	1,225,712	1,298,766
Purchased Labor	627,747	419,190	456,882	442,031	435,086	276,280	995,850	872,152	589,391	453,085	669,753	307,443	738,245
Sub-Total Labor Costs	5,806,749	5,060,993	4,965,203	5,448,789	5,543,746	5,792,696	6,506,579	6,440,921	6,347,504	6,090,228	5,927,369	6,095,033	7,008,484
Professional Fees - Physicians	439,941	509,391	512,883	419,393	514,406	456,638	547,952	427,223	517,711	499,139	517,936	806,239	551,962
Professional Fees - Other	60,128	62,067	41,012	43,958	40,104	55,979	30,049	(4,525)	69,612	39,325	50,539	62,883	24,321
Supplies	1,642,976	1,405,137	1,554,465	1,414,298	2,030,970	2,068,983	2,204,187	1,607,988	1,853,809	1,681,531	2,077,413	2,172,353	1,727,517
Purchased Services - Utilities	41,391	52,379	49,154	33,638	64,897	23,947	83,564	31,368	48,338	65,300	57,413	43,572	64,633
Purchased Services - Other	458,141	601,886	838,247	237,555	579,686	740,014	1,040,366	566,252	971,709	705,621	1,114,367	715,797	523,493
Rentals & Leases	149,643	133,863	197,692	153,005	156,267	165,494	241,415	147,576	176,033	102,070	162,805	(334,455)	106,058
Insurance License & Taxes	101,000	95,873	118,554	127,225	114,500	137,725	161,228	153,603	133,051	141,812	178,368	226,648	224,566
Depreciation & Amortization	216,019	217,523	217,504	220,319	222,386	222,485	216,530	215,018	216,136	215,941	212,946	695,658	315,137
Other Operating Expenses	153,297	55,716	155,515	182,004	160,639	88,957	128,965	(151,273)	187,207	151,657	63,783	233,184	67,527
Sub-Total Non-Labor Expenses	3,262,536	3,133,835	3,685,026	2,831,395	3,883,855	3,960,222	4,654,256	2,993,230	4,173,606	3,602,396	4,435,570	4,621,879	3,605,214
Total Operating Expenses	9,069,285	8,194,828	8,650,229	8,280,184	9,427,601	9,752,918	11,160,835	9,434,151	10,521,110	9,692,624	10,362,939	10,716,912	10,613,698
Operating Income (Loss)	684,752	172,483	1,103,073	2,010,022	1,697,268	706,125	591,033	656,325	519,016	2,244,930	649,815	1,895,744	2,208,463
Non Operating Income													
Tax Revenue	84,614	79,851	85,358	79,549	79,909	85,213	81,560	83,465	90,456	82,440	82,816	82,731	80,005
Investment Income	15,474	27,665	57,074	6,439	83,336	7,986	225,882	48,867	14,581	14,182	21,413	92,390	93,167
Interest Expense	(27,446)	(27,903)	(35,745)	(40,306)	(300,820)	(284,899)	(73,870)	(100,758)	(432,983)	(255,679)	(281,463)	(132,125)	(340,557)
Other Non Operating Income (Expense)	3,500	-	-	4,200	-	14,420	-	-	-	-	-	-	-
Total Non Operating Income	76,142	79,613	106,687	49,882	(137,575)	(177,280)	233,572	31,574	(327,946)	(159,057)	(177,234)	42,996	(167,385)
Net Income (Loss)	\$ 760,894	\$ 252,096	\$ 1,209,760	\$ 2,059,904	\$ 1,559,693	\$ 528,845	\$ 824,605	\$ 687,899	\$ 191,070	\$ 2,085,873	\$ 472,581	\$ 1,938,740	\$ 2,041,078
Total Margin	7.8%	3.0%	12.4%	20.0%	14.0%	5.1%	7.0%	6.8%	1.7%	17.5%	4.3%	15.4%	15.9%
Margin (Non Operating Income)	7.0%	2.1%	11.3%	19.5%	15.3%	6.8%	5.0%	6.5%	4.7%	18.8%	5.9%	15.0%	17.2%
Salaries as a % of Net Revenue	37.1%	44.0%	37.5%	36.8%	36.3%	45.4%	34.2%	44.1%	41.3%	34.0%	39.2%	36.2%	38.8%
Labor as a % of Net Revenue	59.5%	60.5%	50.9%	53.0%	49.8%	55.4%	55.4%	63.8%	57.5%	51.0%	53.8%	48.3%	54.7%
Operating Expense change from prior month	7%	-10%	6%	-4%	14%	3%	14%	-15%	12%	-8%	7%	3%	-1%
Gross Revenue change from prior month	-1%	-7%	13%	-7%	9%	-4%	3%	-4%	5%	12%	0%	8%	-7%
Net Revenue change from prior month	5%	-14%	17%	6%	8%	-6%	12%	-14%	9%	8%	-8%	15%	2%



Prosser
Memorial Health
Direct Cash Flow Statement
June 30, 2024

	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	April 2024	May 2024	June 2024	Year to Date 2024
CASH FLOWS FROM OPERATING													
PAYMENTS RECEIVED													
Commercial	3,986,455	4,368,160	4,397,898	3,700,906	4,714,161	5,303,986	3,957,072	4,029,473	5,474,467	5,074,013	5,330,439	5,715,181	29,580,645
Medicaid	2,118,529	2,214,264	2,238,497	1,751,576	2,605,918	2,426,239	2,605,501	2,018,348	2,253,386	3,192,896	2,286,797	2,951,552	15,308,480
Medicare	2,080,018	2,511,714	2,488,411	2,372,821	2,195,208	2,278,824	2,051,652	2,873,998	2,451,134	3,189,038	3,201,680	3,244,259	17,011,761
VA	75,379	97,022	63,900	72,968	53,662	69,140	123,901	131,671	82,673	162,710	151,486	190,144	842,585
Worker's Comp	181,688	135,042	148,529	163,557	250,598	192,844	83,923	152,776	196,565	193,010	213,674	157,383	997,331
Self Pay	56,905	64,139	53,052	76,860	57,493	49,940	101,240	70,393	71,134	49,969	121,402	132,317	546,455
Other Non Patient Payments	153,890	206,492	62,151	430,301	42,566	41,065	1,095,897	265,368	286,923	302,929	654,612	19,632	2,625,361
Construction Loan Proceeds	2,596,343	-	3,718,927	5,731,490	4,434,660	5,987,777	10,418,416	4,586,592	4,419,241	4,644,978	4,272,281	4,420,231	32,761,739
Cash Received (Patients, Insurance, Other)	11,249,207	9,596,833	13,171,365	14,300,479	14,354,266	16,349,815	20,437,602	14,128,619	15,235,523	16,809,543	16,232,371	16,830,699	99,674,357
Patient Refunds	(9,870)	(6,596)	(5,098)	(15,049)	(3,504)	(92,750)	(13,603)	(13,603)	(13,603)	(148,874)	(25,369)	(10,250)	(225,302)
AP Expenses	(3,651,762)	(4,348,866)	(5,449,569)	(6,218,274)	(4,125,063)	(4,624,646)	(7,117,465)	(6,160,780)	(5,756,756)	(6,612,367)	(5,733,862)	(4,433,348)	(35,814,578)
Settlement LumpSum Payments	-	-	-	-	-	-	-	-	-	-	-	-	-
Payroll Expenses	(3,574,619)	(3,577,599)	(3,784,365)	(3,731,112)	(4,068,205)	(4,879,688)	(4,348,907)	(4,769,637)	(4,370,155)	(5,485,654)	(6,436,647)	(4,302,979)	(29,713,979)
Loan/Interest Expense	(54,467)	(54,467)	(54,467)	(54,467)	(54,467)	(483,061)	(54,467)	(54,467)	(54,467)	(54,467)	(54,467)	(54,467)	(326,802)
NET CASH PROVIDED BY OPERATING	3,958,489	1,609,305	3,877,866	4,281,577	6,103,027	6,269,670	8,903,160	3,130,132	5,040,542	4,508,181	3,982,026	8,029,655	33,593,696
CASH FLOWS FROM INVESTING ACTIVITIES													
Capital Purchasing	(5,140,662)	(46,862)	(3,874,078)	(6,355,049)	(5,187,251)	(4,890,527)	(4,590,604)	(4,906,878)	(4,006,807)	(5,038,091)	(9,306,739)	(936,206)	(28,785,325)
NET CASH USED BY INVESTING ACTIVITIES	(5,140,662)	(46,862)	(3,874,078)	(6,355,049)	(5,187,251)	(4,890,527)	(4,590,604)	(4,906,878)	(4,006,807)	(5,038,091)	(9,306,739)	(936,206)	(28,785,325)
NET CHANGE IN CASH	(1,182,173)	1,562,443	3,788	(2,073,472)	915,776	1,379,143	4,312,556	(1,776,746)	1,033,735	(529,910)	(5,324,713)	7,093,449	4,808,371
CASH BALANCE													
BEGINNING	33,322,564	32,140,391	33,702,834	33,706,622	31,633,150	32,548,926	33,951,894	38,264,450	36,487,704	37,521,439	36,991,529	31,666,816	33,951,894
ENDING	32,140,391	33,702,834	33,706,622	31,633,150	32,548,926	33,928,069	38,264,450	36,487,704	37,521,439	36,991,529	31,666,816	38,760,265	38,760,265
NET CASH FLOW	(1,182,173)	1,562,443	3,788	(2,073,472)	915,776	1,379,143	4,312,556	(1,776,746)	1,033,735	(529,910)	(5,324,713)	7,093,449	4,808,371



Prosser
Memorial Health
Financial Operations
June 30, 2024

	YTD 2023	YTD 2024	YTD Budget 2024
Utilization			
Admissions	646	790	698
Adjusted Admissions	4,106	5,140	4,027
Average Daily Census	9.4	10.9	10.1
Adjusted Occupied Beds	59.5	70.6	58.2
Average Length of Stay (days)	2.6	2.5	2.6
Outpatient Revenue %	84.3%	84.6%	82.7%
Total Yield (net patient revenue)	-29.9%	-14.2%	0.7%
Hospital Case Mix Index	1.34	1.14	1.00
Average Charge Per Patient Day	11,421	11,395	13,303
Financial Performance (\$000)			
Net Patient Revenue	56,351	69,324	67,343
Total Operating Revenue	56,768	69,516	67,592
Total Operating Expense	50,110	61,363	61,217
Income (Loss) from Operations	6,658	8,152	6,375
Excess of Revenue Over Expenses	7,188	7,395	5,492
EBIDA (Operating Cash Flow)	7,960	10,023	8,607
Additions to Property, Plant, and Equipment	10,498	24,024	371
Balance Sheet (\$000)			
Unrestricted Cash and Investments	12,399	15,235	21,876
Accounts Receivable (gross)	48,113	60,437	48,084
Net Fixed Assets	29,440	84,958	121,474
Current and Long-Term Liabilities (excluding LT debt)	11,616	17,270	13,969
Long-Term Debt	8,271	7,315	99,332
Total Liabilities	19,887	24,585	113,301
Net Worth	67,151	80,987	84,899

	YTD 2023	YTD 2024	YTD Budget 2024
Key Ratios			
Operating Margin (%)	11.7%	11.7%	9.4%
Total Margin (%)	12.7%	10.6%	8.1%
Operating EBIDA Margin (Operating Cash Flow)	14.0%	14.4%	12.7%
Average Expense per Adjusted Patient Days	3,651	3,680	4,484
Average Net Revenue per Adjusted Patient Days	4,106	4,157	4,932
Net Accounts Receivable (days)	55.20	60.22	48.00
Current Ratio (x)	2.78	2.64	3.16
Cash on Hand (days) Gross	122	117	120
Cash on Hand (days) net of Restricted	91	87	67
Cushion Ratio (x)	100.47	23.22	11.97
Return on Equity (%)	41.85%	9.13%	13.36%
Capital Spending Ratio	0.81	0.39	0.21
Average Age of Plant (Years)	13.25	9.91	12.00
Debt Service	3.49	3.43	2.54
Debt-to-Capitalization (%)	13%	10%	54.41%
Patient Revenue Sources by Gross Revenue (%)			
Medicare	32.2%	33.8%	32.2%
Medicaid	29.0%	27.6%	29.0%
Commercial Insurance	31.0%	30.0%	31.0%
Self-pay and Other	4.3%	4.6%	4.3%
Labor Metrics			
Productive FTE's (incl contract labor)	383.00	446.15	447.14
Total FTE's (incl contract labor)	427.96	499.58	491.93
Labor Cost (incl benefits) per FTE - Annualized	145,645	151,766	146,055
Labor Cost (incl benefits) as a % of Net Operating Revenue	54.9%	54.5%	53.1%
Net Operating Revenue per FTE - Annualized	265,294	278,297	274,803
Operating Expense per FTE - Annualized	234,181	245,659	248,886

Contacts:

David Rollins
Stephanie Titus

Chief Financial Officer
Director of Finance

(509) 786-6605
(509) 786-5530

drollins@prosserhealth.org
stitus@prosserhealth.org



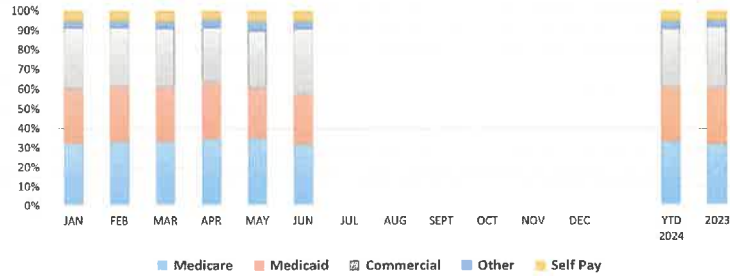
**Revenue by Financial Class
June 30, 2024**

Month	Medicare	Medicaid	Commercial	Other	Self Pay	Total
JAN	32.7%	28.2%	30.9%	3.6%	4.6%	100.0%
FEB	33.5%	28.4%	29.9%	3.6%	4.5%	100.0%
MAR	33.8%	27.9%	29.7%	3.8%	4.9%	100.0%
APR	35.0%	29.1%	27.9%	4.1%	4.0%	100.0%
MAY	35.3%	25.8%	28.8%	5.0%	5.0%	100.0%
JUN	31.9%	26.2%	33.2%	4.1%	4.6%	100.0%
JUL						
AUG						
SEPT						
OCT						
NOV						
DEC						
YTD 2024	33.8%	27.6%	30.0%	4.1%	4.6%	100.0%
2023	32.2%	29.0%	31.0%	3.5%	4.3%	100.0%

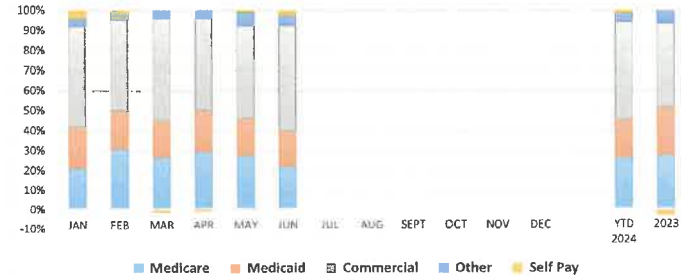
**Net Revenue by Financial Class
June 30, 2024**

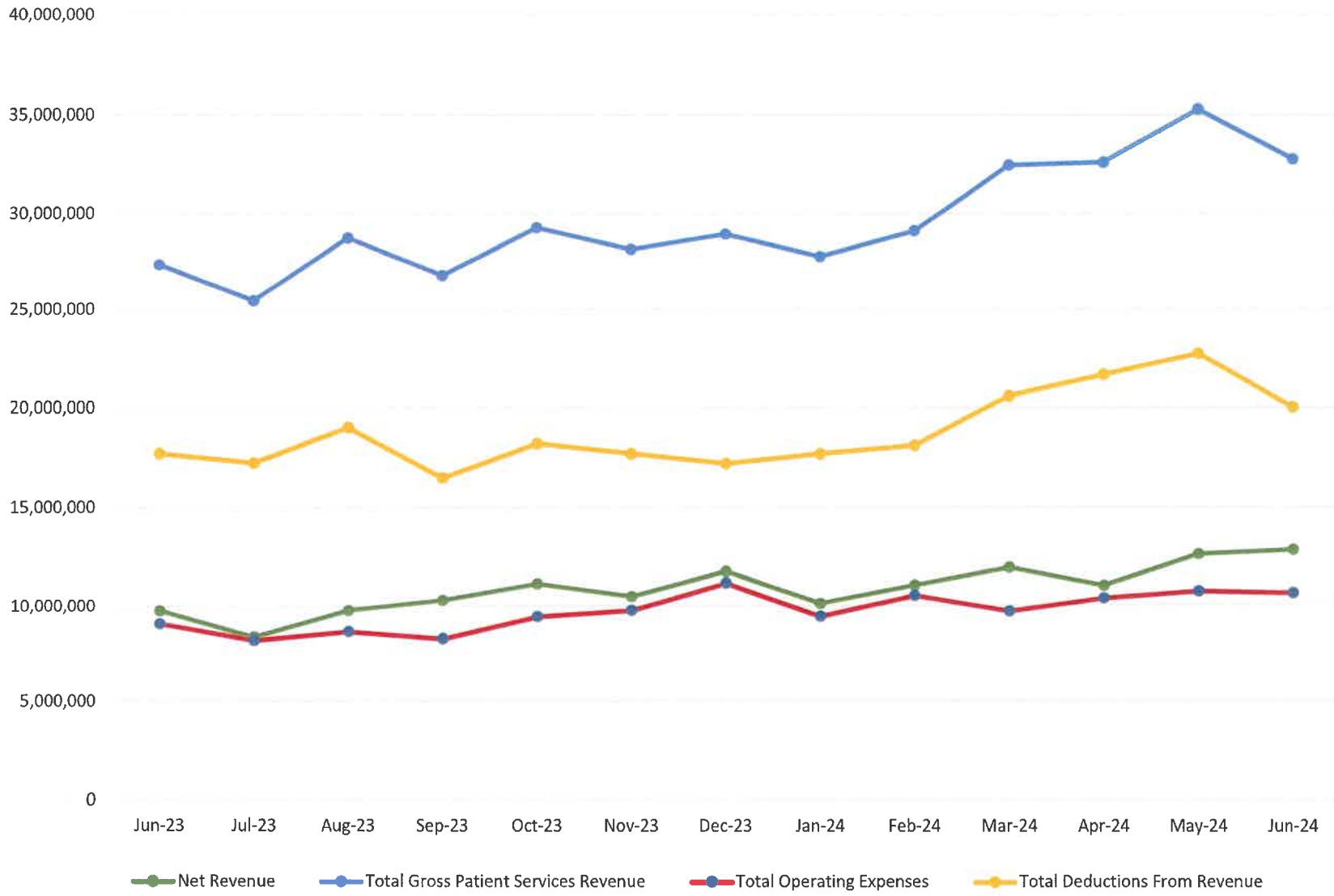
Month	Medicare	Medicaid	Commercial	Other	Self Pay	Total
JAN	21.5%	20.5%	50.5%	3.9%	3.6%	100.0%
FEB	30.7%	19.4%	45.4%	2.6%	1.9%	100.0%
MAR	26.6%	18.7%	50.9%	4.8%	-1.1%	100.0%
APR	29.5%	20.9%	45.7%	4.5%	-0.6%	100.0%
MAY	27.8%	18.5%	46.4%	7.0%	0.4%	100.0%
JUN	22.1%	17.8%	52.8%	5.1%	2.2%	100.0%
JUL						
AUG						
SEPT						
OCT						
NOV						
DEC						
YTD 2024	26.4%	19.3%	48.6%	4.7%	1.1%	100.0%
2023	27.6%	24.2%	42.0%	9.0%	-2.8%	100.0%

