



Prosser
Memorial Health

**Prosser Memorial Health
Board of Commissioners**

Board Packet

December 16, 2021

Vision

Patients
Employees
Medical Staff
Quality
Services
Financial



Prosser

Memorial Health

Mission: To improve the health of our community.

Values

Accountability
Service
Promote Teamwork
Integrity
Respect
Excellence

**BOARD OF COMMISSIONERS – WORK SESSION
TUESDAY, DECEMBER 14, 2021
6:00 PM - WHITEHEAD CONFERENCE ROOM
AGENDA**

COMMISSIONERS:

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

STAFF:

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

GUESTS:

Kurt Broeckelmann, Architect, bcDG
Paul Kramer, Project Director, NV5
Adam Trumbour, Project Manager, NV5
Chris Colley, Graham Construction
Bret Miche, Graham Construction
Gary Hicks, Financial Advisor
Marla Davis, Director of Acute Care
Dr. Richard Unger

I. CALL TO ORDER

A. Pledge of Allegiance

II. SERVICES

A. Wound Care Program (**Attachment L**)

Marla /Dr. Unger

B. Replacement Facility Update

1. Design Review
2. Schedules- Bid and Construction (**Attachment G**) (**Attachment H**)
3. Project Financing Update (**Attachment I**) (**Attachment K**)

Kurt
Chris /Bret
Gary

III. QUALITY

A. Hospital Comparison (**Attachment FF**)

Kristi

B. Question and Answer

ALL

1. 2022 PMH Operating and Capital Budgets (**Attachment V**)
2. 2022 PMH Strategic Plan (**Attachment A**)
3. 2022 PMH Medical Staff Model and Provider Recruitment/Retention Plan (**Attachment N**)
4. 2022 PMH Marketing Plan (**Attachment B**)

5. 2022 PMH IT Plan (**Attachment C**)

IV. ADJOURN

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AGENDA

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Merry Fuller, CNO/COO
David Rollins, CFO
Kevin Hardiek, CIO
Shannon Hitchcock, CCO
Kristi Mellema, CQO
Dr. Brian Sollers, CMO

GUEST: Dr. Rob Wenger

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 November 18, 2021
- B. Payroll and AP Vouchers #161424 through 161978, date 11-11-21 through 12-08-21 in the amount of \$6,159,787.47. Board Policies: #100.0021; 1000.022; 1000.023; 1000.024 Surplus Items Resolution: # 1061

V. MEDICAL STAFF DEVELOPMENT

A. Medical Staff Report and Credentialing

Dr. Wenger

1. New Appointment

ACTION ITEM:

A motion to approve the New Appointment and requested Clinical Privileges that have been reviewed and recommended by the Department Chair, the Credentialing Committee, and the Medical Executive Committee for the following providers:

Mitchell Cohen, MD- Provisional/Active staff with requested privileges in Gastroenterology effective January 1, 2021 through June 30, 2022.

John Gilstad, MD-Provisional/ Locum Tenens staff with requested privileges in Internal Medicine effective January 1, 2021, through June 30, 2022.

Kevin Huang, MD-Provisional/ Locum tenens staff with requested privileges in General Surgery effective January 1, 2021, through June 30, 2022

Kai Jones, PA-C-Provisional/ Advanced Practice Clinician staff with requested privileges in Emergency Medicine effective January 1, 2021, through June 30, 2022

Jonathan Reed, MD-Provisional/ Telemedicine staff with requested privileges in Diagnostic Radiology effective January 1, 2021, through June 30, 2022.

Carson Van Sanford, MD- provisional telemedicine staff with requested privileges in Neurology effective January 1, 2021, through June 30, 2022

Action Requested_ – New Appointment and Requested Clinical Privileges

2. Reappointment

ACTION ITEM:

A motion to approve the Reappointment and requested clinical privileges that have been reviewed and recommended by the Department Chair the Credentialing Committee and the Medical Executive Committee for the following providers:

Ridhima Gupta, MD-Reappointment to Active staff with requested privileges in OB/GYN effective January 1, 2022 through December 31, 2023.

Edward Lane, MD-Reappointment to Courtesy staff with requested privileges in Family Medicine effective January 1, 2022, through December 31, 2023.

Amy Backer, MD-Reappointment to Consulting staff with requested privileges in Pathology effective January 1, 2022, through December 31, 2023.

Action Requested – Reappointment and Requested Clinical Privileges

3. Category Change Request

ACTION ITEM:

A motion to approve the clinical privileges Category Change Request that has been reviewed and recommended by the Medical Executive Committee for the following provider:

Steven Elerding, MD-Privileged in General Surgery, requesting to change category from Active Staff to Honorary Staff, effective January 1, 2022.

Action Requested- Category Change Request

B. 2022 Medical Staff Model & Provider Recruitment/Succession Plan (Attachment N)

Dr. Sollers/Craig

Action Requested- 2022 Medical Staff Model

VI. FINANCIAL STEWARDSHIP

A. Review Financial Reports for November 2021 (Attachment U)

David

Action Requested – Financial Reports

B. Review 2022 Operating and Capital Budgets (Attachment V)

David

Action Requested – 2022 Operating and Capital Budget

C. COVID-19 Financial Plan (Attachment W)

David/CRAIG

VII. EMPLOYEE DEVELOPMENT

A. SEIU Contract 2021-2024 (Attachment T)

Bryon/Merry

Action Requested – SEIU Contract 2021-2024

VIII. SERVICES

A. Review 2022 PMH Strategic Plan (Attachment A)

Craig

Action Requested – 2022 PMH Strategic Plan

B. Review 2022 PMH Marketing Plan (Attachment B)

Shannon

Action Requested – 2022 PMH Marketing Plan

C. Review 2022 IT Plan (Attachment C)

Craig

Action Requested – 2022 PMH IT Plan

Action Requested – PMH Replacement Facility Design Development

IV. QUALITY

A. Review 2021 Environment of Care (EOC) Report and 2022 EOC Plan (Attachment EE)

Kristi

Action Requested – 2021 and 2022 PMH Environment of Care Plan

C. COVID-19 Update

Merry/Dr. Sollers

D. Legislative and Political Updates

Commissioner Bestebreur

E. CEO/Operations Report

Craig

X. ADJOURN

**PMH
Board of Commissioners
Work Plan – FY2021**

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Month	Goals & Objectives	Education
January	<p>QUALITY:</p> <ul style="list-style-type: none"> Review/Approve 2021 Strategic Plan and 2021 Patient Care Scorecards Sign Financial Disclosure and Conflict of Interest Statements Approve 2021 Risk Management and Quality Assurance Plans Select and Approve Board Officers <p>SERVICES:</p> <ul style="list-style-type: none"> Approve acquisition of two replacement ultrasound units Approve acquisition of Virtual Desktop Infrastructure 	<p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> Review 2020 Employee Engagement Survey Results Review 2020 Medical Staff Engagement Survey Results <p>QUALITY:</p> <ul style="list-style-type: none"> Review Board Self-Evaluation <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> Review semi-annual financial performance report for PMH Clinics <p>SERVICES:</p> <p>Replacement Facility Update</p> <ul style="list-style-type: none"> Design Development Budget Vision

Month	Goals & Objectives	Education
February	<p>SERVICES:</p> <ul style="list-style-type: none"> • Approve Acquisition of trans esophageal echo (TEE) equipment • Approve GC/CM <p>QUALITY:</p> <ul style="list-style-type: none"> • Approve 2021 Corporate Compliance Plan • Approve 2021 Infection Prevention Control Plan • Approve 2021 Board Action Plan <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review and Approve 2021 Leadership Incentive Compensation Program 	<p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Attend AHA Governance Conference Virtually <p>QUALITY:</p> <ul style="list-style-type: none"> • Review 2020 Corporate Compliance Report • Review 2020 Infection Prevention Summary <p>MEDICAL STAFF:</p> <ul style="list-style-type: none"> • Cardiology Update – Nuclear Medicine, TEE
March	<p>QUALITY:</p> <ul style="list-style-type: none"> • Review/Approve Board Polices <p>MEDICAL STAFF DEVELOPMENT:</p> <ul style="list-style-type: none"> • Support Providers’ Day Celebration <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Accept 2020 Audit Report • Approve USDA application for new facility <p>SERVICES:</p> <ul style="list-style-type: none"> • Approve Design Development of new facility • Approve initial budget for new facility 	<p>PATIENT LOYALTY:</p> <ul style="list-style-type: none"> • Review Patient Engagement Plan • Review 2020 Utilization Review Performance • Approve 2021 Utilization Review Plan <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 2020 Audit Report by Auditors

Month	Goals & Objectives	Education
		<p>SERVICES:</p> <ul style="list-style-type: none"> Replacement Facility Update <ul style="list-style-type: none"> • Design development • USDA Application • Budget
April	<p>QUALITY:</p> <ul style="list-style-type: none"> • Approve 2021 Community Benefits Report <p>EMPLOYEE DEVELOPMENT</p> <ul style="list-style-type: none"> • Conduct CEO Evaluation <p>MEDICAL STAFF DEVELOPMENT</p> <ul style="list-style-type: none"> • Approve Benton City Clinic renovations to accommodate Dermatology and approve acquisition of Dermatology Equipment 	<p>QUALITY:</p> <ul style="list-style-type: none"> • Strategic & Patient Care Score Cards • Review 2020 Community Benefits Report <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • PMH Security Update • Review 2020 Leadership Performance (LEM) • Review Employee Engagement Plan <p>MEDICAL STAFF DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review 2020 FPPE/OPPE Summary • Review proposed Dermatology Program
May	<p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Support Hospital Week 	<p>FINANCIAL STEWARDSHP:</p> <ul style="list-style-type: none"> • PMH Foundation Update <p>SERVICES:</p> <ul style="list-style-type: none"> • Replacement Facility Update <p>MEDICAL STAFF</p> <ul style="list-style-type: none"> • Review PMH Clinic productivity • Medical Staff Engagement Plan

Month	Goals & Objectives	Education
June	<p>QUALITY:</p> <ul style="list-style-type: none"> Review/Approve Board Policies Approve 2020 CAH Annual Review <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> Approve SEIU contract 	<p>QUALITY:</p> <ul style="list-style-type: none"> Report 2020 Q1 Utilization Review <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> Review PMH Uniform Program <p>SERVICES:</p> <ul style="list-style-type: none"> Marketing Update PMH Telehealth Update
July	<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"> EMS Update Replacement Facility 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"> Human Resources Update Retirement Program Update <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> Review Semi-Annual Financial Performance Report for PMH Clinics Review HR/Payroll Software (IT)
August	<p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> Attend end of summer Engagement Activity for BOC, Medical Staff, and all staff Review Leadership and Exempt Wage Scales 	<p>No Board Work Session</p> <p>QUALITY:</p> <ul style="list-style-type: none"> iVantage Update

Month	Goals & Objectives	Education
	FINANCIAL STEWARDSHIP: <ul style="list-style-type: none"> Banking relationship Selection 	FINANCIAL STEWARDSHIP: <ul style="list-style-type: none"> Centralized Scheduling/POS Collections Update Review Banking Services
September	QUALITY: <ul style="list-style-type: none"> Review/Approve Board Polices EMPLOYEE DEVELOPMENT: <ul style="list-style-type: none"> Review Leadership Development Activities FINANCIAL STEWARDSHIP: <ul style="list-style-type: none"> Approve USDA Loan Agreement 	EMPLOYEE DEVELOPMENT: <ul style="list-style-type: none"> Review Employee Benefit Changes SERVICES: Replacement Facility update <ul style="list-style-type: none"> USDA
October		QUALITY: <ul style="list-style-type: none"> Conduct 2022 Strategic Planning Strategic & Patient Care Score Cards
November	FINANCIAL STEWARDSHIP: <ul style="list-style-type: none"> Approve Budget and Property Tax Request for County Commissioners 	QUALITY: <ul style="list-style-type: none"> iVantage Update EMPLOYEE DEVELOPMENT: <ul style="list-style-type: none"> Review LDIs and status update on key Studer initiatives SERVICES: <ul style="list-style-type: none"> Review draft 2022 Strategic Plan; 2022 Marketing and IT Plans; and Medical Staff Model/2022 Provider Recruitment Plan Replacement Facility Update

Month	Goals & Objectives	Education
		FINANCIAL STEWARDSHIP: <ul style="list-style-type: none"> • Review draft 2022 Budget
December	QUALITY: <ul style="list-style-type: none"> • Complete Board Self-Evaluations • Review/Approve Board Policies • Approve the 2022 Environment of Care Plan SERVICES: <ul style="list-style-type: none"> • Approve 2022 Strategic Plan; 2022 Marketing and IT Plans; and Medical Staff Model/2022 Provider Recruitment Plan FINANCIAL STEWARDSHIP: <ul style="list-style-type: none"> • Approve 2022 Operating and Capital Budgets EMPLOYEE DEVELOPMENT: <ul style="list-style-type: none"> • Attend holiday celebration 	QUALITY: <ul style="list-style-type: none"> • Review the 2021 Environment of Care Plan



2021 - Strategic Plan Scorecard

Major Goal Areas & Indicators	2021 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2021 YTD	2020 Avg	2019 Avg
Patient Loyalty																
IP - "Would Recommend"	>87.9%	90.0%	90.0%	90.0%	80.6%	74.9%	93.3%	94.4%	93.4%	93.7%	92.9%	88.8%		88.5%	87.9%	85.1%
ED - "Would Recommend"	>81.4%	63.2%	63.2%	63.2%	70.6%	60.8%	85.4%	92.3%	62.9%	83.9%	81.3%	92.2%		83.8%	81.4%	80.3%
Acute Care - "Would Recommend"	>84.1%	85.7%	85.7%	85.7%	72.5%	85.0%	93.8%	90.0%	80.0%	92.5%	91.7%	95.8%		92.4%	84.1%	78.6%
OB - "Would Recommend"	>92.3%	91.7%	91.7%	91.7%	83.3%	95.2%	83.9%	100.0%	81.1%	93.8%	93.2%	91.7%		94.1%	92.3%	92.2%
Outpatient Surgery - "Would Recommend"	>91.0%	71.3%	71.3%	71.3%	100.0%	93.8%	83.3%	97.2%	100.0%	94.8%	91.7%	100.0%		95.3%	89.8%	91.0%
Clinic - "Would Recommend"	>87.3%	71.3%	71.3%	71.3%	74.7%	79.9%	92.9%	90.6%	88.0%	91.0%	92.5%	89.9%		90.5%	87.3%	87.1%
Outpatient - "Would Recommend"	>88.4%	77.4%	77.4%	77.4%	74.7%	79.9%	93.0%	94.9%	98.0%	93.6%	94.8%	93.1%		93.8%	88.1%	88.4%
Composite Score	>86.2%	75.7%	75.7%	75.7%	80.6%	79.7%	89.3%	88.3%	88.8%	92.4%	92.3%	9170.0%		91.7%	N/A	N/A
Medical Staff Development																
Medical Staff Turnover	<10%	0%	2%	2%	0%	0%	0%	0%	4%	2%	2%	0%		12.0%	0.2%	0.2%
Prosser Specialty Clinic Visits	1,062	1,051	1,023	1,401	1,301	1,281	1,455	1,443	1,388	1,368	1,346	1,534		1,326	954	950
Benton City Clinic Visits	1,005	885	696	881	801	742	778	724	574	754	739	681		750	837	958
Prosser RHC Clinic Visits	1,052	1,406	1,149	1,503	1,357	1,398	1,297	1,236	1,239	1,150	1,092	938		1,251	1,226	960
Grandview Clinic Visits	742	592	522	621	644	670	789	729	960	875	972	952		757	589	568
Women's Health Center	629	604	636	727	627	653	647	530	563	565	489	610		605	601	469
**# of Active Medical Staff	>51	49	49	49	51	51	51	51	51	52	52	52		50.72727	45	41
Employee Development																
403(B) Participation Rate	>55%	99%	97%	97%	99%	99%	98%	98%	98%	98%	98%	99%		98%	46%	N/A
Average Recruitment Time (days)	<28	24	18	26	23	17	32	21.8	14	18	20	14		21	32	28
# of Open Positions (Vacancies)	<23	25	29	42	12	12	34	49	47	38	35	29		32	29.4	23
Hours of Overtime - Overtime/Total Hours Worked	<4.5%	7.3%	5.2%	5.3%	6.2%	5.5%	5.9%	6.7%	6.1%	7.4%	5.2%	5.0%		6.0%	5.9%	5.7%
Agency - Cost/Total Labor	<8.7%	5.9%	7.4%	6.8%	8.3%	8.9%	7.7%	9.9%	8.3%	6.5%	4.1%	11.1%		7.7%	7.6%	14.5%
Turnover Rate	<0.6%	0.0%	2.4%	0.03%	0.7%	0.0%	1.0%	1.0%	0.9%	3.4%	0.6%	0.9%		1.0%	0.6%	0.7%
Timely Evaluations	>79.6%	61.0%	67.0%	78.0%	85.3%	55.0%	67.8%	65.5%	73.9%	76.5%	80.0%	81.1%		71.9%	70.2%	79.6%
Education Hours/FTE	>2.15	1.14	1.03	1.26	0.99	1.13	1.12	0.33	0.51	1.12	1.50	1.69		1.07	1.22	1.55
New Hire (Tenure) < 1 year	<10%	0%	1%	0%	0%	0%	0%	0%	0.30	0.30	0.30	0.30		11%	0.0%	0%
* Lost Workdays due to On-the-Job Injuries	<10.25	0	7	9	4	3.5	45.28	31.12	35.75	43.25	29	14		20.17	10.25	167
Quality																
ED Encounters - Left Without Being Seen	<0.8%	0.2%	1.0%	0.7%	1.6%	0.4%	2.0%	1.8%	2.0%	2.1%	1.2%	2.1%		1.4%	0.8%	1%
*Falls with Injury	<2	0	0	1	0	0	0	1	0	1	0	0		3.0	2	3
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.29%	0.07%
All-Cause Unplanned Readmissions within 30 Days	<2.7%	5.9%	9.2%	11.1%	3.7%	6.3%	3.0%	5.7%	5.3%	4.1%	4.1%	4.1%		5.7%	3.8%	5.4%
Diabetes Management - Outpatient A1C>9 or missing result	<27.61%	22.83%	21.92%	20.51%	19.07%	27.70%	21.70%	14.87%	20.90%	21.95%	25.50%	19.90%		21.53%	27.61%	30.3%
Services																
ED Visits	916	820	712	874	1,035	1,133	1,227	1,317	1,376	1,268	1,134	1,167		1,097	805	1,016
Inpatient Admissions	86	112	89	93	117	118	117	145	151	119	119	97		116	83	83
OB Deliveries	45	42	47	39	46	52	48	69	53	45	48	37		48	41	37
Surgeries and Endoscopies	137	100	133	187	180	183	190	171	215	185	166	220		175	101	118
Diagnostic Imaging Procedures	2,087	2,628	2,439	3,112	3,336	3,156	3,233	3,067	3,040	3,100	3,209	2,960		3,025	2,280	1,957
Lab Procedures	12,374	14,626	12,570	14,659	14,800	14,902	14,474	15,174	15,064	13,641	14,955	13,566		14,403	11,768	11,051
Adjusted Patient Days	1,453	1,644	1,496	1,948	1,871	1,722	1,574	1,653	1,848	1,694	1,665	1,585		1,700	1,393	1,624
Therapy Visits	1,706	1,333	1,401	1,792	1,520	1,373	1,706	1,423	1,386	1,470	1,323	1,324		1,459	1,314	1,145
Outpatient Special Procedures Visits	245	213	255	256	342	354	397	393	353	340	358	274		321	247	224
Financial Performance																
Net Days in Accounts Receivable	51	59	60	62	64	66	59	59	60	58	54	57		57	63	63.79
*Total Margin	13.47%	11.4%	0.5%	8.7%	8.8%	9.0%	10.1%	8.7%	54.0%	11.1%	15.0%	22.7%		19.3%	4.5%	5.30%
Net Operating Revenue/FTE	\$ 19,448	\$ 16,427	\$ 15,351	\$ 18,366	\$ 19,282	\$ 18,115	\$ 19,821	\$ 18,956	\$ 39,610	\$ 20,835	\$ 20,507	\$ 22,027		\$ 20,845	\$17,191	\$15,794
Labor as % of net Revenue	51.60%	61.10%	56.50%	54.20%	58.40%	57.95%	51.99%	58.88%	50.67%	64.96%	55.29%	59.00%		57%	61.3%	59.6%
Operating Expense/FTE	\$ 16,894	\$ 14,635	\$ 15,385	\$ 16,722	\$ 17,705	\$ 16,728	\$ 15,953	\$ 17,419	\$ 18,353	\$ 18,631	\$ 17,579	\$ 17,060		\$ 16,925	\$15,891	\$15,190
*Days Cash on Hand	156	169	152	146	146	147	155	152	154	156	143	158		158	183	120.39
Commercial %	29.10%	27.40%	29.00%	29.30%	28.40%	27.10%	28.30%	28.10%	28.40%	28.10%	28.40%	28.90%		29%	29.0%	28.7%
Total Labor Expense/Total Expense	59.00%	68.59%	56.41%	59.48%	63.62%	62.37%	61.73%	63.76%	57.37%	61.89%	59.68%	61.80%		62%	61.3%	62%

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



2021 - Patient Care Scorecard

Major Goal Areas & Indicators	2021 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2021 YTD	2020	2019
Quality																
Left Without Being Seen	<0.80%	0.24%	0.98%	0.69%	1.55%	0.44%	2.04%	1.82%	2.03%	2.05%	1.23%	2.14%		1.48%	0.80%	1.11%
Median Admit Decision Time to ED Departure Time for Admitted Patients	<44 min	75	68.5	60	75	51.5	56.5	45.5	69	60	53	52		61	70	N/A
Median Time from ED Arrival to Departure for Discharged ED Patients	<107 min	136	110	118	122	109	112.5	112	113	119	114	120		117	128	N/A
Venous Thromboembolism Prophylaxis	>93.1%	92.9%	86.2%	85.7%	89.4%	95.9%	90.4%	96.1%	91.8%	87.8%	90.7%	97.4%		91.6%	N/A	N/A
Exclusive Breast Milk Feeding Patients	>44.4%	52.6%	51.3%	56.3%	50.0%	43.8%	47.9%	68.3%	62.5%	57.1%	59.6%	44.4%		54.4%	N/A	N/A
All-Cause Unplanned 30 Day Inpatient Readmissions	<2.7%	5.9%	9.2%	11.1%	3.7%	6.3%	3.0%	5.7%	5.3%	4.1%	4.1%	4.1%		5.4%	3.80%	5.40%
Sepsis - Early Management Bundle	>84.6%	100.0%	NA	NA	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%		93.3%	72.73%	84.60%
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.29%	0.07%
Diabetes Management - Outpatient A1C>9 or missing result	<27.61%	22.83%	21.92%	20.51%	19.07%	27.69%	21.74%	14.87%	20.90%	21.95%	25.50%	19.90%		21.56%	27.61%	30.25%
Medication Reconciliation Completed	>90%	51%	44%	42%	48%	46%	46%	49%	45%	41%	48%	45%		46%	47.15%	N/A
Turnaround time of 30 minutes or less for STAT testing	<30 min	42	40	39	35	37	37	40	39	37	40	37		38	37.5	30
Median Time to ECG	< 7 min	8	6.5	7.5	6	8	6	7	9	6	4	5		6.6	7	7
Surgical Site Infection	<0.25%	1.00%	0.00%	0.00%	0.56%	0.55%	0.00%	0.58%	0.00%	0.00%	0.00%	0.00%		0.21%	0.25%	0.30%
Safe Medication Scanning	>92.9%	91.8%	95.0%	93.5%	92.8%	92.8%	90.8%	92.9%	92.4%	94.9%	95.7%	95.2%		93.4%	98.90%	90%
*Overall Quality Performance Benchmark (Vantage)	>53	51	51	51	51	61	61	61	61	61	61	61		61	53	54
*Falls with Injury	<2	0	0	1	0	0	0	1	0	1	0	0		3	2	3

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

.9 Multiplier

1.1 Multiplier

0.0072	0.80%	0.0088
39.6	44	48.4
96.3	107	117.7
0.8379	93%	1.0241
0.3996	44%	0.4884
0.0243	2.70%	0.0297
0.7614	85%	0.9306
0.0063	0%	0.0077
0.24849	28%	0.30371
0.81	90%	0.99
27	30.00	33
6.3	7.00	7.7
0.00225	0.25%	0.00275
0.8361	92.9%	1.0219
47.70	53.00	58.3
1.8	2.00	2.2

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WHITEHEAD CONFERENCE ROOM		Board Work Session		NOVEMBER 16, 2021	
COMMISSIONERS PRESENT	STAFF PRESENT	GUESTS	GUESTS		
<ul style="list-style-type: none">• Dr. Steve Kenny, PH.D.• Glenn Bestebreur• Keith Sattler• Brandon Bowden• Susan Reams	<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">• Kurt Broeckelmann, Architect, bcDG• Paul Kramer, Project Director, NV5• Adam Trumbour, Project Manager, NV5• Bret Miche, Graham Construction	<ul style="list-style-type: none">• Chris Colley, Graham Construction• Trevor Grafstra, Graham Construction• Hilary Beashore, Associate, Senior Project Manager, bcDG• Gary Hicks		
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. SERVICES			
A. Replacement Facility Update			
1. Design Update	Kurt Broeckelmann, bcDG provided a design team update regarding the replacement facility project, including the creation of a dedicated c-section suite on the OB Unit.	None.	None.
2. Early Procurement	Representatives from Graham Construction and NV5 reviewed the general concept of early procurement and how it could help the PMH Replacement Facility Projects stay on schedule. They also spoke to the two areas (structural steel, pneumatic tube) they would recommend procuring early.	None.	None.
3. Construction Loan	Gary Hicks and Keith Kleven provided an overview of the Construction Loan acquisition process for the PMH project. They also indicated that they have a very good proposal (private placement) from Western Alliance that is better than our budget and they are not recommending pursuing a public bond offering.	None.	None.

<p>4. Certificate of Need (CON)</p>	<p>Craig informed the Board the Washington Department of Health notified us of their intent to issue a CON for our project. They will officially issue the CON after they review our SEPA (State Environmental Protection Agency) application which will be submitted to them soon by our civil engineer.</p>	<p>None.</p>	<p>None.</p>
<p>III. FINANCIAL STEWARDSHIP</p>			
<p>A. 2022 Operating Budget</p>	<p>David reviewed the draft Operating Budget for 2022 and responded to questions.</p>	<p>None.</p>	<p>None.</p>
<p>B. 2022 Capital Budget</p>	<p>David reviewed the draft Capital Budget for 2022 and asked the Board for input.</p>	<p>None.</p>	<p>None.</p>
<p>C. Property Tax Resolution and Certificate</p>	<p>David reviewed the proposed 2022 Property Tax Levy that will go to the County Commissioners for approval in November.</p>	<p>None.</p>	<p>None.</p>

IV. EXECUTIVE SESSION			
The Board adjourned to executive session at 6:40 p.m.			
A. RCW 42.30.110 (l) To consider proprietary or confidential nonpublished information related to the development, acquisition or implementation of state purchased health care services as provided in RCW41.05.26.			
V. ADJOURN			
The Board resumed their regular Work Session at 6:50 p.m. There being no further business, the meeting was adjourned at 6:52 p.m.			

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WHITEHEAD CONFERENCE ROOM				BOARD MEETING				NOVEMBER 18, 2021			
COMMISSIONERS PRESENT		STAFF PRESENT		MEDICAL STAFF		GUESTS					
<ul style="list-style-type: none">• Steve Kenny, PH.D.• Sharon Dietrich, M.D.• Glenn Bestebreur• Susan Reams• Keith Sattler• Brandon Bowden• Neilan McPartland		<ul style="list-style-type: none">• Craig Marks, CEO• Merry Fuller, CNO• David Rollins, CFO• Kristi Mellema, CQO• Shannon Hitchcock, CCO• Bryon Dirkes, CHRO• Dr. Brian Sollers		<ul style="list-style-type: none">• Dr. Syed Hashmi							
AGENDA		DISCUSSION		ACTION		FOLLOW-UP					
I. CALL TO ORDER A. Pledge of Allegiance		The Meeting was called to order by Commissioner Kenny at 6:00 p.m.		None.		None.					
II. PUBLIC COMMENT						None.					
III. APPROVE AGENDA		None.		Commissioner Reams made a Motion to approve the October 28, 2021, Board Meeting Agenda. The Motion was seconded by Commissioner Dr. Dietrich and passed with 7 in favor, 0 opposed.		None.					

AGENDA	DISCUSSION	ACTION	FOLLOW-UP
<p>IV. APPROVE CONSENT AGENDA</p> <p>A. Board of Commissioners Meeting Minutes for October 28, 2021.</p> <p>B. Payroll and AP Vouchers #161031 through #161423 dated 10.21.21 through 11.10.21 in the amount of \$5477,908.88. Surplus Items Resolution #1059 Mindray Patient Monitors</p>	<p>None.</p>	<p>Commissioner Reams made a Motion to approve the Consent Agenda. The Motion was seconded by Commissioner Bowden and passed with 7 in favor and 0 opposed.</p>	<p>None.</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. Hashmi presented the following providers for Advancement from Provisional:</p> <p>Hanbing Wang, MD-Telemedicine privileges in Neurology effective December 1, 2021, through May 31, 2023.</p>	<p>A Motion to approve the Advancement from Provisional: and Requested Clinical Privileges that have been reviewed and recommended by the Medical Executive Committee for the following providers was made by Commissioner Dr. Dietrich. The Motion was seconded by Commissioner Reams. The Motion passed with 7 in favor and 0 opposed.</p>	<p>None.</p>

<p>2. New Appointment</p> <p>A. Appointment and Requested Clinical Privileges</p>	<p>Dr. Hashmi presented the following providers for Appointment:</p> <p>Blake Roy, CRNA-Provisional/Allied Health Professional staff with requested privileges in Anesthesia effective December 1, 2021, through May 31, 2022.</p> <p>Cyrus Rahnema, MD-Provisional/ Locum Tenens staff with requested privileges in Emergency Medicine effective December 1, 2021, through May 31, 2022.</p> <p>Michael McCarthy, MD-Provisional/ Consulting staff with requested privileges in Pediatric Cardiology effective December 1, 2021, through May 31, 2022.</p> <p>Robert Jackson, MD-Provisional/ Tele medicine staff with requested privileges in Neurology effective December 1, 2021 to May 31, 2022.</p>	<p>A Motion to approve the Appointments and Requested Clinical Privileges that have been reviewed and recommended by the Medical Executive Committee for the following providers was made by Commissioner Reams. The Motion was seconded by Commissioner Dr. Dietrich. The Motion passed with 7 in favor and 0 opposed.</p>	<p>None.</p>
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<p>3. Reappointment</p>	<p>Dr. Hashmi presented the following providers for Reappointment:</p> <p>Kevin Marsh, MD-reappointment to the Logan Tenens staff with requested privileges in Pediatrics effective December 1, 2021 through November 30, 2023.</p> <p>Tyrell Nielson, PA-C- reappointment to the Allied Health Professional Staff with requested privileges in Family Medicine effective December 1, 2021, through November 30, 2023</p> <p>Abdelrahman Beltagy, MD-reappointment to the Telemedicine staff with requested privileges in Neurology effective December 1, 2021 through November 30, 2023</p> <p>Sheila Smith, MD-reappointment to the Telemedicine staff with requested privileges in Neurology effective December 1, 2021 through November 30, 2023</p>	<p>A Motion to approve the Reappointments and Requested Clinical Privileges that have been reviewed and recommended by the Medical Executive Committee for the following providers was made by Commissioner Reams. The Motion was seconded by Commissioner Bowden. The Motion passed with 7 in favor and 0 opposed.</p>	
<p>B. PMH Medical Staff Bylaws Rules and Regulations (Attachments AA AND BB)</p>		<p>A motion to approve the revised Prosser Memorial Health Medical Staff Bylaws and Rules & Regulations that have been reviewed and recommended by the Medical Executive Committee and the Medical Staff at Prosser Memorial Health was made by Commissioner Reams. The Motion was seconded by Commissioner Bowden. The Motion passed with 7 in favor and 0 opposed.</p>	

AGENDA	DISCUSSION	ACTION	FOLLOW-UP
VI. FINANCIAL STEWARDSHIP			
A. Review Financial Reports For October 2021 (Attachment)	David Rollins presented the October 2021 Financials.	A Motion to accept the Financial Reports for October 2021, was made by Commissioner Dr. Dietrich and seconded by Commissioner Reams. The Motion passed with 7 in favor and 0 opposed.	None.
B. 2022 Budget and Property Tax Requests for County Commissioners (Attachments and)	David Rollins presented the proposed 2022 Property Tax Requests for the County Commissioners.	A Motion to approve the 2022 County Property Tax Request, was made by Commissioner Reams and seconded by Commissioner Dr. Dietrich. The Motion passed with 7 in favor and 0 opposed.	None.
C. Early Procurement- Structural Steel (Joists and Decking) & Pneumatic Tube Design (Attachment M&N)	The Board reviewed the proposal for early procurement of Structural Steel (Joists and Decking) and Pneumatic Tube Design for the replacement facility project. This action will enable the project to remain on schedule.	A Motion to approve the Structural Steel & Pneumatic Tube Design, was made by Commissioner Reams and seconded by Commissioner Bowden. The Motion passed with 7 in favor and 0 opposed.	
D. New PMH Foundation Board Member-Carol Knee	Shannon Hitchcock on behalf of the PMH Foundation recommended that Carol Knee be approved to become a PMH Foundation Board Member.	A Motion to approve New PMH Foundation Board Member Carol Knee, was made by Commissioner Dr. Kenny and seconded by Commissioner Reams. The Motion passed with 7 in favor and 0 opposed.	

VII. Services			
A. 2022 PMH Strategic Plan Review (Attachment)	The draft 2022 PMH Strategic Plan was reviewed by Pillar with Board.	None.	None.
VIII. Quality			
A. COVID-19 Update	Merry Fuller and Dr. Sollers briefly updated the Board about Covid-19 at PMH.	None.	None.
B. Legislative and Political Updates	Glenn Bestebreuer gave a brief overview of state and federal legislative issues.	None.	None.
C. CEO/ Operations Report	Craig answered questions regarding his written report and encouraged Board members to complete their self-evaluations.	None.	None.
IX. ADJOURN			
A. There being no further business, the meeting was adjourned at 7:50 p.m.			

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JOINT CONFERENCE COMMITTEE		December 08, 2021		VINEYARD CONFERENCE ROOM	
COMMITTEE MEMBERS PRESENT			NON-MEMBERS PRESENT		
<ul style="list-style-type: none"> • Commissioner S. Reams • Commissioner S. Dietrich • Commissioner S. Kenny • C. Marks, CEO • Dr. D. Weaver • Dr. B. Sollers 			<ul style="list-style-type: none"> • M. Fuller, CNO, COO • K. Mellema, CQO • Dr. S. Hashmi 		
AGENDA ITEM	DISCUSSION	RECOMMENDATION	FOLLOW-UP		
CALL TO ORDER	Meeting was called to order by Commissioner Reams at 0702.				
APPROVAL OF MINUTES	November 2021 minutes were reviewed and approved by the Committee.	For informational purposes only.	Standing agenda item.		
QUALITY					
COVID-19 Update	K. Mellema reported that the Prosser and Benton City Clinics are now administering Pfizer 5–11-year-old COVID-19 vaccine. Education was provided to the staff on the preparation and administering of the vaccine. C. Marks reported that there is a therapeutic oral medication being developed by Pfizer. Dr. S. Hashmi reported that there is a trial called “Move Ahead” being conducted by Merk for those patients that got COVID-19 and are going back home where they could potentially expose family members. Those family members would receive the prophylactic medication.	For informational purposes only.	No follow up necessary.		
Safety & EOC Committee Update	K. Mellema reported that the last meeting was November 30 th but there was not a quorum. Rather the small group discussed the Tru-D Smart UVC system and the eye injuries it has caused. There were 3-4 people affected with one being out of work for seven days due to the eye injury.	For informational purposes only.	No follow up necessary.		

Hospital Comparison	K. Mellema shared the Hospital Quality Comparison grid which compared seven organizations that have online websites that compare hospitals based on a set of metrics. A complete report with each organizational summary will be available in the Board packet for review.	For informational purposes only.	No follow up necessary.
2021 EOC Summary and 2022 EOC Plan	K. Mellema reported on the Environment of Care 2021 Summary/2022 Work Plan prepared by Steve Broussard. This management plan encompasses seven areas of the healthcare environment such as: Emergency Preparedness, Hazardous Materials, Life Safety, Patient Technologies, Safety & Accident Prevention, Security and Utilities. Each section contains the 2021 summary with an accompanying 2022 Work Plan.	For informational purposes only.	No follow up necessary.
PATIENT LOYALTY			
Patient Experience Results	M. Fuller reported on the monthly summary. Year to date data for all departments is exceeding last years numbers. Overall composite score is 91.7%.	For informational purposes only.	Standing agenda item.
MEDICAL STAFF DEVELOPMENT			
Medical Staff Recruitment	Dr. Sollers reported that Dr. Gilstead signed a locums contract through March. He will be in the Prosser Clinic, starting January 3 rd . Dr. Thompson is a new family practice and will be in the Prosser Clinic starting in April. Zack Garland is our newest ARNP and is doing well. Emergency medicine continues to be a work in progress, and we are looking at a more encompassing Orthopedic provider to include sports medicine.	For informational purposes only.	Standing agenda item.
Medical Staff Model/2022 Provider Recruitment Plan	Dr. Sollers reported that everything is lined out for next year regarding the recruitment plan and working on filling it. MEC has approved this plan which will now go before the Board for approval.	For informational purposes only.	No follow up necessary.
Radiologist Review	M. Fuller reported that we have looked at three different night hawk services. It has been decided that we will be staying with our current night hawk service, but we will maintain the contract vs Dr. Zuckerman. They guarantee a 24-hour coverage by January/February. Dr. Zuckerman will work 8-5pm Monday through Friday. This will go to the Board and MEC next month.	For informational purposes only.	No follow up necessary.
PMH Clinics Leadership	C. Marks reported that we have opened this position up and are receiving resumes. The plan is to interview candidates as early as next week. Our goal is to fill that position with an individual that has had clinic experience. We will involve all the clinic medical staff, the leadership team, and staff in the interview process.	For informational purposes only.	No follow up necessary.

EMPLOYEE DEVELOPMENT			
Engagement Activities	C. Marks reported that on December 16 th we will be celebrating with a prime rib luncheon and giving out gifts to staff. Contests include: Ugly Sweater, Cookie Contest, and Christmas Tree Ornament Decorating Contest.	For informational purposes only.	No follow up necessary.
SEIU Negotiations Update	M. Fuller reported that we currently have a tentative agreement with voting to ratify occurring tomorrow and a final decision late Friday. Everyone on SEIU side is satisfied with the decisions.	For informational purposes only.	No follow up necessary.
SERVICES			
Wound Care Program	M. Fuller reported that currently we have a nurse driven program that physicians can refer to. Our intention is to move toward a provider based wound care program with a physician doing periodic assessments which help to prevent any lags in care. Dr. Unger will be available to be that provider. He has been a wound care provider in the past. A presentation regarding the program will be done from Marla and Dr. Unger at the Board Work Session.	For informational purposes only.	No follow up necessary.
Replacement Facility Update	C. Marks reported that we are preparing to do the bidding in January/February. There will be a design update this month from Kirk Brockelman. The new design includes a dedicated c-section suite which has changed the exterior design. Kirk and his team are working closely with the DOH on the designs. Approximately 2/3 of the job will be bid in January and results will go to the Board in February. The remaining 1/3 of the bids will go to the Board in March. However, this timing is dependent on how the bids come in. The construction loan has final terms from Bank of America as well as the equipment lease of \$1.7 million planned for CT, MRI, etc. Gary Hicks will review this information at the Board meeting.	For informational purposes only.	No follow up necessary.
FINANCIAL STEWARDSHIP			
Financial Performance - November 2021	C. Marks reported that in November, we were 21% over budget on the revenue side. We made \$1.8 million which consists of Covid Net Review of \$1.5 million which was recognized. We recently discovered a little over \$200,000 in Purchased Labor for Rehab that did not get booked last month. If you take out the \$1.5 million and the \$200,000, we still exceeded budget by \$300,000 with year to date at \$15.7 million of profit.	For informational purposes only.	Standing agenda item.
COVID-19 Financial Plan	C. Marks reported that the Federal Government approved the use of the \$1.3 million we received. This is now recognized on the Income	For informational purposes only.	Standing agenda item.

	Statement. We applied for Phase Four - Provider Relief Payment, of which we received just under \$1.7 million. So far, we have spent \$107,000 and will use the rest throughout the new year.		
ADJOURNMENT & NEXT SCHEDULED MEETING			
Meeting adjourned at 0831			
Next scheduled meeting 01/19/2022			

K. Mellema 12/8/2021

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**FINANCE COMMITTEE MEETING
MONDAY – December 13, 2021
7:00 a.m. – VINEYARD CONFERENCE ROOM
AGENDA**

MEMBERS:

Keith Sattler
Neilan McPartland
Brandon Bowden

STAFF:

Craig Marks
David Rollins
Stephanie Titus

CALL TO ORDER

I. APPROVE MINUTES

Action Requested – November 15, 2021 Minutes

II. FINANCIAL STEWARDSHIP

A. Review Financials – November 2021 (Attachment U)

David

Action Requested – November 2021 Financial Statements

B. Review Accounts Receivable and Cash Goal

Stephanie

C. COVID-19 Financial Projection Plan (Attachment W)

David

D. Vouchers List

Action Requested – Vouchers List - Payroll and AP Vouchers # 161424 through # 161978 dated 11-11-21 through 12-08-2021, in the amount of \$6,159,787.47

David

E. 2022 Operating Budget/Capital Budget

David

Action Requested - Review (Attachment V)

III. ADJOURN

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FINANCE COMMITTEE MEETING		November 15, 2021		VINEYARD CONFERENCE ROOM			
				GUESTS			
<ul style="list-style-type: none">• Keith Sattler• Neilan McPartland		<ul style="list-style-type: none">• Craig Marks, CEO• David Rollins, CFO• Stephanie Titus, Director of Finance Operations					
AGENDA		DISCUSSION		ACTION		FOLLOW-UP	
I. CALL TO ORDER		Keith Sattler called the meeting to order 7:03 a.m.					
II. APPROVE MINUTES				A motion to approve the Finance Committee Meeting Minutes for October 25, 2021 as presented was made by Neilan. The motion was seconded by Keith and approved.		None.	

<p>III. FINANCIAL STEWARDSHIP</p> <p>A. Review Financials – October 2021 (Attachment N)</p>	<p>Net Income was \$1,092,917 based upon \$16,428,465 gross charges which was 11% greater than budget. COVID Funds contributed \$337,283 to Net Revenue of \$7,284,829 or 13% greater than budget. Diagnostic Imaging was \$0.6M greater than budget followed by Lab at \$0.4M. and the Clinics \$0.4M. Expenses were 368,027 greater than budget or 6% driven by Health Insurance \$93K and Supplies \$325K, 403B \$53K, and Taxes \$51K greater than budget. Net Income YTD increased to \$13,888,085. Cash Flow was a positive \$713,432 and YTD \$2,134,331.</p>	<p>A motion to recommend acceptance of the October 2021 Financial Statements as presented to the PMH Board of Commissioners was made by Neilan. The motion was seconded by Keith and approved.</p>	<p>None.</p>
<p>B. Review Accounts Receivable and Cash Goal</p>	<p>Net A/R declined by \$684,242 driven by collections in Commercial. Net Days declined to 54 and Cash Days increased to 152 days excluding COVID restricted funds or 159 days with \$1,389,154 in COVID Restricted Funds due to a positive cash flow of \$713,432 for the month and \$2,134,331 YTD driven by \$6.8M in collections and \$1.4M in cost report settlements for 2020 and interim 2021. The Director of PFS quit unexpectedly and PMH is working to hire an Interim Director in the next few days.</p>	<p>None.</p>	<p>None.</p>

<p>C. COVID-19 Financial Projection Plan (Attachment R)</p>	<p>PMH is expecting to keep all the currently unallocated COVID Funds of \$1,389,154 and it is awaiting approval for Phase IV Funding from HHS.</p>	<p>None.</p>	<p>None.</p>
<p>D. Voucher Lists Payroll and AP Vouchers #161031 through #161423 Dated 10-21-21 through 11-10-21 in the amount of \$5,477,908.88 and Surplus Items Resolution #1059-#1060 Surplus Items:</p>		<p>A motion to recommend approval of the Voucher Lists #161031 through #161423 dated 10-21-21 through 11-10-21 in the amount of \$5,477,908.88 and Surplus Items Resolution #1059-#1060 was made by Neilan, seconded by Keith , and approved.</p>	<p>None.</p>
<p>E. 2022 Operating Budget/Capital Budget</p>	<p>The initial draft Operating Budget is Net Income of \$5,385,287 or 6.2% on \$218M in Gross Charges or an 11% increase over a projected 2021 Actuals, Expenses are up 11% due to higher Labor costs of 9%, Supplies 18%, and Purchased Services due to increased volumes. The draft Capital Budget is \$1,381,853, highlighted by additional Surgical and Specialty Clinic Equipment.</p>		<p>None.</p>
<p>III. ADJOURN</p>			
<p>Having declared no further business, the meeting was adjourned at 7:55 a.m.</p>			

MEMORANDUM

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

FROM: CRAIG J. MARKS, CEO

DATE: DECEMBER 2021

RE: CEO REPORT

SERVICES

1. 2022 PMH Strategic Planning

For the past several months we have been working to finish 2021 strong, while at the same time preparing for 2022 and the challenges it will bring. Our 2022 Strategic Planning Process involved meetings with all of our Team members including staff, Board, Medical Staff and leadership. The discussions we had about the future of Prosser Memorial Health were uplifting and inspirational. The ideas suggested by our Team, which were distributed in the November board packet, were excellent and ranged from enhancements we can make soon, to long-term changes that will position us well for the future. While we discussed our replacement facility project, we also focused on our Pillar Goals, objectives, and the strategies that will enable us to achieve them. The result is our 2022 PMH Strategic Plan (**Attachment A**) which does all these things.

As in previous years, we did not review our Mission, Vision, Values, and Standards of Behavior, as they are typically reviewed every 5 to 10 years. Our current Mission, Vision, Values, and Standards of Behavior were created/revised in the fall of 2016. We will plan to review them again in 2022 or 2023 before we move into our replacement facility. The 2022 Strategic Plan will be a challenge to accomplish as it contains many initiatives to pursue and achieve ranging, from our continued recruitment of additional providers to the development of a replacement facility. Most of our initiatives focus on and promote our continued growth and our commitment to become the best hospital we can be. It is important to emphasize that this Plan keeps us focused on our Six Pillars of Excellence, the keys to our long-term success. The initiatives in the Plan are both short-term (e.g., provider recruitment) and long-term (e.g., the development of a replacement facility) and will enable PMH to be successful in both the short and long-term. The Board will be asked to approve the proposed 2022 Prosser Memorial Health Strategic Plan at the December Board Meeting.

2. 2022 PMH Marketing Plan

The past couple of years PMH has worked hard to increase our marketing efforts throughout the Yakima Valley (Yakima to the Tri-cities) and it has paid off. We are now seeing patients from communities throughout the Valley and patient volumes throughout PMH have continued to rise. Shannon Hitchcock, Chief Communications Officer, has developed these significant marketing/communication strategies that tell the Prosser Memorial Health story to the communities we serve, and there is more to come. Shannon has developed a draft 2022 PMH Marketing Plan (**Attachment B**) which

is a comprehensive overview of how we plan to continue telling our story through direct mail, social media, newspaper, billboards, radio, television, town hall webcasts, etc. The plan emphasizes our providers, staff and the caring approach they provide to every patient, the new and advanced services provided at PMH (e.g., gastroenterology (GI) services); and how we will provide ongoing communication about all the wonderful things happening throughout Prosser Memorial Health, especially the development of our replacement facility and our 75th Anniversary. The board received a draft 2022 PMH Marketing Plan last month and will be asked to approve it in December.

3. 2022 PMH Information Technology (IT) Plan

The use of electronic health records (EHRs) and robust IT infrastructures are critical in healthcare today and will be long into the future. We are very fortunate that in 2016 we were able to partner with Kadlec/Providence and share their EHR-Epic the number one EHR in the world. After five years, PMH is now more familiar with Epic and its advantages and challenges PMH has worked hard to make the transition to Epic as easy as possible and will continue to work with our staff on enhancing our use of Epic. This along with several other initiatives were in our 2021 IT Plan and will also be in our 2022 IT Plan. Phillip Braem, our new Chief Information Officer, and his staff have reviewed the 2021 IT Plan, and collected IT suggestions/opportunities throughout the year and the Strategic Planning Process. In addition, they have reviewed the initiatives in the draft 2022 PMH Strategic Plan that have IT implications (e.g., GI- new software: Provation). In response, they develop the draft 2022 PMH IT Plan **(Attachment C)** which assesses our infrastructure needs (hardware and software) and our IT programmatic opportunities. Several key initiatives included in the IT plan include: ongoing EPIC education for staff; The replacement of Lawson as our Human Resource/payroll software platform; the completion of the installation of the virtual desktop infrastructure throughout PMH; and the continued focus on cyber security to protect our system and data from outside attacks. These are all initiatives that will enhance the performance of our IT systems and enhance staff engagement/satisfaction with our IT systems. The Board will be asked to approve the 2022 PMH IT Plan at the December Board Meeting.

4. Replacement Facility Update

Despite the magnitude of our replacement facility project, as we come to the close of 2022. We have made significant progress on this project this year and remain on schedule. In fact, the only significant hurdles left to overcome before we break ground in 2022, are to obtain Department of Health (DOH) approval of our drawings and a successful bid process. Both are scheduled to occur in early 2022. An update of recent project activities is included in the Owner's Representative (NV5) Project Report for December **(Attachment D)**; the minutes from our last project team meeting **(Attachment E)**; and the project schedule for the next four months **(Attachment F)**. We continue to work on this project by dividing it into three main areas: design; construction/ schedule/ budget; and USDA/ financing. As it relates to the design aspects of the project, our design team (bcDG) is busy working on the completion of the construction documents which are now scheduled to be completed January 24, 2022. This is

approximately one month later than previously expected due to the design changes required to meet the DOH expectations of a dedicated C-Section Suite located on the OB Unit. It should be noted that this design change will not negatively impact our bid process. DOH is satisfied with our proposed change and is now in the process of reviewing the remainder of our design plan with the design team. Our design team is planning to present their progress on the exterior of the building because of the recent interior floor plan changes (C-Section Suite). To the board at the December Board Work Session.

Graham Construction is working on the bidding process (**Attachment G**) and the overall construction schedule (**Attachment H**) for the project. These schedules and processes will be discussed with the Board at the December Board Work Session. The ultimate goal of the bid schedule will be to develop a MACC (maximum allowable construction cost) for the Board to approve in March. To accomplish this Graham is proposing to have 67% of the bids finalized in February in the form of a mini-MACC and possibly seek Board approval. The remaining 33% of the bids would be finalized in March when the Board will be asked to approve the final MACC. Graham will discuss this in more detail with the board in December. We also have a lot of USDA/ financing activity happening as our Financial Adviser- Gary Hicks, works with us to secure a construction loan and a \$3.6 million operating lease for the purchase of major equipment (e.g. CT scanner, MRI) for the project. Based on our current activity, Gary has updated our Project Financing Plan (**Attachment I**). Gary has also obtained a revised term sheet for the construction loan with Western Alliance Bank (**Attachment J**) and a term sheet from Bank of America for a proposed Operating Lease (**Attachment K**). While the Board will not be asked to approve either of these transactions in December, Gary will review all financing activity with the Board at the December Board Work Session and answer any questions Board members may have.

5. Wound Care Program

Marla Davis and Dr. Unger have been researching the advantages of expanding our current wound care program to a provider-based wound care program as outlined in our 2022 PMH Strategic Plan (**Attachment L**). Our current model is limited to the scope of the certified wound care nurse who assesses each patient and makes recommendations to supplement the orders provided by the referring provider. The referring provider reassess patients at random intervals, sometimes several weeks apart. Necessary changes to the plan of care are often delayed due the need to schedule additional appointments or obtaining new orders from the referring provider.

With a provider-based wound care program, the patient is assessed and treated regularly by a provider with expertise in wound care. Changes to the care plan are quickly identified, entered, and implemented. More aggressive wound debridement (outside of the RN scope of practice) can be provided during the provider evaluation, ensuring no delay in care or additional visits for the patient.

Two companies have provided a proforma for launching a provider-based wound care program and implementing a hyperbaric program. After reviewing the proformas we have decided to work with Healogics. Given the space limitations in our current facility, we have chosen to delay hyperbaric until we move into our new building. Dr. Unger has worked with both companies providing provider-based wound care and will provide medical staff oversight for our program. We anticipate expanded volumes and revenue in 2022 for Outpatient Special Procedures (OSP), and more importantly, faster wound healing for our patients. This program will be reviewed at the December Work Session.

Patient Loyalty

1. Community Appreciation

During this season of giving, we have so much to be thankful for at PMH. This past year may have been the most challenging we have ever faced at PMH, as we continue to fight the COVID-19 pandemic and saw record volumes throughout the organization. However, one thing that remained constant was the willingness of our team to go the extra mile for the good of our patients and the communities we serve. The giving spirit of our staff and organization is reflected in the attached thank yous (**Attachment M1- M7**) and shows how much we are appreciated. We are truly blessed with one of the most generous, compassionate, and caring teams in the country! Thank you for all that you do and may it be returned tenfold to each of you during this holiday season!!!