2023 Gross Revenue by Financial Class

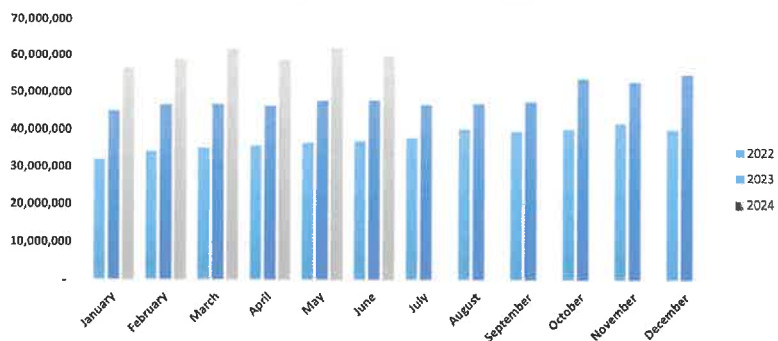


2023 Net Revenue by Financial Class

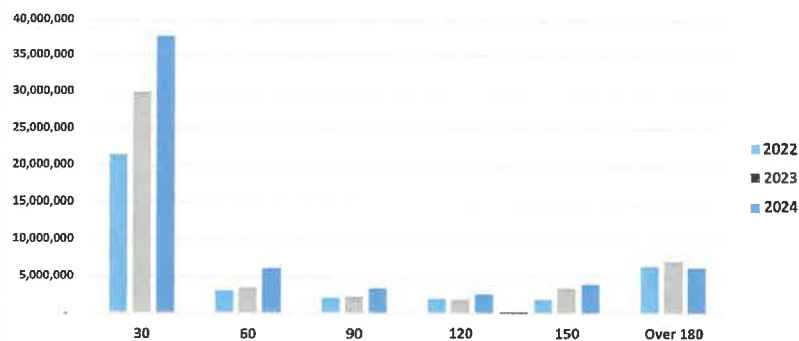




AR Balance Trend - 2022-2024



AR Age Comparative 2022-2024



AR Balance Trend

	2019	2020	2021	2022	2023	2024	% Change
January	19,428,531	26,540,403	29,542,976	32,260,939	45,276,668	56,798,266	25%
February	19,146,130	28,567,785	30,120,411	34,474,143	47,000,116	59,180,896	26%
March	19,513,147	26,130,696	31,816,016	35,287,961	47,107,665	62,250,956	32%
April	19,692,139	22,350,961	33,444,324	35,889,741	46,678,396	59,019,009	26%
May	19,455,887	23,319,876	34,107,637	36,813,211	48,014,626	62,538,669	30%
June	21,223,053	25,197,275	33,577,529	37,192,042	48,113,284	60,437,234	26%
July	20,206,074	25,943,825	33,378,224	38,080,535	47,057,447		
August	20,028,246	26,144,421	34,777,364	40,568,933	47,407,619		
September	23,681,156	25,640,562	33,643,597	39,883,272	47,891,836		
October	25,724,222	26,432,788	31,514,355	40,551,941	54,153,986		
November	25,655,024	27,862,474	32,541,479	42,090,356	53,331,955		
December	25,486,600	27,102,309	31,324,657	40,530,516	55,318,323		

AR Age Balance Comparative

	30	60	90	120	150	Over 180
2016	7,007,423	2,522,637	1,877,430	1,784,253	2,032,083	1,805,069
2017	7,966,706	1,873,299	1,198,195	690,185	938,114	2,780,496
2018	10,448,596	1,799,088	1,136,439	573,703	671,015	1,663,055
2019	13,335,701	2,101,833	1,358,930	855,852	1,288,381	2,282,355
2020	13,376,306	2,081,299	1,245,254	1,394,910	1,961,314	5,138,192
2021	18,098,058	3,379,916	1,924,303	1,746,419	1,906,230	6,522,603
2022	21,490,358	3,022,664	2,153,235	2,023,901	1,971,070	6,530,815
2023	29,958,782	3,411,054	2,245,691	1,893,808	3,433,575	7,170,374
2024	37,804,926	6,152,824	3,430,467	2,662,250	4,033,151	6,353,616

AR Percentage of Total Balance

Year	30	60	90	120	150	Over 180
2016	41%	15%	11%	10%	12%	11%
2017	32%	12%	8%	4%	6%	18%
2018	44%	11%	7%	4%	4%	10%
2019	33%	10%	6%	4%	6%	11%
2020	33%	8%	5%	6%	8%	20%
2021	34%	10%	6%	5%	6%	19%
2022	38%	8%	6%	5%	5%	18%
2023	42%	7%	5%	4%	7%	15%
2024	43%	10%	6%	4%	7%	11%



Capital Expenditure Budget								
Department	Year	Description	Approved Cost	Committed Amount	Spent Year to Date	Purchase Date	PO #	
7010	Family Birthplace	2024	Transcutaneous Bilimeter for point of care testing	9,400				
			Electronic Fetal Monitor and wireless cart	65,806				
			Ice/Water Machine	6,335				
			OB Bedside Ultrasound	50,100	36,004	28,803	4/16/2024	13291
7050	Surgical Services	2024	Stryker Stretcher	9,000				
			OMNI hysteroscopy scope	21,000				
			UltraSAFE Automatic formalin dispensing unit	67,000				
			Stryker System 8 "large power"	38,000	33,667	36,621	1/25/2024	12064
			Steris Instrumentation tracking system	60,000				
			Video Borescope	42,000				
			Acessa uterine sparing unit	95,000				
			MAKO Stryker Equipment	258,570				
			Fuji EUS - Endoscopy Division	503,085		511,773	4/1/2024	12703
7360	Laboratory	2024	Leica DM750 Microscope - Dual View	12,380		12,380	6/24/2024	14419
7340	Diagnostic Imaging	2024	TEE probe (DI)	29,400				
			Logiq E10 (DI)	198,501	153,513	122,811	3/29/2024	13056
			Voluson Swift (OB)	50,069	39,965	43,442	5/1/2024	13396
			Logiq E10 (ED)	61,226				
			Logiq E10 (Anesthesia)	61,226				
7400	Cardiopulmonary	2024	GE MacVU 360 EKG Carts (x5 for Clinics)	107,530	93,591	74,873	5/16/2024	13801
			GE MacVU 360 EKG Carts Interface	10,000				
			Airvo Respiratory Support Device x4	33,526				
			Bardv Holter Monitor Interface	27,150				
7500	Physical Therapy	2024	NuStep	8,000	7,958	7,958	2/9/2024	12290
7230	Emergency Dept	2024	Altrix Patient Heating/Cooling System	38,000	29,270	30,583	3/25/2024	12945
			Belmont Rapid Infuser	38,000	37,175	40,409	3/26/2024	12958
			Intra-compartment Pressure Monitor System	13,000				
			VersaBadge	5,000				
7730	Benton City	2024	OB Ultrasound	50,069		55,790	2/1/2024	
7800	Specialty Clinic	2024	Tympanometer	7,000	5,945	6,424	2/12/2024	12312
			Fibroscan	260,000				
7300	EMS	2024	Ambulance	303,000				
			Nitronix Field Unit	18,000				
			Autopulse - Auto CPR Device	54,500				
			Videoscope-Intubation	15,000				
7750	Occupational Medicine	2024	New Clinic	600,000	-	-		
8020	Information Systems	2023	Temperature Alerting - Enterprise-wide	17,892		11,294	2/1/2024	
8230	Materials Management	2024	Courier Van replacement	55,350				
8260	Maintenance	2024	Maintenance HD Truck Replacement - snow removal	91,134				
			Maintenance ATV/Gator	23,914				
8261	Environmental Services	2024	Walk Behind Scrubber	15,000				
7700	Clinic - Admin Ops	2024	Interior Painting - All Clinic locations	104,000		100,548	4/1/2024	
			Clinic Security	287,784				
			Transcutaneous Bilimeter (each primary clinic location)	26,945				
		2024	2024 Capital Items	3,830,000		Total Budget:	3,847,892	
		2023	2023 Carryover Approved Capital Items	17,892		Total Non - Budget:	1,092,209	
			Total	3,847,892		Total Approved 2024 Spend:	4,940,101	
NON BUDGETED CAPITAL - BOARD APPROVED DURING 2024						Committed/Spent:	3,020,711	
7010	FBP	2024	Panda Ires Infant Warmers	200,714				
7010	FBP	2024	Corometrics 259CX	38,202				
7050	Surgical Services	2024	CLARUS DUAL USB SCOPE	20,379	20,379	20,379	5/6/2024	13623
7050	Surgical Services	2024	Duodenoscopes and Gastroscopes	220,121		220,121	6/3/2024	14067
7050	Surgical Services	2024	Stryker SYS 8 Trigger and Saws	36,969		36,969	6/4/2024	14074
7050	Surgical Services	2024	Supply Carts with Windows	14,612		14,612	6/6/2024	14145
7050	Surgical Services	2024	CLARUS DUAL USB SCOPE	20,379	20,379	20,379	5/6/2024	13623
7340	Diagnostic Imaging	2024	SYNAPSE PACS HARDWARE AND SOFTWARE	144,780		144,780	1/25/2024	12067
7360	Laboratory	2024	CENTRIFUGE	7,151		7,151	2/6/2024	12229
7360	Laboratory	2024	Vitek 2 Lab Analyzer	104,408		104,408	6/6/2024	14144
7360	Laboratory	2024	Hematek 300 System	9,533		9,533	6/26/2024	14486
7500	Physical Therapy	2024	TREADMILL	14,290	14,290	14,290	4/1/2024	13066
7800	SPECIALTY CLINIC/WOMEN	2024	ELECTROSURGICAL UNITS (3)	209,985	209,985	209,985	3/29/2024	13052
7810	PROSSER CLINIC	2024	EMG MACHINE	30,206	30,206	30,206	5/7/2024	13653
8260	Maintenance	2024	Replacement Vacuum Pump	20,480		20,480	6/21/2024	14372
				1,092,209	295,240	1,937,002		
						3,020,711		



Prosser

Memorial Health

Lease Schedule

As of:

June 30, 2024

Building Rentals

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

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

Leased Equipment

Lease	Effective Date	Term Date	Auto Renew	Payment Amount												Total
Biomerieux	Dec-19	Dec-24		798.70					8,786							47,922
Flex Financial (MAKO)	Oct-19	Oct-24		21,157.04					175,335							1,168,897
Leaf	Sep-16	Sep-20	Renewed	7,807.00					93,684							336,000
Quadient	Apr-20	Jul-25		282.00					3,384	1,974						17,766
Total Equipment Leases						281,188	1,974	-	-	-	-	-	-	-	-	2,701,560
Total Future Leases						1,076,270	802,374	804,451	654,449	519,129	477,656	487,475	496,244	218,880	79,877	11,838,926



Prosser


Memorial Health

As of:

June 30, 2024

Capital Project Expenditures

<u>Project Name</u>	<u>Budget</u>	<u>Apr-24</u>	<u>May-24</u>	<u>Jun-24</u>
CIP - New Prosser Hospital		59,112,639	68,025,793	72,719,143
CIP - Gap Rd Land Improvement		118,571	178,572	178,572
	112,048,033	59,231,210	68,204,365	72,897,715
CIP - 1511 Meade Ave		327,095	327,095	331,795
CIP - Multiview	58,000	100,910	-	-
Asset Clearing:				
<i>GE Healthcare Probes 80% of Invoice</i>				
<i>Telecore Software (50%)</i>		17,596	17,596	17,596
<i>Tegria</i>		34,339	34,339	34,339
<i>Paint Master - Clinic Painting</i>		-	-	-
<i>Conmed - Spectrum II System (Suture Passer)</i>		7,543	7,543	7,543
<i>Nelson Construction - SPC Suite 3 Remodel</i>		43,442	-	-
<i>GE-Voluson Swift (BC Clinic)</i>				
	114,799,647	59,762,135	68,590,938	73,288,988



Prosser
Memorial Health
Proforma Statement of Cash Flows
June 30, 2024

**Excludes Construction Related Items*

CURRENT MONTH Actual	NET INCOME TO NET CASH BY OPERATIONS	YEAR TO DATE Actual
2,041,078	NET INCOME (LOSS)	7,395,416
315,137	Depreciation Expense	1,870,837
309,176	Amortization	1,574,861
-	Loss (Gain) on Sale of Assets	-
2,665,391	TOTAL	10,841,114
	WORKING CAPITAL	
(262,174)	Decrease (Increase) in Assets	(4,692,749)
1,689,670	Increase (Decrease) in Liabilities	2,330,726
4,092,887	NET CASH PROVIDED BY OPERATIONS	8,479,091
	CASH FLOWS FROM INVESTING ACTIVITIES	
(663,087)	Capital Purchasing	(3,020,711)
-	Proceeds on Capital Assets Sold	-
93,167	Investment Activity	410,019
(569,920)	NET CASH USED BY INVESTING ACTIVITIES	(2,610,692)
3,522,967	NET CHANGE IN CASH	5,868,399
	CASH BALANCE	
25,585,326	BEGINNING	23,239,894
29,108,293	ENDING	29,108,293
3,522,967	NET CASH FLOW	5,868,399

Attachment BB



	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	21,510,899	22,772,070	(1,261,171)	-6%	19,094,409	2,416,490	13%
Deductions From Revenue	(10,106,928)	(10,656,307)	549,379	-5%	(8,959,365)	(1,147,563)	13%
Net Patient Revenue	11,403,971	12,115,763	(711,792)	-6%	10,135,044	1,268,926	13%
Other Operating Revenue	-	-	-	0%	-	-	0%
Provider Salaries	6,768,784	6,317,133	(451,651)	-7%	5,144,379	1,624,405	32%
Clinical Support Salaries	2,971,239	3,192,751	221,512	7%	3,018,071	(46,832)	-2%
Benefits	816,026	661,554	(154,472)	-23%	620,415	195,611	32%
Purchased Labor	656,884	668,402	11,518	2%	-	656,884	0%
Total Salaries and Benefits	11,212,933	10,839,840	(373,093)	-3%	8,782,865	2,430,068	28%
Professional Fees	75,950	-	(75,950)	0%	318,810	(242,860)	-76%
Supplies Medical	525,351	646,079	120,728	19%	563,874	(38,523)	-7%
Supplies General	169,731	156,613	(13,118)	-8%	-	169,731	0%
Repairs & Maintenance	6,871	-	(6,871)	0%	-	6,871	0%
Utilities	31,531	38,120	6,589	17%	31,037	494	2%
Purchased Services	197,852	327,824	129,972	40%	173,757	24,095	14%
Rentals & Leases	52,252	380,979	328,727	86%	381,816	(329,564)	-86%
Taxes	481	1,281	800	62%	-	481	0%
Other Direct Expenses	82,794	183,018	100,224	55%	70,512	12,282	17%
Total Non Salary Expenses	1,142,812	1,733,914	591,102	34%	1,539,806	(396,994)	-26%
Total Expenses	12,355,745	12,573,754	218,009	2%	10,322,671	2,033,074	20%
Contribution Margin	(951,775)	(457,991)	(493,783)	108%	(187,627)	(764,148)	407%
FTE's							
Provider Staff	36	42	6.46	15%	26	(9.08)	-34%
Clinic Staff	91	83	(8.01)	-10%	74	(16.99)	-23%
Contracted	0.16	-	(0.16)	0%	0.10	(0.06)	-60%
Total	126.39	124.68	(1.71)	-1%	100.26	(26.13)	-26%
Employed							
Hours Paid	125,728	129,667	3,939	3%	99,678	(26,050)	-26%
Hours Worked	109,586	110,218	632	1%	87,139	(22,447)	-26%
Contracted							
Hours	169	-	(169)	0%	100	(69)	-69%
Total Worked Hours	109,755	110,218	463	0%	87,239	(22,516)	-26%
Unit of Service (UOS) Total Visits	40,956	42,239	(1,283)	-3%	33,345	7,611	23%
Productivity (Worked Hours / UOS)	2.68	2.61	0.07	3%	2.62	(0.06)	-2.4%
Clinic Providers' PMH Gross Revenue	\$ 85,606,564						



Prosser

Memorial Health

Rural Health Clinics Consolidated

Income Statement As Of: June 30, 2024

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	10,439,206	10,760,128	(320,922)	-3%	9,303,372	1,135,834	12%
Deductions From Revenue	(3,131,762)	(3,088,784)	(42,978)	1%	(2,791,012)	(340,750)	12%
Net Patient Revenue	7,307,444	7,671,344	(363,900)	-5%	6,512,360	795,084	12%
Other Operating Revenue	-	-	-	0%	-	-	0%
Provider Salaries	2,493,811	2,583,719	89,908	3%	2,142,166	351,645	16%
Clinical Support Salaries	1,796,285	1,933,444	137,159	7%	2,253,290	(457,005)	-20%
Benefits	362,421	359,167	(3,254)	-1%	317,972	44,449	14%
Purchased Labor	445,184	358,402	(86,782)	-24%	-	445,184	0%
Total Salaries and Benefits	5,097,700	5,234,732	137,032	3%	4,713,428	384,272	8%
Professional Fees	75,950	-	(75,950)	0%	21,820	54,130	248%
Supplies Medical	309,484	420,357	110,873	26%	399,752	(90,268)	-23%
Supplies General	73,087	68,497	(4,590)	-7%	-	73,087	0%
Repairs & Maintenance	4,085	-	(4,085)	0%	-	4,085	0%
Utilities	31,330	28,923	(2,407)	-8%	29,143	2,187	8%
Purchased Services	157,389	234,292	76,903	33%	111,286	46,103	41%
Rentals & Leases	18,848	267,226	248,378	93%	266,623	(247,775)	-93%
Taxes	35	438	403	92%	-	35	0%
Other Direct Expenses	35,649	135,968	100,319	74%	49,899	(14,250)	-29%
Total Non Salary Expenses	705,856	1,155,701	449,845	39%	878,523	(172,667)	-20%
Total Expenses	5,803,557	6,390,433	586,876	9%	5,591,951	211,606	4%
Contribution Margin	1,503,887	1,280,911	222,976	17%	920,409	583,478	63%
FTE's							
Provider Staff	21	27	5.65	21%	16	(4.61)	-28%
Clinic Staff	58	53	(4.95)	-9%	49	(8.72)	-18%
Contracted	0.15	-	(0.15)	0%	0.10	(0.05)	-50%
Total	79.00	79.55	0.55	1%	65.62	(13.38)	-20%
Employed							
Hours Paid	76,458	82,732	6,274	8%	63,652	(12,806)	-20%
Hours Worked	66,618	70,323	3,705	5%	55,177	(11,441)	-21%
Contracted							
Hours	159	-	(159)	0%	100	(59)	-59%
Total Worked Hours	66,777	70,323	3,546	5%	55,277	(11,500)	-21%
Unit of Service (UOS) Total Visits	26,520	27,844	(1,324)	-5%	21,969	4,551	21%
Productivity (Worked Hours / UOS)	2.52	2.53	(0.01)	0%	2.52	(0.00)	-0.1%