Medical Staff Development

1. 2022 PMH Medical Staff Model and Provider Recruitment/Retention Plan

One of the reasons we have been successful the past couple of years is because of the development and implementation of our Medical Staff Model and Provider Recruitment/ Retention Plan. This Plan has allowed us to double the size of our Medical Staff and most importantly, better meet the growing health care needs of the communities we serve. As part of the Strategic Planning Process for 2022, we once again spent a considerable amount of time discussing the Medical Staff Development Pillar, and specifically, the provider needs of the communities we serve. Based on the need analysis contained in the 2022 Strategic Planning Packet (not a perfect system, but one based on population and used across the country), we continue to have needs in both primary and specialty care despite all of our success. These shortages force residents to seek care elsewhere, which helps explain our historically low market share. The proposed 2022 PMH Medical Staff Model and Provider Recruitment/ Retention Plan (**Attachment N**) was reviewed and approved by the PMH Medical Staff and is recommended to the Board for approval in December. The Plan is a mix of primary (FP, IM) and specialty (EM, GI, Ortho, Physiatry, Endocrinology) care providers, and will be challenging to accomplish considering the nationwide provider shortage.

2. Medical Staff Recruitment

As we near the end of 2021, I am pleased to report that we were successful in filling over 80% of our open provider positions in 2021. In the past month we signed Catherine Spomer, Nurse Practitioner (**Attachment O**) to join the Benton City Clinic and Dr. John Gilstad, Internal Medicine/Geriatrics (**Attachment P**) to join the Prosser Clinic initially as a locum tenens, but hopefully permanently. Both Catherine and Dr. Gilstad will join our Team in January. Please join me in welcoming both to PMH! We continue to interview and schedule visits for providers specializing in family practice, emergency medicine, orthopedics surgery, and physiatry (pain medicine). We plan to host many provider visits in 2022 as we work to meet the expectations outlined in our 2022 Medical Staff Model and Recruitment Plan.

3. PMH Clinics Leadership

For the past several months, we have had an interim Director of PMH Clinics, Charles Ellis, working with our Medical and Administrative Directors of our clinics using our Dyad Management Structure. We have been advertising the position and plan to begin interviewing candidates before the end of the year and hopefully name our permanent Director of PMH Clinics in January. Charles' interim assignment ends at the end of this year, and I would like to thank him for his leadership the past several months. While my goal is to fill the position by the end of January, if we have not found the right candidate we will continue to look. Providers and staff in the clinics, along with the Leadership Team will be invited to participate in the interview process for any finalists.

4. Benton City Clinic Remodel-Dermatology

We recently received a report from Nelson Construction, the company performing the remodel work on the Benton City Clinic to accommodate our new Dermatology practice. They reported that 95% of the mechanical and electrical work is complete; the new walls are up, and all drywall is patched and prepped; interior repainting is complete, and the flooring installation is currently in progress. The best news is that the project is expected to be completed on time per the schedule, by December 23, 2021. This means that after the New Year, Dr. Nylander will have full access to all of her equipment and procedure rooms so that she can begin to provide the full complement of Dermatology services she planned to provide, without the crowding she was experiencing in the Benton City Rural Health Clinic portion of the building.

5. Radiologist Update

We have had a contract agreement with Dr. Zuckerman and Dr. Ballard for the past three years to provide radiologist services, including after-hours coverage. Unfortunately, our current contract is not working well, resulting in radiologist burnout and issues brought to our attention by the Medical Staff. To help improve our services, we are exploring several outside companies for radiologist services, and we are also talking to Dr. Zuckerman about providing radiologist services from 8 a.m. to 5 p.m. Monday through Friday, with PMH covering the after-hours, weekends, and holidays through a tele-radiology contract with another company (such as Real-Radiology, the company Dr. Zuckerman uses). We plan to continue exploring our options and discuss this with the Board at the January Board Work Session and ask the Board to approve a new contract at the January board meeting.

Employee Development

1. Employee Engagement

As we did last year, despite the COVID-19 pandemic, we are still going to fill the month of December with holiday festivities (**Attachment Q**). While we are not going to have our Annual Holiday Party, we will have a day of celebration throughout PMH on Thursday, December 16th. This year we will have two individual contests, a Christmas Cookie Contest, and our Annual Ugly Sweater Contest. These contests are open to all PMH Team members, including Board members. We will also have a Department Christmas Ornament Contest, with all entries to be used to decorate the PMH Christmas tree in the lobby. Unfortunately, our tree and all our ornaments were lost in the recent trailer fire, but it has provided us a wonderful opportunity to show-off the artistic talents of our staff for years to come. Prizes will be awarded to the top entries and events like this will help everyone get into the holiday spirit. To also assist with the holiday spirit, departments throughout PMH have volunteered to purchase gifts for less fortunate families in our community. Once again thank you to everyone that is participating for your generosity. Finally, we will be serving our Annual Holiday Lunch/Dinner on the 16th to both the day and night shifts. The meal will once again include prime rib, mashed potatoes, veggies, and peppermint stick ice cream. While we wrap-up 2021, we are already making plans for our Annual Employee Recognition Luncheon (years of service) in January. Stay tuned for more details after the holidays. Also included in the Board packet is the December employee newsletter (**Attachment R**) which contains useful information such as a reminder to complete your 2022 Benefits Open Enrollment.

2. Employee/Medical Staff Engagement Surveys

The engagement survey process for both our staff and medical staff ended on November 22nd. This process is conducted once per year and enables us to objectively and anonymously hear from our staff and Medical Staff about how well we, as an organization, are engaging with our team. This process will identify areas of change from previous years (because we use the same survey instrument and questions), areas where we are performing well and opportunities for improvement. We will use this information to develop strategies to enhance our performance at the department level and throughout the organization. At this time, we only have high level results from People Element (the company that performed the survey), such as participation levels. Our staff participation rate was 82% compared to 76% in 2020. Our Medical Staff Participation rate was 74% compared to 79% in 2020 considering everything that has been going on in healthcare, these are still strong and will provide us an accurate view of the engagement levels of our team. We anticipate detailed reports to be available in January where they will be shared with everyone and used to develop our improvement plans.

3. ASPIRE Program

One of the highlights at our Annual Holiday Party is the recognition of all recipients of ASPIRE Awards throughout the year (Winners in 2021- (**Attachment S**) and the random selection of twelve of those individuals to receive checks ranging from \$250 to \$1,000. These individuals were recognized for living our ASPIRE Values. Specifically, they are being recognized for doing things for their patients, co-workers, visitors, providers, etc. that go above and beyond their regular job

descriptions. Due to the pandemic, the random drawing will once again be held in the Vineyard Conference Room at 2:00 p.m. December 16th, immediately following the Holiday Luncheon. It will also be available as a Teams meeting so staff can participate at our clinics or from home. Four Bronze Medal recipients will receive checks for \$250; four Silver Medal recipients will receive checks for \$500; and four Gold Medal recipients will receive checks for \$1,000. ASPIRE Award recipients do not need to be present to win and the checks will be delivered to the lucky individuals shortly after the drawing. Please join me in thanking each of these individuals for their efforts to exceed the expectations of others and truly make PMH great!

4. SEIU (Service Employees International Union) Negotiations Update

On December 3rd, the Prosser Memorial Health bargaining team (Merry Fuller, David Rollins, Bryon Dirkes and Kirk Ehliis, legal counsel) held the final negotiation session with the S.E.I.U bargaining team which represents RN's and LPN's working for PMH. The team successfully reached a Tentative Agreement assisted by a Federal Negotiations Mediator. The S.E.I.U bargaining team closed out the final session indicating that they will recommend ratification to the membership for the vote scheduled December 9, 2021. Once ratified, the contract (**Attachment T**) will remain in effect through July 30, 2024. Following union ratification, we will present the contract to the Board for approval, which we have tentatively planned for the December Board Meeting.

FINANCIAL STEWARDSHIP

1. Financial Performance – November

As we near the end of 2021, I am pleased to report that our financial performance remains strong, and our overall financial position has never been stronger in the history of Prosser Memorial Health (**Attachment U**). In November our patient volumes declined slightly from previous months, but continued to be better than budget. The one area where our volumes are significantly below budget are inpatient swing days. The reason for this is that during the height of the Delta COVID-19 surge, we had to stop accepting swing patients because we needed the beds for COVID-19 and other acute care patients. We are now beyond the need to hold patient rooms for surges and are once again accepting swing bed patients. It should be noted, however, that this could change at any time, especially if new COVID-19 variants such as Omicron cause increased admissions in the future. The result of our strong patient volumes was gross revenue of \$16.6 million, which was \$2.86 million (21%) better than budget. Our deductions from revenue continue to be conservative (\$2.3 million or 29% over budget) despite a very favorable payor mix with 33.6% commercial patients. On a positive note, we were able to recognize \$1.5 million of COVID-19 Relief Funds that we were afraid we would have to pay back at the end of the year. As a result, our net revenue for November was \$8 million or \$2 million (35%) better than budget. Our operating expenses were in line with our volumes, but \$509,893 (9%) over budget. Most of the

expense averages were in salaries due to increased volumes, and an accrual for purchased labor of over \$200,000 that should have been recognized in October. After adding in non-operating income, the result was a net income of \$1,827,355 or \$1.5 million better than budget. If you remove the COVID-19 Relief Funds recognized in November and the missed accrual for purchased labor, we would have finished the month approximately \$200,000 better than budget. As I have previously stated, when our monthly financial performance is strong, our year-to-date performance also gets stronger and that is certainly the case for PMH. Our gross revenue is better than budget, as is our net revenue, operating income, and net income. The only area worse than budget is our expenses which are 6% over budget, but this can be explained by our 18% increase in revenue (volume). Year-to-date our net income (bottom line) is \$15.7 million compared to a budget of \$10.4 million for a positive variance of \$5.3 million (52%). This strong operating performance also led to a positive cash flow of \$1.4 million in November and \$3.6 million year-to-date. This has also strengthened our balance sheet where we now have over \$30 million in cash. Our financial position remains strong and positions PMH well for the future, including the construction of a replacement facility.

2. 2022 Operating and Capital Budgets

After several months of working with our Leadership Team, the finance staff have developed proposed 2022 PMH Operating and Capital Budgets (**Attachment V**) which the Board will be asked to approve at the December meeting. The budgets are based upon input from our staff, Leadership Team, Medical Staff and the proposed 2022 Strategic Plan. The budget packet goes into great detail about the specifics contained in the budgets so I will not. Please note, that we continue to be in growth mode, but it is difficult to predict the pace of growth in the future. This is specifically true in 2022 because we saw a definite surge in volumes in 2021 due to the pandemic which is not likely to be repeated in 2022. Regardless of the volumes we experience in 2022, our goal will be to achieve our budgeted net income and total margin. Based on our projections our Operating Budget is projecting a net income (bottom line) of \$4,585,938 (6.01% total margin) plus \$1,521,762 of COVID-19 relief funds for a total net income of \$6,107,700 and a total margin of 6.9%. This performance exceeds our Financial Stewardship Pillar Goal of 6.0% and will enable us to continue our journey towards a new facility. Our proposed capital budget includes \$1,613,634 of acquisitions which will be paid for with cash. In addition, per USDA requirements, PMH must pay for the first \$17 million of our replacement facility project as a result, we are projecting that we will spend approximately \$12,270,000 in 2022 on the project. As a result, we are projecting a negative cashflow of (\$7,364,915) in 2022, but this was always part of the plan and enables us to maintain our strong financial position throughout the replacement facility project.

3. PMH Foundation Update

The Foundation is wrapping up the Quiet Phase of the Capital Campaign for the new hospital project. We currently have \$868,000 in confirmed pledge commitments and \$3.2 million in proposals that are being followed up on this month. Our goal is to be halfway to our \$3 million goal by the time we transition into the public phase of the campaign in the spring. To date we have 12 providers, 5

Commissioners, 4 Foundation Board Members and 115 staff members contributing to the Foundation. We will begin the Public Phase of the campaign when we formally announce the project at a groundbreaking event in the Spring of 2022. As a thank you, all Foundation donors will receive a long-sleeved blue T-shirt in January. We will also have a donor appreciation event June 8 at Vintner's Village prior to Bottles, Brews and Barbecues.

The Annual Gingerbread House event (online) is wrapping up this week. We enjoyed strong online sales again this year. Thank you to everyone who purchased a Gingerbread House! Lastly, we are excited to announce that Carolyn Knee has joined the Foundation Board! Carolyn will begin her term beginning in January 2022.

Save the dates: Go Red for Women Luncheon is tentatively on the calendar for February 2022. Bottles, Brews, and Barbecues is June 9th & 10th, and the Wine Country Classic is Friday, September 9 at Canyon Lakes Golf Course.

Quality

1.COVID-19 Update

Just when we thought we were getting a handle on the COVID-19 pandemic with increased vaccinations, and declining COVID-19 diagnoses, hospital admissions and deaths, the new COVID-19 variant, Omicron, is announced. While little is known about Omicron, it does have the potential, like the Delta variant, to once again increase the negative aspects of the pandemic (e.g. positive cases, hospitalizations, deaths, etc.). At PMH we continue to promote vaccinations and boosters (we have all three vaccines available) the wearing of masks, frequent hand washing, and socially distancing. We have been fortunate at PMH we currently do not have any positive inpatients and have experienced very few staff testing positive for COVID-19 over the past several months. We plan to continue our current practices until the pandemic is officially declared over.

2.COVID-19 Financial Plan

While we have been fortunate to financially perform well throughout the pandemic due to the assistance we have received from the Federal Government, we continue to seek additional financial assistance that will assist us weather any future challenges. In November, we received notice from HHS (Health and Human Services) that they approved our utilization of \$1,389,154 COVID-19 relief funds. **(Attachment W)**. As a result, our November Income Statement shows our use and recognition of those funds. Those funds were on our balance sheet, but we thought we might have to return them in December. This is great news! In addition, this fall we applied to HHS for Phase 4 Provider Relief Payment (PRP). In late November we learned that \$7.5 billion of the Phase 4 PRP dollars were sent out, and on November 24th PMH received \$1,679,461 **(Attachment X)**. These funds will be used through the end of 2021 and throughout 2022. The funds show up on our Balance Sheet, but will only appear on our

Income Statement when they are used. We did not expect to receive any additional funds at this time, but it certainly positions us well for the future. Merry Christmas!

3. Board Policies

The Board will be asked to approve the following Board Policies in December: Financial Spending Authority Limits (**Attachment AA**); Credit and Collection Policy (**Attachment BB**) Funded Depreciation (**Attachment CC**); and Annual Budgets (**Attachment DD**). The only changes being recommended by Administration to these Policies are title changes, typos, etc., Thus the Policies will be placed on the Consent Agenda. If the Board would like to make changes and/or discuss the proposed Policies, any Commissioner may remove a policy from the Consent Agenda and place it on the Regular Agenda.

4. 2021 Environment of Care (EOC) Report and 2022 EOC Plan

As in previous years, the 2021 (EOC) Report and Plan for 2022 was developed by Steve Broussard, Director of Support Services, for Board review and approved in December (**Attachment EE**). This comprehensive report covers several EOC areas that are integral to our ongoing operations but are not always top of mind for our staff. Steve does an outstanding job of educating our entire Team about the importance of these areas and is always well prepared when we are surveyed by regulatory agencies. As a result, we do well in the surveys and provide a safe environment for our patients, visitors, and staff. On behalf of PMH, I would like to thank Steve for all his efforts in this area!

5. National Hospital Rating Options

There are numerous organizations that take publicly reported data to create comparisons of hospitals across the country. Just to name a few are: the Lown Institute, Care Compare (hospital compare), IBM Watson (Truven), The Chartis Group (iVantage), The Leapfrog Group, Healthgrades and many more. The information provided by these organizations help consumers make informed decisions about where to go for health care by allowing the customer to select multiple hospitals and directly compare performance measure information related to heart attack, heart failure, pneumonia, surgery, and other conditions.

As part of our ongoing commitment to Quality and to reach our ultimate Vision of being a Top 100 Critical Access Hospital, we engaged with Chartis Group (AKA iVantage) in 2020. The Chartis Group is the analytical company that publishes the annual list of Top 100 Critical Access Hospitals and bases their metrics on pillars similar to our Pillars of Excellence such as: Patient Satisfaction, Quality, Services and Financial Stewardship. In order to ensure that we are using the best possible set of metrics that would best suit us for hospital comparisons and to reach our Vision, our Chief Quality and Compliance Officer, Kristi Mellema, conducted a comparison of seven (7) different organizations that provide hospital comparison information (**Attachment FF**) after a thorough investigation, it was determined that we are

best suited to remain with The Chartis Group due to their wide range of metrics versus the limited metrics that the other organizations utilize. Therefore, the 2022 Strategic Plan includes metrics from the Chartis Group under the Quality, Services, and Financial Stewardship pillars.

6. Board Self-Evaluation

A final reminder that it is time for all Board members to complete their annual self-evaluation, which was distributed last month (November). Please complete the evaluation and return it to Rosemary by the first week of January so that the results can be compiled and discussed in January. We plan to review the results in January and use the findings to develop a 2022 Board Action Plan.

7. Board Education

For the first time in two years, the American Hospital Association is once again going to conduct their AHA Rural Health Care Leadership Conference in Phoenix, Arizona February 6- 9. This conference addresses many issues rural hospitals are facing today and includes many top health care speakers. Several Board members have already signed up for the conference, but I encourage all Board members to participate. If you are interested, please contact Rosemary.

8. December Board Work/Regular Session

The December Board Work Session will be used to update the Board on the Replacement Facility Project and several other strategic initiatives. Specifically, as it relates to our Replacement Facility Project where we plan to discuss: design updates; the bidding process and schedule; and the current status of our loan initiatives for the project. We are also going to learn about the expansion of our wound care program 2022 and our evaluation of various national hospital rating systems. Finally, we will answer any questions the Board may have regarding our proposed 2022: Operating and Capital Budgets; Strategic Plan; Marketing Plan, IT Plan; and Medical Staff Model and Provider Recruitment/ Retention Plan. At the December Board Meeting, the Board will be asked to act on: several Board Policies; the 2022 Medical Staff Model and Provider Recruitment/Retention Plan; 2022 Operating and Capital Budgets; 2022 Strategic Plan; 2022 Marketing Plan; 2022 IT Plan; and the 2022 EOC Plan. There are a lot of action items, but hopefully most of the Board's questions regarding these items will be discussed and answered at the Board Work Session. May you and your family have a Merry Christmas and a wonderful New Year!

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.



2022 Strategic Plan

	Strategic Goal	1-Year Objective Metrics	Objectives/Strategies	Timing	Accountable
<p>MISSION Prosser Memorial Health will improve the health of our community.</p> <p>VISION Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country.</p> <p>VALUES Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p>Patient Loyalty Goal</p> <p>Prosser Memorial Health (PMH) will provide outstanding customer service, aspiring to treat those we serve the way they want to be treated.</p> <p>Goal: PMH will achieve a patient satisfaction rate of 95% or higher.</p>	<ol style="list-style-type: none"> 1. Demonstrate a 2% improvement in overall patient satisfaction over 2021. 2. Demonstrate a year over year incremental improvement (0.1% or greater) in all survey types and locations. 3. Increase discharge phone call compliance to 80%. 4. Implement pre-discharge follow up scheduling (OR, AC, FBP, OSP, ED). 5. Reduce the time from ED Admission decision to bedtime to ≤ 55 minutes. 6. Reduce LWBS to $\leq 0.5\%$. 7. 100% of complaints or grievances will be followed up within 72 hours, a grievance letter acknowledgement sent within 7 days and a follow-up or closure letter within 30 days. 8. Ensure access to interpreter services (all locations) within 5 minutes 24/7. 9. Complete ≥ 50 patient education visits each month: Medicaid Wellness, Diabetic education, Dietician, Transitional care, etc. 10. Increase whiteboard compliance to 80%. 11. Increase Bedside Shift report compliance to 80%. 	<ul style="list-style-type: none"> • Provide Patient Satisfaction Education and Press Ganey Website training to all leaders and stakeholders. • Each department leader will focus on one key strategic initiative each quarter based on the relevant patient survey results. • Publish a monthly Patient Loyalty dashboard which will provide additional survey data comparable to what is publicly recorded (including Top Box and percentile ranking) and strategic initiatives by each department. • Complete FMEA on post discharge phone calls, take corrective action, provide training, and track compliance. • Establish process for scheduling clinic follow-up prior to hospital discharge. • Continue PDSA cycles with current interdisciplinary Admissions Task Force. • Continue PDSA cycles with current ED Flow Task Force. • Provide education on addressing complaints and grievances to all stakeholders and report monthly compliance by department on Patient Loyalty Dashboard. 	<p>1/22</p> <p>1/22</p> <p>2/22</p> <p>2/22</p> <p>3/22</p> <p>2/22</p> <p>3/22</p> <p>1/22</p>	<p>M. Fuller</p> <p>All Department Leaders</p> <p>M. Fuller</p> <p>S. Thomasson</p> <p>D. Williams</p> <p>M. Davis</p> <p>C. Doornink-Osborn</p> <p>M. Fuller</p>

2022 Strategic Plan

		12. Demonstrate a 5% increase in the HCHAPS Transition of Care Metric.	<ul style="list-style-type: none"> Complete FMEA on referral and obtaining authorization all departments, take corrective action, provide training, and track compliance. 	7/22	D. Williams
			<ul style="list-style-type: none"> Complete a Risk Assessment on interpreter services across the organization, take corrective action, provider training, and track compliance. 	5/22	D. Williams
			<ul style="list-style-type: none"> Identify needs and hire: nurse educators, patient navigators, financial and social service support. 	12/22	M. Davis
			<ul style="list-style-type: none"> Complete FMEA on Bedside Shift report, take corrective action, provide training, and track compliance. 	1/22	T. Palomarez
			<ul style="list-style-type: none"> Provide re-training on white board utilization and track compliance. 	1/22	T. Palomarez
			<ul style="list-style-type: none"> Establish an interdisciplinary Transition of Care Task Force to assess our current practice and implement and assess changes using PDSA cycles. 	3/22	S. Thomasson

2022 Strategic Plan

	Strategic Goal	1-Year Objective Metrics	Objectives/Strategies	Timing	Accountable
<p>MISSION Prosser Memorial Health will improve the health of our community.</p> <p>VISION Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country.</p> <p>VALUES Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p>Medical Staff Development</p> <p>PMH will respond to Medical Staff concerns and needs in a timely manner, pursue initiatives in collaboration with our Medical Staff and ensure the availability of the appropriate providers for those we serve.</p> <p>Goal: PMH will achieve and maintain an annual Medical Staff satisfaction rate of 90% or higher.</p>	<ol style="list-style-type: none"> Demonstrate a 3% improvement in Medical Staff satisfaction. Increase Medical Staff participation in the Annual Medical Staff Engagement survey by 5%. Recruit 75% of the providers identified in the 2022 Medical Staff Recruitment Plan. Achieve the budgeted number of Active Medical Staff members. Maintain the annual Medical Staff turnover rate at <5%. Meet budgeted PMH Clinic volumes and financial goals. Improve the provider productivity (visits/provider) by 5% in the Specialty Clinic and 75% of all RHC providers will meet/exceed Medicare productivity standards. 	<ul style="list-style-type: none"> Develop the 2022 Medical Staff Recruitment Plan and recruit the identified providers. Enhance the Medical Staff Engagement Plan and conduct monthly Medical Staff Engagement Team meetings. Develop and implement provider productivity standards and monthly reports based on Medicare expectations and share them with all providers at monthly one-on-one meetings. Maintain the DYAD Management structure throughout all PMH Clinics and conduct monthly clinic staff/provider meetings. Develop and implement a comprehensive 2022 PMH Clinic Marketing Plan which will promote various PMH Medical Staff services. Develop and implement a comprehensive GI Service Line. Implement a formal On-Boarding Program for all new providers. Continue to utilize the PMH CMO Model to engage the Medical Staff and enhance Medical Staff satisfaction (e.g., rounding, mentoring, education). Implement and launch a Rural Health Clinic FPPE/OPPE process. 	<p>12/22</p> <p>3/22</p> <p>2/22</p> <p>2/22</p> <p>1/22</p> <p>6/22</p> <p>2/22</p> <p>6/22</p> <p>3/22</p>	<p>C. Doornink/A. Tiemersma</p> <p>C. Doornink/A. Tiemersma</p> <p>Clinic Directors</p> <p>Dr. Sollers/PMH Clinics Director</p> <p>S. Hitchcock/PMH Clinics Director</p> <p>T. Hawley/S. Dawson</p> <p>A Tiemersma</p> <p>C. Marks/Dr. Sollers</p> <p>PMH Clinics Director/Dr. Sollers</p>

2022 Strategic Plan

			<ul style="list-style-type: none"> • Develop and implement an Annual Evaluation Process for all providers. 	3/22	PMH Clinics Director/B. Dirkes
			<ul style="list-style-type: none"> • Continue to generate and maintain Epic-specific training and support for the Medical Staff, including on-call Epic staff. 	12/22	P. Braem
			<ul style="list-style-type: none"> • Enhance and expand the Telehealth Program within PMH Facilities, especially primary care. 	6/22	P. Braem/PMH Clinics Director
			<ul style="list-style-type: none"> • Develop a system for UR and coding documentation feedback for all providers. 	6/22	PMH Clinics Director/S. Thomasson
			<ul style="list-style-type: none"> • Continue to explore and implement new PMH Clinic Services as appropriate (e.g., Endocrinology). 	12/22	Dr. Sollers/PMH Clinic Director

2022 Strategic Plan

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<p>MISSION Prosser Memorial Health will improve the health of our community.</p> <p>VISION Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country.</p> <p>VALUES Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p>Employee Development</p> <p>PMH will encourage and provide ongoing development of our employees by selecting talent effectively, communicating efficiently, creating a work atmosphere that values the individual talents of every employee resulting in a highly engaged workforce.</p> <p>GOAL: PMH will achieve and maintain an annual employee satisfaction rate of 90% or higher.</p>	<ol style="list-style-type: none"> 1. Achieve an Employee Satisfaction rate of 90% or higher. 2. Achieve an annual employee turnover rate of 9% or less. 3. Achieve an average recruitment time of 34 days. 4. Reduce the number of hours of overtime/total hours worked to less than 4.5%. 5. Implement an employment selection tool for 90% of all new employees. 6. Achieve an annual 95% 403(b) participation rate. 	<ul style="list-style-type: none"> • Ensure continued open communication including multiple mediums by first establishing a communications calendar that identifies topics, content, delivery methods and where possible, routinely measuring the effectiveness of the communication effort. • 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. • Ensure effective selection and retention of values-aligned, caring staff using values-based selection tool in selecting talent. • Promote on-going required and elective education opportunities through the development and use of annual education calendar. • Ensure employee recognition continues through established committees and recognition programs and develop a process to measure the effectiveness of selected programs, making revisions as needed. • Revise the non-exempt (unionized) performance evaluation to include measurement of performance rather than “meets or doesn’t meet” measures. • Develop and hardwire the follow-up process to the Employee/Provider engagement to include: action 	<p>3/22</p> <p>7/22</p> <p>4/22</p> <p>3/22</p> <p>4/22</p> <p>11/22</p> <p>6/22</p>	<p>B. Dirkes / S. Hitchcock</p> <p>B. Dirkes</p> <p>B. Dirkes</p> <p>B. Dirkes</p> <p>B. Dirkes</p> <p>B. Dirkes</p> <p>B. Dirkes / C. Marks</p>

2022 Strategic Plan

			<p>planning sessions with teams, communication methods to ensure one-up visibility into progress and methods to capture and routinely report on plan(s) status / progress.</p> <ul style="list-style-type: none"> • Develop standardized requirements for “Lead” responsibilities within PMH to ensure that “Lead” duties are consistently applied in all lead roles where lead pay is applied. • Conduct three (3) Leadership Development Institutes (LDI). Continue Administrative Rounding (e.g., enhance relationships, trust, teamwork, etc.). • Design and implement a Leader Assessment and Development program that supports identification of developmental opportunities for in-assignment and/or future role(s). • Develop and implement an accountability resource tool that supports leaders by ensuring that core leadership responsibilities, due dates, projects, and other key milestones are available in a single location easily referenced by all leaders to support meeting deadlines. • Implement an organization-wide Uniform Policy. 	<p>6/22</p> <p>12/22</p> <p>6/22</p> <p>5/22</p> <p>7/22</p>	<p>B. Dirkes</p> <p>B. Dirkes / C. Marks</p> <p>B. Dirkes / C. Marks</p> <p>B. Dirkes / M. Fuller</p> <p>B. Dirkes/R. Wilson</p>
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2022 Strategic Plan

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<p>MISSION Prosser Memorial Health will improve the health of our community.</p> <p>VISION Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country.</p> <p>VALUES Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p>Quality</p> <p>Continue to support the systemic organization-wide approach to plan, design, measure, assess and improve organizational performance. Objectives are designed to:</p> <ul style="list-style-type: none"> Attain optimal patient outcomes and patient and family experience Support an engaged and safe workforce Enhance appropriate utilization Minimize risks and hazards of care Develop and share best practices <p>Goal: PMH will achieve an INDEX Quality score of 75 or higher.</p>	<ol style="list-style-type: none"> Achieve an overall medication bar code scanning compliance rate of 95% or greater for the hospital. Achieve an overall patient bar code scanning compliance rate of 95% or greater for the hospital. Maintain the Healthcare Associated Infections (HAI) rate per 100 inpatient days at <0.1%. Achieve and maintain a Hand Hygiene compliance goal of 100%. Achieve <0.5% goal of patients leaving the ED without being seen (LWBS) (OP22). <i>(As indicated by the Hospital Strength INDEX)</i> Achieve or exceed the goal of 114 minutes (median time) for patients arriving to the ED to their departure time (OP18b). <i>(As indicated by the Hospital Strength INDEX)</i> Be 100% compliant with regulatory standards of applicable agencies (State of WA, CMS, etc.). ED will direct schedule follow-up appointments for 50% of ED discharges needing a follow-up with a PMH care provider. 	<ul style="list-style-type: none"> Maintain an organization-wide Strategic Plan Scorecard of key performance indicators. Maintain a Patient Care Scorecard to measure and trend selected Quality measures. Develop a Regulatory Readiness Manual. Conduct hospital tracers in all departments twice a year and share results with the unit Directors and staff. Pass all applicable regulatory surveys (e.g., DOH, Laboratory, RHC) Report medication and patient bar code scanning compliance at each monthly Quality meeting and at clinical staff meetings. Report hand hygiene compliance rates at each monthly Quality meeting. Formalize Medication Reconciliation and Antimicrobial Stewardship (AMS) programs. Research other incident reporting systems with the intent of replacing UHC. Implement ED scheduling Clinic follow-up appointments. Continue PDSA cycles with current ED Flow Task Force. 	<p>12/22</p> <p>12/22</p> <p>3/22</p> <p>12/22</p> <p>12/22</p> <p>12/22</p> <p>12/22</p> <p>6/22</p> <p>8/22</p> <p>10/22</p> <p>3/22</p>	<p>K. Mellema</p> <p>K. Mellema</p> <p>K. Mellema</p> <p>K. Mellema</p> <p>K. Mellema</p> <p>L. McKie</p> <p>S. Miklas</p> <p>L. McKie</p> <p>K. Mellema</p> <p>D. Williams/ C. Doornink/PMH Clinics Director</p> <p>C. Doornink</p>

2022 Strategic Plan

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2022 Strategic Plan

			<ul style="list-style-type: none"> Continue the development process for the construction of the Replacement Hospital to include completing the bidding process and begin construction. 	6/22	C. Marks
			<ul style="list-style-type: none"> Develop a plan for future use of the current hospital site. 	6/22	C. Marks
			<ul style="list-style-type: none"> Develop and implement a comprehensive wound care program. 	12/22	M. Davis
			<ul style="list-style-type: none"> Develop and implement a comprehensive pain management program to include the EMG studies. 	12/22	PMH Clinics Director
			<ul style="list-style-type: none"> Develop and implement an Information Technology Plan. 	6/22	P. Braem
			<ul style="list-style-type: none"> Upgrade and migration to Virtual Desktop Infrastructure (VDI) across the organization. 	12/22	P. Braem
			<ul style="list-style-type: none"> Implement a customer service training program in the Clinics. 	3/22	S. Hitchcock

2022 Strategic Plan

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	<p>Goal: PMH will achieve and maintain an annual total margin of 6% or more.</p>	<ol style="list-style-type: none"> 5. Increase Pre-Registration of Ancillary Outpatient Visits to greater than 50%. 6. Implement 340b program for OP and Contract Pharmacies. 7. Reduce Average Expense per Adjusted Patient Day by >1%. 8. Increase Average Net Revenue per Adjusted Patient Day by >3%. 9. Reduce Medicare Adjusted Average Costs for both inpatient and outpatient by 5%. <i>(As indicated by the Hospital Strength INDEX)</i> 10. Reduce Medicare Adjusted Average Charges for both inpatient and outpatient by 5%. <i>(As indicated by the Hospital Strength INDEX)</i> 	<ul style="list-style-type: none"> • Reduce denials through a more effective Utilization Review team structure. • Improve Payer Contract Compliance through improved EHR tools. • Utilize coding audits to improve clinical documentation through education of physicians and staff. • Expand Call Center to manage scheduling more effectively for visits, tests, and procedures. • Implement and utilize Labor Productivity System to enable improvements in the efficiency of labor utilization by departments. • Reduce unscheduled leave through positive changes to paid leave policies. • Implement new GL/AP/MM software that allows for more effective and efficient expense management. • Implement a robust 340b program to reduce OP drug expenses and increase revenue thru contract pharmacies. • Develop Patient Friendly Billing program with PFS. 	02/22	S. Thomasson
				09/22	PFS Director
				02/22	H. Teale/ G. Zuniga
				04/22	D. Williams
				12/22	D. Rollins / S. Titus
				12/22	B. Dirkes/D. Rollins
				09/22	D. Rollins/S. Titus/B. Dirkes
				07/22	L. McKie/B. Dirkes
				12/22	PFS Director/ S. Hitchcock



2022

Marketing Plan

723 Memorial Street
Prosser, WA 99350
ProsserHealth.org



Communications, Marketing & Community Relations Plan 2022

Executive Summary:

This Is How We Care has never been truer than it was in 2021. Prosser Memorial Health reaffirmed our value and importance with the communities we serve with our response to pandemic, caring for higher acuity patients with COVID-19 and other serious illness, and providing access to the COVID-19 vaccine. We built tremendous trust in our primary and secondary service areas and now thousands of patients from across Central Washington have experienced what ***This Is How We Care*** means to us and how we translate that to the care we provide to those we serve.

The 2022 Communications, Marketing, and Community Relations Plan builds on the trust and commitment we have demonstrated in caring for our community and delivering high quality healthcare with respect, optimism, and hope. The messaging, images and outreach in this plan will generally stay the same in 2022. We will focus on building volumes and patient loyalty with new providers, promote and educate the public on new service lines we develop, and continue to build on the two-way communication we have created during the pandemic to identify areas of need in the community where we can be of service with the resources we have.

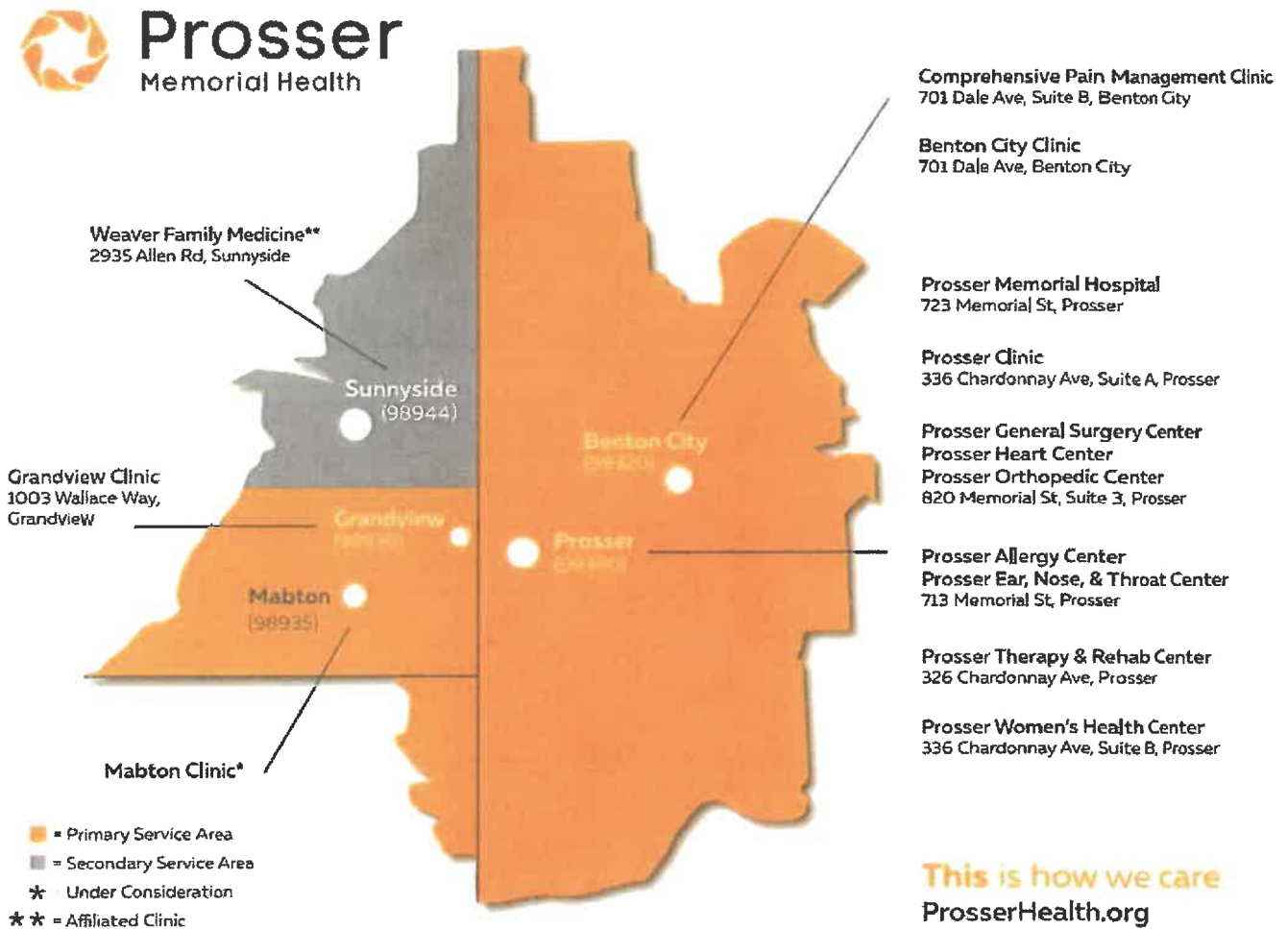
This plan focuses on three areas in 2022: 1. Our 75th Anniversary in serving our community and the new hospital project, 2. The ease of access we want our community to have to the healthcare education and resources PMH has to offer them, and, an internal customer service program that reinforces our brand, image, and tagline. To that end, our website and social media platforms will get a complete overhaul to be more user friendly, more responsive in real time, and continue to reinforce and build trust with the public on the highest level of care and compassion PMH delivers to those we serve.

A comprehensive customer service program, across the organization, will ensure we are living our Mission, Vision, and Values with every patient encounter we have. For our messaging and outreach to be authentic, and memorable to each patient, they need to feel and believe, ***This Is How We Care*** every time we answer the phone, greet them at check-in, follow up with their questions and concerns, and at the time they receive a statement from PMH.

Primary & Secondary Service Area:

The hospital's service area includes the communities of Prosser, Mabton, Sunnyside, Benton City and Grandview in the heart of South-Central Washington's wine country. The obesity rate is considerably higher than the state average in this area, and not surprisingly, so is the rate of diabetes.

Continued growth in the primary service area is expected in the next three years with the largest increases seen among residents 65 years and older. Our secondary service area continues to expand into the Yakima area with the Astria Health clinics closing, the hospital closing and re-structure at Yakima Valley Memorial Hospital.



Who is the competition?

Prosser Memorial Health's major competitors are Astria Sunnyside Hospital and Astria Health Centers located in Sunnyside and Grandview. While Kadlec Medical Center and Clinics and Trios Medical Center are considered competition with primary care and some specialty service lines we do have strong partnerships with these facilities and transfer our patients to them when a higher level of care is needed.

In 2022, our strategy is to continue to take market-share away from the Astria Health system as it struggles with retaining providers, financial stability, and plummeting patient satisfaction. We will continue to market aggressively in the Yakima area with our Joint Replacement program, Orthopedics, Urology, ENT / Allergy, Dermatology, our Digestive Health Center, and Women's Health where demands are significantly outpacing supply.

Opportunity:

Prosser Memorial Health has built a solid reputation of providing high quality healthcare with compassion. Our patient satisfaction numbers are strong and our patient testimonials and social media engagement from the community is a marketing professional's dream. Looking forward to 2022, there are numerous opportunities to grow market-share:

1. A New Hospital

In the Spring of 2022, we will introduce the new hospital project to the public. This includes breaking ground on the new facility and launching a public capital campaign to help us reach our \$3 million goal.

2. After Hours Appointments and Weekends

Our primary care network continues to grow as consumers learn about the clinics, providers and services offered. We continue to expand services (diabetic education, dermatology, and GI) to respond to the needs in the marketplace. Our primary care provider base covers everything from women's health issues, mental health, occupational health and primary care. Our clinics accept walk-ins, next day appointments and will take all insurances. They are conveniently located in our primary service area. The provider group is engaged in Prosser Memorial Health, the community, and their patients. We will promote our after hours and weekend appointments in Grandview and Prosser to realize additional growth.

3. Digestive Health Center & Dermatology

From Yakima to the Tri-Cities, there is a waiting list a mile long to be seen by a Gastroenterologist or a Dermatologist. We will aggressively promote Dr. Cohen and our Digestive Health Center in both markets as well as Dr. Nylander and our Dermatology Center.

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Vision

- Patients
- Employees
- Medical Staff
- Quality
- Services
- Financial



Prosser

Memorial Health

Values

- Accountability
- Service
- Promote Teamwork
- Integrity
- Respect
- Excellence

Mission: To improve the health of our community.



2022 TECHNOLOGY STRATEGIC PLAN

PHILLIP BRAEM

PROSSER MEMORIAL HEALTH

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TECHNOLOGY PLAN EXECUTIVE SUMMARY

Leveraging and efficiently using technology is critical to the success of Prosser Memorial Health (PMH) and its Vision of becoming a top 100 Critical Access Hospital in the United States.

During the next year PMH will continue its transformation in leveraging technologies to increase efficiencies and competitiveness. The following will be the focus of the 2022 IT Strategic Plan:

- Continue to support 2022 PMH Strategic Initiatives.
- Expand Virtual Desktop Infrastructure to office employees.
- Continue to enhance PMH Security – Implement industry leading cyber security tools to increase security posture.
- Revamp employee onboarding regarding IT services. (Access, Training)
- Continue to leverage Health Streams for Epic learning purposes
- Transition Providence / Epic network circuit to a higher capacity and redundant circuit.
- Implement reporting tools for fast visual analytics of Epic data.
- Integrate multiple software and hardware with Epic.
- Implement new technologies in PMH departments.
- Support new telehealth service offerings
- Continue to support improved workflows and processes across the enterprise
- Continue to improve IT Department efficiencies and communicate

MISSION, VISION, VALUES, AND STANDARDS OF BEHAVIOR

MISSION

PROSSER MEMORIAL HEALTH MISSION

Prosser Memorial Health will improve the health of our community.

INFORMATION TECHNOLOGY MISSION

PMH Technology will progressively leverage technology in full alignment with the Prosser Memorial Health Mission.

VISION

PROSSER MEMORIAL HEALTH 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.

PILLAR OF EXCELLENCE #1: Patient Loyalty

PMH will provide outstanding customer service, aspiring to treat those we serve the way they want to be treated.

PILLAR OF EXCELLENCE #2: Medical Staff Development

PMH will respond to Medical Staff technology 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.

PILLAR OF EXCELLENCE #3: Employee Development

PMH will encourage and provide for the ongoing development of our employees.

- Open Communication.

- Competitive wages and benefits.

- Selection and retention of effective, caring personnel.

- Utilization and development of talent throughout the organization.

- On-going education.

- Employee recognition.

PILLAR OF EXCELLENCE #4: Quality

PMH will develop and maintain a system of continuous improvement which is incorporated into the daily work of every employee and Medical Staff member.

PILLAR OF EXCELLENCE #5: Services

PMH will develop and maintain appropriate facilities, technology, and services to meet the needs of those we serve.

PILLAR OF EXCELLENCE #6: Financial Stewardship

PMH 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.

TECHNOLOGY VISION

PMH Technology will actively and progressively leverage technology to fully align with the Prosser Memorial Health Vision.

VALUES

PROSSER MEMORIAL HEALTH 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.

TECHNOLOGY VALUES

PMH Technology Team will actively follow and exhibit Prosser Memorial Health Values.

SWOT ANALYSIS - CURRENT TECHNOLOGY SYSTEMS

The aim of any strengths-weaknesses-opportunities-threats (SWOT) analysis is to identify the key internal and external factors that are important to achieving objectives. SWOT can be helpful to quickly portray the current state. It is defined as:

- **Strengths:** Attributes of the organization that are helpful to achieving the objective.
- **Weaknesses:** Attributes of the organization that are harmful to achieving the objective.
- **Opportunities:** External conditions that are helpful to achieving the objective.
- **Threats:** External conditions which could do damage to the business's performance.

STRENGTHS

- Epic. PMH runs the highly rated electronic health record software system Epic at a heavily discounted rate through Providence. PMH is currently on Epic 2021.
- Providence. We have a great technology partner in Providence which is one of the largest hospital systems in the United States. Our partnership with Providence allows PMH access to additional technology resources in the healthcare field.
- Multiple Hosted Cloud Based services. Cloud based services (software located offsite with multiple software publishers who are also the software subject matter experts) are trending up in technology and leverage software experts to make small technology teams more efficient. Epic, Lawson, Kronos, GHX, CPSI, and other software applications are currently running at hosted locations.
- Security. Palo Alto Firewall: Palo Alto is a leader in the Gartner Magic Quadrant for Enterprise Network Firewalls. Additionally, we are using Nessus Vulnerability scanning to detect threats internally.
- Fiber. Due to the location of Prosser Memorial Health between the Tri-Cities and Yakima there is prime access to local high bandwidth fiber optic wide area networking.
- Team. We have an excellent small internal IT team of 6 members. The team is highly customer focused, talented, and experienced consisting of 2 Clinical Informaticists, 1 Business Informaticist, 1 Systems Analyst, 1 highly service oriented helpdesk technician, and 1 CIO technology leader.
- Majority of PC inventory is refreshed. Approximately 70% is less than two (3) years old.
- Many technology grants and credits are available. Rural discounts and credits are available for our network services and telehealth programs.
- Diagnostic Imaging Department Technologies. PMH runs Fuji PACS system which is fully integrated with Epic.

- Major Infrastructure Upgraded in 2019 consisting of best in class Cisco Network and Phones, best in class Pure Storage, and best in class VMWare virtual servers.
- Great Infrastructure and partner CompuNet who is an all IT engineering firm and does fantastic work for PMH.

WEAKNESSES

- Lawson product suite not effective. Will be fully replaced in 2022.
- Epic Knowledge. Lack of continued learning program and enough subject matter experts to effectively grow staff epic knowledge. Continue to train users as super users.
- Outdated aging Video Surveillance system. Will be fully replaced in 2022.
- IT Staff. Limited in capabilities due to being down 3 staff members. Replace, recruit new staff in 2022
- Onboarding employees, current process is cumbersome and time consuming.

OPPORTUNITIES

- Implement data and analytical dashboards enterprise wide to improve workflows and processes.
- Increase onsite Epic subject matter expertise and self-service training to increase leverage in Epic investment.
- Leverage newer technologies in all departments. Healthcare technologies are rapidly developing and there is great opportunity for PMH to leverage.
- Increased Epic integration and optimizations to grow PMH clinical efficiencies in all areas.
- Use Huron Studer MyRounding to aggregate rounding data and to increase rounding efficiency across PMH. Launched 2020.

THREATS

- Lack of onsite Epic subject matter expertise and self-service training to increase leverage in Epic investment.
- Security threats continue to expand to critical infrastructure, staff, technology partners and vendors. There is a large threat to PMH credibility if patient information is compromised, which would reduce the level of trust current and potentials patients.
- PMH continues to rely on regional partners, vendors, and the internet for mission critical services. For example, PMH relies on the internet to deliver many services and disruption to the internet can disable a variety of functions.

TECHNOLOGY RECOMMENDATIONS BY PMH PILLAR

PILLAR OF EXCELLENCE #1: PATIENT LOYALTY

- Meet or exceed specific PMH IT PMH Goals as listed in the PMH LEM.

PILLAR OF EXCELLENCE #2: MEDICAL STAFF DEVELOPMENT

- Continue to grow Epic expertise through Epic Super Users and Health Stream education.
- IT Leadership will produce surveys to assess the needs of Medical Staff.

PILLAR OF EXCELLENCE #3: EMPLOYEE DEVELOPMENT

- Create an IT project status board.
- Send out Quarterly IT Status Update to all staff.

PILLAR OF EXCELLENCE #4: QUALITY

- Continue to enhance IT Security Posture.
- Cyber Security - Implement managed detection a response.
- Expand Virtual Desktop Infrastructure to office users.
- Complete rollout of Epic Warpdrive to all users.
Will significantly decrease the time it takes staff to login to Epic and chart on patients.
- Migrate SharePoint to SharePoint online
- Complete upgrading outdated Microsoft Office 2013 to Microsoft Office 365.
- Develop and implement new PMH onboarding and off boarding process.
- Continue to grow Epic expertise through Epic super users and Health Stream education.
- Implementation of new Ventilators into Epic.
- Growth in PMH participation in Epic UGM conference and Providence Community Technologies community events at UGM and in WA State.
- Implementation of Epic reporting dashboard
- Implementation of Secure Text.
- Implementation of new external network circuits to increase redundancy and throughput.
- Complete required Providence Epic Upgrades.

PILLAR OF EXCELLENCE #5: SERVICES

- Implement all new Telehealth solutions.
- Increase technology Storage.

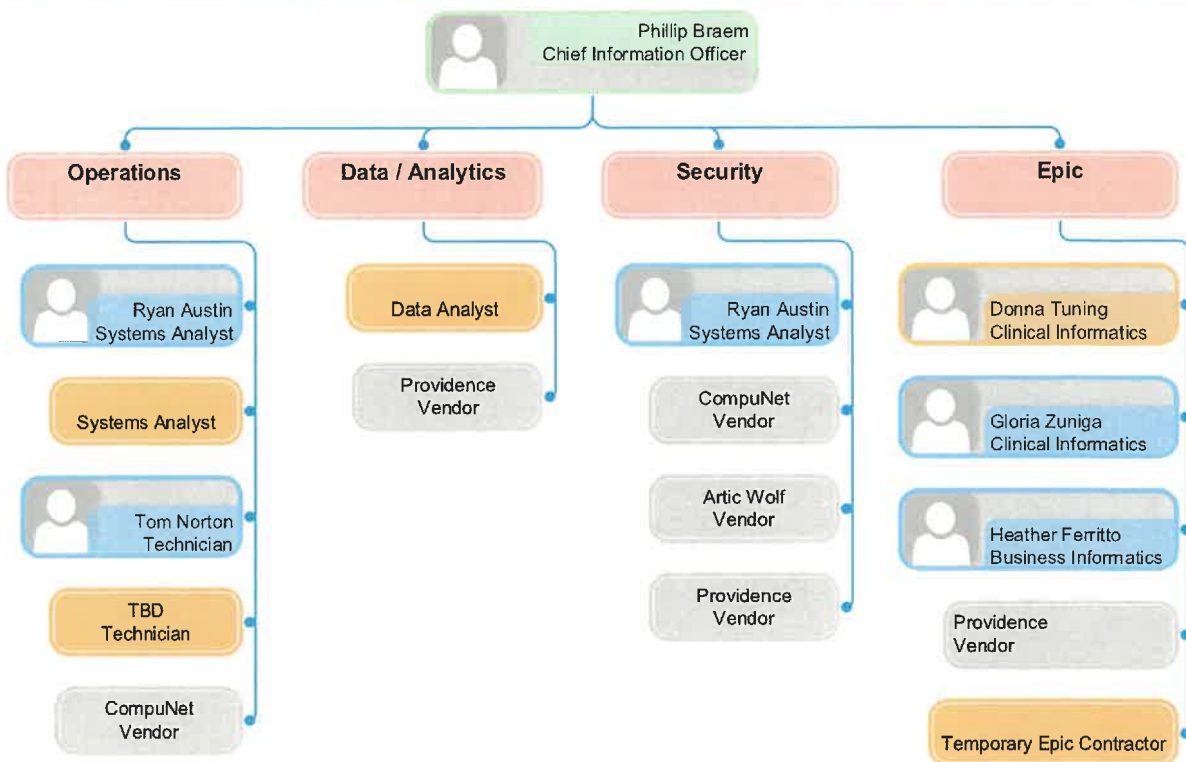
- Enhance backup strategy to add offsite backup to current backup strategy.
- Implement Epic Cupid, if appropriate
- Implement ED charges enhancement, FCC ASAP
- Implement any other Epic enhancements, if appropriate
- Implementation of Provation APEX. Procedure documentation solution for GI and other specialties down the road.
- Implementation of MCN Healthcare Policy and Procedure library solution.