Prosser

Memorial Health

Specialty Clinics Consolidated

Income Statement As Of: June 30, 2024

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	11,071,692	12,011,942	(940,250)	-8%	9,791,037	1,280,655	13%
Deductions From Revenue	(6,975,166)	(7,567,523)	592,357	-8%	(6,168,353)	(806,813)	13%
Net Patient Revenue	4,096,526	4,444,419	(347,892)	-8%	3,622,684	473,843	13%
Other Operating Revenue	-	-	-	0%	-	-	0%
Provider Salaries	4,274,974	3,733,414	(541,560)	-15%	3,002,213	1,272,761	42%
Clinical Support Salaries	1,174,954	1,259,307	84,353	7%	764,781	410,173	54%
Benefits	453,605	302,387	(151,218)	-50%	302,443	151,162	50%
Purchased Labor	211,700	310,000	98,300	32%	-	211,700	0%
Total Salaries and Benefits	6,115,232	5,605,108	(510,124)	-9%	4,069,437	2,045,795	50%
Professional Fees	-	-	-	0%	296,990	(296,990)	-100%
Supplies Medical	215,867	225,722	9,855	4%	164,122	51,745	32%
Supplies General	96,644	88,116	(8,528)	-10%	-	96,644	0%
Repairs & Maintenance	2,785	-	(2,785)	0%	-	2,785	0%
Utilities	201	9,197	8,996	98%	1,894	(1,693)	-89%
Purchased Services	40,463	93,532	53,069	57%	62,471	(22,008)	-35%
Rentals & Leases	33,404	113,753	80,349	71%	115,193	(81,789)	-71%
Taxes	446	843	397	47%	-	446	0%
Other Direct Expenses	47,145	47,050	(95)	0%	20,613	26,532	129%
Total Non Salary Expenses	436,956	578,213	141,257	24%	661,283	(224,327)	-34%
Total Expenses	6,552,188	6,183,321	(368,867)	-6%	4,730,720	1,821,468	39%
Contribution Margin	(2,455,662)	(1,738,902)	(716,760)	41%	(1,108,036)	(1,347,626)	122%
FTE's							
Provider Staff	15	16	0.81	5%	10	(4.47)	-44%
Clinic Staff	33	30	(3.06)	-10%	24	(8.27)	-34%
Contracted	0.01	-	(0.01)	0%	-	(0.01)	0%
Total	47.39	45.13	(2.26)	-5%	34.64	(12.75)	-37%
Employed							
Hours Paid	49,270	46,935	(2,335)	-5%	36,026	(13,244)	-37%
Hours Worked	42,968	39,895	(3,073)	-8%	31,962	(11,006)	-34%
Contracted							
Hours	10	-	(10)	0%	-	(10)	0%
Total Worked Hours	42,978	39,895	(3,083)	-8%	31,962	(11,016)	-34%
Unit of Service (UOS) Total Visits	14,436	14,395	41	0%	11,376	3,060	27%
Productivity (Worked Hours / UOS)	2.98	2.77	0.21	7%	2.81	(0.17)	-6.0%



Prosser

Memorial Health

Benton City Clinic

Income Statement As Of: June 30, 2024

RURAL HEALTH CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	2,283,540	2,785,095	(501,555)	-18%	2,037,042	246,498	12%
Deductions From Revenue	(685,062)	(696,274)	11,212	-2%	(611,113)	(73,949)	12%
Net Patient Revenue	1,598,478	2,088,821	(490,343)	-23%	1,425,929	172,549	12%
Other Operating Revenue	-	-	-	0%	-	-	0%
Provider Salaries	623,123	640,411	17,288	3%	507,045	116,078	23%
Clinical Support Salaries	458,096	506,480	48,384	10%	313,621	144,475	46%
Benefits	111,252	94,591	(16,661)	-18%	85,471	25,781	30%
Purchased Labor	55,594	6,897	(48,697)	-706%	-	55,594	0%
Total Salaries and Benefits	1,248,064	1,248,379	315	0%	906,137	341,927	38%
Professional Fees	-	-	-	0%	6,622	(6,622)	-100%
Supplies Medical	65,674	107,498	41,824	39%	92,384	(26,710)	-29%
Supplies General	7,550	32,110	24,560	76%	-	7,550	0%
Repairs & Maintenance	540	-	(540)	0%	-	540	0%
Utilities	8,580	5,725	(2,855)	-50%	5,453	3,127	57%
Purchased Services	42,009	66,000	23,991	36%	35,399	6,610	19%
Rentals & Leases	2,764	84,488	81,724	97%	84,358	(81,594)	-97%
Taxes	35	95	60	63%	-	35	0%
Other Direct Expenses	11,169	24,250	13,081	54%	6,925	4,244	61%
Total Non Salary Expenses	138,322	320,166	181,844	57%	231,141	(92,819)	-40%
Total Expenses	1,386,386	1,568,545	182,159	12%	1,137,278	249,108	22%
Contribution Margin	212,092	520,276	(308,184)	-59%	288,651	(76,559)	-27%
FTE's							
Provider Staff	5.33	8.00	2.67	33%	3.61	(1.72)	-48%
Clinic Staff	18.29	13.49	(4.80)	-36%	10.99	(7.30)	-66%
Contracted	0.04	-	(0.04)	0%	-	(0.04)	0%
Total	23.66	21.49	(2.17)	-10%	13.79	(9.87)	-72%
Employed							
Hours Paid	19,020	22,350	3,330	15%	15,186	(3,834)	-25%
Hours Worked	16,441	18,997	2,556	13%	13,208	(3,233)	-24%
Contracted							
Hours	40	-	(40)	0%	-	(40)	0%
Total Worked Hours	16,481	18,997	2,516	13%	13,208	(3,273)	-25%
Unit of Service (UOS) Total Visits	6,559	7,987	(1,428)	-18%	5,376	1,183	22%
Productivity (Worked Hours / UOS)	2.51	2.38	(0.13)	-6%	2.46	(0.06)	-2%



Prosser

Memorial Health

Prosser Women's Health

Income Statement As Of: June 30, 2024

RURAL HEALTH CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	2,455,512	2,593,013	(137,501)	-5%	2,139,666	315,846	15%
Deductions From Revenue	(736,654)	(777,904)	41,250	-5%	(641,900)	(94,754)	15%
Net Patient Revenue	1,718,859	1,815,109	(96,250)	-5%	1,497,766	221,093	15%
Other Operating Revenue	-	-	-	0%	-	-	0%
Provider Salaries	680,775	582,091	(98,684)	-17%	579,265	101,510	18%
Clinical Support Salaries	186,351	238,374	52,023	22%	742,187	(555,836)	-75%
Benefits	45,896	56,103	10,207	18%	72,856	(26,960)	-37%
Purchased Labor	-	-	-	0%	-	-	0%
Total Salaries and Benefits	913,022	876,568	(36,454)	-4%	1,394,308	(481,286)	-35%
Professional Fees	-	-	-	0%	-	-	0%
Supplies Medical	95,157	140,199	45,042	32%	142,830	(47,673)	-33%
Supplies General	20,166	12,191	(7,975)	-65%	-	20,166	0%
Repairs & Maintenance	-	-	-	0%	-	-	0%
Utilities	5,339	5,023	(316)	-6%	5,023	316	6%
Purchased Services	20,730	52,367	31,637	60%	19,045	1,685	9%
Rentals & Leases	-	55,038	55,038	100%	55,037	(55,037)	-100%
Taxes	-	-	-	0%	-	-	0%
Other Direct Expenses	7,472	11,218	3,746	33%	1,498	5,974	399%
Total Non Salary Expenses	148,865	276,036	127,171	46%	223,433	(74,568)	-33%
Total Expenses	1,061,887	1,152,604	90,717	8%	1,617,741	(555,854)	-34%
Contribution Margin	656,972	662,505	(5,533)	-1%	(119,975)	776,947	-648%
FTE's							
Provider Staff	3.64	3.80	0.16	4%	2.47	(1.17)	-47%
Clinic Staff	6.95	9.73	2.78	29%	6.93	(0.02)	0%
Contracted	-	-	-	0%	-	-	0%
Total	10.59	13.53	2.94	22%	9.40	(1.19)	-13%
Employed							
Hours Paid	11,016	14,071	3,055	22%	9,777	(1,239)	-13%
Hours Worked	9,524	11,961	2,437	20%	8,498	(1,026)	-12%
Contracted							
Hours	-	-	-	0%	-	-	0%
Total Worked Hours	9,524	11,961	2,437	20%	8,498	(1,026)	-12%
Unit of Service (UOS) Total Visits	4,853	5,214	(361)	-7%	4,268	585	14%
Productivity (Worked Hours / UOS)	1.96	2.29	0.33	14%	1.99	0.03	1%



Prosser

Memorial Health

Prosser Family Clinic

Income Statement As Of: June 30, 2024

RURAL HEALTH CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	2,790,716	2,492,076	298,640	12%	2,506,827	283,889	11%
Deductions From Revenue	(837,215)	(747,623)	(89,592)	12%	(752,048)	(85,167)	11%
Net Patient Revenue	1,953,501	1,744,453	209,048	12%	1,754,779	198,723	11%
Other Operating Revenue	-	-	-	0%	-	-	0%
Provider Salaries	516,377	707,334	190,957	27%	351,739	164,638	47%
Clinical Support Salaries	468,473	460,251	(8,222)	-2%	874,524	(406,051)	-46%
Benefits	75,865	97,021	21,156	22%	74,838	1,027	1%
Purchased Labor	278,720	215,105	(63,615)	-30%	-	278,720	0%
Total Salaries and Benefits	1,339,435	1,479,711	140,276	9%	1,301,101	38,334	3%
Professional Fees	4,707	-	(4,707)	0%	15,198	(10,491)	-69%
Supplies Medical	60,849	106,610	45,761	43%	86,035	(25,186)	-29%
Supplies General	26,734	5,611	(21,123)	-376%	-	26,734	0%
Repairs & Maintenance	3,545	-	(3,545)	0%	-	3,545	0%
Utilities	8,213	9,500	1,287	14%	9,442	(1,229)	-13%
Purchased Services	42,668	65,325	22,657	35%	27,171	15,497	57%
Rentals & Leases	-	127,500	127,500	100%	127,228	(127,228)	-100%
Taxes	-	343	343	100%	-	-	0%
Other Direct Expenses	9,043	25,500	16,457	65%	19,633	(10,590)	-54%
Total Non Salary Expenses	155,757	340,389	184,632	54%	284,707	(128,950)	-45%
Total Expenses	1,495,192	1,820,100	324,908	18%	1,585,808	(90,616)	-6%
Contribution Margin	458,309	(75,647)	533,956	-706%	168,971	289,339	171%
FTE's							
Provider Staff	5.31	7.90	2.59	33%	4.34	(0.97)	-22%
Clinic Staff	15.71	14.23	(1.48)	-10%	19.50	3.79	19%
Contracted	0.07	-	(0.07)	0%	0.10	0.03	30%
Total	21.09	22.13	1.04	5%	23.94	2.85	12%
Employed							
Hours Paid	21,860	23,015	1,155	5%	20,298	(1,562)	-8%
Hours Worked	19,059	19,563	504	3%	17,754	(1,305)	-7%
Contracted							
Hours	73	-	(73)	0%	100	27	27%
Total Worked Hours	19,132	19,563	431	2%	17,854	(1,278)	-7%
Unit of Service (UOS) Total Visits	7,535	7,073	462	7%	6,145	1,390	23%
Productivity (Worked Hours / UOS)	2.54	2.77	0.23	8%	2.91	0.37	13%



Prosser

Memorial Health

Grandview Family Clinic

Income Statement As Of: June 30, 2024

RURAL HEALTH CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	2,909,437	2,889,944	19,493	1%	2,619,837	289,600	11%
Deductions From Revenue	(872,831)	(866,983)	(5,848)	1%	(785,951)	(86,880)	11%
Net Patient Revenue	2,036,606	2,022,961	13,645	1%	1,833,886	202,720	11%
Other Operating Revenue	-	-	-	0%	-	-	0%
Provider Salaries	671,684	653,883	(17,801)	-3%	704,117	(32,433)	-5%
Clinical Support Salaries	439,307	453,252	13,945	3%	322,958	116,349	36%
Benefits	106,565	91,418	(15,147)	-17%	84,807	21,758	26%
Purchased Labor	110,869	136,400	25,531	19%	-	110,869	0%
Total Salaries and Benefits	1,328,426	1,334,953	6,527	0%	1,111,882	216,544	19%
Professional Fees	5,013	-	(5,013)	0%	-	5,013	0%
Supplies Medical	87,066	66,050	(21,016)	-32%	78,503	8,563	11%
Supplies General	11,538	12,900	1,362	11%	-	11,538	0%
Repairs & Maintenance	-	-	-	0%	-	-	0%
Utilities	9,198	8,675	(523)	-6%	9,225	(27)	0%
Purchased Services	49,288	50,600	1,312	3%	29,671	19,617	66%
Rentals & Leases	7,001	200	(6,801)	-3401%	-	7,001	0%
Taxes	-	-	-	0%	-	-	0%
Other Direct Expenses	4,902	24,500	19,598	80%	21,843	(16,941)	-78%
Total Non Salary Expenses	174,007	162,925	(11,082)	-7%	139,242	34,765	25%
Total Expenses	1,502,432	1,497,878	(4,554)	0%	1,251,124	251,308	20%
Contribution Margin	534,174	525,083	9,091	2%	582,762	(48,588)	-8%
FTE's							
Provider Staff	6.57	6.80	0.23	3%	5.82	(0.75)	-13%
Clinic Staff	14.06	15.60	1.54	10%	11.86	(2.20)	-19%
Contracted	0.04	-	(0.04)	0%	-	(0.04)	0%
Total	20.67	22.40	1.73	8%	17.68	(2.99)	-17%
Employed							
Hours Paid	21,457	23,296	1,839	8%	18,391	(3,066)	-17%
Hours Worked	18,719	19,802	1,083	5%	15,717	(3,002)	-19%
Contracted							
Hours	46	-	(46)	0%	-	(46)	0%
Total Worked Hours	18,765	19,802	1,037	5%	15,717	(3,048)	-19%
Unit of Service (UOS) Total Visits	7,573	7,570	3	0%	6,180	1,393	23%
Productivity (Worked Hours / UOS)	2.48	2.62	0.14	5%	2.54	0.07	3%



Prosser

Memorial Health

Specialty Clinic

Income Statement As Of: June 30, 2024

PROVIDER BASED CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	9,497,525	9,499,186	(1,661)	0%	8,468,939	1,028,586	12%
Deductions From Revenue	(5,983,441)	(5,984,487)	1,046	0%	(5,335,432)	(648,009)	12%
Net Patient Revenue	3,514,084	3,514,699	(615)	0%	3,133,507	380,577	12%
Other Operating Revenue	-	-	-	0%	-	-	0%
Provider Salaries	3,724,566	3,206,102	(518,464)	-16%	2,715,584	1,008,982	37%
Clinical Support Salaries	1,017,738	972,796	(44,942)	-5%	653,923	363,815	56%
Benefits	377,152	232,098	(145,054)	-62%	263,507	113,645	43%
Purchased Labor	211,700	310,000	98,300	32%	-	211,700	0%
Total Salaries and Benefits	5,331,156	4,720,996	(610,160)	-13%	3,633,014	1,698,142	47%
Professional Fees	-	-	-	0%	296,990	(296,990)	-100%
Supplies Medical	92,397	104,292	11,895	11%	94,407	(2,010)	-2%
Supplies General	83,228	14,222	(69,006)	-85%	-	83,228	0%
Repairs & Maintenance	2,785	-	(2,785)	0%	-	2,785	0%
Utilities	-	-	-	0%	-	-	0%
Purchased Services	24,079	75,000	50,921	68%	53,982	(29,903)	-55%
Rentals & Leases	16,454	67,500	51,046	76%	87,030	(70,576)	-81%
Taxes	446	500	54	11%	-	446	0%
Other Direct Expenses	34,266	36,000	1,734	5%	20,328	13,938	69%
Total Non Salary Expenses	253,655	297,514	43,859	15%	552,737	(299,082)	-54%
Total Expenses	5,584,811	5,018,510	(566,301)	-11%	4,185,751	1,399,060	33%
Contribution Margin	(2,070,727)	(1,503,811)	(566,916)	38%	(1,052,244)	(1,018,484)	97%
FTE's							
Provider Staff	13.23	13.50	0.27	2%	8.61	(4.62)	-54%
Clinic Staff	25.40	24.83	(0.57)	-2%	19.94	(5.46)	-27%
Contracted	0.01	-	(0.01)	0%	-	(0.01)	0%
Total	38.64	38.33	(0.31)	-1%	28.55	(10.09)	-35%
Employed							
Hours Paid	40,173	39,863	(310)	-1%	29,690	(10,483)	-35%
Hours Worked	34,924	33,884	(1,040)	-3%	26,220	(8,704)	-33%
Contracted							
Hours	10	-	(10)	0%	-	(10)	0%
Total Worked Hours	34,934	33,884	(1,050)	-3%	26,220	(8,714)	-33%
Unit of Service (UOS) Total Visits	10,708	9,738	970	10%	8,680	2,028	23%
Productivity (Worked Hours / UOS)	3.26	3.48	0.22	6%	3.02	(0.24)	-8%