PILLAR OF EXCELLENCE #6: FINANCIAL STEWARDSHIP

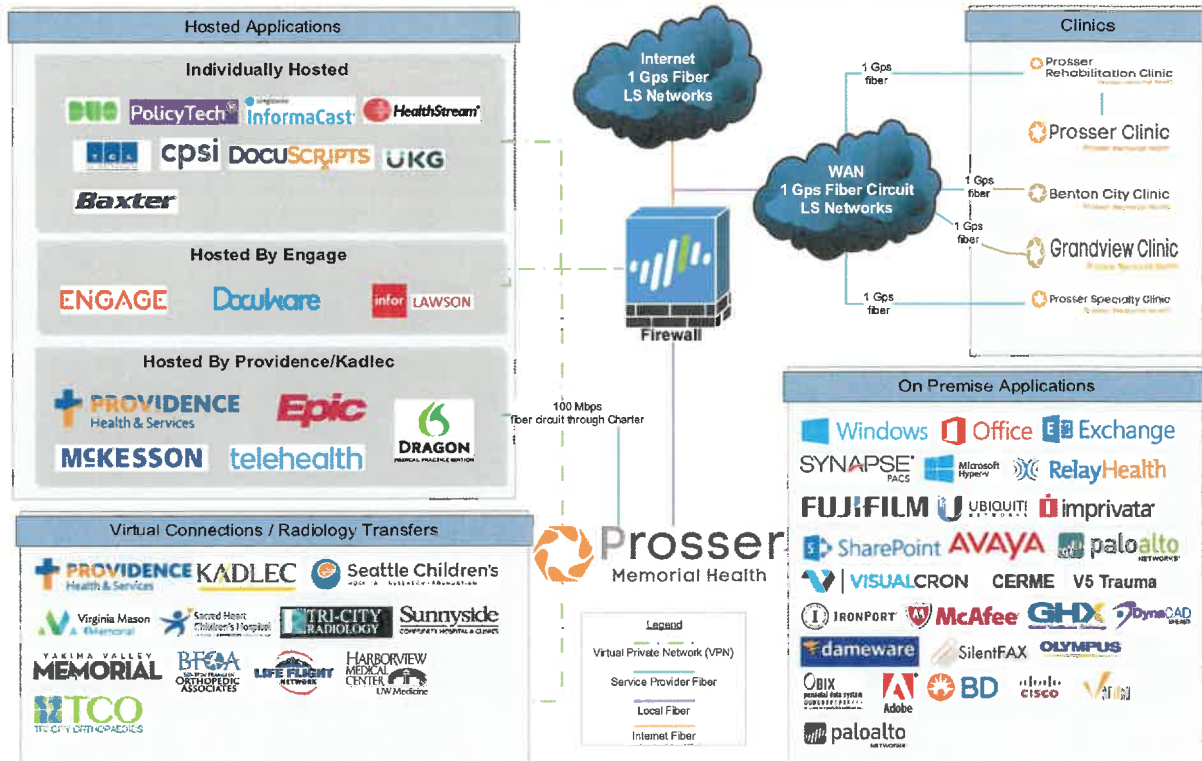
- Meet or exceed IT annual operating and capital budgets.

IT SERVICES

STAFF – CURRENT + FUTURE



SUPPORTED SERVICES – HIGH LEVEL



SECURITY POSTURE

- Multi Factor authentication – Duo Mobile
- Imprivata SSO – Auto Lock out after 10 minutes
- McAfee Endpoint Protection – virus scanning, malware prevention and firewall
- McAfee host intrusion prevention – External facing servers.
- MS Office 365 – Secure Email, Attachment scanning, Email security protection.
- Annual Penetration Testing via vendor.
- Encrypt Mobile Devices – Manage Engine
- Desktop Encryption – Windows Bitlocker
- Phishing Testing and Training – Monthly
- Firewall - URL Filtering, SSL Decryption, Packet Inspection, Threat Analysis, Etc.
- Backups - Nightly

GOALS

- Continue security awareness training via InfoSec
- Continually improve CIS20 gap analysis closure

- Implement Identity and Access management tools
- Implement Cyber security managed detection and response
- Replace outdated security cameras and software system
- Implement silent alarms via Emergency alert system.



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

DATE: December 3, 2021

I. PROJECT TEAM:

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

II. PROGRESS:

- A. Contracts – The following is a status of professional services agreements:
- a. Agreements, contracts, and/or amendments *executed this period*: (none)
 - b. Agreements, contracts and/or amendments *being finalized*:
 - i. Benton Public Utility District – New Electric Service Easement Agreement
 - ii. LS Networks – New Fiber Service Agreement
 - iii. Graham Construction – Early Procurement Contracts
- B. Design – Project Visioning
- a. The next project Visioning, Goals and Strategies review will occur in conjunction with the 100% Construction Documents milestone.
- C. Design – Utilities
- a. Water & Sewer – These utilities are currently under construction by the City of Prosser and the work was previously scheduled to be complete by this time.
 - i. The majority of the utility lines have been installed on-site, but final connections to services south of the site that run under the Highway remain on-hold during the irrigation season. The City has stated it will resume working in October, and now anticipates completion in spring of 2022.
 - ii. The City indicated in November that they approved a change order with their contractor for the revised scope of work, which is slated to begin no later than February 1, 2022 (though they hope to commence work in January).
 - iii. The City intends to complete the work before Spring 2022.
 - b. Electric Service – The project team is coordinating with Benton Public Utility District.
 - i. BPUD issued their revised development packet which outlines their proposed upgrades in support of the Hospital's new service. The cost of the service installation is approximately \$60,000, which is within the current budget of \$80,000. Accordingly, NV5 recommends that PMH proceed with the new electric service agreement so that power is provided in time for the building grand opening.
 - c. Fiber Servicer – The Hospital's current fiber provider, LS Networks, provided pricing for a new dual-entry fiber service to the replacement hospital. The dual-entry configuration

provides redundancy so that PMH does not lose network connectivity in the event that a storm or vehicle takes down a utility pole on N Gap Road. The cost of installing the new service is \$20,000, which is within the current budget of \$30,0000. Phillip Braem, the design team, and NV5 reviewed the new service proposal and recommend that PMH proceed with new the service.

D. Design – Site

- a. The project team is working to define the landscaping scope so that Graham may procure a design-build contractor to provide landscaping on the project. The team intends to review the proposed landscaping plan with the PMH Board once the contractor is on-board and they've completed their design. This should occur in mid-2022.

E. Design – Building

- a. The 95% Construction Documents and 100% Construction Documents milestones were on track for November and December 2021, respectively, however the week of November 8, PMH requested the design team evaluate deletion of the second-floor patio.
- b. bcDG reviewed design alternatives with the PMH board at the November board work session, and subsequently incorporated these revisions into the project documents.
- c. bcDG will now deliver 100% Construction Documents on January 24, 2022.

F. Permitting

- a. Certificate of Need (CoN) –
 - i. CoN Application – the State Department of Health granted PMH an Intent to Issue a Certificate of Need, on November 4. PMH formally responded to the State on November 18th, and will follow up with the documents listed in the Intent to Issue letter, which include a final State Environmental Protection Agency (SEPA) review and the final MACC.
- b. State –
 - i. The State Department of Health is currently reviewing the project for code compliance. bcDG and NV5 met with State Representatives on Tuesday, November 9th to review the project and understand any preliminary findings. The team determined it would be productive to meet more frequently in order to review the project in more manageable portions.
- c. City –
 - i. The City continues to be invited to meetings with the project team and the DoH. They will formally review the project once the drawings are submitted for building permit, which should occur in early February, 2022.

G. Pre-Construction

- a. Graham continues to work on preconstruction efforts:
 - i. Building Information Modeling (BIM), in order to have a 4-D model of the building construction. This helps to reveal design coordination issues and mitigates the risk of encountering constructability and coordination issues during construction.
 - ii. Early Procurement, as noted in section III below.
 - iii. Maximum Allowable Construction Cost (MACC) process planning, including bid package development and generating subcontractor interest in our project.

H. Operations / Activation

- a. The 'Nurse Server' mockup continues to be reviewed during staff meetings. Merry Fuller intends to gather feedback on the Nurse Server to share with the project team.

III. PROCUREMENT:

- A. Maximum Allowable Construction Cost (MACC)
 - a. Once the design documents are complete and issued, Graham Construction will begin working on bidding the project to establish a Maximum Allowable Construction Cost (MACC). This will only occur once the project team deems the design complete, the CoN is approved, and the PMH team agrees they are ready to bid the project. The MACC will effectively be the construction budget under which Graham will manage all construction costs.
 - b. Once the MACC is approved by the PMH Board, the team will prepare a contract amendment, and both the amendment and final Construction Manager contract will be sent to USDA for their concurrence. This will be the final step which will allow for the commencement of construction.
 - c. Graham intends to compile a "mini-MACC," which encompasses roughly 60% of construction costs for PMH board review at the February board meeting.
 - d. Once bids are received for the remaining ~40% of construction costs, intends to issue the final MACC for board review and approval at the March board meeting.
- B. Early Procurement
 - a. As discussed at last month's Board Work session, in an effort to reduce cost risk, including schedule risk which drives cost, the project team conducted early procurement of the steel joist & decking, and the pneumatic tube system.
 - b. Graham will process these two contracts during the month of December.
- C. Upcoming project team members to procure include:
 - a. Art Consultant, 2022.
 - b. Signage Design and Fabrication vendor, summer 2022.

IV. SCHEDULE:

- A. **See attached 4-month look ahead schedule.**
- B. Procurement of Project Team – August 2020 thru 2022
- C. Design – Construction Document Phase – April 2021 thru January 2022
- D. CoN process – Ongoing thru March 2022
- E. USDA Construction Contract Approval – March 2022
- F. Construction – March 2022 to February 2024

V. BUDGET

- A. No further updates on the project budget have been made since the update provided in the July report. The project team continues to evaluate and confirm the values included in this budget to confirm that there have been no substantive variations.

VI. PROJECT CHALLENGES / RISKS:

- A. **USDA** – As noted in previous reports, Gary Hicks Financial and Health Facilities Planning & Development are providing guidance to the project team for the USDA application process. USDA confirmed conditional funding approval in August 2021. The project is currently in contract review with local and regional USDA representatives who have sent questions and comments to the project team, and the team is currently working on responses.
- B. **Construction Cost(s)** – As noted in previous reports, NV5, bcDG and Graham Construction, the project team's GCCM, are all seeing volatile cost variability and increases in the market for materials and labor. The project team is working to mitigate these risks to the overall project budget by 1.) continuing and potentially expanding the value engineering process, 2.) shifting the bid process to early 2022 in hopes of encountering more favorable, or at least stable economic conditions, and 3.) evaluating early procurement options.
- C. **Traffic Study** – In recent meetings, the City of Prosser indicated that per their development regulations PMH may be required to improve Gap Road in the immediate vicinity of the property in order to

accommodate future traffic loads. The extents and scale of the improvements are determined by the outcomes of the City's and PMH's traffic studies. The project team is currently advocating that PMH's contributions to local traffic in the area will be unchanged by this project, since PMH is merely relocating their existing facility. In addition, the forthcoming traffic study will hopefully validate the team's opinion that traffic to/from the new facility will not necessitate substantial traffic control measures at the new drive entry. The abovementioned process is ongoing, and as such the team will have a better understanding of the effect on the project once the PMH traffic study is complete and reviewed by the City.

- D. **City water and sewer construction** – As noted in Section II.C.a. above, the City approved a change order with their general contractor. The contractor will only complete the work outside of irrigation season, which is roughly October – April. While the current plan conveyed by the City appears to align with completing the work before April, there is still a risk that the contractor could encounter further issues with boring under the highway.

VII. NEXT STEPS:

- A. 100% Construction Documents – January 2022
- B. Maximum Allowable Construction Cost (MACC) development – February/March 2022

VIII. ATTACHMENTS:

- A. 4 Month Look-Ahead Project Schedule

4 Month Outlook

DECEMBER 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	30	01	02	03 PROJECT TEAM MEETING	04
05	06 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	07	08	09	10 PROJECT TEAM MEETING 100% TO PACKAGE CUE	11
12	13 CONSULTANT-PMH MEETINGS NEW FACILITY OPERATIONAL MEETING (NV5-Led)	14 BOARD WORKSESSION	15	16 BOARD MEETING	17	18
19	20 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	21	22	23	24 CHRISTMAS (OBS.)	25
26	27 NEW FACILITY OPERATIONAL MEETING (NV5-Led)	28	29	30	31 NEW YEARS DAY (OBS.)	01
02	03	04	05	06	07	08

JANUARY 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26	27	28	29	30	31	01
02	03 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	04	05	06	07 PROJECT TEAM MEETING	08
09	10 NEW FACILITY OPERATIONAL MEETING (NV5-Led)	11	12	13	14 PROJECT TEAM MEETING	15
16	17 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	18	19	20	21 PROJECT TEAM MEETING	22
23	24 CONSULTANT-PMH MEETINGS NEW FACILITY OPERATIONAL MEETING (NV5-Led)	25 BOARD WORKSESSION	26	27 BOARD MEETING	28	29
30	31 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	01	02	03	04	05

LEGEND

IN PERSON MEETING NV5 & BCDG ON SITE UNLESS OTHERWISE NOTED	ONLINE MEETING	PMH MEETING NO ATTENDANCE BY PROJECT TEAM	HOLIDAY
	DELIVERABLE		FOR BOARD APPROVAL

4 Month Outlook

FEBRUARY 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30	31	01	02	03	04 PROJECT TEAM MEETING	05
				BID OPENING #1 @ PMH		
06	07 NEW FACILITY OPERATIONAL MEETING (NV5-Led)	08	09	10	11 PROJECT TEAM MEETING	12
13	14 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	15 BID OPENING #2 @ PMH	16	17	18 PROJECT TEAM MEETING MIN-MACC ISSUED	19
20	21 CONSULTANT-PMH MEETINGS NEW FACILITY OPERATIONAL MEETING (NV5-Led)	22 BOARD WORKSESSION	23 Review & Approve of Mini-Maximum Allowable Construction Cost (Mini-MACC)	24 BOARD MEETING	25	26
27	28	01	02	03	04	05
06	07	08	09	10	11	12

MARCH 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	01	02	03	04 PROJECT TEAM MEETING	05
06	07 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	08	09	10	11 PROJECT TEAM MEETING	12
13	14 NEW FACILITY OPERATIONAL MEETING (NV5-Led) MACC ISSUED	15	16	17	18 PROJECT TEAM MEETING	19
20	21 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	22	23	24	25 PROJECT TEAM MEETING	26
27	28 CONSULTANT-PMH MEETINGS NEW FACILITY OPERATIONAL MEETING (NV5-Led)	29 BOARD WORKSESSION	30 Review and approve Maximum Allowable Construction Cost (MACC)	31 BOARD MEETING	01	02
03	04	05	06	07	08	09

Prosser Memorial Health
Replacement Hospital



Owner Team Meeting Minutes

Meeting #	20211203	Date:	Meeting: Friday, December 03, 2021 Issued: Friday, December 03, 2021
Time & Location:	9:00amCT/8:00amMT/7:00amPT MS Teams Video Call	Prepared by:	Adam Trumbour – NV5
Attendees: X = Attended Meeting	<p><u>PMH</u></p> <p>Craig Marks ✓ David Rollins ✓ Merry Fuller ✓ Dr. Brian Sollers ✓ Bryon Dirkes ✓ Steve Broussard ✓</p> <p><u>NV5</u> <u>BCDG</u> <u>Graham</u> <u>USDA Consultant</u></p> <p>Paul Kramer ✓ Kurt Broeckelmann ✓ Bret Miche ✓ Gary Hicks Adam Trumbour ✓ Brooke Cinalli Chris Colley ✓ Clara Owinje ✓ Hilary Beashore ✓ Melissa Conser Randie Moore ✓ Trevor Graafstra ✓</p>		
Distribution:	Attendees		

PMN = Post Meeting Note

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

No	Item	Date Due By	Ball in Court
1.	GENERAL / ADMINISTRATION		
1.1.	<u>Project Goals, Objectives, & Strategies</u> 22Oct21 – PMH would like to review original goals again—they will do so during strategic planning process (early November). 5Nov21 – PMH completed review. Only finding is the lack of sidewalk heating at main entries to avoid ice buildup. 03Dec21 – bcDG to pursue sidewalk heat as an alt bid item at ED, MOB and Hospital main entries.	INFO	bcDG
1.2.	5Mar21 – Graham Team	CLOSED	
1.3.	5Mar21 – NV5 Transition	CLOSED	
2.	SCHEDULE		
2.1.	<u>4 Month Look-Ahead Schedule</u>	INFO	
2.2.	<u>In-Person Meetings</u> 03Dec21 – bcDG needs headcount for 12/14/21 luncheon. At board meeting, Graham to review bid process and schedule. NV5 to review current overall project schedule (as-is).	12/14/21	bcDG, Gary Hicks, Graham, NV5
2.3.	<u>Overall Project Schedule</u> 05Nov21 – NV5 to coordinate MACC approval dates on master schedules. Project schedule will be updated once redesign plan is finalized. 03Dec21 – NV5 to update master schedule and present it at board work session.	12/14/21	NV5
3.	BUDGET		
3.1.	<u>Budget Development</u> 12Nov21 – Finance costs for construction cost are lower than anticipated; need to incorporate this into master budget. PMN: per Gary Hicks, finance costs are not fixed/firm until the loans are executed, which is typically <30 days from construction start.	INFO	Graham

Owner Team Meeting Minutes

3.2.	<p>Major Medical Equipment 22Oct21 – Need to focus on when MRI will be selected, in order to construct appropriate supporting infrastructure (MEP etc.). NV5 to add to schedule. bcDG to review gauss lines and structural implications for final MRI selection. The drawings show imaging slabs withheld to allow for final selection without disruption to constructed areas. 05Nov21 – bcDG requested we begin coordination with major imaging equipment vendors specific to existing equipment being moved.</p>	IN PROGRESS	NV5, bcDG, R&B
3.3.	DZA Feasibility Study	CLOSED	
4.	PROCUREMENT / OWNER-LED ACTIVITIES		
4.1.	GC/CM RFP	CLOSED	
4.2.	<p>Furniture & Demonstration Furniture 15Oct21 – PMH requests opportunity to try out furniture in a showroom or gallery. NV5 to coordinate this process. 22Oct21 – Craig to share his schedule for Chicago so that NV5 can attempt to coordinate with OpenSquare for a visit to Merchandise Mart. (Is there a mart in Seattle? Healthcare models shown there?) 05Nov21 – OpenSquare confirmed they will visit with PMH at Merchandise Mart in Chicago. 12Nov21 – Merry Fuller and Brooke may also join in Chicago. 03Dec21 – OpenSquare is developing a comprehensive furniture package for PMH review in January.</p>	IN PROGRESS	NV5, OpenSquare
4.3.	<p>Site Clearing PMN: per previous correspondence, SVID asked tenant to re-route overflow. NV5 to verify while on site the week of September 27. 17Sept21 – NV5/PMH to check on rerouting of overflow. NV5 to send SVID updated site plan once it is complete. NV5 to include Graham with future SVID scheduling conversations. 24Sept21 – NV5 to see if SVID can resolve. 8Oct21 – NV5 spoke with current tenant; they will reroute overflow. 05Nov21 – NV5 to confirm with tenant. 12Nov21 – tenant confirmed on 11/11/21 that they still need to reroute. 03Dec21 – NV5 to reach out to arborist re tree maintenance on CM Memorial tree.</p>	IN PROGRESS	NV5
4.4.	Geotechnical Engineer	CLOSED	
4.5.	Commissioning Agent	CLOSED	
4.6.	<p>Security Design Consultant 22Oct21 – bcDG is reviewing security concerns with respect to baby monitor today 10/23. Will report back to team as necessary. 05Nov21 – Overall building security design plans are finalized, but bcDG to revisit security design as 2nd floor is redesigned. 03Dec21 – bcDG to revisit security design with PMH on 12/14 or 12/15 to accommodate floor plan revisions.</p>	IN PROGRESS	bcDG
4.7.	<p>New Facility Operational Meetings 03Dec21 – resuming after the holidays.</p>	INFO	NV5
4.8.	BCDG Contract	CLOSED	

Owner Team Meeting Minutes

4.9.	<p><u>Landscape Consultant</u> 13Aug21 – Local design-build contract is preferable. Team to develop scope memo and design intent to support/inform bid process. Graham and NV5 to work on procurement plan once ready to procure. 3Sept21 – No updates 17Sept21 – Team to develop scope memorandum in October for use in MACC process. 8Oct21 – NV5 to schedule a meeting to get this going. 15Oct21 – NV5 to develop scope memo with Jason using marked-up landscaping plan. 05Nov21 – NV5 to finalize for December board work session. 03Dec 21 – team to review with PMH board once design/build contract is in place.</p>	IN PROGRESS	NV5
5.	DESIGN / PERMITTING		
5.1.	Annexation & Zoning	CLOSED	
5.2.	<p><u>Certificate of Need</u> PMN: the application is now in the “ex-parte” period for 30-45 days, wherein the applicant may not contact the agency. 05Nov21 – PMH received “Intent to Issue a Certificate of Need” on November 4th. PMH team to provide CoN team with the requested supporting documentation. 12Nov21 – PMH to respond to DoH within 20 days; will do so after board approval next week. Then we need SEPA from ECE. NV5 to check on status. PMN: ECE submitted the SEPA checklist to Prosser on 11/12/21. 03Dec21 – Team will submit SEPA and MACC to DoH in accordance with condition of CoN.</p>	IN PROGRESS	

Owner Team Meeting Minutes

<p>5.3.</p>	<p><u>Water & Sewer (City)</u> 26Mar21 – City indicates the boring is delayed due to the method selected to bore under I-82. City is working to resolve this ASAP, but the work may need to stop due to irrigation season, and could be pushed to October 2021. NV5 to request continual updates with City. 9Apr21 – NV5 to check on status. Also received “Will-Serve” letter. Graham asks if we will need booster pump for water service; BCDG says we won’t know until water service is in-place at property boundary. 7May21 – PMH and NV5 to check in with City mid/late summer. 21May21 – Graham to send NV5 “date needed by” for water utilities in order for NV5 to share with the City. 4Jun21 – NV5 to follow up with City end of July. 6Aug21 – NV5 to check in this week. 13Aug21 – PMH and NV5 meeting with City on August 18. 3Sept21 – Meeting / Call was held with City, work to resume through Highway after irrigation season. City mentioned potential need to widen and/or improve North Gap Road in accordance with City development regulations. 8Oct21 – NV5 to check on status with City now that it’s October. PMN: City will meet with their contractors on 10/14. 22Oct21 – City received a change order for the work; earliest they’d do the work is Jan/Feb 2022. It will be presented on Tuesday to City Council for discussion; it could then be approved at the Nov 9 Council meeting. 12Nov21 – (PMN) The City told PMH that the change order for alternate boring method is approved. 03Dec21 – NV5 to check on status of work.</p>	<p>IN PROGRESS</p>	<p>NV5; City of Prosser;</p>
<p>5.4.</p>	<p><u>City Permit Review</u> 05Nov21 – PMH heard the City and/or the economic development commission were unclear as to project progress. NV5 to work with PMH to inform the public agencies. 12Nov21 – NV5/team to check with City on their expectations and familiarity with the project.</p>	<p>IN PROGRESS</p>	<p>NV5, PMH</p>
<p>5.5.</p>	<p><u>State Permit Review</u> 22Oct21 – Preliminary conversations indicate DoH will not approve the Caesarian suite’s proximity to an Operating Room. bcDG is hoping to get Matthew’s (DoH) opinion after reading the FP and reviewing the plans before drafting a formal appeal for DoH upper management to review. bcDG is also working to craft a supporting argument and/or alternative solution. 05Nov21 – DoH meeting scheduled for Tuesday. bcDG requests PMH select a bubble diagram so that they may review it with DoH. 12Nov21 – DoH distributed a project review letter this week; team to respond. 03Dec21 – bcDG will host bi-weekly reviews with the DoH in order to break the project down into more manageable areas for review. Merry Fuller working on updating procedure matrix (exhibit to functional program).</p>	<p>IN PROGRESS</p>	<p>bcDG, DoH, PMH</p>

Owner Team Meeting Minutes

5.6.	<p><u>Electric Service</u> 13Aug21 – Expecting final engineering next week and pricing thereafter. 3Sept21 – No updates 17Sept21 – NV5 will transmit site plan to BPUD to update service application once the site plan is reviewed with, and approved by, PMH. 8Oct21 – BPUD is reviewing PMH’s requested modifications to the easement agreement. PMN: BPUD indicated that they do not allow amendments to easement agreements. 22Oct21 – NV5 working through easement agreement execution. 05Nov21 – BPUD is reviewing the revised entry drive location. 03Dec21 – NV5 to review interconnection costs with PMH, and review at December board meeting.</p>	IN PROGRESS	BPUD, NV5
5.7.	<p><u>Program Review</u></p>	CLOSED	
5.8.	<p><u>Nurse Server Mockup</u> 8Oct21 – Nurse server mockup is complete and delivered. It is sitting in surgery area for staff to review. 22Oct21 – Merry aims to stock the nurse server so it can actually be used. 5Nov21 – Merry meeting with Nurse Directors to gather feedback today. She will share with team. 03Dec21 – No update; in progress.</p>	IN PROGRESS	PMH
5.9.	<p><u>NV5 DD Review</u></p>	CLOSED	
5.10.	<p><u>Design Progress Update</u> 05Nov21 – PMH board requested the west façade patio be deleted from the project. bcDG is working on options for the revised exterior façade, to be presented at the November 16 board meeting. The redesign is likely to affect the current project schedule since it affects all design trades (arch/struct/MEP). Graham would like to proceed with an early site package for construction, if possible. Graham also advises the team to proceed with construction as planned (early 2022) in order to receive the most favorable market pricing. Construction could proceed from east to west which would allow time for the west façade design changes to be implemented. 12Nov21 – bcDG to review redesign options at board work session. 03Dec21 – bcDG presented redesign to PMH board in November; bcDG is now integrating these revisions into the construction documents for a January 24 100% CD submission. bcDG to present refined façade at December board meeting. bcDG to obtain signoff from department-level changes.</p>	IN PROGRESS	bcDG

Owner Team Meeting Minutes

5.11.	<p>SVID coordination 18Jun21 - Team met with SVID on June 16. Another meeting will occur once ECE revises the site plan and we submit it to SVID for pricing; Graham to be present on this next call/meeting. 6Aug21 - NV5 to work on obtaining final pricing. 13Aug21 - NV5 will ask SVID for pricing once civil drawing is updated. 05Nov21 - SVID requested that the existing buried lateral be replaced at the drive entry. NV5 will review with SVID and PMH. Graham requested all SVID work be completed prior to construction start. 12Nov21 - Team to review title vs. ALTA survey and how we may formalize irrigation easements. PMH and NV5 will coordinate w/land attorney Bradley Berg. Team to investigate using SVID water for irrigation on-site. 03Dec21 - NV5 working with Perkins Coie on RoW certification and understanding SVID easement needs. NV5 to check on ability to obtain a waiver from USDA for RoW requirement.</p>	IN PROGRESS	NV5
5.12.	PAR Process	CLOSED	
5.13.	<p>Traffic Study 24Sept21 - bcDG to engage their consultant for traffic study. 80Oct21 - City transmitted the final traffic counts. bcDG is working with ECE to engage the traffic study. 05Nov21 - No update. PMH asked if there is any requirement for quantity of egress routes from the site. The site is somewhat restricted in other available routes, and to the team's knowledge there are no such code requirements. 12Nov21 - bcDG to check on anticipated deliverable timeline. 03Dec21 - Transpo Group is working on the study; no ETA as of yet.</p>	12/10/2021	bcDG
5.14.	Helipad		
5.15.	Pneumatic Tube System		
6.	PRE-CONSTRUCTION		
6.1.	<p>Value Engineering (VE) Process 80Oct21 - Next VE phase would make substantial changes to aesthetics and function. This step will only be pursued if needed in the future. Moving forward, the team continues to work to identify opportunities for value engineering within the current design.</p>	INFO	
6.2.	ECCM/MCCM Procurement	CLOSED	
6.3.	Preconstruction Contract Amendment	CLOSED	
6.4.	<p>CM Estimating 03Dec21 - The next cost summary will be presented as a "Mini-MACC," as noted in item 6.6 of these meeting minutes.</p>	INFO	

Owner Team Meeting Minutes

<p>6.5.</p>	<p>Early Procurement 24Sept21 – Need to identify which specific scopes will be procured early so that drawings can be as complete as possible to support early procurement. 8Oct21 – Graham working on refining plans for presentation at October board meeting work session. Team to review week of October 11. 15Oct21 – Team is aiming to early-procure joists/metal deck and pneumatic tube system. Bids due by 11/9 Graham to send this information and a recommendation to the team on 11/10 since board report is issued at noon PT on 11/12. 05Nov21 – Graham will conduct bid opening at Spokane office and share a zoom link for the event on 2/10. 12Nov21 – Joists and deck bids were lower than budgeted. Graham will present the bid summary and recommendations to the board at the November board meeting. 03Dec21 – NV5 to finalize review of early procurement results with Perkins Coie so that Graham can execute on them the week of December 6.</p>	<p>INFO</p>	<p>Graham</p>
<p>6.6.</p>	<p>MACC prep 05Nov21 – NV5 would like to review the format and content of anticipated MASC/MACC deliverables. 03Dec21 – The MACC will include all subcontract costs for the project. Graham will present the MACC to the PMH board and recommend its approval. PMH will have the opportunity to approve (or not) the MACC. NV5 and Graham to present a review of how the MACC compares with initial/internal cost projections.</p>	<p>12/14/2021</p>	<p>Graham, NV5</p>

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

Next Online Meeting

Date: [Friday, December 10, 2021 at 9:00am CT / 8:00am MT / 7:00am PT](#)

Location: [MS Teams Meeting](#)

Upcoming In-Person Meetings

[12/13 & 12/14 – Design meetings in Prosser \(bcDG, NV5, PMH\)](#)

[12/14 – Board Work Session \(bcDG, Graham, NV5, PMH\)](#)

**Prosser Memorial Health
Replacement Hospital**



4 Month Outlook

DECEMBER 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	30	01	02	03 PROJECT TEAM MEETING	04
05	06 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	07	08	09	10 PROJECT TEAM MEETING 100% ID PACKAGE DUE	11
12	13 CONSULTANT-PMH MEETINGS NEW FACILITY OPERATIONAL MEETING (NVS-Led)	14 BOARD WORKSESSION	15	16 BOARD MEETING	17	18
19	20 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	21	22	23	24 CHRISTMAS (OBS.)	25
26	27 NEW FACILITY OPERATIONAL MEETING (NVS-Led)	28	29	30	31 NEW YEARS DAY (OBS.)	01
02	03	04	05	06	07	08

JANUARY 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
25	27	28	29	30	31	01
02	03 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	04	05	06	07 PROJECT TEAM MEETING	08
09	10 NEW FACILITY OPERATIONAL MEETING (NVS-Led)	11	12	13	14 PROJECT TEAM MEETING	15
16	17 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	18	19	20	21 PROJECT TEAM MEETING	22
23	24 CONSULTANT-PMH MEETINGS NEW FACILITY OPERATIONAL MEETING (NVS-Led)	25 BOARD WORKSESSION	26	27 BOARD MEETING	28	29
30	31 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	01	02	03	04	05

LEGEND

IN PERSON MEETING NVS & BCDG ON SITE UNLESS OTHERWISE NOTED	ONLINE MEETING	PMH MEETING NO ATTENDANCE BY PROJECT TEAM	HOLIDAY
	DELIVERABLE		FOR BOARD APPROVAL

4 Month Outlook

FEBRUARY 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30	31	01	02	03	04	05
				BID OPENING #1 @ PMH	PROJECT TEAM MEETING	
06	07	08	09	10	11	12
	NEW FACILITY OPERATIONAL MEETING (NV5-Led)				PROJECT TEAM MEETING	
13	14	15	16	17	18	19
	NEW FACILITY OPERATIONAL MEETING (Merry-Led)	BID OPENING #2 @ PMH			PROJECT TEAM MEETING	
20	21	22	23	24	25	26
	CONSULTANT-PMH MEETINGS		Review & Approve of Mini-Maximum Allowable Construction Cost (Mini-MACC)			
	NEW FACILITY OPERATIONAL MEETING (NV5-Led)	BOARD WORKSESSION		BOARD MEETING		
27	28	01	02	03	04	05
06	07	08	09	10	11	12

MARCH 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	01	02	03	04	05
					PROJECT TEAM MEETING	
06	07	08	09	10	11	12
	NEW FACILITY OPERATIONAL MEETING (Merry-Led)				PROJECT TEAM MEETING	
13	14	15	16	17	18	19
	NEW FACILITY OPERATIONAL MEETING (NV5-Led)				PROJECT TEAM MEETING	
	MACC ISSUED					
20	21	22	23	24	25	26
	NEW FACILITY OPERATIONAL MEETING (Merry-Led)				PROJECT TEAM MEETING	
27	28	29	30	31	01	02
	CONSULTANT-PMH MEETINGS		Review and approve Maximum Allowable Construction Cost (MACC)			
	NEW FACILITY OPERATIONAL MEETING (NV5-Led)	BOARD WORKSESSION		BOARD MEETING		
03	04	05	06	07	08	09

PROSSER MEMORIAL HEALTH REPLACEMENT HOSPITAL



GCCM Bid Manual

Owner:

Prosser Memorial Health

LOCATION:

I-82 and Gap Road, Prosser, WA 99350

ARCHITECT:

bc Design Group

OWNER'S REPRESENTATION:

NV5

VERSION:

October 25, 2021

Addendum 01 November 4th, 2021



12439 E. Pinecroft Way, Suite 102, Spokane, WA 99216 | 509.534.1030

Table of Contents

Bid Package Number	Description	Page No.
	Project Summary	3
	Bid Schedule	4
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	Bidding Responsibility Criteria	9
	General Inclusions	11
	Project Specific Requirements	14
1	Joist and Deck (Supply Only)	16
2	Pneumatic Tube	19
3	Roofing Complete	
4	Earthwork and Utilities	
5	Fire Protection	
6*	Structural Concrete	
7*	Structural Steel (Supply and Erect)	
8	Cold Formed Framing and GWB	
9	Acoustical Ceilings and Treatments	
10	Ceramic Tile and Floor Coverings	
11	Terrazzo	
12	Elevator	
13	Painting	
14	Wall Coverings	
15	Applied Fire Protection	
16*	Site Concrete	
17	Masonry	
18	Casework and Finish Carpentry	
19*	Landscape and Irrigation	
20	EIFS	
21	Sheet Metal, Flashings and Trim	
22	Glass and Glazing	
23*	Misc Specialities, Equipment and Doors and Door Hardware	

* indicates bid packages Graham intends to bid on.

Description:

Prosser Memorial Health is building a replacement hospital in Prosser, Washington, just north of the Prosser airport. The project will be built on a greenfield site. The site is bordered on the south by Interstate 82 and to the west by North Gap Road. The hospital will service the Prosser community with both outpatient and inpatient care.

The two-story, 92,000 square feet construction is comprised of a concrete and steel structure. The overall contractual duration is 24 months. The CPM schedule is included for reference for bidders. This is the baseline schedule and represents Graham's initial sequencing and logic. Once subcontractors have been contracted, some deviations and re-sequencing of the work may occur in order to better sequence the work. Bidders are advised to consider the baseline schedule as part of their bid and not rely on significant re-sequencing assumptions made during bidding.

Duration/Schedule:

This project is being managed by Graham Construction as GCCM and will be constructed in a single phase. The overall contractual duration is anticipated to be approximately 24 months. Please reference the CPM schedule included with the bidding documents for more specific sequencing and duration expectations.

Liquidated Damages:

Liquidated Damages are \$1,500 per day.

Bonding & Bidding Guidance:

The following is a list of items which is intended to help ensure you have a responsive bid. Please contact Graham directly with questions, comments or coordination issues related to the bidding process and/or scope of work to be bid.

1. Fill out the Official Bid Form located on bxwa.com and in this bid manual. Fill out all line items.
2. Sign bid form
3. Acknowledge addenda on bid form. Monitor Smartbid for addenda issuance and dates.
4. Fill out costs for alternates on bid form. If alternate does not apply to your bid package please write "Not Applicable" or "NA"
5. Obtain a bid bond on Bid Packages over \$300,000. Sign bid bond and turn in with bid form in a sealed envelope. The bond form shall be an AIA 310 or equivalent. Bonds should be payable to Graham Construction & Management Inc. Note that a performance and payment bond for 100% of the bid amount will be required, at subcontractor's expense if contract is awarded. Include this cost in your base bid amount at time of bid submission.
6. Make sure you have the bid form and bid bond in an envelope and deliver to the bid location no later than the specified bid time for each individual package.
7. Modification or exclusions on bid form are not allowed. No attachments to the bid form are allowed. If modifications are made, your bid may be considered non-responsive.

Phase 1 Early Procurement:

- Bid Opening - ~~November 9th @ 1:00pm~~ **November 10th @ 1:00pm**

1	Joist and Deck (Supply Only)
2	Pneumatic Tube

Phase 2 Bidding:

- Bid 1 Opening @ TBD

3	Roofing Complete
5	Fire Protection
6*	Structural Concrete
7*	Structural Steel (Supply and Erect)
8	Cold Formed Framing and GWB
10	Ceramic Tile and Floor Coverings
11	Terrazzo
12	Elevator
13	Painting
15	Applied Fire Protection
17	Masonry
18	Casework and Finish Carpentry

- Bid 2 Opening @ TBD

4	Earthwork and Utilities
9	Acoustical Ceilings and Treatments
14	Wall Coverings
16*	Site Concrete
19*	Landscape and Irrigation
20	EIFS (different day than metal stud/ metal stud first)
21	Sheet Metal, Flashings and Trim
22	Glass and Glazing
23*	Misc Specialties, Equipment and Doors and Door Hardware

* indicates bid packages Graham intends to bid on

Bid Information:

Prosser Memorial Health | Prosser Memorial Health Replacement Hospital | Bid Manual

Bid Location:

Bids will be received and opened at our Graham Construction & Management office located at 12439 E. Pinecroft Way, Suite 102, Spokane, WA 99216. Office phone number is 509.534.1030.

The public bid opening will be held via Zoom meeting. Below is the link and meeting information to attend. Reach out to Bret Miche (Bret.Miche@grahamus.com) to have the meeting invite forwarded directly.

<https://zoom.us/j/99102559789?pwd=NzFaR3VsTHhSUW9nNEF0NzJaWDkrUT09>

Meeting ID: 991 0255 9789

Passcode: Wuf3XL

Bid Time:

Bids are due at 1:00pm at the location listed above. Official bid clock will be identified and visible inside the building. Do not rely on cell phone clocks to be synchronized with the official bid clock.

Plan Information:

Please contact Chris Colley for access to the bid documents electronically.

Bid documents are also available for viewing at our office: 12439 E. Pinecroft Way, Suite 102, Spokane, WA 99216.

Direct All Questions To:

Chris Colley | Graham Construction & Management
Phone: 206.915.0904 Email: chris.colley@grahamus.com

Questions submitted in writing will be answered via addendum.

Sealed Bids:

Sealed bids must be submitted on the Graham Official Bid Form found in this manual. The bid form must be fully filled out, signed and in a sealed envelope.

Envelope must be labeled clearly with the following information:

Project Name: Prosser Memorial Health Replacement Hospital
Bid Package: <Insert appropriate bid package name & number>

GCCM: Graham Construction & Management Inc.
12439 E. Pinecroft Way, Suite 102
Spokane, WA 99216

Bid Protests:

Bid protests must be made in writing to Brian Holecek at Graham Construction & Management and in accordance with the following procedures/provisions and in accordance with Washington State Law. Failure to comply with deadlines or provisions set forth may result in the rejection or dismissal of the protest.

- Formal protests must be submitted within 2 days of the bid opening. As required by RCW 39.10.380, written protests shall be mailed to the Graham Construction & Management Spokane office at the address listed above.
- RCW 39.10.380 will dictate to what degree Graham or the Owner will suspend or terminate an awarded contract or sub-contract.
- Resolution of any protest shall be decided by Prosser Memorial Health (Owner), NV5 (Owner’s Representative) and Graham Construction & Management. All decisions made by Prosser Memorial Health (Owner), NV5 (Owner’s Representative) and Graham Construction & Management are final. Copies of written decisions shall be made available either in hard copy or e-mail format to parties involved in the protest.
- All protests must include the name and contract information of the entity submitting the protest,



Bid Package Responsibility Matrix

Prosser Memorial Health | Prosser Memorial Health Replacement Hospital | Bid Manual

This matrix mirrors the project specifications and provides an overall view of which bid package or packages are responsible for each section. Individual bid package descriptions will be created to capture more specific inclusions, exclusions, alternates and unit costs that may be requested or required. The intent of this matrix is to provide a quick reference indicating how scopes of work are defined between bid packages.

Bid Package Number	Spec	Description
	Division 00	PROCUREMENT AND CONTRACTING REQUIREMENTS
ALL	00 01 01	Project Title Page
	Division 01	GENERAL REQUIREMENTS
ALL	01 10 00	Summary of Work
ALL	01 10 01	Summary
ALL	01 14 00	Work Restrictions
ALL	01 25 00	Substitution Procedures
ALL	01 31 00	Project Management and Coordination
ALL	01 32 00	Construction Progress Documentation
ALL	01 33 00	Submittal Procedures
ALL	01 40 00	Quality Requirements
ALL	01 60 00	Product Requirements
ALL	01 73 00	Execution
ALL	01 77 00	Closeout Procedures
ALL	01 78 23	Operation and Maintenance
ALL	01 91 00	General Commissioning
	Division 03	CONCRETE
6*	03 30 00	CAST-IN-PLACE CONCRETE
	Division 04	MASONRY
17	04 70 00	Manufactured Masonry
17	04 72 00	Cast Stone Masonry
	Division 05	METALS
7*	05 12 00	Structural Steel Framing
1	05 21 00	Steel Joist Framing
1	05 31 00	Steel Decking
8	05 40 00	Cold-Formed Metal Framing
7*, 23*	05 50 00	Metal Fabrications
7*	05 51 13	Metal Pan Stairs
7*, 23*	05 53 13	Bar Gratings
23*	05 70 00	Decorative Metal
	Division 06	WOOD, PLASTICS, AND COMPOSITES
18	06 06 60	Translucent Resin Panel System
23*	06 10 00	Rough Carpentry
8	06 16 00	Sheathing
18	06 20 23	Interior Finish Carpentry
18	06 41 16	Plastic-Laminate-Clad Architectural Cabinets
18	06 61 16	Solid Surface Fabrications
	Division 07	THERMAL AND MOISTURE PROTECTION
6	07 14 16	Cold Fluid-Applied Waterproofing
8	07 21 00	Thermal Insulation

20	07 24 19	Water-Drainage Exterior Insulation and Finish Systems (EIFS)
20	07 27 26	Fluid-Applied Membrane Air Barriers
21	07 42 93	Soffit Panels
3	07 54 23	Thermoplastic-Polyolefin (TPO) Roofing
3	07 55 53	Plaza Paver Waterproofing System
21	07 62 00	Sheet Metal Flashing and Trim
3	07 71 00	Roof Specialties
3	07 72 00	Roof Accessories
15	07 81 00	Applied Fire Protection
13	07 81 23	Intumescent Fire Protection
ALL	07 84 13	Penetration Firestopping
ALL	07 84 43	Joint Firestopping
ALL	07 92 00	Joint Sealants
23*	07 95 13.13	Interior Expansion Joint Cover Assemblies
23*	07 95 13.16	Exterior Expansion Joint Cover Assemblies
	Division 08	OPENINGS
23*	08 11 13	Hollow Metal Doors and Frames
23*	08 14 13	Flush Wood Doors
23*	08 14 23.17	Plastic-Faced Wood Doors - High Impact
23*	08 17 00	Integrated Door Opening Assemblies
ALL	08 31 13	Access Doors and Frames
23*	08 33 23	Overhead Coiling Doors
22	08 41 13	Aluminum-Framed Entrances and Storefronts
22	08 42 29.23	Sliding Automatic Entrances
22	08 42 43	Intensive Care Unit/Critical Care Unit (ICU/CCU) Entrances
22	08 44 13	Glazed Aluminum Curtain Walls
23*	08 71 00	Door Hardware
22	08 80 00	Glazing
22	08 87 00	Glazing Surface Films
	Division 09	FINISHES
8	09 21 16	Gypsum Board Assemblies
8	09 21 16.23	Gypsum Board Shaft Wall Assemblies
10	09 30 13	Ceramic Tiling
9	09 51 13	Acoustical Panel Ceilings
9	09 54 26	Suspended Wood Ceilings
10	09 65 13	Resilient Base and Accessories
10	09 65 16	Resilient Sheet Flooring
11	09 66 23	Resinous Matrix Terrazzo
10	09 67 23	Resinous Flooring
10	09 68 13	Tile Carpeting
14	09 72 00	Wall Coverings
18	09 78 00	Solid Polymer Fabrications
13	09 91 13	Exterior Painting
13	09 91 23	Interior Painting
	Division 10	SPECIALITIES
23*	10 11 00	Visual Display Units
23*	10 11 23.16	Fabric Wrapped Homasote Panels
23*	10 14 19	Dimensional Letter Signage
23*	10 21 13.17	Phenolic-Core Toilet Compartments
23*	10 21 23	Cubicle Curtains and Tracks
23*	10 21 26	Water-Proof Wall Panel System - Wetwall

23*	10 22 39	Folding Panel Partitions
23*	10 26 00	Wall and Door Protection
23*	10 26 23.11	Decorative Protection Panels
23*	10 28 00	Toilet Bath and Laundry Accessories
23*	10 44 13	Fire Protection Cabinets
23*	10 51 29	Phenolic Lockers
23*	10 75 16	Ground-Set Flagpoles
	Division 11	EQUIPMENT
23*	11 13 13	Loading Dock Bumpers
23*	11 40 00	Foodservice Equipment
23*	11 73 00	Patient Care Equipment
	Division 12	FURNISHINGS
23*	12 24 13	Roller Window Shades
	Division 13	SPECIAL CONSTRUCTION
8	13 49 00	Radiation Protection
	Division 14	CONVEYING EQUIPMENT
12	14 21 23.16	Machine-Room-Less Electric Traction Passenger Elevators
2	14 92 00	Pneumatic Tube System
	Division 21	FIRE SUPPRESSION
5		
	Division 31	EARTHWORK
4		
	Division 32	EXTERIOR IMPROVEMENTS
4, 16*,19		
	Division 33	UTILITIES
4		

Bidding Responsibility Criteria

To be eligible for a trade contract, the bidder must meet the requirements of the Responsiveness and Responsibility criteria listed below.

1. The GCCM will evaluate bid responsiveness to the solicitation. The GCCM may reject all bids and may waive minor irregularities in bids received. GCCM's decision is final. Bids will be considered responsive if it is submitted in compliance with the documents including but not limited to:

- A) Received at the designated time and place
- B) Submitted on the proper form, without alteration, addition or qualification
- C) Includes a bid guarantee that is the Bid Amount if the bid is in excess of three hundred thousand dollars (\$300,000). An acceptable bid guarantee is a surety bond (Bid Bond), cashier's check or certified check in an amount equal to five percent (5%) of the Total (Bids under \$300,000 do not require any bid guarantee or Bid Bond.
- D) Includes full scope of work as defined on the Bid Form

2. Have a current certificate of registration in compliance with chapter 18.27 RCW, which must have been in effect at the time of subcontract bid submittal;

3. Have a current Washington Unified Business Identifier (UBI) number;

4. Have Industrial Insurance (Workers' Compensation) coverage for the subcontractor's employees working in Washington, as required, in Title 51 RCW;

5. A Washington Employment Security Departments number, as required in Title 50 RCW;

6. A Washington Department of Revenue state excise tax registration number, as required in Title 82 RCW;

7. Not to be disqualified from bidding on any contract under RCW 39.06.010 or 39.12.065 (3).

8. If bidding on a public works project subject to the apprenticeship utilization requirements in RCW 39.04.320, not have been found out of compliance by the Washington State Apprenticeship and Training Council for working apprentices out of ratio, without supervision or outside their approved work processes as outlined in their standards of apprenticeship under chapter 49.04 RCW for the one-year period immediately preceding the date Final Proposals were due to the Owner in response to the Owner's Request for Final Proposals.

9. The firm has not been determined by a final and binding citation and notice of assessment issued by the Washington State Department of Labor and Industries or through a civil judgement entered by a court of limited or general jurisdiction to have willfully violated, as defined in RCW 49.48.082, any provision of RCW chapters 49.46, 49.48 or 49.52 within (3) three years prior to the date of the bid date.

10. In determining a responsible bidder, the Owner and GCCM may consider the following in addition to price.

- A) The ability, capacity, and skill of the bidder to perform the contract;
- B) The experience of the bidder based upon previously completed similar projects;
- C) Whether the bidder can perform the contract with in the specified time;
- D) The quality of the bidder based upon performance of previous contracts;
- E) The previous and existing compliance by the bidder with laws relating to the contract;
- F) The safety record of the bidder
- G) Any preferences allowed by law and such other information as may be secured having a bearing on the decision to award the trade contract
- H) City of Prosser Business license.

11. At the time of subcontract execution, Subcontractor shall verify that any and all tier subcontractors meet the following criteria:

- A) Current registration as a contractor per Chapter 18.27 RCW. This registration will have been in effect at the time of bidding.
- B) Current Washington Unified Business Identifier (UBI) number
- C) Have appropriate Workers Compensation Insurance coverage as required in Title 51 RCW
- D) Washington Employment Security Department number, as required by Title 50 RCW
- E) Washington Department of Revenue state excise tax registration number, as required by Title 82 RCW
- F) An Electrical or Elevator contractor license if required by Chapter 19.28 RCW or 70.87 RCW respectively.
- G) Not be disqualified from bidding public works contracts under RCW 39.06.010 or 39.12.065 (3)
- H) Not have violated more than one time the offsite, prefabricated, non-standard, project specific items reporting requirements of RCW 39.04.370
- I) Maintained compliance with the Washington State Apprenticeship and Training Council's ratios, supervision and approved work processes.

12. Tradecontractor makes the following representations:

- A) Tradecontractor has examined and carefully studied the Contract Documents (including the Addenda) and the other related data identified in the Construction Documents.
- B) Tradecontractor has visited the Site and has become familiar with and is satisfied as to the general, local and Site conditions that may affect cost, progress, performance or furnishing of the Work.
- C) Tradecontractor is familiar with and is satisfied as to all federal, state and local Laws and Regulations that may affect cost, progress, performance or furnishing of the Work.
- D) Tradecontractor has obtained and carefully studied (or assumes responsibility for having done so) all additional or supplementary examinations, investigations, explorations, tests, studies and data concerning conditions (including surface, subsurface, and underground facilities) at or contiguous to the Site which may affect cost, progress or performance of the Work or which relate or may relate to any aspect of the means, methods, techniques, sequences, and procedures of construction to be employed by Subcontractor (including its Subcontractors and Suppliers), including applying the specific means, methods, techniques, sequences, and procedures of construction expressly required by the Contract Documents and this Agreement to be employed by Tradecontractor and safety precautions and programs incident thereto.
- E) Tradecontractor does not consider that any additional examinations, investigations, explorations, tests, studies, or data are necessary for the performance and furnishing of the Work for the Contract Price, within the Contract Time, and in accordance with the other terms and conditions of the Contract Documents and this Agreement.
- F) Tradecontractor has correlated the information known to Subcontractor, including information and observations obtained from visits to the Site, reports and drawings identified in the Contract Documents and all additional examinations, investigations, explorations, tests, studies and data, with the Contract Documents.
- G) Tradecontractor shall bind itself to the provisions of the Agreement between the GCCM and the Owner. Subcontractor shall comply with all procurement requirements upon which GCCM is bound.
- H) The Contract Documents and this Agreement are generally sufficient to indicate and convey the understanding of all terms and conditions for performance and furnishing of the Work.
- I) Carefully determined the quantity of the tradecontractor/subcontractor's Work, the cost of performing such Work, and carefully applied its own prices to its quantities.
- J) Acquainted tradecontractor/subcontractor as to the plan, labor and material required for tradecontractor/subcontractor's Work and warrants that such plan; labor and material are available to tradecontractor/subcontractor.
- K) Ascertained the general and local conditions involved in performing its Work, including but not restricted to, those bearing upon location of the Work, accessibility and character of the site, quality and quantity of surface and subsurface water, materials, or obstacles to be encountered, the character and extent of existing work within or adjacent thereto, other work being performed thereto, transportation, disposal, handling and storage of materials, availability of labor, labor scales, and likelihood of increase, if any, location and availability of utilities and access roads, the character of equipment and facilities needed for the prosecution of the Work, uncertainties of weather or physical conditions at the site, and all other matters which can in any way affect the Work or the cost thereof under this Trade Contract Agreement.
- L) Verified all information furnished by the GCCM or others and is satisfied with the correctness and accuracy of that information.
- M) Any failure of Tradecontractor to acquaint itself with all the information concerning the items listed above and any other items or conditions that would affect performance or cost will not relieve it from responsibility for estimating properly the difficulty or cost of successfully performing the work. Tradecontractor shall include all costs associated with performing its work and will not have a right to claim any additional costs or time associated with omissions in its estimate and/or bid.

General Inclusions

1. Safety Expectations: Graham's goal is for zero incidents to occur on our job sites. In order to support that goal, Graham has a continually evolving safety plan that is inclusive of all people on our job. The following are highlights of our safety absolutes and give a general idea of what our safety procedures are.