Prosser

Memorial Health

Dermatology

Income Statement As Of: June 30, 2024

PROVIDER BASED CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	1,120,630	1,618,240	(497,610)	-31%	1,322,098	(201,468)	-15%
Deductions From Revenue	(705,997)	(1,019,491)	313,494	-31%	(832,922)	126,925	-15%
Net Patient Revenue	414,633	598,749	(184,116)	-31%	489,176	(74,543)	-15%
Other Operating Revenue	-	-	-	0%	-	-	0%
Provider Salaries	282,356	296,670	14,314	5%	286,629	(4,273)	-1%
Clinical Support Salaries	126,235	200,288	74,053	37%	110,858	15,377	14%
Benefits	38,229	31,896	(6,333)	-20%	38,936	(707)	-2%
Purchased Labor	-	-	-	0%	-	-	0%
Total Salaries and Benefits	446,820	528,854	82,034	16%	436,423	10,397	2%
Professional Fees	-	-	-	0%	-	-	0%
Supplies Medical	122,703	74,308	(48,395)	-65%	69,715	52,988	76%
Supplies General	5,967	18,577	-	-	-	5,967	0%
Repairs & Maintenance	-	-	-	0%	-	-	0%
Utilities	201	1,988	1,787	90%	1,894	(1,693)	-89%
Purchased Services	13,081	8,950	(4,131)	-46%	8,489	4,592	54%
Rentals & Leases	16,950	28,163	11,213	40%	28,163	(11,213)	-40%
Taxes	-	-	-	0%	-	-	0%
Other Direct Expenses	6,555	4,550	(2,005)	-44%	285	6,270	2200%
Total Non Salary Expenses	165,456	136,536	(41,530)	-30%	108,546	56,910	52%
Total Expenses	612,277	665,390	40,503	6%	544,969	67,308	12%
Contribution Margin	(197,644)	(66,641)	(143,612)	216%	(55,793)	(141,851)	254%
FTE's							
Provider Staff	1.46	2.00	0.54	27%	1.61	0.15	9%
Clinic Staff	4.17	4.80	0.63	13%	4.48	0.31	7%
Contracted	-	-	-	0%	-	-	0%
Total	5.63	6.80	1.17	17%	6.09	0.46	8%
Employed							
Hours Paid	5,856	7,072	1,216	17%	6,336	480	8%
Hours Worked	5,132	6,011	879	15%	5,742	610	11%
Contracted							
Hours	-	-	-	0%	-	-	0%
Total Worked Hours	5,132	6,011	879	15%	5,742	610	11%
Unit of Service (UOS) Total Visits	2,546	2,908	(362)	-12%	2,696	(150)	-6%
Productivity (Worked Hours / UOS)	2.02	2.07	0.05	2%	2.13	0.11	5%



Prosser

Memorial Health

Occupational Health Clinic

Income Statement As Of: June 30, 2024

PROVIDER BASED CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	453,537	894,516	(440,979)	-49%	-	453,537	0%
Deductions From Revenue	(285,729)	(563,545)	277,816	-49%	-	(285,729)	0%
Net Patient Revenue	167,809	330,971	(163,162)	-49%	-	167,809	0%
Other Operating Revenue	-	-	-	0%	-	-	0%
Provider Salaries	268,051	230,642	(37,409)	-16%	-	268,051	0%
Clinical Support Salaries	30,981	86,223	55,242	64%	-	30,981	0%
Benefits	38,224	38,393	169	0%	-	38,224	0%
Purchased Labor	-	-	-	0%	-	-	0%
Total Salaries and Benefits	337,256	355,258	18,002	5%	-	337,256	0%
Professional Fees	-	-	-	0%	-	-	0%
Supplies Medical	767	47,122	46,355	98%	-	767	0%
Supplies General	7,449	55,317	-	0%	-	7,449	0%
Repairs & Maintenance	-	-	-	0%	-	-	0%
Utilities	-	7,209	7,209	100%	-	-	0%
Purchased Services	3,303	9,582	6,279	66%	-	3,303	0%
Rentals & Leases	-	18,090	18,090	100%	-	-	0%
Taxes	-	343	343	100%	-	-	0%
Other Direct Expenses	6,324	6,500	176	3%	-	6,324	0%
Total Non Salary Expenses	17,844	144,163	78,451	54%	-	17,844	0%
Total Expenses	355,100	499,421	96,453	19%	-	355,100	0%
Contribution Margin	(187,291)	(168,450)	(66,709)	40%	-	(187,291)	0%
FTE's							
Provider Staff	-	-	-	0%	-	-	0%
Clinic Staff	3.12	-	(3.12)	0%	-	(3.12)	0%
Contracted	-	-	-	0%	-	-	0%
Total	3.12	-	(3.12)	0%	-	(3.12)	0%
Employed							
Hours Paid	3,241	-	(3,241)	0%	-	(3,241)	0%
Hours Worked	2,912	-	(2,912)	0%	-	(2,912)	0%
Contracted							
Hours	-	-	-	0%	-	-	0%
Total Worked Hours	2,912	-	(2,912)	0%	-	(2,912)	0%
Unit of Service (UOS) Total Visits	1,182	1,749	(567)	-32%	-	1,182	0%
Productivity (Worked Hours / UOS)	2.46	-	(2.46)	0%	-	-	0%



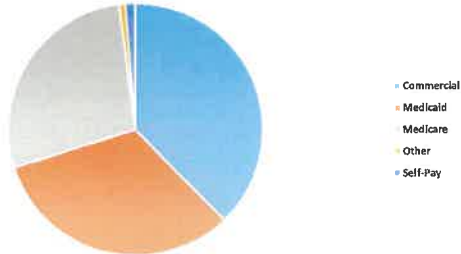
Prosser Memorial Health

Clinic Administration & Support Income Statement As Of: June 30, 2024 Admin Department

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	-	-	-	0%	-	-	0%
Deductions From Revenue	-	-	-	0%	-	-	0%
Net Patient Revenue	-	-	-	0%	-	-	0%
Other Operating Revenue	-	-	-	0%	-	-	0%
Provider Salaries	1,851	-	(1,851)	0%	-	1,851	0%
Clinical Support Salaries	244,059	275,087	31,028	11%	-	244,059	0%
Benefits	22,844	20,034	(2,810)	-14%	-	22,844	0%
Purchased Labor	-	-	-	0%	-	-	0%
Total Salaries and Benefits	268,754	295,121	26,367	9%	-	268,754	0%
Professional Fees	66,230	-	(66,230)	0%	-	66,230	0%
Supplies Medical	739	-	(739)	0%	-	739	0%
Supplies General	7,099	5,685	-	0%	-	7,099	0%
Repairs & Maintenance	-	-	-	0%	-	-	0%
Utilities	-	-	-	0%	-	-	0%
Purchased Services	2,694	-	(2,694)	0%	-	2,694	0%
Rentals & Leases	9,082	-	(9,082)	0%	-	9,082	0%
Taxes	-	-	-	0%	-	-	0%
Other Direct Expenses	3,063	50,500	47,437	94%	-	3,063	0%
Total Non Salary Expenses	88,906	56,185	(31,307)	-56%	-	88,906	0%
Total Expenses	357,660	351,306	(4,940)	-1%	-	357,660	0%
Contribution Margin	(357,660)	(351,306)	(4,940)	1%	-	(357,660)	0%
FTE's							
Provider Staff	-	-	-	0%	-	-	0%
Clinic Staff	2.99	-	(2.99)	0%	-	(2.99)	0%
Contracted	-	-	-	0%	-	-	0%
Total	2.99	-	(2.99)	0%	-	(2.99)	0%
Employed							
Hours Paid	3,105	-	(3,105)	0%	-	(3,105)	0%
Hours Worked	2,875	-	(2,875)	0%	-	(2,875)	0%
Contracted							
Hours	-	-	-	0%	-	-	0%
Total Worked Hours	2,875	-	(2,875)	0%	-	(2,875)	0%
Unit of Service (UOS) Total Visits	-	-	-	0%	-	-	0%
Productivity (Worked Hours / UOS)	#DIV/0!	-	#DIV/0!	0%	-	#DIV/0!	0%

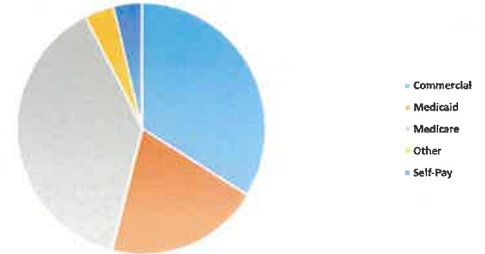
Revenue By Financial Class

Benton City Clinic



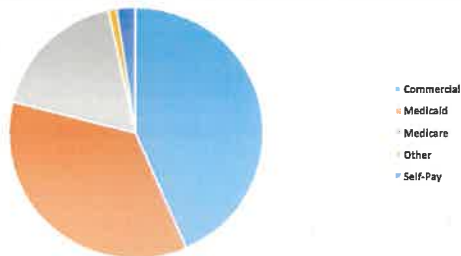
Revenue by Financial Class		
Commercial	863,318	38%
Medicaid	738,217	32%
Medicare	635,917	28%
Other	17,895	1%
Self-Pay	28,193	1%
Grand Total	2,283,540	

Specialty Clinic



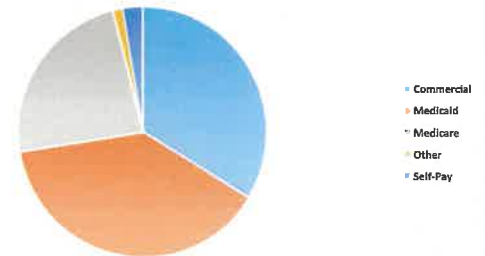
Revenue by Financial Class		
Commercial	3,219,226	34%
Medicaid	1,918,933	20%
Medicare	3,637,295	38%
Other	357,647	4%
Self-Pay	364,425	4%
Grand Total	9,497,524	

Prosser Clinic & Women's Health



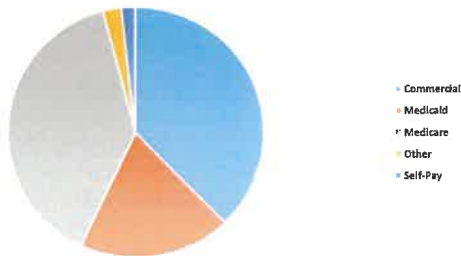
Revenue by Financial Class		
Commercial	2,284,311	44%
Medicaid	1,861,216	35%
Medicare	922,372	18%
Other	56,985	1%
Self-Pay	121,345	2%
Grand Total	5,246,229	

Grandview Clinic



Revenue by Financial Class		
Commercial	983,491	34%
Medicaid	1,127,150	39%
Medicare	680,607	23%
Other	38,655	1%
Self-Pay	79,533	3%
Grand Total	2,909,437	

Dermatology Clinic



Revenue by Financial Class		
Commercial	423,781	38%
Medicaid	214,800	19%
Medicare	436,310	39%
Other	25,826	2%
Self-Pay	19,913	2%
Grand Total	1,120,630	

Occupational Medicine



Revenue by Financial Class		
Commercial	3,224	0%
Medicaid	546	0%
Medicare	-	0%
Other	419,511	37%
Self-Pay	30,256	3%
Grand Total	453,537	



CLINICAL PROVIDER VISITS BY MONTH

Benton City Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	2023 YTD
BATALLA	-	17	33	17	-	-	-	-	-	-	-	-	67	-
CARL	192	189	159	182	193	177	-	-	-	-	-	-	1,092	1,045
DIAB	45	67	88	85	-	-	-	-	-	-	-	-	285	-
GARLAND	12	22	-	-	23	-	-	-	-	-	-	-	57	-
LUTHER	296	245	268	295	242	254	-	-	-	-	-	-	1,600	1,384
NEEWAY	-	-	1	18	41	24	-	-	-	-	-	-	84	-
OLSON-CALL	-	37	30	29	-	-	-	-	-	-	-	-	96	-
PADILLA	35	23	37	38	26	30	-	-	-	-	-	-	199	173
PETERS	54	65	65	90	79	79	-	-	-	-	-	-	452	461
RHEA	-	-	44	51	39	24	-	-	-	-	-	-	158	45
STANDINGER	196	165	173	137	177	136	-	-	-	-	-	-	984	1,234
STOKES	24	-	-	-	-	88	-	-	-	-	-	-	112	29
VANATTA	114	105	124	135	132	145	-	-	-	-	-	-	755	-
RN/CLINIC STAFF	55	65	13	13	17	26	-	-	-	-	-	-	230	171
TOTAL	1,064	1,000	1,035	1,090	969	883	-	-	-	-	-	-	6,141	6,483

Prosser Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	2023 YTD
ANDRINGA	-	-	34	35	36	28	-	-	-	-	-	-	133	-
BATALLA	-	2	-	-	-	-	-	-	-	-	-	-	2	-
CHARVET	192	221	210	151	249	248	-	-	-	-	-	-	1,271	995
ELBERT	-	-	-	-	-	122	-	-	-	-	-	-	122	-
GARLAND	-	-	-	-	34	-	-	-	-	-	-	-	34	1,065
GLOVER	40	29	44	25	-	24	-	-	-	-	-	-	162	128
JAMBORCIC, P	163	135	163	151	-	-	-	-	-	-	-	-	612	-
LUTHER	-	34	-	12	20	-	-	-	-	-	-	-	66	-
MARTIN	202	237	282	213	318	247	-	-	-	-	-	-	1,499	33
MORSE, H	193	105	169	152	153	127	-	-	-	-	-	-	899	911
NEEWAY	-	-	1	6	15	4	-	-	-	-	-	-	26	-
NIELSON	-	18	5	15	-	-	-	-	-	-	-	-	23	-
OLSON-CALL	-	14	58	28	-	-	-	-	-	-	-	-	100	-
PARK	-	11	10	9	-	7	-	-	-	-	-	-	37	101
PODHAISKY	124	175	108	194	180	176	-	-	-	-	-	-	957	-
RIVERO	-	6	-	-	-	-	-	-	-	-	-	-	6	556
ROBSON	-	-	-	-	25	35	-	-	-	-	-	-	60	-
THOMPSON	227	203	166	156	209	202	-	-	-	-	-	-	1,163	1,111
WEAY	-	-	-	15	-	8	-	-	-	-	-	-	23	-
RN/CLINIC STAFF	163	87	29	22	16	23	-	-	-	-	-	-	340	552
TOTAL	1,304	1,277	1,279	1,169	1,255	1,251	-	-	-	-	-	-	7,335	8,417

Prosser Women's Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	2023 YTD
KRISTOFZSKI	160	153	175	123	229	209	-	-	-	-	-	-	1,049	-
MORIS, R	1	9	26	1	1	27	-	-	-	-	-	-	36	45
PADILLA	226	184	162	230	159	185	-	-	-	-	-	-	1,156	1,149
SOLLERS	249	207	210	220	250	200	-	-	-	-	-	-	1,236	1,413
WEAVER	229	175	234	187	253	88	-	-	-	-	-	-	1,176	1,164
RN/CLINIC STAFF	6	76	5	4	5	3	-	-	-	-	-	-	99	40
TOTAL	871	814	786	790	897	695	-	-	-	-	-	-	4,853	4,181

Specialty Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	2023 YTD
BHATTI	250	143	267	324	181	313	-	-	-	-	-	-	1,478	1,256
BRANDAGUR	-	-	-	55	91	116	-	-	-	-	-	-	262	-
CLIFFORD	134	239	185	148	218	171	-	-	-	-	-	-	1,095	1,606
COHEN	88	77	58	81	65	85	-	-	-	-	-	-	454	462
DUNHAM	97	93	83	83	58	99	-	-	-	-	-	-	513	550
FERRITO	-	-	59	75	64	73	-	-	-	-	-	-	271	357
GARLAND	-	-	-	-	-	-	-	-	-	-	-	-	-	-
GUNDERSON	2	20	8	3	13	6	-	-	-	-	-	-	52	4
HIGGS	199	207	218	217	232	182	-	-	-	-	-	-	1,255	-
MCDONNELL	85	93	72	73	73	41	-	-	-	-	-	-	437	389
PEDERSEN	93	64	123	142	152	129	-	-	-	-	-	-	703	-
RAMIREZ	6	13	14	10	12	14	-	-	-	-	-	-	68	-
RIVERA	-	-	-	3	-	-	-	-	-	-	-	-	3	-
STREBEL	151	124	176	180	181	170	-	-	-	-	-	-	982	825
TIEU CORAL	173	131	151	130	180	153	-	-	-	-	-	-	898	906
TIEU THOMAS	190	155	163	164	189	173	-	-	-	-	-	-	1,042	1,027
UNGER	62	45	74	61	58	48	-	-	-	-	-	-	348	331
WRAY	-	-	-	7	11	33	-	-	-	-	-	-	51	-
WRIGHT	47	71	82	88	106	107	-	-	-	-	-	-	503	507
RN/CLINIC STAFF	82	82	35	23	35	35	-	-	-	-	-	-	294	448
TOTAL	1,659	1,557	1,746	1,869	1,929	1,848	-	-	-	-	-	-	10,708	7,867

Grandview Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	2023 YTD
BENITZ	-	-	24	40	36	29	-	-	-	-	-	-	129	-
DEWINE	144	148	137	89	152	124	-	-	-	-	-	-	794	546
GARZA	213	173	168	147	158	131	-	-	-	-	-	-	990	1,059
GLOVER	206	123	182	164	188	127	-	-	-	-	-	-	990	823
HUNT	-	-	-	-	-	31	-	-	-	-	-	-	31	-
JAMBORCIC, V	157	133	126	139	1	-	-	-	-	-	-	-	556	-
MODRE	78	125	191	181	208	299	-	-	-	-	-	-	1,092	-
MORIS, R	128	92	90	115	174	125	-	-	-	-	-	-	724	543
PARK	135	177	208	191	207	215	-	-	-	-	-	-	1,083	1,014
SANTA CRUZ	179	184	211	161	202	101	-	-	-	-	-	-	1,038	1,043
ROBSON	-	-	-	-	-	26	-	-	-	-	-	-	26	-
RN/CLINIC STAFF	38	35	88	53	31	35	-	-	-	-	-	-	230	194
TOTAL	1,278	1,240	1,375	1,280	1,357	1,043	-	-	-	-	-	-	7,573	8,262

Dermatology Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	2023 YTD
BOWEN	192	245	214	134	-	-	-	-	-	-	-	-	786	967
BROWN	-	-	-	-	13	17	-	-	-	-	-	-	30	-
NYLANDER	283	281	295	311	195	276	-	-	-	-	-	-	1,641	1,612
RN/CLINIC STAFF	19	17	23	17	7	6	-	-	-	-	-	-	89	117
TOTAL	494	544	532	462	215	299	-	-	-	-	-	-	2,546	2,696

Occupational Medicine

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	2023 YTD
RIVERO	101	159	142	128	89	94	-	-	-	-	-	-	713	-
ROBSON	117	146	135	93	107	107	-	-	-	-	-	-	705	-
RN/CLINIC STAFF	-	26	26	37	66	11	-	-	-	-	-	-	166	-
TOTAL	218	331	303	258	262	212	-	-	-	-	-	-	1,584	-



Prosser

Memorial Health

CLINICAL PROVIDER REVENUE BY QUARTER

	Q1	Q2	Q3	Q4	TOTAL	2023 YTD
BATALLA	25,409	18,085			43,494	-
BHATTI	1,631,569	2,015,029			3,646,598	3,607,899
BOWEN	271,987	63,107			335,094	547,562
BRANDABUR	-	2,960,555			2,960,555	-
CARL	292,232	312,661			604,893	477,249
CHARVET	354,934	413,176			768,110	633,473
CLIFFORD	1,174,640	2,194,352			3,368,992	3,427,625
COHEN	3,003,860	2,632,107			5,635,967	6,452,605
DENNIS	137,024	148,745			285,769	219,886
DIAZ	54,256	35,955			90,211	-
DUNHAM	2,255,616	2,691,816			4,947,432	2,316,975
GARLAND	70,284	87,918			158,202	1,548,553
GARZA	379,171	293,994			673,165	755,405
GLOVER	401,349	414,856			816,205	611,570
GUNDERSON	4,080	4,149			8,229	5,432
HANNAN	102,420	114,623			217,043	203,336
HIGGS	1,878,518	2,318,431			4,196,949	-
JAMBORCIC, P	330,664	140,901			471,565	-
JAMBORCIC, V	314,832	133,885			448,717	-
KRISTOFZSKI	312,322	409,984			722,306	-
LUTHER	534,540	619,654			1,154,194	1,087,327
MARTIN	502,346	613,546			1,115,892	1,650,529
MCDONNELL	3,227,752	2,785,924			6,013,676	5,015,614
MOORE	228,328	373,826			602,154	16,449
MORRIS, R	240,518	322,077			562,595	536,081
MORSE, H	159,046	182,707			341,753	395,814
NEEWAY	782	46,536			47,318	-
NIELSON	1,529,181	1,504,829			3,034,010	2,245,675
NYLANDER	393,029	413,682			806,711	805,413
OLSON-CALL	1,174,101	1,373,990			2,548,091	1,360,245
PADILLA	616,799	595,310			1,212,109	1,180,878
PARK	325,946	380,056			706,002	640,386
PEDERSEN	769,239	211,948			981,187	-
PETERS	55,030	71,553			126,583	100,878
PODHAISKY	196,524	302,592			499,116	-
RAMIREZ*	7,090	7,160			14,250	-
RIVERO	294,905	262,009			556,914	750,397
ROBISON	123,419	177,858			301,277	-
SANTA-CRUZ	491,462	440,582			932,044	814,332
SOLLERS	1,542,607	1,860,789			3,403,396	3,822,165
STAUDINGER	332,293	302,921			635,214	805,334
STOKES	7,970	47,627			55,597	14,388
STREBEL	4,014,762	3,870,317			7,885,079	6,202,354
THOMPSON	470,679	490,530			961,209	868,437
TIEU CORAL	1,455,655	1,765,218			3,220,873	3,577,153
TIEU THOMAS	1,558,280	2,003,856			3,562,136	3,623,229
UNGER	4,767,200	4,619,528			9,386,728	9,237,884
VANATTA	236,790	329,855			566,645	-
WEAVER	1,671,309	1,596,826			3,268,135	3,821,038
WRAY	7,020	629,442			636,462	-
WRIGHT	31,566	38,152			69,718	-
TOTAL	39,961,335	45,645,229	-	-	85,606,564	69,379,570

*Gross Revenue by Provider only (no RN or other); Power BI resource: ALL

**AMENDED AND RESTATED BYLAWS
OF
PROSSER PUBLIC HOSPITAL DISTRICT
BENTON COUNTY, WASHINGTON**

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<u>3.16 Podiatrist. A podiatric physician and surgeon as defined under chapter 18.22 RCW.</u>	<u>5</u>
<u>3.17 Practitioner. A Physician, Podiatrist, Dentist, or Allied Health Professional.</u>	<u>6</u>
<u>3.18 President. The person serving as the President of the Board of Commissioners in accordance with Article VI of these Bylaws.</u>	<u>6</u>
<u>3.19 Privileges or Clinical Privileges. The permission granted by the Board of Commissioners to a Practitioner to render specific diagnostic, therapeutic, medical, dental, podiatric, or surgical services based on the individual’s professional license and his/her experience, competence, ability, and judgment.</u>	<u>6</u>
<u>3.20 Prosser Memorial Health. The trade name under which Prosser Public Hospital District, Benton County, Washington does business.</u>	<u>6</u>
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PREAMBLE

Prosser Public Hospital District, Benton County, Washington is a public hospital district and a municipal corporation of the State of Washington formed under the provisions of chapter 70.44 RCW and is governed by a board of seven (7) publicly elected commissioners (the "Board of Commissioners"). The Prosser Public Hospital District, Benton County, Washington owns and operates an acute care inpatient facility known as Prosser Memorial Health and other health care facilities to serve residents of the District and other persons and services in Benton County under the trade name "Prosser Memorial Health" that serve residents of the District and other persons. The health care facilities operated by Prosser Public Hospital District, Benton County, Washington include an acute care inpatient facility operated under the trade name "Prosser Memorial Health Hospital."

These Amended and Restated Bylaws of the Board of Commissioners of Prosser Public Hospital District, Benton County, Washington ("Bylaws") are adopted to govern ~~Prosser Memorial Health~~the District and its health care facilities and services in conformity with the Washington Constitution, chapter 70.44 RCW, chapter 70.41 RCW, the Medicare Conditions of Participation for Critical Access Hospitals, and such other applicable laws as now codified or hereinafter amended.

The Board of Commissioners will facilitate the following Mission, Strategic Plan, and Values at Prosser Memorial Health.

MISSION STATEMENT

Prosser Memorial Health will improve the health of our greater community.

VISION

Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country through the achievement of the following Pillars of Excellence.

FY 2022 - 2025

I. PILLAR OF EXCELLENCE #1: Patient Loyalty

Prosser Memorial Health will provide outstanding customer service, aspiring to treat those we serve the way they want to be treated.

GOAL: Prosser Memorial Health will achieve a patient satisfaction rate of 95% or higher.

II. PILLAR OF EXCELLENCE #2: Medical Staff Development

Prosser Memorial Health will respond to Medical Staff concerns and needs in a timely manner, pursue initiatives in collaboration with our Medical Staff, and ensure the availability of the appropriate providers for those we serve.

GOAL: Prosser Memorial Health will achieve an annual Medical Staff satisfaction rate of 90% or higher.

III. PILLAR OF EXCELLENCE #3: Employee Development

Prosser Memorial Health will encourage and provide for the ongoing development of our employees. We will provide an atmosphere that values our employees and promotes:

- Open communication;
- Competitive wages and benefits;
- Selection and retention of effective, caring personnel;
- Utilization and development of talent throughout the organization;
- On-going education; and
- Employee recognition.

GOAL: Prosser Memorial Health will achieve and maintain an annual employee satisfaction rate of 90% or higher.

IV. PILLAR OF EXCELLENCE #4: Quality

Prosser Memorial Health will develop and maintain a system of continuous improvement which is incorporated into the daily work of every employee and Medical Staff member.

GOAL: Prosser Memorial Health will achieve a Quality INDEX Score of 59.5 or higher.

V. PILLAR OF EXCELLENCE #5: Services

Prosser Memorial Health will develop and maintain appropriate facilities, technology, and services to meet the needs of those we serve.

GOAL: Prosser Memorial Health will achieve a 50% market share of our greater community for those services. (Proxy: Adjusted Patient Days).

VI. PILLAR OF EXCELLENCE #6: Financial Stewardship

Prosser Memorial Health will continue to strengthen its financial stewardship position to enhance the ability to develop new services, obtain needed technology, modernize facilities, recruit physicians and ultimately ensure long-term viability.

GOAL: Prosser Memorial Health will achieve an annual total margin of 6% or more.

VALUES

ASPIRE to soar to a great height

- A Accountability:** take responsibility for our own behavior
- S Service:** Care enough to exceed the expectations of those we serve
- P Promote Teamwork:** Work together to achieve common goals
- I Integrity:** Do the right thing even when no one is watching
- R Respect:** Respect the inherent value and worth of each person
- E Excellence:** Exceed the expectations of those we serve

ARTICLE I – NAME

The official name of this public hospital district shall be Prosser Public Hospital District, Benton County, Washington, ~~(d/b/a~~ and shall do business under the trade name “Prosser Memorial Health”).

ARTICLE II – PURPOSES

- 2.1 Prosser Memorial Health is organized and shall be operated exclusively as a public hospital district pursuant to chapter 70.44 RCW, as now enacted or as hereafter amended, to be the principal provider of health care services for the population living within the boundaries of the public hospital district including those living in the City of Prosser, Benton City and the surrounding area, ~~including Benton City~~. In furtherance of those purposes, Prosser Memorial Health may:
- 2.1.1 Maintain Prosser Memorial Health for the care and treatment of persons who are suffering from sickness, injury, or disability, and under such terms and conditions as the Board of Commissioners shall specifically prescribe.
- 2.1.2 Participate in any activity and provide such services as are designed to promote the general health of ~~the~~ its community and the State of Washington and to assist, cooperate with, and provide services to other medical care facilities in the State of Washington so as to enable the rendering of health care to the general public at a reasonable cost.
- 2.1.3 Carry on any educational activities relating to rendering care to the sick, injured, and disabled or the promotion of health, which, in the opinion of the Board of Commissioners, may be justified by the facilities, personnel, and funds that are or can be made available.

ARTICLE III – DEFINITIONS

The following definitions shall apply to terms used in these Bylaws:

- 3.1 Action. The transaction of the official business of the Board of Commissioners, including but not limited to receipt of public testimony, deliberations, discussions, considerations, reviews, evaluations, and final actions.
- 3.2 Administration. The Chief Executive Officer or his/her designee and any administrator designated by the Chief Executive Officer in accordance with Article VIII of these Bylaws.
- 3.3 Allied Health Professional. An individual other than a Physician, Dentist, or Podiatrist, such as an Advance Nurse Practitioner or Nurse Practitioner who has

been granted Privileges or membership pursuant to the Prosser Memorial Health Medical Staff Bylaws.

- 3.4 Board of Commissioners or ~~Commissioner~~Board. The Board of Commissioners of Prosser Public Hospital District.
- 3.5 Chief Executive Officer. The superintendent of Prosser Memorial Health, appointed by the Board of Commissioners in accordance with RCW 70.44.070 RCW, to act on its behalf in the overall management of Prosser Memorial Health.
- 3.6 Chief Medical Officer. An employed physician, reporting to the Chief Executive Officer, responsible for the enhancement and development of Prosser Memorial Health Medical Staff through recruitment, improved clinical performance, team building, and management of employed / contracted providers.
- 3.7 Commissioner. A member of the Board of Commissioners.
- 3.8 Dentist. A dentist as defined in chapter 18.32 RCW.
- 3.9 District. The geographic ~~portion of area within~~ Benton County, Washington ~~designated as Prosser Public Hospital District that was established when the voters approved the formation of the public hospital district in 1948 as such boundaries may be revised from time to time pursuant to the provisions of chapter 70.44 RCW.~~
- 3.10 Final Action. A collective positive or negative decision, or an actual vote by a ~~majority of the~~four (4) or more members of the Board of Commissioners when sitting as a body or entity, upon a motion, proposal, resolution, order or ordinance.
- 3.11 Key Employee. The persons employed at Prosser Memorial Health in the following roles: Chief Executive Officer, Chief Financial Officer, Chief Nursing Officer, and Chief Medical Officer.
- ~~3.12 Prosser Memorial Health. Prosser Public Hospital District, Benton County, Washington.~~
- ~~3.13 President. The person serving as the President of the Board of Commissioners in accordance with Article VI of these Bylaws.~~
- ~~3.14 Physician. A physician as defined under 18.71 RCW or an osteopathic physician and surgeon as defined under 18.57 RCW.~~
- ~~3.15 Podiatrist. A podiatric physician and surgeon as defined under 18.22 RCW.~~

- ~~3.16 Privileges or Clinical Privileges. The permission granted by the Board of Commissioners to a Practitioner to render specific diagnostic, therapeutic, medical, dental, podiatric, or surgical services.~~
- 3.12 ~~3.17~~ **Medical Staff.** The formal organization of all licensed Physicians, Dentists, Podiatrists and Allied Health Professionals who are privileged under the Prosser Memorial Health Medical Staff Bylaws to attend to patients or to provide other diagnostic, therapeutic or teaching services.
- 3.13 ~~3.18~~ **Medical Staff Member.** A Physician, Podiatrist, Dentist or Allied Health Professional who has successfully obtained appointment and Privileges to practice as a part of the Medical Staff.
- 3.14 ~~3.19~~ **Medical Staff President.** A member of the Medical Staff who serves as the elected leader of the Medical Staff and who acts in coordination and cooperation with the President, Chief Medical Officer, Medical Staff and Board of Commissioners in matters of mutual concern involving Prosser Memorial Health.
- ~~3.20 Physician. Any person who has received a doctor of medicine or doctor of osteopathy degree and is legally licensed to practice medicine or surgery in the State of Washington.~~
- 3.15 **Physician.** A physician as defined under chapter 18.71 RCW or an osteopathic physician and surgeon as defined under chapter 18.57 RCW.
- 3.16 ~~3.21~~ **Podiatrist.** ~~Any person who has received a doctor of A podiatric medicine degree physician and is legally licensed to practice podiatry in the State of Washington surgeon as defined under chapter 18.22 RCW.~~
- 3.17 ~~3.22~~ **Practitioner.** A Physician, Podiatrist, Dentist, or Allied Health Professional.
- 3.18 **President.** The person serving as the President of the Board of Commissioners in accordance with Article VI of these Bylaws.
- 3.19 ~~3.23 Privileges. The extent to which a physician or Practitioner is permitted~~ **Privileges or Clinical Privileges.** The permission granted by the Board of Commissioners to a Practitioner to render specific diagnostic, therapeutic, medical care in Prosser Memorial Health within well-defined limits, dental, podiatric, or surgical services based on the individual's professional license and his/her experience, competence, ability, and judgment.
- 3.20 **Prosser Memorial Health.** The trade name under which Prosser Public Hospital District, Benton County, Washington does business.

ARTICLE IV – BOARD OF COMMISSIONERS

- 4.1 **Qualifications of Commissioners.**

4.1.1 Each Commissioner shall meet the following qualifications:

- (a) Be a registered voter residing within the boundaries of the District.
- (b) Not serve as an employee of Prosser Memorial Health.
- (c) Never have been adjudicated and found guilty or entered a plea of guilty or nolo contendere in a criminal prosecution under the laws of any state or of the United States, for any felony or any offense reasonably related to the qualifications, functions, or duties of a Commissioner, or for any offense, an essential element of which is fraud, dishonesty, or an act of violence, or for any offense involving moral turpitude, regardless of whether a sentence is imposed.
- (d) Never have been excluded from any Medicare, Medicaid, or any other Federal, state or local governmental program for the reimbursement of health care services.
- (e) Never had civil monetary penalties assessed pursuant to Sections 1128A or 1129 of the Social Security Act.
- (f) Have an interest in health care.
- (g) Be cognizant of the health care needs of the area served by Prosser Memorial Health.
- (h) Be committed to the Mission, Vision, and Values of Prosser Memorial Health and behave according to the Prosser Memorial Health Standards of Behavior.

4.1.2 If a Commissioner fails to meet the qualifications set forth in this Section 4.1 of the Bylaws, such Commissioner shall, within seventy-two (72) hours, notify the Chief Executive Officer and the Chief Executive Officer shall immediately inform the President or other Commissioner so that the Board of Commissioners may take appropriate action as set forth in Section 4.6 of the Bylaws.

4.2 Election/Appointment of Commissioners.

- 4.2.1 The Board of Commissioners shall consist of seven (7) Commissioners now serving in such capacity, each to serve the remainder of his or her present term.
- 4.2.2 All Commissioners shall be elected, or appointed in the case of a vacancy, and serve in the manner and for the term prescribed by RCW 70.44.

Bradley Berg [BB1]

Are all commissioners elected on an at-large basis or are some commissioners elected from commissioner sub-districts? If so, the commissioner would also need to be a resident of the sub-district.

Bradley Berg [BB2]

These qualification requirements go beyond the requirements applicable under state law to PHD commissioners and are not likely legally enforceable.

- 4.2.3 Each Commissioner shall take an Oath of Office in the form required by the statutes of the State of Washington pertaining to public officials.
- 4.3 Orientation. Each Commissioner shall participate in an orientation session upon first becoming a Commissioner and periodically thereafter in continuing education programs relevant to his or her responsibilities as a Commissioner. Such training shall include education in accordance with the ~~Open Government Trainings Act, Chap. 66, 2014 Laws, as amended from time to time~~requirements of RCW 42.30.205 and RCW 42.56.150.
- 4.4 Authority, Powers and Responsibilities of the Board of Commissioners.
- 4.4.1 The Board of Commissioners shall be the ultimate authority in Prosser Memorial Health responsible for its organization and administration in a manner which is consistent with appropriate standards of patient care, environmental safety, and institutional management. While the authority of the Board of Commissioners may be delegated to the Chief Executive Officer and the Medical Staff as permitted by applicable law and as specified in these Bylaws or by resolution, any delegation of authority by the Commission may be rescinded in its sole discretion.
- 4.4.2 All of the powers authorized in Chapter 70.44 RCW may be exercised by the Board of Commissioners in the performance of its duties prescribed therein. Among other things, the Board shall have the power and responsibility to:
- (a) develop and approve a Mission, Vision (long range plan), Values, and an annual operational plan (strategic plan);
 - (b) develop and monitor a plan and provide resources and support systems to promote quality assessment and improvement of patient care and services, risk management functions related to patient care and safety, and the competency of all health care providers;
 - (c) ensure that the Medical Staff and staff of the departments implement and report on the performance improvement activities and mechanisms for monitoring and evaluating the quality of patient care, for identifying opportunities to improve patient care, and for identifying and resolving problems;
 - (d) provide patient and family grievance processes, including a time frame for resolving each grievance;
 - (e) define who can give and receive patient care orders that are consistent with professional licensing law;

- (f) provide communication and conflict resolution between the Medical Staff and the Board of Commissioners;
- (g) ensure that one level of patient care is provided to all patients with the same health problem;
- (h) assure that Prosser Memorial Health will not discriminate against any patient because of race, color, national origin, sex, age or disability, or because the patient is covered by a program such as Medicaid or Medicare, or because the patient demonstrates an inability to pay;
- (i) approve appointments, reappointments and clinical privileges of the Medical Staff and maintain positive working relationships between the Commissioners, Administration, and the Medical Staff;
- (j) establish Board of Commissioners policies and manuals for conducting business;
- (k) require written or electronic orders to be authenticated by a legally authorized person for all drugs, intravenous solutions, blood, medical treatments, and nutrition;
- (l) establish requirements for reporting Physicians and Practitioners according to [RCW 70.41.210](#) ~~RCW~~, [NPDB National Practitioner Data Bank](#) standards and for informing patients of any unanticipated outcomes according to [RCW 70.41.380](#);
- (m) require reporting of adverse events and conducting root cause analyses according to [chapter 246-302 WAC](#);
- (n) oversee management of operating unit business, property, and funds, taking into account community health care needs;
- (o) review and approve operating and capital expenditure budgets;
- (p) evaluate Prosser Memorial Health and Board of Commissioners' performance against plans and budgets;
- (q) select, [appoint](#) and evaluate the Chief Executive Officer;
- (r) ensure maintenance of Prosser Memorial Health licensure;
- (s) facilitate and maintaining building community relations and fund-raising efforts;
- (t) review and amend the Bylaws, policies, and manuals as necessary;

Bradley Berg [BB3]

[This standard may not be possible to achieve and may impose legal liability.](#)

- (u) approve the Medical Staff Bylaws, Rules and Regulations before they become effective;
- (v) ensure that Prosser Memorial Health complies with applicable laws and regulations; and
- (w) carry out the duties set forth at [RCW 70.44.060](#) ~~RCW as amended from time to time.~~

4.4.3 The Board of Commissioners shall cause the books of account of Prosser Memorial Health to be audited at least once in each fiscal year and at such other times as it may deem necessary or appropriate.