- A) Personal Protective Equipment (PPE) will be worn by all people at all times while on the job site. This includes: safety glasses, hard hat, task specific gloves, safety footwear, shirts and pants, no tank tops or shorts, high visibility vest. Face shields are required for all tasks with the potential for flying debris. Hearing protection is required when noise exceeds 85dBA and when working around heavy equipment.
- B) On site crew shall attend weekly safety meetings led by the GCCM. Prior to beginning work on site for the first time, each crew member will complete a 60 min. site orientation led by the GCCM.
- C) All Tradecontractor on-site supervision to have current CPR and First Aid training.
- D) Fall protection plans and protection systems are required for work above 10'. When working in man-lifts, all employees must be tied off 100% of the time.
- E) All power tools and electrical extension cords must be in good working order. Tools and cords shall be inspected prior to work each day, with any damaged equipment being 'red-tag' and set aside until it is repaired to like new or is removed from the site.
- F) On-site cutting & welding of steel requires, at a minimum, appropriate goggles and/or face shields, protective leathers for protection against slag and sparks and welding screens to protect other employees and the public.
- G) Any use of cranes, rigging and/or use of slings will be done by certified, qualified and trained employees. Sub-contractors are responsible for providing certified equipment and pick-plans to the GCCM for review and approval prior to any hoisting on-site. Material shall never be hoisted over employees or into the public ROW.
- H) Ladders must be inspected prior to use on site. Any damaged ladders must be removed from the site. Extension ladders must be secured at the top and bottom and extend no less than 3' above the landing surface.

2. Schedule:

- A) The Project Schedule is of utmost importance on this project and integral to the Contract. To achieve the required completion dates, Tradecontractor must perform its work within the designated time frames. Carefully review the Project Schedule included as part of the bid solicitation. If it is necessary to provide multiple crews and adequate manpower, overtime, supervision, and equipment to complete your work to meet this schedule, these additional requirements will be considered part of your bid. Submission of this bid proposal is evidence that the required materials, manpower, and resources are available to complete the work per the Project Schedule.
- B) Project CPM schedule, including updates and modifications to the CPM is incorporated as part of this agreement. Damages could be assessed per the contract documents for failure to meet schedule requirements.
- C) All Tradecontractors will be required to develop, update, and integrate a total project schedule and three week (look ahead) short interval schedules to fit into the project milestones and coordination objectives with all Tradecontractors. Short interval schedules will be updated and provided to GCCM weekly.
- D) The Tradecontractor specifically agrees to alert the GCCM to situations or circumstances that could delay work or give cause for claims for time extension and/or additional cost prior to their occurrence and no later than as detailed in the Contract Documents.
- E) Should a Subcontractor cause delay to the approved GCCM Construction Schedule and contribute in the failure to achieve Substantial Completion, Tradecontractor shall pay \$1,500.00 per day in liquidated damages for each and every calendar day from the date when Substantial Completion should have been achieved to the date Substantial Completion is effectively achieved.
- F) The Tradecontractor specifically agrees to perform any premium time or shift work necessary to maintain the construction schedule unless the delay is solely caused by others. All premium time must be conducted during the work week or on Saturday. Sunday work will only be permitted if the Tradecontractor has worked premium time during the previous work week and the previous Saturday. Each Tradecontractor is responsible for providing supervision during premium hours for their subcontractors.

G) During periods of on site, the Tradecontractor shall have a supervisor on site who has full authority to make decisions on behalf of the tradecontractor regarding schedule issues and is capable of coordinating with other trades.

3. Site Logistics & Temporary Utilities: Please reference the logistics plan for haul routes, laydown area, construction site fencing, etc. Specifically note the following provisions provided by the GCCM for sub-contractor use:

A) Tradecontractor specifically agrees to schedule and coordinate with Graham, all delivery requirements for its materials, tools, temporary facilities and equipment at least 72 hours in advance. Tradecontractor to coordinate its deliveries so as to fit within the structures and/or building's planned openings. Any modifications to equipment, material or the enclosure in order to fit equipment and material inside the building, will be the sole responsibility of the tradecontractor. Each tradecontractor is to assume coordination of deliveries on as an needed or just in time basis. Each tradecontractor will be responsible for relocation of stocked or stored material.

B) Temporary power service will be provided by the GCCM through the facility and terminated at spider boxes. All sub-contractors shall provide their own extension cords for tools and further provide their own task lighting as needed to complete its own scope of work. General site lighting will be provided by the GCCM.

C) Sub-contractor to provide all cranes, scaffolds, work pads, etc. General Contractor will supply an 8k rough terrain forklift on site for general off loading of materials, the Subcontractor acknowledges and accepts that use of the forklift may not be continuous, and that availability may need to be coordinated by the Contractor amongst other Subcontractors working on the project. This forklift is not intended to be used for offloading items such as structural steel, metal studs, gypsum wall board, roofing materials. In the event this information is in conflict with Attachment E, Attachment E shall take precedence. All materials requiring this hoisting shall be properly loaded, palletized and shipped to facilitate efficient unloading on site.

D) The GCCM will provide its own field office and telecommunications for its exclusive use. Tradecontractors shall provide their own field office and/or crew shacks, electrical, telephone, offices supplies, etc. for their own exclusive use. These facilities shall be located and relocated as deemed necessary and at the direction of the GCCM at the tradecontractor's expense. On site space for these facilities shall be coordinated with the GCCM and are not guaranteed. Costs associated with any temporary utilities required or needed are the responsibility of the tradecontractor. Temporary toilets during construction will be provided by the GCCM.

E) Graham will make best efforts to maintain an ambient air temperature above 55 F within the building once the exterior enclosure is installed. If subcontractor's work requires climate conditions beyond what is provided, they shall inform the GCCM of those requirements and timing of when those requirements are necessary. Subcontractor specifically agrees to provide its own supplemental heating and/or cooling if required.

4. General Cleanup/Housekeeping: Graham's intent is for all employees to be responsible in maintaining work areas that are clean, free of clutter and that materials and tools be stacked in an orderly fashion at the end of each shift. This leads to a safer work environment and a higher level of quality. With this in mind, Graham will ensure the following procedures for general cleanup and housekeeping on this job site:

A) Subcontractor shall provide labor, equipment and materials to facilitate continuous cleanup daily. Include adequate brooms, sweeping compound and mobile waste receptacles to support the work activities and crew sizes.

B) All trash and debris to be deposited daily in the designated dumpsters provided by the GCCM. Construction co-mingled dumpsters will be provided to all trades except as noted below. Dumpsters will be provided for general construction debris only and only debris generated on site.

C) Tradecontractor for Bid Package 8, shall provide their own dumpster for their scope of work. Location and size of dumpster to be approved by the GCCM prior to mobilizing on site.

D) If provided or required, Tradecontractor shall segregate waste into specific recycle dumpsters for items such as metal, wood, concrete, etc.

E) Any and all hazardous debris must be removed from the site and disposed of per the local authority having jurisdiction, the specifications of this project or other governmental requirements, whichever is most stringent.

F) Should any subcontractor fail to comply, Graham shall perform the required clean up with their labor and back charge the subcontractor.

5. General Coordination of the Work: All parties agree to coordinate the work of this agreement with the work of others in order to complete the project within the stated contract time. No subcontractor should assume exclusive use of work spaces at anytime. Each subcontractor agrees to accept full responsibility for the intermeshing, coordination and acceptance of its deviations and substitutions and is responsible to coordinate the various stages of work with other parties on site; including, but not limited to other subcontractors, suppliers, the GCCM and the Owner.

In addition, Tradecontractor agrees to the following:

- A) Tradecontractor agrees to attend the GCCM's weekly coordination/foreman's meetings for the duration that Tradecontractor is on site. This includes the 2 weeks prior to mobilization and until all punch-list and closeout items on site are complete.
- B) Site Investigations: The Tradecontractor acknowledges it has taken steps to familiarize itself with the nature and location of the work. That it has investigated the general and local conditions which can affect the work or the cost of the work, including, but not limited to:
 - i. Conditions of transportation, disposal, handling and storage of materials
 - ii. The character of equipment and facilities needed to complete their scope of work and how to mobilize those to and from the site.
- C) Coordination with outside inspection, required by the City and/or owner.
- D) Erosion Control will be executed per the Construction Storm Water Pollution Prevention Plan (SWPPP) While the Civil Contractor and the GCCM are primarily responsible for this implementation, it is incumbent on all sub-contractors to be aware of the plan and support it's execution and implementations.
- E) Sleeves & Embeds: Tradecontractor agrees to provide coordination drawings, layout, supply and installation of all block-outs, sleeves and embeds required for their work in a timely fashion in order to not disrupt the current CPM schedule. Locations of sleeves and block outs may require the approval of the Structural Engineer or GCCM.
- F) In Place Work Discrepancies: All Tradecontractors shall review the critical dimensions and elevations of its work and verify the previous work completed by others is acceptable. Upon noting discrepancies or unacceptable conditions, Tradecontractor will promptly notify the GCCM in writing. Do not attach to or cover any material which is not properly furnished and/or installed. Tradecontractors that do not follow that rule, will assume responsibility for any and all repair or rework required by other Tradecontractors or the GCCM.
- G) Tradecontractor agrees to design, engineer, furnish and install all backing, seismic supports, seismic bracing, anchors and miscellaneous metal supports, shims, or blocking required to install its work. All attachment supports will be submitted for review and approval. Backing in the wall for casework and Division 10 - Miscellaneous Specialties will be coordinated and installed via Bid Package 23 Misc. Specialties.
- H) Each tradecontractor is responsible for taking all field measurements necessary to coordinate its work with other trades. Field measurements shall be taken in a timely manner in order to not delay the project. Additionally, tradecontractor agrees to take all required field measurements and surveys to plan, layout, stake verify and complete its work. GCCM will provide control points.
- I) Standard work hours will be 6:00am to 4:00pm, Monday - Friday. Some work may be adjusted to begin earlier or later as required by the Owner and/or the GCCM. Some work, including but not limited to, major material deliveries, utility outages, system cut-overs, work in occupied spaces or public areas may require work outside of the hours listed above. Labor premiums for off-hours work will be the responsibility of the subcontractor and will not be an added expense to the GCCM or Owner. All off-hours work requires supervision.
- J) Each subcontractor is responsible to have at least 1 knowledgeable employee on site for pour watch when work is embedded within concrete. Prior to a pour beginning all subcontractors will need to sign off with the GCCM that all work in that area is complete.

Project Specific Requirements

1. Prevailing Wage: Regular certified payrolls are required for this project. Tradecontractor is responsible for determining and paying the correct wage and including that wage rate in their bid. Graham Construction & Management is an Open Shop. We are not signatory with any trade or labor union.

2. Business Diversity Goals: Per Chapter 39.19 of the RCW, it is the policy of the State of Washington to provide the maximum practical opportunity for increased participation of minority and women-owned businesses (MWBE). Reference the contract documents for specific voluntary goals. Each Tradecontractor shall make a reasonable effort to include MWBE participation in the course of executing the work and provide the required monthly reporting.

If requested by the GCCM, tradecontractors shall provide a Schedule of Values (SOV) showing how the tradecontractor is complying with the MWBE participation goals. Tradecontractors will be required to utilize the State's B2GNow web portal.

The Washington State Office of Minority and Women's Business Enterprises (OMWBE) certifies firms that are owned and controlled by People of Color or Women and can provide information regarding the certification process. Information about the status of a particular firm can be found at the following web address or contact information:

<http://www.omwbe.wa.gov>
 OMWBE: (360) 753-9693
 406 South Water
 PO BOX 41160
 Olympia, WA 98504-4611

3. Allowances: GCCM may include specific allowances in the tradecontractor's bid. This will be clearly defined in both the scope of work document and the bid form. Allowance work will be tracked on a direct cost basis; actual material costs and burdened gross wages paid. Allowance costs shall include all mark-ups, including, but not limited to, profit, field overhead, home office overhead, safety, bonds and insurance. Tradecontractor shall obtain sign-off by the Superintendent on all daily reports when allowance work is being performed. Failure to do so will waive subcontractor's right to Allowance funds. Monthly, Tradecontractor's Project Manager will meet with the GCCM to substantiate billings against any Allowance sum prior to GCCM submitting their monthly pay application. In the event the total Allowance is not fully spent, any remaining funds will return to the GCCM in the form of a deductive change order to the tradecontractor's contract.

4. Schedule of Values & Billing: Tradecontractor shall submit via email a draft of their monthly billing by the 20th of the month. Billing should forecast cost to the end of the month. Please include any documentation for materials stored off-site if applicable. Prior to the first invoice, Tradecontractors and their tier Subcontractors will be required to file an intent to pay prevailing wage. As part of the final closeout, the affidavit of wages paid will also need to be filed. Administrative costs for these are to be included in the base bid.

When developing the initial Schedule of Values, please break work down by floor or area and keep single line items to a maximum of \$50,000. This will streamline the review by both the GCCM and the Owner.

In addition, please adhere to the following line items and percentages for the SOV:

- A) Mobilization - NTE 2% of the contract value. Demobilization to equal mobilization.
- B) Submittals - NTE 5% of the contract value
- C) Closeout - 5% of the contract value. This will be considered a lump sum payable once O&M manuals have been approved.
- D) Punchlist- 5%

Please review any other payment provisions in Division 00 as these pass through to the Tradecontractors through the GCCM's agreement with the Owner.

5. Retention: Retention on this job is the standard 5%. Tradecontractors will have the option of supplying a retention bond to Graham in accordance with the current State statute. Any costs incurred in obtaining a retention bond will be assumed to be included in the Tradecontractor's base bid.

6. Warranty: The warranty period for workmanship is one year from the date of substantial completion. There may be other terms or warranties required in excess of one year. Those would be outlined in the Contract Documents. Graham or the Owner will promptly notify the Tradecontractor of any condition discovered within the warranty period. Tradecontractor agrees to promptly correct or replace the work in question. The corrected work shall have an extended warranty of one year, starting with the date the corrected work was completed.

7. Ethics: All Tradecontractors and their tier subcontractors are to comply with the Ethics in Public Service Act RCW 42.52. In the event any employee is in violation of either the code of conduct or ethics, that employee will be removed from the job site permanently. Tradecontractor will assume any costs incurred or disruption to the schedule should an employee be removed from the job site.

8. Contract Documents: All provisions of the contract are complementary. Tradecontractors bidding individual bid packages are required to provide a complete scope of work, coordinated fully with adjacent work by other subcontractors. Thus requires that all subcontractors be aware of and include if needed, work that may be defined in other specification sections which are not specifically included under the scope of work.

Additionally, Tradecontractors agree to the following:

A) Tradecontractor's responsibility to the contract documents include, but are not limited to, all costs to obtain drawings and specifications, assuring any Addenda, ASI's and other revisions are incorporated correctly and in a timely fashion.

B) Tradecontractor shall carefully examine the plans and specifications defining its work and promptly notify the GCCM in writing of any deficiencies, discrepancies, ambiguities or errors before proceeding with work.

C) Tradecontractor is required to review the specifications as a whole. Individual sections taken on their own may not adequately capture the responsibilities of the work.

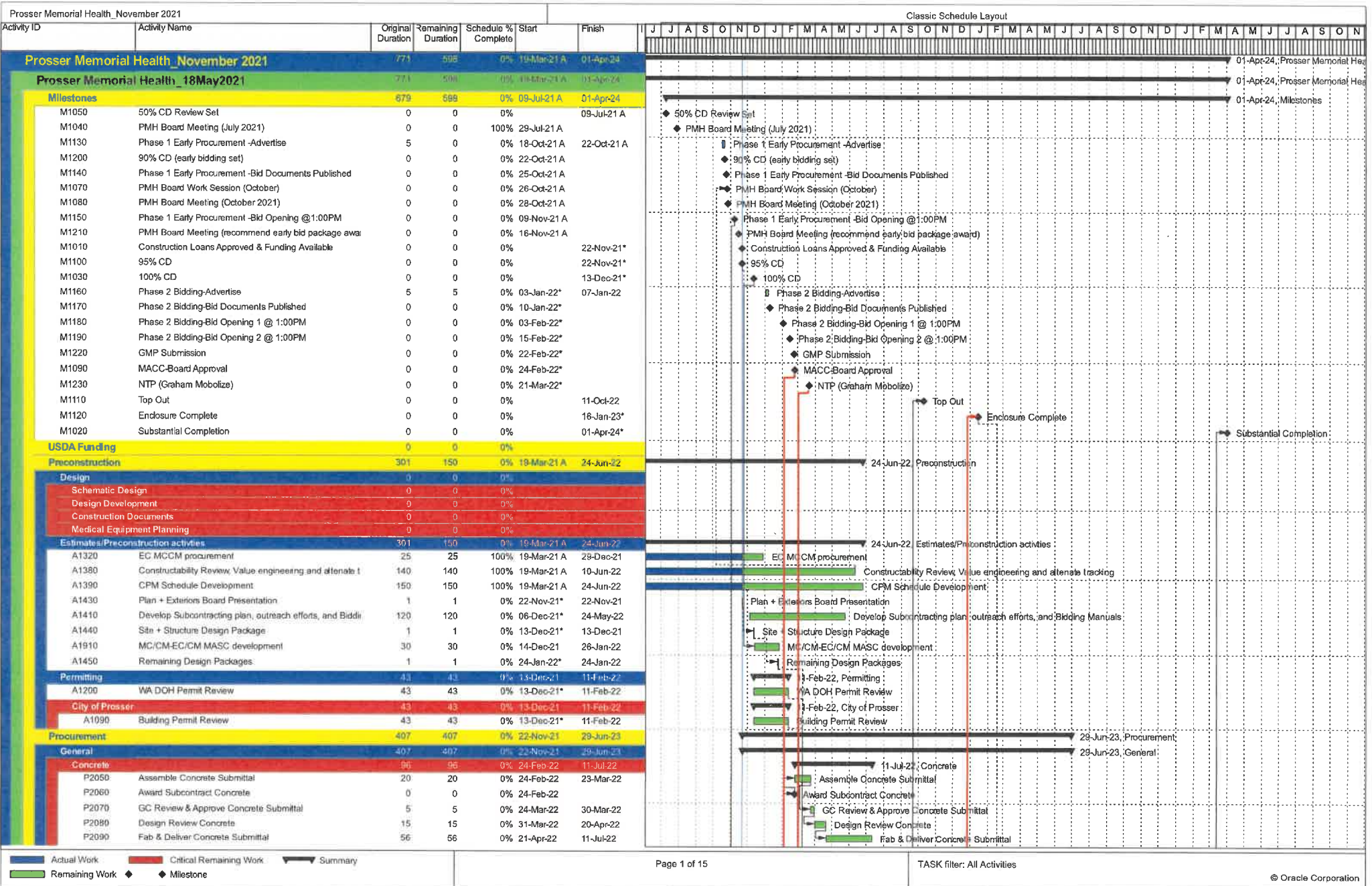
D) The Owner, or its authorized representatives shall be the binding and final authority on the interpretation of the plans and specifications. Any interpretation by an employee or GCCM is the mere opinion of that individual. Tradecontractors shall be bound by all interpretations of the Owner or its authorized representatives which are also binding to the GCCM.

E) Tradecontractor shall not deviate from the plans and specifications without written consent/ approval from the GCCM. All changes or requests for changes need to go through the GCCM. At no time shall a Tradecontractor engage the Owner or its authorized representative directly. Any approved substitution request, before or after bidding, does not relieve the Tradecontractor from the timely completion of all work in accordance with the contract documents.

A time extension can be requested in conjunction with a substitution request, but that request can be approved or declined independent of the approval of the substitution request itself. Tradecontractor shall indemnify and hold harmless the GCCM from claims for additional cost or schedule impacts incurred by other subcontractors, the Owner, or any related party affected by a deviation or substitution.

F) Tradecontractors shall include the higher quality and/or greater quantity of an item if a conflict is discovered in the contract documents and not clarified as part of an addendum prior to bidding. If a significant conflict is discovered, Tradecontractors are strongly encouraged to submit the conflict in writing to the GCCM to be clarified by the Architect, Engineer or Owner prior to bidding.

Attachment H



█ Actual Work
 █ Critical Remaining Work
 ▬ Summary
█ Remaining Work
 ◆ Milestone

Activity ID	Activity Name	Original Duration	Remaining Duration	Schedule % Complete	Start	Finish	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N
Reinforcing Steel		102	102	0%	24-Feb-22	19-Jul-22																																										
P2100	Assemble Reinforcing Steel Submittal	20	20	0%	24-Feb-22	23-Mar-22																																										
P2110	Award Subcontract Reinforcing Steel	0	0	0%	24-Feb-22																																											
P2120	GC Review & Approve Reinforcing Steel Submittal	5	5	0%	24-Mar-22	30-Mar-22																																										
P2130	Design Review Reinforcing Steel	15	15	0%	31-Mar-22	20-Apr-22																																										
P2140	Fab & Deliver Reinforcing Steel Submittal	62	62	0%	21-Apr-22	19-Jul-22																																										
Structural Steel		235	235	0%	22-Nov-21	25-Oct-22																																										
P2150	Assemble Structural Steel Submittal	20	20	0%	22-Nov-21	21-Dec-21																																										
P2160	Award Subcontract Structural Steel	0	0	0%	22-Nov-21																																											
P2170	GC Review & Approve Structural Steel Submittal	5	5	0%	22-Dec-21	29-Dec-21																																										
P2180	Design Review Structural Steel	15	15	0%	30-Dec-21	20-Jan-22																																										
P2190	Fab & Deliver Structural Steel Submittal	195	195	0%	21-Jan-22	25-Oct-22																																										
Miscellaneous Metals		163	163	0%	24-Feb-22	13-Oct-22																																										
P2200	Assemble Miscellaneous Metals Submittal	20	20	0%	24-Feb-22	23-Mar-22																																										
P2210	Award Subcontract Miscellaneous Metals	0	0	0%	24-Feb-22																																											
P2220	GC Review & Approve Miscellaneous Metals Submittal	5	5	0%	24-Mar-22	30-Mar-22																																										
P2230	Design Review Miscellaneous Metals	15	15	0%	31-Mar-22	20-Apr-22																																										
P2240	Fab & Deliver Miscellaneous Metals Submittal	123	123	0%	21-Apr-22	13-Oct-22																																										
Metal Stud Framing		174	174	0%	24-Feb-22	28-Oct-22																																										
P2250	Assemble Metal Stud Framing Submittal	20	20	0%	24-Feb-22	23-Mar-22																																										
P2260	Award Subcontract Metal Stud Framing	0	0	0%	24-Feb-22																																											
P2270	GC Review & Approve Metal Stud Framing Submittal	5	5	0%	24-Mar-22	30-Mar-22																																										
P2280	Design Review Metal Stud Framing	15	15	0%	31-Mar-22	20-Apr-22																																										
P2290	Fab & Deliver Metal Stud Framing Submittal	134	134	0%	21-Apr-22	28-Oct-22																																										
Wood Blocking & Backing		174	174	0%	24-Feb-22	28-Oct-22																																										
P2300	Assemble Wood Blocking & Backing Submittal	20	20	0%	24-Feb-22	23-Mar-22																																										
P2310	Award Subcontract Wood Blocking & Backing	0	0	0%	24-Feb-22																																											
P2320	GC Review & Approve Wood Blocking & Backing Submittal	5	5	0%	24-Mar-22	30-Mar-22																																										
P2330	Design Review Wood Blocking & Backing	15	15	0%	31-Mar-22	20-Apr-22																																										
P2340	Fab & Deliver Wood Blocking & Backing Submittal	134	134	0%	21-Apr-22	28-Oct-22																																										
Gypsum Wall Board		221	221	0%	24-Feb-22	09-Jan-23																																										
P2350	Assemble Gypsum Wall Board Submittal	20	20	0%	24-Feb-22	23-Mar-22																																										
P2360	Award Subcontract Gypsum Wall Board	0	0	0%	24-Feb-22																																											
P2370	GC Review & Approve Gypsum Wall Board Submittal	5	5	0%	24-Mar-22	30-Mar-22																																										
P2380	Design Review Gypsum Wall Board	15	15	0%	31-Mar-22	20-Apr-22																																										
P2390	Fab & Deliver Gypsum Wall Board Submittal	181	181	0%	21-Apr-22	09-Jan-23																																										
Roofing		192	192	0%	24-Feb-22	23-Nov-22																																										
P2400	Assemble Roofing Submittal	20	20	0%	24-Feb-22	23-Mar-22																																										
P2410	Award Subcontract Roofing	0	0	0%	24-Feb-22																																											
P2420	GC Review & Approve Roofing Submittal	5	5	0%	24-Mar-22	30-Mar-22																																										
P2430	Design Review Roofing	15	15	0%	31-Mar-22	20-Apr-22																																										
P2440	Fab & Deliver Roofing Submittal	152	152	0%	21-Apr-22	23-Nov-22																																										
Storefront / Curtain Wall & Glazing		180	180	0%	24-Feb-22	07-Nov-22																																										
P2450	Assemble Storefront / Curtain Wall & Glazing Submittal	20	20	0%	24-Feb-22	23-Mar-22																																										
P2460	Award Subcontract Storefront / Curtain Wall & Glazing	0	0	0%	24-Feb-22																																											
P2470	GC Review & Approve Storefront / Curtain Wall & Glazing Submittal	5	5	0%	24-Mar-22	30-Mar-22																																										
P2480	Design Review Storefront / Curtain Wall & Glazing	15	15	0%	31-Mar-22	20-Apr-22																																										
P2490	Fab & Deliver Storefront / Curtain Wall & Glazing Submittal	140	140	0%	21-Apr-22	07-Nov-22																																										
Paint		258	258	0%	24-Feb-22	02-Mar-23																																										
P2500	Assemble Paint Submittal	20	20	0%	24-Feb-22	23-Mar-22																																										
P2510	Award Subcontract Paint	0	0	0%	24-Feb-22																																											
P2520	GC Review & Approve Paint Submittal	5	5	0%	24-Mar-22	30-Mar-22																																										
P2530	Design Review Paint	15	15	0%	31-Mar-22	20-Apr-22																																										