4.5 Responsibilities Related to Critical Access Hospital Status. In addition to the foregoing, the Board of Commissioners shall, in connection with Prosser Memorial Health's designation as a Critical Access Hospital:

4.5.1 Assure that Prosser Memorial Health maintains agreements with network hospitals for patient referral and transfer; development and use of communications systems of the network; and the provision of emergency and non-emergency transportation between Prosser Memorial Health and the network hospital.

4.5.2 Assure that Prosser Memorial Health maintains an agreement with respect to credentialing and quality assurance with at least one (1) hospital that is a member of the network; one (1) [QIO quality improvement organization](#) or equivalent entity; or one (1) other appropriate and qualified entity identified in the State rural health care plan.

4.5.3 When telemedicine services are furnished to Prosser Memorial Health's patients through a distant site hospital or entity, ensure that the requirements of 42 CFR 485.616, ~~as amended from time to time,~~ are met.

4.6 Resignation and Removal.

4.6.1 Any Commissioner may resign at any time by giving notice to the President of the Board of Commissioners. Such resignation, which may or may not be made contingent on formal acceptance, takes effect on the date of receipt or at such later time specified in the notice of resignation.

4.6.2 Any Commissioner who shall (1) engage in willful misconduct in office, (2) willfully neglect to perform any duty enjoined upon the Commissioner by law or these Bylaws, or (3) cease to meet the qualifications set forth in Section 4.1 of these Bylaws, shall forfeit his or her office and shall be subject to ouster as provided by law.

4.7 Vacancies. Any vacancy in the office of Commissioner shall occur as provided in RCW 70.44.045, ~~as now codified or hereafter amended,~~ and shall be filled as

Bradley Berg [BB4]
 As noted in my previous comments, some of the qualifications may not be legally enforceable and, as a result, may not be basis for removing a commissioner from office.

provided in [RCW chapter 42.12](#) [RCW](#). This statute currently allows the Board of Commissioners ninety (90) days to fill the vacancy. Upon failure of the Board to so act, the County Commissioners shall fill the vacancy within one hundred eighty (180) days of the vacancy.

4.8 Commissioners' Fees and Expenses.

4.8.1 The Board of Commissioners shall provide by resolution for the payment of compensation to each of its Commissioners at a rate established in accordance with RCW 70.44.050 ~~as now codified or hereafter amended~~, for each day or portion thereof devoted to the business of Prosser Memorial Health and days upon which he or she attends meetings of the Commission, except that the total compensation paid to such Commissioner during any one (1) year shall not exceed the limit as set forth in RCW 70.44.050 ~~as now codified or hereafter amended~~.

4.8.2 Any Commissioner may waive all or any portion of his or her compensation, payable under this section as to any month or months during his or her term of office, by filing a written waiver with the Board of Commissioners as provided in RCW 70.44.050. The waiver, to be effective, must be filed any time after the Commissioner's election and prior to the date in which the compensation would otherwise be paid. The waiver shall specify the month or period of months for which it is made.

4.8.3 Each Commissioner shall be reimbursed for reasonable expenses actually incurred in connection with such business and meetings, including his or her subsistence and lodging and travel while away from his or her place of residence.

ARTICLE V - MEETINGS

5.1 Regular Meetings.

5.1.1 ~~Regular meetings of the Board of Commissioners shall occur when, with a collective intent to meet, a quorum (as defined herein) of the Commissioners meet to transact Prosser Memorial Health's official business.~~ Regular meetings shall be held in compliance with the Open Public Meeting Act ~~at~~ monthly at a time and place designated by the Commissioners by resolution.

5.1.2 The agenda of each regular meeting shall be available on Prosser Memorial Health's Web site no later than twenty-four (24) hours in advance of the published start time of the meeting. A sample agenda for a regular meeting is located in the Organization and Functions manual.

5.1.1 ~~Medical Staff.~~ The Medical Staff President or any officer of the Medical Staff or other designee shall report to the Board of Commissioners the performance and maintenance of quality, and the views, policies, needs

and grievances of the Medical Staff at regular meetings of the Board of Commissioners^{2-meetings}. The Medical Staff President shall also report on Medical Staff activities from Medical Staff and Medical Executive Committee meetings.

5.2 Special Meetings.

5.2.1 Special meetings may be called at any time by the President of the Board of Commissioners or by a ~~majority of the~~ four (4) or more members of the Board of Commissioners. The call and notice shall specify the time and place of the special meeting and the business to be transacted. Final ~~disposition~~ action shall not be taken on any matter not addressed in the notice.

5.2.2 Notice of a special meeting shall be affected by delivering personally by mail, facsimile, e-mail, or any other electronic communication method to each member of the Board of Commissioners. Additionally, notice of the special meeting must be:

(a) Delivered to each local newspaper of general circulation and local radio or television station that has on file with Prosser Memorial Health a written request to be notified of such special meeting or of all special meetings;

(b) Posted on Prosser Memorial Health's Web site; and

(c) Prominently displayed at the main entrance of Prosser Memorial Health and the meeting site if the meeting is not held at Prosser Memorial Health. The call and notice shall specify the time and place of the special meeting and the business to be transacted.

5.2.3 Such notice of a special meeting must be delivered or posted, as applicable, at least twenty-four (24) hours before the time of such special meeting.

5.3 Procedure at Meetings. Robert's Rules of Order Revised (latest edition) shall govern procedure at all meetings of the Board of Commissioners and Board of Commissioners' Committees, where not covered expressly by these Bylaws.

5.4 Telephone or Video Attendance at Meetings. One or more Commissioners may remotely attend a regular or special meeting of the Board of Commissioners by telephone or video-conference, provided that a speaker phone or video screen is available at the official location of the meeting so that the Board of Commissioners and the public can hear each remote Commissioner's input and remote Commissioner(s) can hear what is said at the meeting.

- 5.5 Quorum. Four (4) of the persons holding the office of Commissioner shall constitute a quorum of the Commission for the transaction of business.
- 5.6 Action by Board of Commissioners.
- 5.6.1 The Board of Commissioners shall not adopt any ordinance, resolution, rule, regulation, order, or directive except in a regular or special meeting open to the public which has been called and noticed in accordance with these Bylaws.
- 5.6.2 No resolution shall be adopted, or other final action taken, without a majority an affirmative vote of ~~the whole Board~~ a minimum of four (4) Commissioners. There shall be no voting by secret ballot.
- 5.7 Minutes. Minutes of all regular and special meetings, except executive sessions thereof, shall be promptly recorded and shall be open to public inspection in accordance with the Public Records Act at chapter 42.56 RCW.
- 5.8 Executive Session.
- 5.8.1 For any of the purposes enumerated in RCW 42.30.110, RCW 70.44.062 or any other provision of applicable law, the Board of Commissioners may ~~resolve itself into~~ convene in a closed Executive Session at any public regular or special meeting of the Board of Commissioners, and all persons not members of the Board of Commissioners may be excluded from such Executive Session. ~~In addition to the purposes enumerated in 42.30.110 RCW:~~
- ~~(a) — Any meeting, proceeding, and deliberation of the Board of Commissioners, its staff or agents, concerning the granting, denial, revocation, restriction, or other consideration of the status of the clinical or staff privileges of a Physician or other health care provider as defined in 7.70.020 RCW shall be confidential and may be conducted in Executive Session so long as any Final Action on such matter is conducted in public session.~~
- ~~(b) — Any meeting, proceeding, and deliberation of a quality improvement committee established pursuant to 70.41.200 RCW, including the Joint Conference Committee described in the Organization and Functions Manual, and all meetings, proceedings, and deliberations of the Board of Commissioners, its staff or agents, to review the report or the activities of a quality improvement committee may, at the discretion of the quality improvement committee or the Board of Commissioners, be confidential, subject to all applicable privileges and may be conducted in Executive Session, provided any Final Action of the Board of Commissioners on the report of the quality improvement committee shall be conducted in public session.~~

- 5.8.2** Before convening in Executive Session, the presiding officer of the Board of Commissioners shall publicly announce the purpose for excluding the public from the meeting place, and the time when the Executive Session will be concluded. The Executive Session may be extended to a stated later time by announcement from the presiding officer.
- 5.9** Continuances. Any hearing being held, noticed, or ordered to be held by the Board of Commissioners at any meeting may by order or notice of continuance be continued or re-continued to any subsequent meeting of the Board of Commissioners in the same manner and to the same extent as set forth for the adjournment of meetings.
- 5.10** Adjournments.
- 5.10.1** The Board of Commissioners may adjourn any regular, adjourned regular, special or adjourned special meeting to a place and time specified in the order of adjournment.
- 5.10.2** If all Commissioners are absent from any regular or adjourned regular meeting, the Secretary of the Board of Commissioners may declare the meeting adjourned to a stated time and place. He or she shall cause a written notice of the adjournment to be given in the same manner as provided for special meetings, unless such notice is waived as provided for special meetings.
- 5.10.3** Whenever any meeting is adjourned, a copy of the notice of adjournment shall be conspicuously posted immediately after the time of adjournment on or near the door of the place where the regular, adjourned regular, special or adjourned special meeting was held. When a regular or adjourned regular meeting is adjourned as provided in this section, the resulting adjourned regular meeting is a regular meeting for all purposes. When a notice of adjournment of any meeting fails to state the hour at which the adjourned meeting is to be held, it shall be held at the hour specified for regular meetings as established by resolution.
- 5.11** Annual Meeting. At the annual meeting of the Board of Commissioners in each year succeeding an election year, new Commissioners shall present evidence of their ~~commission~~ qualification to the Secretary, and the roll call shall include the names of new Commissioners, if duly qualified, as members of the Board of Commissioners. The annual meeting may be a regular meeting of the Board of Commissioners.

ARTICLE VI – OFFICERS AND DUTIES

- 6.1** Election of Officers and Term.
- 6.1.1** The Board of Commissioners shall organize by electing from its own members a President, Vice President, and Secretary at its first regular

meeting each calendar year, such election to be passed by ~~majority vote of~~ the Board Commissioners in each case.

- 6.1.2 The terms of these offices shall be for one (1) year or until a successor assumes office.
- 6.1.3 The President, Vice President, and Secretary shall have a vote on all matters coming before the Board of Commissioners.
- 6.2 Duties of President. The President shall:
 - 6.2.1 Confer with and advise ~~with~~ the Chief Executive Officer between meetings, and shall report such action to the Board of Commissioners at its next regular meeting;
 - 6.2.2 Have the authority to execute such contracts, as the Board of Commissioners shall direct, when such authority has not been given to the Chief Executive Officer of Prosser Memorial Health; and
 - 6.2.3 Perform all duties usually pertaining to the President's office.
- 6.3 Duties of Vice President. The Vice-President shall perform the duties of the President, in the absence of the President, and shall perform such other duties as may be delegated from time to time by the Board of Commissioners.
- 6.4 Duties of Secretary. The Secretary shall:
 - 6.4.1 Send or cause to be sent, appropriate notice to the members of the Board of Commissioners and other interested parties;
 - 6.4.2 Prepare or cause to be prepared, minutes of regular and special meetings of the Board of Commissioners; sign the same, and keep them in a proper book for that purpose;
 - 6.4.3 Affix or cause to be affixed the official seal of Prosser Memorial Health to any document requiring it; and
 - 6.4.4 In the absence of the President and Vice President, preside at the Board of Commissioners meeting. In the absence of the President, Vice President and the Secretary, the senior Commissioner shall preside, provided there is a quorum.
- 6.5 Other Duties. In addition to the foregoing authority and duties, all elected officers of Prosser Memorial Health shall respectively have such authority and perform such duties as may be designated from time to time by the Board of Commissioners.

- 6.6 Vacancies. If a vacancy occurs in the office of either the President or the Secretary, an election of officers shall take place at the next regular meeting of the Board to fill the unexpired term created by the vacancy.
- 6.7 Appointed Officers. Appointed officers shall be those positions approved from time to time by the President of the Board of Commissioners.

ARTICLE VII – COMMITTEES

7.1 Appointment of Committees.

- 7.1.1 The President shall appoint one (1) or more ~~other~~ standing or special committees as the Board of Commissioners shall authorize by resolution, with the committees having such authority, membership, and procedures as the Board of Commissioners shall prescribe by resolution.
- 7.1.2 A list of committees and their functions, as delegated by the Board of Commissioners, is contained in the Organization and Functions Manual which is hereby incorporated by reference.
- 7.1.3 Each committee shall be chaired by a Commissioner.
- 7.1.4 Any resolutions or policy statements adopted by the Board of Commissioners pertaining to committee functions, responsibilities and structure may be amended from time to time by the Board of Commissioners.
- 7.1.5 Committee members shall continue as such until the next annual meeting of the Board of Commissioners or until their successors are appointed, unless:
- (a) the committee shall be sooner terminated;
 - (b) they shall be removed from such committee; or
 - (c) they shall cease to qualify as a member of such committee.

7.2 Committee Procedures Generally.

- 7.2.1 Every committee shall consist of at least one (1), but not more than three (3), Commissioners.
- 7.2.2 Committees may include non-Commissioners as voting committee members.
- 7.2.3 Medical Staff members are eligible and are encouraged to participate on Board of Commissioners committees.

- 7.2.4 Each committee shall adopt rules for its own operations and those of its subcommittees consistent with these Bylaws or the policies of the Board of Commissioners and as outlined in the Organization and Functions Manual.
- 7.2.5 Each committee shall record minutes of its deliberations, recommendations and conclusions and shall deliver a full report to the Board of Commissioners.

ARTICLE VIII – CHIEF EXECUTIVE OFFICER OF PROSSER MEMORIAL HEALTH

8.1 Appointment.

- 8.1.1 The Board of Commissioners shall select and appoint, in compliance with the requirements of RCW 70.44.070, as Chief Executive Officer a competent and experienced administrator who shall be its direct representative in the management of Prosser Memorial Health and its affiliated services, facilities, and operations.
- 8.1.2 The appointment or removal of the Chief Executive Officer shall be by resolution of the Board, introduced at a regular meeting and adopted at a subsequent regular meeting by majority vote of the Board of Commissioners.
- 8.1.3 The Chief Executive Officer shall be appointed for an indefinite term, removable at the will of the Board of Commissioners, and shall receive such compensation as the Board of Commissioners shall establish by resolution.
- 8.1.4 In case of the absence or temporary disability of the Chief Executive Officer, the Board of Commissioners shall appoint a competent person to serve as an interim Chief Executive Officer.

Bradley Berg [885]
 RCW 70.44.070 was amended to eliminate the requirement that the resolution be introduced at one regular meeting and adopted at a subsequent regular meeting. The resolution can now be adopted at the same regular meeting that it is introduced. Does the board wish to maintain this requirement?

8.2 Authority of Chief Executive Officer.

- 8.2.1 The Chief Executive Officer shall be the superintendent of Prosser Memorial Health in accordance with ~~the statutes of the State of Washington~~ RCW 70.44.070.
- 8.2.2 The Chief Executive Officer shall have the necessary authority and be held responsible for the management of Prosser Memorial Health in all its activities and departments, subject to such policies as may be adopted and such orders as may be issued by the Board of Commissioners or by any of its committees to which it has delegated power for such action.
- 8.2.3 The Chief Executive Officer may be entitled to attend all meetings of the Board of Commissioners and its committees and to take part in the

discussion of any matters pertaining to Prosser Memorial Health, but shall have no vote at any meeting of the Board of Commissioners.

- 8.3** Duties of the Chief Executive Officer. The Chief Executive Officer shall act as the duly authorized representative of the Board of Commissioners in all matters in which the Board of Commissioners has not formally designated some other person for the specific purpose including, but not limited to, the following:
- 8.3.1** Carrying out all policies and procedures established by the Board of Commissioners and advising on the formation of those policies;
 - 8.3.2** Developing and submitting to the Board of Commissioners for approval a plan of organization for the conduct of the various activities of Prosser Memorial Health and recommending changes when necessary;
 - 8.3.3** Preparing written plans for the achievement of Prosser Memorial Health's Mission, Vision, Values and Strategic Plan, and periodically reviewing and evaluating such plans;
 - 8.3.4** Preparing an annual budget showing the expected revenue and expenditures as required by the Board of Commissioners;
 - 8.3.5** Recruiting, selecting, employing, developing, supervising, and discharging Prosser Memorial Health agents and employees and implementing personnel policies and practices for Prosser Memorial Health;
 - 8.3.6** Evaluating the performance of all Prosser Memorial Health employees reporting to him/her;
 - 8.3.7** Overseeing the management of Prosser Memorial Health's assets;
 - 8.3.8** Presenting to the Board of Commissioners, and its authorized committees, periodic reports reflecting the activities of Prosser Memorial Health and such other reports as may be required by the Board of Commissioners, and its authorized committees;
 - 8.3.9** Participating with the Medical Staff and all those concerned with rendering professional service to the end that quality care, pertinent and practical, is provided to every patient;
 - 8.3.10** Attending and furnishing administrative support for meetings of the Board of Commissioners and its committees;
 - 8.3.11** Serving as liaison for Prosser Memorial Health in its relationships with affiliated organizations, including any Prosser Memorial Health

auxiliary(ies) and thereby guiding and directing the activities of the affiliated organizations to best serve Prosser Memorial Health;

- 8.3.12 Representing Prosser Memorial Health in its relationships with outside agencies and organizations, to promote good public relations, and to participate in activities of health care agencies and organizations which shall include, but not be limited to, serving upon committees or as an officer of such organizations;
 - 8.3.13 Setting expectations, developing plans and implementing procedures to assess and improve the quality of the organization's governance, management, clinical and support processes;
 - 8.3.14 Overseeing the development, implementation, maintenance, and monitoring of an effective corporate compliance program to prevent and detect violations of the law within Prosser Memorial Health;
 - 8.3.15 Implementing the requirements for hospital leaders set forth at WAC 246-320-136, as amended from time to time;
 - 8.3.16 Seeing that all requirements of law, and state and local authorities are observed; and
 - 8.3.17 Performing such other duties as may from time to time be assigned by the Board of Commissioners.
- 8.4 Administrators. The Chief Executive Officer, after the Board of Commissioners approval, may appoint one (1) or more administrators whose duties will be assigned by the Chief Executive Officer, one (1) of which will be to act in the place of, and with full authority of, the Chief Executive Officer in the Chief Executive Officer's absence or inability to act.

ARTICLE IX - OTHER OFFICERS OF PROSSER MEMORIAL HEALTH

- 9.1 Treasurer.
- 9.1.1 The Board of Commissioners by resolution shall appoint and designate a person having experience in financial and fiscal matters as treasurer.
 - 9.1.2 The primary responsibility of the treasurer is to establish, maintain, and control the Prosser Memorial Health general fund and any special funds established by the Board of Commissioners and carry out the duties set forth in 70.44.171 RCW.
 - 9.1.3 All Prosser Memorial Health funds shall be paid to the treasurer and shall be disbursed by the treasurer only on warrants issued by an auditor

appointed by the Board of Commissioners, upon order or vouchers approved by it.

9.2 Auditor.

9.2.1 The Board of Commissioners shall appoint as Auditor of Prosser Memorial Health a person experienced in accounting and business practices.

9.2.2 The Auditor shall:

- (a) Report in the performance of his/her duties directly to the Chief Executive Officer;
- (b) Draw, sign and issue all warrants for the disbursement of funds of Prosser Memorial Health upon the orders of or vouchers approved by the Board of Commissioners; and
- (c) Perform such other duties relating to the business affairs of Prosser Memorial Health, including the recording of financial transactions, collection of accounts and the routine purchase and issue of supplies as are assigned by the Chief Executive Officer.

ARTICLE X – MEDICAL STAFF OF PROSSER MEMORIAL HEALTH

10.1 Organization. The Board of Commissioners shall cause to be created a medical staff organization, to be known as the Medical Staff of Prosser Memorial Health and composed of such Physicians and Practitioners who are appointed to membership and/or granted Privileges to provide care, diagnosis, treatment and rehabilitation to patients of Prosser Memorial Health by Action of the Board of Commissioners. The Medical Staff is accountable to the Board of Commissioners for the proper discharge of the duties set forth in this Article.

Bradley Berg [BB6]
[Prosser Memorial Health includes all health care facilities and services operated by the public hospital district including those that may not be provided in the district's licensed hospital facility. Should the scope of the medical staff function be limited to activities that occur within the licensed hospital facility?](#)

10.2 Appointment Process.

10.2.1 Appointment to the Medical Staff and/or the granting of Clinical Privileges by the Board of Commissioners shall be a prerequisite to the exercise of Clinical Privileges at Prosser Memorial Health, except as otherwise specifically provided for in the Prosser Memorial Health Medical Staff Bylaws.

10.2.2 Appointments to the Medical Staff shall be for a two (2) year period and shall be made by the Board of Commissioners after considering recommendations duly submitted in accordance with the Prosser Memorial Health Medical Staff Bylaws, as well as evidence of adequate medical malpractice insurance as determined by the Board of Commissioners; provided, that all initial appointments shall be provisional and that all appointments to the provisional Medical Staff shall be for a

period as determined by the Prosser Memorial Health Medical Staff Bylaws.

10.3 Responsibilities of Medical Staff.

10.3.1 Quality Review. The Board of Commissioners shall delegate to the Medical Staff the responsibility and authority to evaluate, under the direction and supervision of the Chief of Staff, the quality of medical care provided by Prosser Memorial Health. In fulfilling this responsibility, the Medical Staff, through its committees and services, shall conduct necessary retrospective and continuing review of the quality of performance and clinical practice of the members of the Medical Staff and make evaluations relating thereto. The Medical Staff, under the direction and supervision of the Chief of Staff and/or Chief Medical Officer, shall conduct patient care evaluations.

10.3.2 Evaluation of Health Care Professionals. The Board of Commissioners shall delegate to the Medical Staff the responsibility to investigate and evaluate under the direction and supervision of the Chief Executive Officer, the Chief Medical Officer, and the Chief of Staff, all matters relating to Medical Staff membership status, Clinical Privileges, and corrective action and the Medical Executive Committee shall make recommendations to the Board of Commissioners (or any committee designated by the Board of Commissioners) relating thereto.

10.3.3 Compliance with Ethical and Professional Standards. The Medical Staff shall seek to achieve compliance with all ethical principles and standards of professional medical practice. There shall be an appropriately licensed Practitioner responsible for the care and treatment of each patient at the Medical Center at all times. Patients shall be admitted to the Medical Center only by a Medical Staff member with admitting privileges, and a Physician or Allied Health Professional shall be available to furnish patient care services at all times. The Board of Commissioners shall provide appropriate procedures to enable it to be regularly and fully apprised of matters of concern to and the viewpoints of the Medical Staff.

10.3.4 Medical Staff Bylaws, Rules and Regulations.

(a) The Medical Staff organization shall formulate and adopt Prosser Memorial Health Medical Staff Bylaws, Rules and Regulations for its internal governance, and amendments thereto from time to time, and the Chief of Staff, other member of the Medical Executive Committee, Chief Medical Officer or the Chief Executive Officer shall present said Prosser Memorial Health Medical Staff Bylaws, Rules and Regulations to the Board of Commissioners. The Prosser Memorial Health Medical Staff Bylaws, Rules and Regulations shall be reviewed and revised as needed, and at a minimum of every three (3) years. Such shall be effective only

when approved by the Board of Commissioners. The Prosser Memorial Health Medical Staff Bylaws, Rules and Regulations shall create an administrative organization to discharge the functions and responsibilities assigned to the Medical Staff by the Board of Commissioners.

(b) The Prosser Memorial Health Medical Staff Bylaws, Rules and Regulations shall state the purposes, functions and organization of the Medical Staff and shall set forth the policies by which the Medical Staff exercises and accounts for its delegated authority and responsibilities. The Prosser Memorial Health Medical Staff Bylaws shall provide for a due process mechanism for the proper review, when requested (and when such review is permitted by the Prosser Memorial Health Medical Staff Bylaws), of situations in which membership on the Medical Staff or privileges are restricted, revoked, limited, suspended, denied, or otherwise adversely modified due to matters relating to clinical competence or professional conduct.

- 10.3.5 Policies.** Participate and offer recommendations in the development of policies relative to the effective use of existing facilities, and provision for the improvement or extension thereof where appropriate, to assure adequate patient care, responsive to the needs of the population served, now and in the future.
- 10.3.6 Education.** Supervise the medical education program at Prosser Memorial Health and render such other services as the Board of Commissioners may consider desirable to enhance the standards of medical practice at Prosser Memorial Health.
- 10.3.7 Membership and Clinical Privileges.** The Medical Staff of Prosser Memorial Health shall be composed of qualified Practitioners who are licensed to practice in the State of Washington. Membership on the Medical Staff shall be a prerequisite to the exercise of Clinical Privileges in Prosser Memorial Health, except as otherwise specifically provided in the Prosser Memorial Health Medical Staff Bylaws.
- 10.3.8 Recommendation to the Board of Commissioners.** The Medical Staff, under the direction and supervision of the Chief Executive Officer, Chief Medical Officer, and Chief of Staff, shall investigate and evaluate matters related to Medical Staff membership status, Clinical Privileges, and corrective action, and the Medical Executive Committee shall make recommendations to the Board of Commissioners (or any committee designated by the Board) thereon. Action on all matters relating to Medical Staff status, Clinical Privileges, and adverse action as defined in the Medical Staff Bylaws shall be taken by the Board of Commissioners in accordance with the timeframes set forth in the Prosser Memorial Health Medical Staff Bylaws after considering the recommendations of the Medical Executive Committee; provided, however, that the Board of

Commissioners shall act in any event if the Medical Executive Committee fails to submit any such recommendation within the time periods required by the Prosser Memorial Health Medical Staff Bylaws. Any such Board of Commissioners action without the recommendation of the Medical Executive Committee shall be based on the same kind of documented investigation and evaluation of current ability, judgment, and character as is required for recommendations of the Medical Staff.

- 10.3.9 Medico-Administrative Positions.** For any Physician or such other category of licensed independently practicing health professional designated by the Board of Commissioners, whose engagement by Prosser Memorial Health in a medico-administrative capacity requires membership on PMH Medical Staff, the termination of such contract or employment shall not constitute a resignation of such person's Privileges unless provided for in his/her employment agreement. Such resignation shall not be subject to the review process set forth in the Corrective Action and Hearing and Appellate Reviews sections of the Prosser Memorial Health Medical Staff Bylaws.
- 10.3.10 Procedure for Appointment.** The procedure to be followed by the Medical Staff and the Board of Commissioners in acting on matters of membership status, Clinical Privileges, and corrective action shall be specified in the Prosser Memorial Health Medical Staff Bylaws.
- 10.3.11 Application for Appointment.** All applications for appointment to the Medical staff shall be in writing and addressed to the Chief Executive Officer or his designee. Applications shall contain full information as required by the Prosser Memorial Health Medical Staff Bylaws. This information shall be verified by the Medical Staff pursuant to its credentialing function.
- 10.3.12 Selection Criteria.** In acting on matters of Medical Staff membership status, the Board of Commissioners shall consider the recommendations of the Medical Executive Committee and Prosser Memorial Health Administration, the needs of Prosser Memorial Health and community, and such other criteria as are set forth in the PMH Medical Staff Bylaws. In granting and defining the scope of Clinical Privileges that is to be exercised by each Practitioner providing health care services at Prosser Memorial Health, the Board of Commissioners shall consider the recommendation of the Medical Executive Committee, the supporting information on which it is based, and such criteria as are set forth in the Prosser Memorial Health Medical Staff Bylaws. Important criteria for Medical Staff membership and Clinical Privileges among others, are professional ability, clinical competence, judgment, community needs, Prosser Memorial Health needs and capacity to provide support, and ability to provide good patient care at Prosser Memorial Health. Notwithstanding the above, for a Practitioner to be favorably considered

for Medical Staff membership, it will be necessary to assure compatibility with the purposes, objectives, philosophies, programs, and staff of Prosser Memorial Health.

10.3.13 No Unlawful Discrimination. No aspect of membership status nor specific Clinical Privileges shall be limited or denied to an applicant who otherwise meets the criteria for becoming a member of the Medical Staff on the basis of sex, race, creed, color or national origin, age, disability (as long as the disability with reasonable accommodation, does not affect the individual's ability to exercise requested clinical privileges), or other protected class.

10.3.14 Hearings and Appellate Review. The Board of Commissioners shall require that any action taken concerning a member of the Medical Staff, the effect of which is to deny, revoke, suspend or reduce a Member Staff Member's appointment, reappointment, admitting prerogatives or clinical privileges, shall, except under circumstances where a specific provision is made in the Prosser Memorial Health Medical Staff Bylaws, be accomplished in accordance with procedures and in a manner designed to assure fair treatment and afford opportunity for the presentation of all pertinent information. These procedures shall be stated in the Prosser Memorial Health Medical Staff Bylaws Hearings and Appellate Reviews section. Notwithstanding the foregoing, the rights of Allied Health Professionals, including Allied Health Professionals who are members of the Medical Staff, shall be solely and exclusively as set forth the Article of the Prosser Memorial Health Medical Staff Bylaws for "Allied Health Professionals," currently Article 15, Section 15.7.

ARTICLE XI – FISCAL MATTERS

11.1 Fiscal Year. The fiscal year of Prosser Memorial Health shall be the twelve (12)-month period ending December 31 in each year.

11.2 Execution of Instruments. All deeds, mortgages, bonds, notes, checks, drafts, contracts and other instruments shall be signed on behalf of Prosser Memorial Health by such person or persons and up to such limits or authority as may be designated from time to time by the Board of Commissioners. No Board of Commissioners' member, agent, officer, or employee of Prosser Memorial Health shall have power or authority to borrow money on behalf of Prosser Memorial Health, to pledge its credit, or to mortgage, pledge or lease its real or personal property, except as may be specifically delegated by the Board of Commissioners.

11.3 Loans. In accordance with the Washington Constitution, Prosser Memorial Health shall not give any money, or property, or loan its money, or credit to or in aid of any individual, association, company or corporation, except for the

necessary support of the poor and infirm, or become directly or indirectly the owner of any stock in or bonds of any association, company or corporation.

- 11.4** Deposits. All funds shall be deposited in such bank or banks authorized to do business in Washington as the Board of Commissioners by resolution shall designate, and a surety bond or other security must also be filed and deposited with the treasurer and approved by the Board of Commissioners by resolution. All interest collected on district funds shall belong to Prosser Memorial Health and be deposited to its credit in the proper district funds.
- 11.5** Maintenance of Records. Prosser Memorial Health shall keep correct and complete books and records of account and other records of the activities of Prosser Memorial Health as may be appropriate. All such records shall be open to inspection upon the reasonable request of any member of the Board of Commissioners.
- 11.6** Insurance.
- 11.6.1** Prosser Memorial Health may purchase and maintain insurance, at its expense, to protect itself and any Commissioner, officer, employee, or agent or another corporation, partnership, joint venture, trust or any other enterprise against any expense, liability, or loss to the full extent permitted by applicable law.
- 11.6.2** Prosser Memorial Health shall purchase insurance of such kind and in such amount as is determined by the Board of Commissioners to cover officers and employees who are authorized to transact funds on behalf of Prosser Memorial Health.
- 11.7** Surety Bond. The Board of Commissioners shall require a surety bond of an adequate amount with an authorized surety company for the Chief Executive Officer and treasurer.
- 11.8** Uncompensated Care. Prosser Memorial Health shall establish and maintain written financial assistance policies [in compliance with the requirements of chapter 70.170 RCW](#) that limit amounts charged for emergency or other medically necessary care to individuals eligible for financial assistance and make reasonable efforts to determine whether individuals are eligible for assistance under the financial assistance policy before engaging in extraordinary collection actions against the individuals. Such charitable care shall be provided within the budgetary constraints of Prosser Memorial Health.

ARTICLE XII – AFFILIATED ORGANIZATIONS

- 12.1** Affiliated Organizations. The Board of Commissioners may authorize and direct the formation of other organizations, such as one (1) or more auxiliaries of Prosser Memorial Health, to assist in fulfilling the purposes, objectives and philosophies of Prosser Memorial Health. Each such affiliated organization shall

have separate bylaws for the governance of its activities which are consistent with these Bylaws. Any such affiliated organizations shall serve at the pleasure of the Board of Commissioners and authority to approve, administer and amend such organization's bylaws and rules and regulations shall be retained by the Board of Commissioners.

ARTICLE XIII – AMENDMENTS

- 13.1 Bylaws. These Bylaws shall be reviewed and revised as needed, and at a minimum of every three (3) years.

ARTICLE XIV – BOARD POLICIES AND MANUALS

- 14.1 Board of Commissioners Policies. The Board of Commissioners shall adopt such policies and manuals as it deems necessary for the proper conduct and governance of Prosser Memorial Health. Such policies and manuals may be amended at any regular meeting, without previous notice, by ~~a majority~~ vote of the Board of Commissioners. Such policies and manuals shall become effective when so approved.

ARTICLE XV – IMMUNITY AND INDEMNIFICATION

- 15.1 Immunity. A Commissioner shall not be personally liable for any monetary damages for conduct as a Commissioner involving any discretionary decisions within his or her official capacity in accordance with 4.96.041 RCW. If the Washington statutes applicable to the Prosser Memorial Health or its Commissioners are amended to authorize action further eliminating or limiting the personal liability of the Commissioners, then the liability of the Commissioners of Prosser Memorial Health shall be eliminated or limited to the fullest extent permitted by such law as so amended. Any repeal or modification of the foregoing section by the Board of Commissioners of Prosser Memorial Health shall not adversely affect any rights or protection of a Commissioner existing at the time of such repeal or modification.
- 15.2 Indemnification. Prosser Memorial Health shall indemnify its Commissioners against all liability, damage, and expenses arising from or in connection with the services performed for Prosser Memorial Health to the maximum extent and under all circumstances permitted by law, and has the power to indemnify officers, employees, and other persons and agents.

ARTICLE XVI – CONFLICTS OR DUALITY OF INTEREST

- 16.1 Statement of General Policy on Conflicts of Interest. Commissioners, being aware of the fiduciary nature of their positions, shall avoid actions and relationships which could result in a conflict between their private financial interests and their public responsibilities. Commissioners shall not violate the conflict ~~of interest~~ provisions of these Bylaws, ~~Chapters RCW~~ chapter 42.20 and RCW or chapter 42.23 RCW, or any other applicable law. Conflict, as used in

these Bylaws, refers only to personal, ~~proprietary~~ financial interests of the persons covered by this policy and their immediate families and not to philosophical or professional differences of opinion. Recognizing that even the appearance of impropriety should be avoided, no Commissioner shall:

- 16.1.1 Be beneficially interested in or otherwise expect to profit from, directly or indirectly, any contract, sale, lease or purchase made by Prosser Memorial Health, except as specifically permitted under RCW 42.23.030, ~~as now in effect~~ or ~~hereafter amended~~, RCW 42.23.040 or under other applicable law;
- 16.1.2 Accept directly or indirectly any compensation, gratuity, favor or award from any party seeking to do business with Prosser Memorial Health, or in connection with any contract made by Prosser Memorial Health, other than: (i) ~~Compensation~~ compensation and reimbursement for expenses as provided by law, or (ii) ~~Compensation~~ compensation in connection with contracts permitted under RCW 42.23.030 or RCW 42.23.040, ~~as now in effect or hereafter amended~~, or under other applicable law;
- 16.1.3 Employ, use or appropriate any Prosser Memorial Health employee, money or property for his/her private benefit;
- 16.1.4 Hold any office, engage in any employment or occupy any position, public or private, which could create conflicts between the duties, interests and opportunities inherent in such office, employment or position and the Commissioner's public responsibilities as a member of the Board of Commissioners;
- 16.1.5 Reveal or divulge to any other party, unless authorized by the Board of Commissioners, any confidential information received in the performance of his/her duties as a Commissioner, nor use such information for personal gain. Any Commissioner, upon discovering or suspecting that he or she has or may have a conflict of interest contrary to the policies and standards set forth in this section, shall promptly report the same to the Board of Commissioners.

16.2 Disclosure Statement.

- 16.2.1 Each Commissioner, officer, committee member and Key Employee shall file a statement of any actual or apparent conflicts of interest. ~~The Prosser Memorial Health's affirmative policy~~ Each Commissioner, officer, committee member and Key Employee shall ~~be to require that~~ disclose all actual or apparent conflicts ~~be disclosed~~ promptly and fully to all necessary parties ~~and to prohibit specified involvement in the affairs of Prosser Memorial Health by persons having such conflict.~~

16.2.2 Each Commissioner shall file a statement of financial affairs with the Public Disclosure Commission each year, to the extent required by law.

16.2.3 Any Commissioner, officer, committee member, or Key Employee having an interest in a contract or other transaction presented to the Board of Commissioners for authorization, approval or ratification shall make a prompt, full, and frank disclosure of his/her interest to the Board of Commissioners prior to any action on such contract or transaction by the Board of Commissioners. Such person's disclosure shall include any knowledge, relevant and material facts about the contract, or transaction which might reasonably be construed to be adverse to Prosser Memorial Health's interest.

16.3 Evaluating a Disclosed Conflict.

16.3.1 The Board of Commissioners shall determine, by ~~majority~~ vote, whether the disclosure shows that a conflict of interest exists or can reasonably be construed to exist. The person disclosing the potential conflict shall not be counted in determining a quorum and shall not vote in the determination of whether a conflict exists.

16.3.2 If a conflict is deemed to exist, such person shall not vote, nor use her/her personal influence, nor participate (other than to present factual information or to respond to questions) in the discussions or deliberations with respect to such contract or transaction.

16.3.3 The minutes of the meeting shall state whether a quorum was present and shall reflect the disclosure made, the vote thereon and, where applicable, the abstention from voting and participation.

Bradley Berg [BB7]

[This remedy is permitted only for certain types of conflicts involving commissioners specified in RCW 42.23.030 and RCW 42.23.040. For commissioner conflicts that are not included in those exception, the commissioner would be subject to removal.](#)

ARTICLE XVII – CONFORMITY TO LAW

17.1 Law. Nothing in these bylaws shall be construed as being contrary to applicable law including, but not limited to, ~~Washington statutes and the Washington Hospital Licensing Law and~~ [chapter 70.44 RCW, chapter 70.41 RCW](#) applicable rules and regulations.

ARTICLE XVIII – CONSTRUCTION AND CONVENTIONS

18.1 Gender and Number. As used in these Bylaws, personal pronouns shall be interpreted to refer to persons of either gender and relative words whenever applicable to more than one (1) person shall be read as if written in the plural.

18.2 Titles, Headings and Captions. The titles, headings and captions appearing in these Bylaws are used and intended for convenience of description or reference only and shall not be construed or interpreted to limit, restrict or define the scope or effect of any provision.

18.3 References to Statutes or Other Laws. Unless otherwise specified, any reference in these Bylaws to a statute, regulation or other law shall include the law as it is now in effect or as it may be amended hereafter.

18.4 ~~18.3~~ Severability. If any provision of these Bylaws, or its application to any person or circumstance is held invalid by a court of competent jurisdiction, the remainder of these Bylaws, or the application of the provision to other persons or circumstances, shall not be affected.

ARTICLE XIX – ADOPTION

19.1 Adoption. These Amended and Restated Bylaws shall become effective when adopted by a ~~majority~~ vote of the members of the Board of Commissioners, and shall supersede and render ineffective any Bylaws previously adopted.

Adopted by the Board of Commissioners of Prosser Public Hospital District.

Adopted: 07.27.23
Date

President, Board of Commissioners
Prosser Public Hospital District

Attest: 07.27.23
Date

Secretary, Board of Commissioners
Prosser Public Hospital District

Revision History:

03.30.2017

01.29.2015

12.03.2009

Document comparison by Workshare Compare on Tuesday, June 11, 2024
5:38:14 PM

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Rendering set	Standard

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Deletion	
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Moved to	
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Format change	
Moved-deletion	
Inserted cell	
Deleted cell	
Moved cell	
Split/Merged cell	
Padding cell	

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	Count
Insertions	128
Deletions	106
Moved from	9
Moved to	9
Style changes	0
Format changes	0

Total changes	252
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The Rural Collaborative
365 Cooper Point Road NW, Suite 102
Olympia, WA 98502
www.ruralcollaborative.com

June 13, 2023

Greetings,

Thank you for being a member of the Rural Collaborative. Each year, your support allows us to fulfill our mission to defend, create and design the future of rural healthcare through collective strategy and action. We are pleased to share with you our 2023 Annual Report!

Included in this package are printed copies of the Annual Report. We encourage you to give a copy to your Board of Commissioners and any staff you feel would enjoy it. If you would like more copies, please email a request to admin@ruralcollaborative.com and we will have more sent to you. You can also access the electronic pdf version of the report on our website, www.ruralcollaborative.com. You will also find one copy of your unique member savings and benefits report, which includes details about the savings and benefits we were able to provide to our full membership, and to your individual hospital.

I would be more than happy to present the Annual Report or Member Savings and Benefits report with your team or at a future Board of Commissioners meeting, as well as answer any additional questions you may have about the content of these reports. Please feel free to reach out to me at your convenience.

In Partnership,

Elya Prystowsky, PhD
Executive Director, The Rural Collaborative
elya@ruralcollaborative.com
(360) 303-4032

Craig, Thanks for being a member of the Rural Collaborative. I so appreciate you + your entire team. I cannot wait to see the new hospital. You have accomplished so much already in such a short time!

Best, Elya
leaders in health transformation



THE RURAL
COLLABORATIVE
leaders in health transformation

2023 Member Savings and Benefits Report
The Rural Collaborative and
Prosser Memorial Health

At the Rural Collaborative, we try to provide valuable, actionable information about your joint contract participation to you each year. If you'd like an in depth review of the information in this report, or to discuss how to maximize your savings and benefits, please connect with [Kaley Eastman](#) to set up a meeting with our contracts department. If you have any questions, comments, or feedback about this report, please let us know!

Net Savings and Benefits for Prosser Memorial Health in 2023: \$417,109

Insurance, \$180,079	Reference Lab, \$119,870	Medical Devices and Equipment Services, \$102,676
		Data Analytics, \$34,035

List of all Rural Collaborative Offerings	Total Savings for Hospital
Compliance Hotline and Software	\$ -
Data Analytics	\$34,035
Grant Earnings & Benefits	\$449
Insurance	\$180,079
Legal Consultation	\$ -
Medical Devices and Equipment Services	\$102,676
Price Transparency and Revenue Cycle Management	\$ -
Recruitment	\$ -
Reference Lab	\$119,870
Retirement	\$ -
Scribe	\$ -
Telemedicine	\$ -
Transitional Care Consulting	\$ -
TOTAL SAVINGS	\$437,109
NET SAVINGS	\$417,109

Total Return on Investment for 2023 was 21.9:1, an increase from last year's ROI of 9.2:1.



**THE RURAL
COLLABORATIVE**
leaders in health transformation

2023 ANNUAL REPORT



26 MEMBERS ■ 24 COUNTIES

500,000 LIVES



BOARD OF DIRECTORS

- Eric Moll** | Mason Health, Chair
- Aaron Edwards** | Lake Chelan Health, Vice Chair
- Jennifer Reed** | Ferry County Health, Secretary/Treasurer
- Josh Martin** | Summit Pacific, Past Chair
- Julie Petersen** | Kittitas Valley Healthcare, At-Large
- Robert Mach** | Arbor Health
- Diane Blake** | Cascade Medical
- Shane McGuire** | Columbia County Health System
- Heldi Anderson** | Forks Community Hospital
- Mike Glenn** | Jefferson Healthcare
- Jonathan Hatfield** | Klickitat Valley Health
- Tyson Lacy** | Lincoln Hospital & Clinics
- Merry-Ann Keane** | Newport Hospital & Health Services
- Larry Cohen** | Ocean Beach Hospital
- Matt Kollman** | Skyline Health
- Renee Jensen** | Snoqualmie Valley Health
- Nathan Staggs** | WhidbeyHealth
- Hank Hanigan** | Whitman Hospital & Medical Clinics
- Matt Kempton** | Willapa Harbor Hospital

OUR VISION

To accelerate the advancement of rural healthcare.

OUR MISSION

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

OUR PURPOSE

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

STRATEGIC PLAN SUMMARY

- **INTERDEPENDENCE** - Members participate in initiatives to achieve financial savings, increase efficiencies, and mitigate external threats.
- **RURAL PAYER CONTRACTING** - Establish fair and sustainable agreements between healthcare payers and rural providers to reduce administrative burdens, and create value and financial viability for members.
- **ACCESS TO CARE** - Enhance access to high quality patient care in each community served through common projects and shared best practices.
- **WORKFORCE** - Members experience measurable improvements in recruiting and retaining their rural workforce.





"Prior to the Collaborative, I had never been part of an in depth, month after month, discussion about what the measure is and how to collect it. It is a necessary cycle. I got better at providing data to help with chronic care management, which in the end helped our patients."

HEIDI HEDLUND | QUALITY MANAGER, SKYLINE HEALTH

"I have so many colleagues that I have made great connections with. You know you can reach out to someone and chat through a situation or a scenario, or even partner with some of the Collaborative hospitals. When your peers respond you realize that you are not alone."

KATELIN FORREST | HR GENERALIST, ARBOR HEALTH

"I wear my Collaborative jacket all the time. It's true. We are leaders in health transformation. We can sound the alarm if we notice issues being raised across several committees and then we can have an honest discussion together. We are constantly flipping challenges to solutions – together."

MIKE MARTINOLI | CHIEF NURSING OFFICER, FERRY COUNTY HEALTH



Mike Martinoli speaks at the Northwest Rural Health Conference

"Rurals have a connection to the land. Love of your land and being attached to where you live resonates deeply with me."

PAT JUSTIS | EXECUTIVE DIRECTOR, STATE OFFICE OF RURAL HEALTH



1. ELYA PRYSTOWSKY, PAUL KENNELLY AND JAC DAVIES ARE PROUD OF THEIR MARSHMALLOW TOWER AT THE 2023 STAFF RETREAT



2. WE WELCOMED TWO NEW MEMBERS IN 2023, CASCADE MEDICAL AND PULLMAN REGIONAL HOSPITAL!



3. CASCADE BUILDING, CASCADE MEDICAL
4. SNOQUALMIE VALLEY HEALTH CELEBRATES THE ARRIVAL OF A NEW CT MACHINE.
5. CFO COMMITTEE SHOWS OFF THEIR NEW SUNGLASSES AT THE 2023 IN-PERSON MEETING
6. LAKE CHELAN UNVEILS THEIR NEW HOSPITAL LOCATION.

OUR VALUES



COMMITMENT

1.

INTEGRITY



2.

SYNERGY

Raising Depression Screening Rates in the Rural Collaborative

Percent of adults and adolescents who were screened for depression



Sixteen members of the Rural Collaborative shared data and collaborated on an improvement project to increase depression screening rates among their patients. Participants attribute their success to provider training that helped normalize treatment of behavioral health in primary care settings; better documentation in electronic medical records; and the addition of care managers for behavioral health, among other factors.

Data and visualizations created in collaboration with Washington Hospital Services and Washington State Hospital Association's Data Analysis Service (DASH).

3.

INNOVATION



4.

1. BOARD MEMBERS CONNECT AT THE 2023 ANNUAL MEETING

2. JONATHAN HATFIELD, CEO FOR KLICKITAT VALLEY HEALTH CELEBRATES COMING FIRST PLACE IN THE TRC COMPLIANCE CUP

3. MEMBERS WORKED TOGETHER TO IMPROVE DEPRESSION SCREENING RATES

4. SNOQUALMIE VALLEY HEALTH HOSTS A PEDIATRIC RESPIRATORY SIMULATION TRAINING

VISION

To become the “go to” resource that all rural health providers can depend upon and enable rural health providers and the Collaborative to thrive.

MISSION

To create Independence through Interdependence by providing unparalleled value to rural health providers through exceptional services at competitive prices.

PURPOSE

- **STRENGTHEN RURAL HEALTH BY LEVERAGING OUR COLLECTIVE POWER.**

OUR VALUES

- **EXCEPTIONAL VALUE**
- **UNWAVERING INTEGRITY**

BOARD MEMBERS

Renee Jensen | Snoqualmie Valley Health, Board Chair

Elya Prystowsky | The Rural Collaborative, General Representative

Elise Cutter | Island Health, Officer

Tyson Lacy | Lincoln Hospital & Clinics, Officer

Matthew Kempton | Willapa Harbor Hospital, Officer

Robert Mach | Arbor Health

Shane McGuire | Columbia County Health System

Kelly Hughes | Coulee Medical Center

Jennifer Reed | Ferry County Health

Heldi Anderson | Forks Community Hospital

Mat Slaybough | Garfield County Hospital District

Jayd Keener | Garfield County Hospital District

Julie Petersen | Kittitas Valley Healthcare

Johnathan Hatfield | Klickitat Valley Health

Aaron Edwards | Lake Chelan Health

Eric Moll | Mason Health

Merry-Anne Keane | Newport Hospital & Health Services

Larry Cohen | Ocean Beach Hospital & Medical Clinics

Matt Kollman | Skyline Health

Josh Martin | Summit Pacific

Hank Hanigan | Whitman Hospital & Medical Clinics

Launching the Rural Health Enterprise, LLP



LETTER FROM THE ENTERPRISE CEO, LESLIE HIEBERT

The Rural Health Enterprise was established in January of 2023 as a partnership of the Collaborative and its members. We believe we can strengthen rural health by leveraging our collective power and providing excellent services at an outstanding value. Our vision is to become the “go to” resource that all rural health providers can depend on and enable rural health providers and The Collaborative to thrive.

There is so much potential when we come together and aggregate our purchasing power. It is our way of being “system-like” without being in a system. In 2023, we worked on developing the foundation of Enterprise and identified three contracts and one service line to move from the Collaborative into the Enterprise. Recognizing the significant workforce challenges that we are facing, we made it a priority to create a staffing agency to serve rural hospitals in 2024. We have just tapped the surface of the unlimited possibilities of the collective, and we are excited about the future of rural health and how we can contribute to the ongoing success of each health care provider.

The commitment of our partners to the survival of all rural hospitals in Washington is apparent in the excellent work and support of our programs and services.

We are very excited about the future of The Enterprise!



Enterprise CEO Leslie Hiebert and Collaborative Executive Director Elya Prystowsky conspire by the fire.

TOTAL PATIENTS SERVED IN 2023

498,757



TOTAL CHILDREN SERVED IN 2023

65,769

TOTAL OUTPATIENT VISITS 2,969,949

PRIMARY CARE CLINIC VISITS: 854,523



SPECIALTY CLINIC VISITS: 408,889



BEHAVIORAL HEALTH VISITS: 31,966



EMERGENCY DEPARTMENT: 262,595



URGENT CARE: 123,500



TELEHEALTH: 15,319



OUTPATIENT SURGERY: 44,354



2,610,480
LABORATORY TESTS



619,846
DIAGNOSTIC IMAGES



2,639,754
PRESCRIPTIONS
FILLED



3,689
BABIES DELIVERED

GROSS REVENUE
\$4,844,182,008

NET PATIENT SERVICE REVENUE
\$1,929,132,254

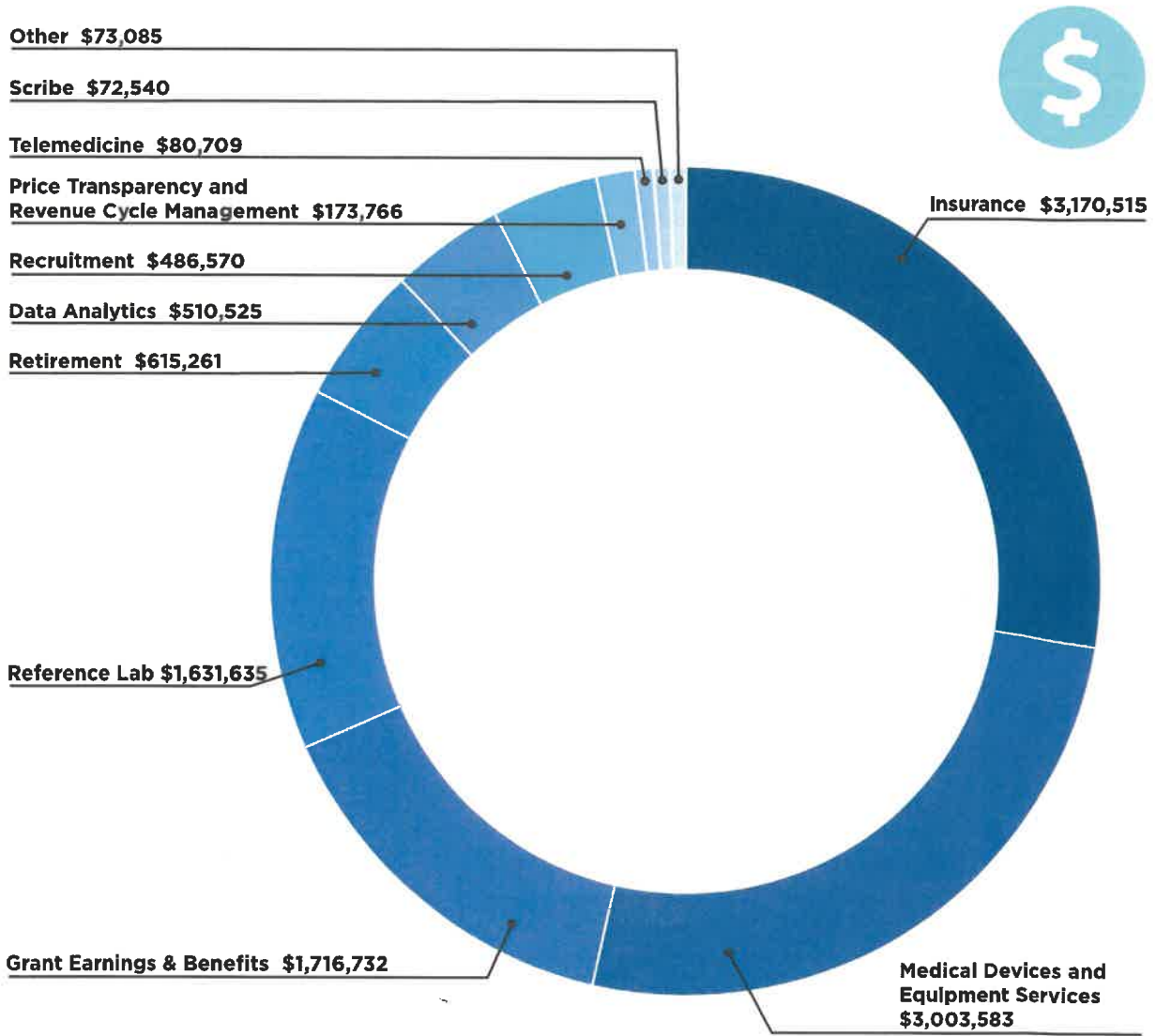
GRANT DOLLARS RECEIVED
\$19,650,583

CHARITY CARE
\$44,982,988



Member Savings & Benefits

Through Collaborative programs and joint member contracting negotiations



TOTAL SAVINGS \$11,534,920

NET SAVINGS (SAVINGS AND BENEFITS LESS MEMBER DUES) \$10,913,669

Letter from the Executive Director



**FROM ELYA PRYSTOWSKY
EXECUTIVE DIRECTOR AT THE RURAL COLLABORATIVE**

The end of 2023 marks another successful year for the Rural Collaborative. It was a tremendous year of growth for us, being the first year post-pandemic year since 2020. We grew our membership to 26 hospital systems, added three whip smart people onto our team, and optimized our portfolio of services such that our members' saving doubled in just one year.

The vision of the Collaborative is to accelerate the advancement of rural healthcare by leveraging the wisdom and synergy of our members. Among our most notable successes:

- We selected Molina for bold new initiative to improve efficiency, reduce administrative costs for all parties, and positively impact the delivery of care in Washington's rural communities.
- We established the Rural Health Enterprise, LLP [see page 7], hired CEO Leslie Hiebert, and began work on the programs that the new entity will host.
- We partnered with Washington State University Health Sciences on our first research project to perform a needs assessment on treating patients with chronic pain, use opioids, or have opioid use disorder.

- We were featured in Commonwealth Fund article, How Regional Partnerships Bolster Rural Hospitals, which discussed how peer training was able to increase depression screening rates among our membership [see page 5]

There is so much happening behind the scenes at the Collaborative, and I continue to be immensely proud of all that we are able to accomplish together. I continue to be humbled by the strength and resilience of the employees of our rural hospitals. It has been an honor to serve you for another year.

Elya Prystowsky



Elya speaks at the APEC conference in August 2023.

2023 TEAM



FROM LEFT TO RIGHT: CHARIS WEIS, ANGIE CHAN, ELIZABETH WITTE, MAGGIE MOORE, LESLIE HIEBERT, TIANNA FALLGATTER, ELYA PRYSTOWSKY, BRAD BECKER, DANIELLE WHITE, MADISON STEINGRUBER, KALEY EASTMAN, HERMIE ZARATE, JAC DAVIES



**THE RURAL
COLLABORATIVE**
leaders in health transformation

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

www.ruralcollaborative.com