Actual Work Remaining Work Critical Remaining Work Milestone Summary

Activity ID	Activity Name	Original Duration	Remaining Duration	Schedule % Complete	Start	Finish	J J A S O N D J F M A M J J A S O N D J F M A M J J A S O N D J F M A M J J A S O N																											
P2980	Design Review Stack Stone Veneer	15	15	0%	31-Mar-22	20-Apr-22	[Gantt bar: Design Review Stack Stone Veneer]																											
P2990	Fab & Deliver Stack Stone Veneer Submittal	140	140	0%	21-Apr-22	07-Nov-22	[Gantt bar: Fab & Deliver Stack Stone Veneer Submittal]																											
Custom Column Wraps		0	0	0%																														
Site Utilities		83	83	0%	24-Feb-22	21-Jun-22	[Summary bar: 21-Jun-22, Site Utilities]																											
P3050	Assemble Site Utilities Submittal	20	20	0%	24-Feb-22	23-Mar-22	[Gantt bar: Assemble Site Utilities Submittal]																											
P3060	Award Subcontract Site Utilities	0	0	0%	24-Feb-22		[Gantt bar: Award Subcontract Site Utilities]																											
P3070	GC Review & Approve Site Utilities Submittal	5	5	0%	24-Mar-22	30-Mar-22	[Gantt bar: GC Review & Approve Site Utilities Submittal]																											
P3080	Design Review Site Utilities	15	15	0%	31-Mar-22	20-Apr-22	[Gantt bar: Design Review Site Utilities]																											
P3090	Fab & Deliver Site Utilities Submittal	43	43	0%	21-Apr-22	21-Jun-22	[Gantt bar: Fab & Deliver Site Utilities Submittal]																											
Fire Protection		175	175	0%	24-Feb-22	31-Oct-22	[Summary bar: 31-Oct-22, Fire Protection]																											
P3100	Assemble Fire Protection Submittal	20	20	0%	24-Feb-22	23-Mar-22	[Gantt bar: Assemble Fire Protection Submittal]																											
P3110	Award Subcontract Fire Protection	0	0	0%	24-Feb-22		[Gantt bar: Award Subcontract Fire Protection]																											
P3120	GC Review & Approve Fire Protection Submittal	5	5	0%	24-Mar-22	30-Mar-22	[Gantt bar: GC Review & Approve Fire Protection Submittal]																											
P3130	Design Review Fire Protection	15	15	0%	31-Mar-22	20-Apr-22	[Gantt bar: Design Review Fire Protection]																											
P3140	Fab & Deliver Fire Protection Submittal	135	135	0%	21-Apr-22	31-Oct-22	[Gantt bar: Fab & Deliver Fire Protection Submittal]																											
Toilet Partitions		343	343	0%	24-Feb-22	29-Jun-23	[Summary bar: 29-Jun-23, Toilet Partitions]																											
P3150	Assemble Toilet Partitions Submittal	20	20	0%	24-Feb-22	23-Mar-22	[Gantt bar: Assemble Toilet Partitions Submittal]																											
P3160	Award Subcontract Toilet Partitions	0	0	0%	24-Feb-22		[Gantt bar: Award Subcontract Toilet Partitions]																											
P3170	GC Review & Approve Toilet Partitions Submittal	5	5	0%	24-Mar-22	30-Mar-22	[Gantt bar: GC Review & Approve Toilet Partitions Submittal]																											
P3180	Design Review Toilet Partitions	15	15	0%	31-Mar-22	20-Apr-22	[Gantt bar: Design Review Toilet Partitions]																											
P3190	Fab & Deliver Toilet Partitions Submittal	303	303	0%	21-Apr-22	29-Jun-23	[Gantt bar: Fab & Deliver Toilet Partitions Submittal]																											
Toilet Specialties		343	343	0%	24-Feb-22	29-Jun-23	[Summary bar: 29-Jun-23, Toilet Specialties]																											
P3200	Assemble Toilet Specialties Submittal	20	20	0%	24-Feb-22	23-Mar-22	[Gantt bar: Assemble Toilet Specialties Submittal]																											
P3210	Award Subcontract Toilet Specialties	0	0	0%	24-Feb-22		[Gantt bar: Award Subcontract Toilet Specialties]																											
P3220	GC Review & Approve Toilet Specialties Submittal	5	5	0%	24-Mar-22	30-Mar-22	[Gantt bar: GC Review & Approve Toilet Specialties Submittal]																											
P3230	Design Review Toilet Specialties	15	15	0%	31-Mar-22	20-Apr-22	[Gantt bar: Design Review Toilet Specialties]																											
P3240	Fab & Deliver Toilet Specialties Submittal	303	303	0%	21-Apr-22	29-Jun-23	[Gantt bar: Fab & Deliver Toilet Specialties Submittal]																											
Benches		290	290	0%	24-Feb-22	14-Apr-23	[Summary bar: 14-Apr-23, Benches]																											
P3250	Assemble Benches Submittal	20	20	0%	24-Feb-22	23-Mar-22	[Gantt bar: Assemble Benches Submittal]																											
P3260	Award Subcontract Benches	0	0	0%	24-Feb-22		[Gantt bar: Award Subcontract Benches]																											
P3270	GC Review & Approve Benches Submittal	5	5	0%	24-Mar-22	30-Mar-22	[Gantt bar: GC Review & Approve Benches Submittal]																											
P3280	Design Review Benches	15	15	0%	31-Mar-22	20-Apr-22	[Gantt bar: Design Review Benches]																											
P3290	Fab & Deliver Benches Submittal	250	250	0%	21-Apr-22	14-Apr-23	[Gantt bar: Fab & Deliver Benches Submittal]																											
Outdoor Furniture		290	290	0%	24-Feb-22	14-Apr-23	[Summary bar: 14-Apr-23, Outdoor Furniture]																											
P3300	Assemble Outdoor Furniture Submittal	20	20	0%	24-Feb-22	23-Mar-22	[Gantt bar: Assemble Outdoor Furniture Submittal]																											
P3310	Award Subcontract Outdoor Furniture	0	0	0%	24-Feb-22		[Gantt bar: Award Subcontract Outdoor Furniture]																											
P3320	GC Review & Approve Outdoor Furniture Submittal	5	5	0%	24-Mar-22	30-Mar-22	[Gantt bar: GC Review & Approve Outdoor Furniture Submittal]																											
P3330	Design Review Outdoor Furniture	15	15	0%	31-Mar-22	20-Apr-22	[Gantt bar: Design Review Outdoor Furniture]																											
P3340	Fab & Deliver Outdoor Furniture Submittal	250	250	0%	21-Apr-22	14-Apr-23	[Gantt bar: Fab & Deliver Outdoor Furniture Submittal]																											
Loading Dock Equipment		290	290	0%	24-Feb-22	14-Apr-23	[Summary bar: 14-Apr-23, Loading Dock Equipment]																											
P3350	Assemble Loading Dock Equipment Submittal	20	20	0%	24-Feb-22	23-Mar-22	[Gantt bar: Assemble Loading Dock Equipment Submittal]																											
P3360	Award Subcontract Loading Dock Equipment	0	0	0%	24-Feb-22		[Gantt bar: Award Subcontract Loading Dock Equipment]																											
P3370	GC Review & Approve Loading Dock Equipment Submittal	5	5	0%	24-Mar-22	30-Mar-22	[Gantt bar: GC Review & Approve Loading Dock Equipment Submittal]																											
P3380	Design Review Loading Dock Equipment	15	15	0%	31-Mar-22	20-Apr-22	[Gantt bar: Design Review Loading Dock Equipment]																											
P3390	Fab & Deliver Loading Dock Equipment Submittal	250	250	0%	21-Apr-22	14-Apr-23	[Gantt bar: Fab & Deliver Loading Dock Equipment Submittal]																											
Tile Pavers		163	163	0%	24-Feb-22	13-Oct-22	[Summary bar: 13-Oct-22, Tile Pavers]																											
P3500	Assemble Tile Pavers Submittal	20	20	0%	24-Feb-22	23-Mar-22	[Gantt bar: Assemble Tile Pavers Submittal]																											
P3510	Award Subcontract Tile Pavers	0	0	0%	24-Feb-22		[Gantt bar: Award Subcontract Tile Pavers]																											
P3520	GC Review & Approve Tile Pavers Submittal	5	5	0%	24-Mar-22	30-Mar-22	[Gantt bar: GC Review & Approve Tile Pavers Submittal]																											
P3530	Design Review Tile Pavers	15	15	0%	31-Mar-22	20-Apr-22	[Gantt bar: Design Review Tile Pavers]																											
P3540	Fab & Deliver Tile Pavers Submittal	123	123	0%	21-Apr-22	13-Oct-22	[Gantt bar: Fab & Deliver Tile Pavers Submittal]																											
Healthcare		249	249	0%	23-Nov-21	14-Nov-22	[Summary bar: 14-Nov-22, Healthcare]																											
Birthing Tubs		175	175	0%	24-Feb-22	31-Oct-22	[Summary bar: 31-Oct-22, Birthing Tubs]																											

Actual Work Critical Remaining Work Summary
 Remaining Work Milestone

Activity ID	Activity Name	Original Duration	Remaining Duration	Schedule % Complete	Start	Finish	J J A S O N D J F M A M J J A S O N D J F M A M J J A S O N D J F M A M J J A S O N																												
P1810	Award Subcontract Cooler	0	0	0%	24-Feb-22			Award Subcontract Cooler																											
P1820	GC Review & Approve Cooler Submittal	5	5	0%	24-Mar-22	30-Mar-22		GC Review & Approve Cooler Submittal																											
P1830	Design Review Cooler	15	15	0%	31-Mar-22	20-Apr-22		Design Review Cooler																											
P1840	Fab & Deliver Cooler Submittal	135	135	0%	21-Apr-22	31-Oct-22		Fab & Deliver Cooler Submittal																											
Owner Furnished		175	175	0%	24-Feb-22	31-Oct-22		31-Oct-22, Owner Furnished																											
Catscan		175	175	0%	24-Feb-22	31-Oct-22		31-Oct-22, Catscan																											
P1850	Assemble Catscan Submittal	20	20	0%	24-Feb-22	23-Mar-22		Assemble Catscan Submittal																											
P1860	Award Subcontract Catscan	0	0	0%	24-Feb-22			Award Subcontract Catscan																											
P1870	GC Review & Approve Catscan Submittal	5	5	0%	24-Mar-22	30-Mar-22		GC Review & Approve Catscan Submittal																											
P1880	Design Review Catscan	15	15	0%	31-Mar-22	20-Apr-22		Design Review Catscan																											
P1890	Fab & Deliver Catscan Submittal	135	135	0%	21-Apr-22	31-Oct-22		Fab & Deliver Catscan Submittal																											
MRI		175	175	0%	24-Feb-22	31-Oct-22		31-Oct-22, MRI																											
P1900	Assemble MRI Submittal	20	20	0%	24-Feb-22	23-Mar-22		Assemble MRI Submittal																											
P1910	Award Subcontract MRI	0	0	0%	24-Feb-22			Award Subcontract MRI																											
P1920	GC Review & Approve MRI Submittal	5	5	0%	24-Mar-22	30-Mar-22		GC Review & Approve MRI Submittal																											
P1930	Design Review MRI	15	15	0%	31-Mar-22	20-Apr-22		Design Review MRI																											
P1940	Fab & Deliver MRI Submittal	135	135	0%	21-Apr-22	31-Oct-22		Fab & Deliver MRI Submittal																											
Radiology		175	175	0%	24-Feb-22	31-Oct-22		31-Oct-22, Radiology																											
P1950	Assemble Radiology Submittal	20	20	0%	24-Feb-22	23-Mar-22		Assemble Radiology Submittal																											
P1960	Award Subcontract Radiology	0	0	0%	24-Feb-22			Award Subcontract Radiology																											
P1970	GC Review & Approve Radiology Submittal	5	5	0%	24-Mar-22	30-Mar-22		GC Review & Approve Radiology Submittal																											
P1980	Design Review Radiology	15	15	0%	31-Mar-22	20-Apr-22		Design Review Radiology																											
P1990	Fab & Deliver Radiology Submittal	135	135	0%	21-Apr-22	31-Oct-22		Fab & Deliver Radiology Submittal																											
Medical Device Reprocessing (MDR)		175	175	0%	24-Feb-22	31-Oct-22		31-Oct-22, Medical Device Reprocessing (MDR)																											
P2000	Assemble Medical Device Reprocessing (MDR) Submittal	20	20	0%	24-Feb-22	23-Mar-22		Assemble Medical Device Reprocessing (MDR) Submittal																											
P2010	Award Subcontract Medical Device Reprocessing (MDR)	0	0	0%	24-Feb-22			Award Subcontract Medical Device Reprocessing (MDR)																											
P2020	GC Review & Approve Medical Device Reprocessing (MDR)	5	5	0%	24-Mar-22	30-Mar-22		GC Review & Approve Medical Device Reprocessing (MDR) Submittal																											
P2030	Design Review Medical Device Reprocessing (MDR)	15	15	0%	31-Mar-22	20-Apr-22		Design Review Medical Device Reprocessing (MDR)																											
P2040	Fab & Deliver Medical Device Reprocessing (MDR) Subn	135	135	0%	21-Apr-22	31-Oct-22		Fab & Deliver Medical Device Reprocessing (MDR) Submittal																											
Construction		449	449	0%	14-Feb-22	16-Nov-23		16-Nov-23, Construction																											
Early Works		39	39	0%	14-Feb-22	07-Apr-22		07-Apr-22, Early Works																											
Mobilization / Site Prep		39	39	0%	14-Feb-22	07-Apr-22		07-Apr-22, Mobilization / Site Prep																											
A1020	Site Fencing / Signage	5	5	0%	14-Feb-22*	18-Feb-22		Site Fencing / Signage																											
A1010	NTP (Graham Mobilize)	5	5	0%	21-Mar-22*	25-Mar-22		NTP (Graham Mobilize)																											
A1030	Locates	5	5	0%	28-Mar-22	01-Apr-22		Locates																											
A1050	Setup Trailer Camp	5	5	0%	28-Mar-22	01-Apr-22		Setup Trailer Camp																											
A1040	Temp Power	5	5	0%	01-Apr-22*	07-Apr-22		Temp Power																											
Early Site Work		0	0	0%																															
Building Construction		419	419	0%	28-Mar-22	16-Nov-23		16-Nov-23, Building Construction																											
Civil		50	50	0%	28-Mar-22	06-Jun-22		06-Jun-22, Civil																											
A1420	Erosion Control	5	5	0%	28-Mar-22	01-Apr-22		Erosion Control																											
A1250	Clear & Grub	5	5	0%	04-Apr-22	08-Apr-22		Clear & Grub																											
A1930	Bridge Canal	10	10	0%	11-Apr-22	22-Apr-22		Bridge Canal																											
A1940	Site Survey	5	5	0%	11-Apr-22	15-Apr-22		Site Survey																											
A1260	Site Utility Installation	30	30	0%	25-Apr-22	06-Jun-22		Site Utility Installation																											
A1270	Mass Excavation / Building Footprint	10	10	0%	25-Apr-22	06-May-22		Mass Excavation / Building Footprint																											
A1280	Fine Grade	5	5	0%	09-May-22	13-May-22		Fine Grade																											
A1290	CSBC for Roadways & Parking Areas	5	5	0%	16-May-22	20-May-22		CSBC for Roadways & Parking Areas																											
A1300	Paving	5	5	0%	23-May-22	27-May-22		Paving																											
A1310	Site Lighting	5	5	0%	31-May-22	06-Jun-22		Site Lighting																											
Footings / Foundations		79	79	0%	09-May-22	29-Aug-22		29-Aug-22, Footings / Foundations																											
Foundation Area B.2		29	29	0%	09-May-22	17-Jun-22		17-Jun-22, Foundation Area B.2																											
A1540	Area B.2 - Structural Excavation	9	9	0%	09-May-22	19-May-22		Area B.2 - Structural Excavation																											
A1550	Area B.2 - Form Footings	12	12	0%	12-May-22	27-May-22		Area B.2 - Form Footings																											

█ Actual Work
 █ Critical Remaining Work
 █ Remaining Work
 ◆ Milestone
 ◀ Summary

Activity ID	Activity Name	Original Duration	Remaining Duration	Schedule % Complete	Start	Finish	Gantt Chart (J A S O N D J F M A M J J A S O N D J F M A M J J A S O N D J F M A M J J A S O N)																											
A6890	Area C - Form Footings	12	12	0%	11-Jul-22	26-Jul-22	■ Area C - Form Footings																											
A6900	Area C - Rebar Footings	10	10	0%	19-Jul-22	01-Aug-22	■ Area C - Rebar Footings																											
A7000	Area C - Embed / Anchor Bolts	5	5	0%	26-Jul-22	01-Aug-22	■ Area C - Embed / Anchor Bolts																											
A6910	Area C - Place & Strip Footings	6	6	0%	02-Aug-22	09-Aug-22	■ Area C - Place & Strip Footings																											
A6940	Area C - Mechanical / Plumbing Underground	8	8	0%	02-Aug-22	11-Aug-22	■ Area C - Mechanical / Plumbing Underground																											
A6920	Area C - Waterproof Footing Foundation	2	2	0%	10-Aug-22	11-Aug-22	■ Area C - Waterproof Footing Foundation																											
A6930	Area C - Backfill Perimeter	4	4	0%	12-Aug-22	17-Aug-22	■ Area C - Backfill Perimeter																											
A6970	Area C - Cap Break / Vapor Barrier	5	5	0%	12-Aug-22	18-Aug-22	■ Area C - Cap Break / Vapor Barrier																											
A6950	Area C - Electrical Underground	8	8	0%	18-Aug-22	29-Aug-22	■ Area C - Electrical Underground																											
A7190	Area C - Form Slab Edges	3	3	0%	19-Aug-22	23-Aug-22	■ Area C - Form Slab Edges																											
A6980	Area C - Rebar Slab	3	3	0%	24-Aug-22	26-Aug-22	■ Area C - Rebar Slab																											
A6990	Area C - Pour Slab	2	2	0%	25-Aug-22	26-Aug-22	■ Area C - Pour Slab																											
Foundation Area E																																		
Concrete Structure L2							11-Oct-22, Concrete Structure L2																											
Concrete Structure Area B.2 L2							22-Aug-22, Concrete Structure Area B.2 L2																											
A2750	Area B.2 L2 - Form Concrete Columns	5	5	0%	20-Jun-22	24-Jun-22	■ Area B.2 L2 - Form Concrete Columns																											
A2910	Area B.2 L2 - Rebar Concrete Columns	4	4	0%	22-Jun-22	27-Jun-22	■ Area B.2 L2 - Rebar Concrete Columns																											
A2920	Area B.2 L2 - Place Concrete Columns	1	1	0%	28-Jun-22	28-Jun-22	■ Area B.2 L2 - Place Concrete Columns																											
A2930	Area B.2 L2 - Form Deck	15	15	0%	29-Jun-22	20-Jul-22	■ Area B.2 L2 - Form Deck																											
A2940	Area B.2 L2 - Rebar Deck	7	7	0%	13-Jul-22	21-Jul-22	■ Area B.2 L2 - Rebar Deck																											
A2770	Area B.2 L2 - MEP Rough-In	5	5	0%	19-Jul-22	25-Jul-22	■ Area B.2 L2 - MEP Rough-In																											
A2760	Area B.2 L2 - Place Deck	2	2	0%	22-Jul-22	25-Jul-22	■ Area B.2 L2 - Place Deck																											
A2970	Area B.2 L2 - Metal Stairs	4	4	0%	26-Jul-22	29-Jul-22	■ Area B.2 L2 - Metal Stairs																											
A2980	Area B.2 L2 - Strip Deck	5	5	0%	26-Jul-22	01-Aug-22	■ Area B.2 L2 - Strip Deck																											
A2780	Area B.2 L2 - Miscellaneous Steel	15	15	0%	02-Aug-22	22-Aug-22	■ Area B.2 L2 - Miscellaneous Steel																											
Concrete Structure Area B.1 L2							16-Sep-22, Concrete Structure Area B.1 L2																											
A5670	Area B.1 L2 - Form Concrete Columns	5	5	0%	30-Jun-22	07-Jul-22	■ Area B.1 L2 - Form Concrete Columns																											
A7220	Area B.1 L2 - Rebar Concrete Columns	4	4	0%	05-Jul-22	08-Jul-22	■ Area B.1 L2 - Rebar Concrete Columns																											
A7210	Area B.1 L2 - Place Concrete Columns	1	1	0%	11-Jul-22	11-Jul-22	■ Area B.1 L2 - Place Concrete Columns																											
A7270	Area B.1 L2 - Form Deck	15	15	0%	26-Jul-22	15-Aug-22	■ Area B.1 L2 - Form Deck																											
A7280	Area B.1 L2 - Rebar Deck	7	7	0%	08-Aug-22	16-Aug-22	■ Area B.1 L2 - Rebar Deck																											
A5690	Area B.1 L2 - MEP Rough-In	5	5	0%	12-Aug-22	18-Aug-22	■ Area B.1 L2 - MEP Rough-In																											
A5680	Area B.1 L2 - Pour Deck	2	2	0%	17-Aug-22	18-Aug-22	■ Area B.1 L2 - Pour Deck																											
A6700	Area B.1 L2 - Metal Stairs	9	9	0%	19-Aug-22	31-Aug-22	■ Area B.1 L2 - Metal Stairs																											
A7520	Area B.1 L2 - Strip Deck	5	5	0%	19-Aug-22	25-Aug-22	■ Area B.1 L2 - Strip Deck																											
A5700	Area B.1 L2 - Miscellaneous Steel	15	15	0%	26-Aug-22	16-Sep-22	■ Area B.1 L2 - Miscellaneous Steel																											
Roof Concrete B.2 L3							30-Sep-22, Roof Concrete B.2 L3																											
A5710	Area B.2 L3 - Form Concrete Columns	5	5	0%	12-Jul-22	18-Jul-22	■ Area B.2 L3 - Form Concrete Columns																											
A7240	Area B.2 L3 - Rebar Concrete Columns	4	4	0%	19-Jul-22	22-Jul-22	■ Area B.2 L3 - Rebar Concrete Columns																											
A7230	Area B.2 L3 - Place Concrete Columns	1	1	0%	25-Jul-22	25-Jul-22	■ Area B.2 L3 - Place Concrete Columns																											
A7290	Area B.2 L3 - Form Deck	15	15	0%	26-Jul-22	15-Aug-22	■ Area B.2 L3 - Form Deck																											
A7300	Area B.2 L3 - Rebar Deck	7	7	0%	08-Aug-22	16-Aug-22	■ Area B.2 L3 - Rebar Deck																											
A5730	Area B.2 L3 - MEP Rough-In	5	5	0%	12-Aug-22	18-Aug-22	■ Area B.2 L3 - MEP Rough-In																											
A5720	Area B.2 L3 - Pour Deck	2	2	0%	17-Aug-22	18-Aug-22	■ Area B.2 L3 - Pour Deck																											
A6530	Area B.2 L3 - Form Parapet Concrete Columns	3	3	0%	19-Aug-22	23-Aug-22	■ Area B.2 L3 - Form Parapet Concrete Columns																											
A7360	Area B.2 L2 - Metal Stairs	4	4	0%	19-Aug-22	24-Aug-22	■ Area B.2 L2 - Metal Stairs																											
A7530	Area B.2 L3 - Strip Deck	5	5	0%	19-Aug-22	25-Aug-22	■ Area B.2 L3 - Strip Deck																											
A6680	Area B.2 L3 - Rebar Parapet Concrete Columns	2	2	0%	23-Aug-22	24-Aug-22	■ Area B.2 L3 - Rebar Parapet Concrete Columns																											
A5800	Area B.2 L3 - Pour Parapet Concrete Columns	1	1	0%	25-Aug-22	25-Aug-22	■ Area B.2 L3 - Pour Parapet Concrete Columns																											
A5740	Area B.2 L3 - Miscellaneous Steel	15	15	0%	26-Aug-22	16-Sep-22	■ Area B.2 L3 - Miscellaneous Steel																											
A6540	Area B.2 L3 - Roofing	10	10	0%	19-Sep-22	30-Sep-22	■ Area B.2 L3 - Roofing																											
Roof Concrete B.1 L3							11-Oct-22, Roof Concrete B.1 L3																											
A5750	Area B.1 L3 - Form Concrete Columns	5	5	0%	26-Jul-22	01-Aug-22	■ Area B.1 L3 - Form Concrete Columns																											

■ Actual Work
 ■ Critical Remaining Work
 ▼ Summary
■ Remaining Work
 ◆ Milestone

Activity ID	Activity Name	Original Duration	Remaining Duration	Schedule % Complete	Start	Finish	J J A S O N D J F M A M J J A S O N D J F M A M J J A S O N D J F M A M J J A S O N																							
A1340	Elevator Construction Car 1	50	50	0%	09-Mar-23	17-May-23	[Gantt bar for A1340]																							
A1350	Elevator Construction Car 2	50	50	0%	18-May-23	28-Jul-23	[Gantt bar for A1350]																							
A1360	Elevator Construction Car 3	50	50	0%	31-Jul-23	09-Oct-23	[Gantt bar for A1360]																							
Site Work Finishes		110	110	0%	01-May-23	04-Oct-23	[Gantt bar for Site Work Finishes]																							
A3610	Install Irrigation	60	60	0%	01-May-23*	25-Jul-23	[Gantt bar for A3610]																							
A3620	Curb / Sidewalk	60	60	0%	30-May-23	22-Aug-23	[Gantt bar for A3620]																							
A3640	Landscape	90	90	0%	30-May-23	04-Oct-23	[Gantt bar for A3640]																							
A3630	Asphalt	45	45	0%	27-Jun-23	29-Aug-23	[Gantt bar for A3630]																							
Project Completion / Closeout		125	125	0%	04-Oct-23	01-Apr-24	[Gantt bar for Project Completion / Closeout]																							
C1010	Commissioning	125	125	0%	04-Oct-23*	01-Apr-24	[Gantt bar for C1010]																							
C1040	Execute CX Checklist	75	75	0%	04-Oct-23	22-Jan-24	[Gantt bar for C1040]																							
C1050	Approve Start-Up	5	5	0%	23-Jan-24	29-Jan-24	[Gantt bar for C1050]																							
C1060	Correct Start-Up Deficiencies	20	20	0%	30-Jan-24	26-Feb-24	[Gantt bar for C1060]																							
C1070	Functional Test	5	5	0%	27-Feb-24	04-Mar-24	[Gantt bar for C1070]																							
C1080	Correct Functional Deficiencies	20	20	0%	05-Mar-24	01-Apr-24	[Gantt bar for C1080]																							
C1000	Substantial Completion	0	0	0%		01-Apr-24*	[Milestone for C1000]																							
C1090	Final CX Report	0	0	0%		01-Apr-24	[Milestone for C1090]																							

█ Actual Work
 █ Critical Remaining Work
 ▾ Summary
█ Remaining Work
 ◆ Milestone

TO: INTERESTED PARTIES

FROM: GARY HICKS

DATE: NOVEMBER 24, 2021

**RE: PROSSER PUBLIC HOSPITAL DISTRICT
USDA RURAL DEVELOPMENT DIRECT LOAN & CONSTRUCTION FINANCING
FINANCING & PROJECT SCHEDULE**

The following is a revised financing 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.

<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 marked Letter of Conditions 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 meeting/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.
November __, 2021	Construction documents (95% CDs) sent to USDA for review and approval.
December __, 2021	USDA provides intent letter to selected construction lender and District.
December 15, 2021	Distribution of interim construction loan documents and Board resolution (the “Financing Documents”) by Brad Berg.
December 17, 2021	Construction documents (100% CDs) sent to USDA for review and approval.
January 5, 2022 10:00 a.m.	Financing update and document review conference call.
January 6, 2022	NV5 provides executed USDA Right-of-Way Certificate.
January 7, 2022	Distribution of revised Financing Documents.
January 17, 2022 10:00 a.m.	Financing update and document review conference call.
January 19, 2022	Send Resolution, Financing Documents and other materials to the finance team and to the District for inclusion in Board member packets.
January 27, 2022 6:00 p.m.	District Board meeting – review of financing documents and approval of Board resolution for construction financing.
February 15, 2022	Receipt of bids from general contractors for the project.

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

<u>DATE</u>	<u>TASK TO BE COMPLETED</u>
February 17, 2022	On or before this date, execute all opinions, documents and certificates.
February 18, 2022	MACC issued.
February 25, 2022	Completion of Section I requirements to USDA Letter of Conditions.
March 1, 2022	Construction loan financing closing (assumes no increase in project budget).
March 4, 2022	Pre-construction meeting.
March 7, 2022	Ground breaking ceremony at project site. Invite USDA and other officials.
March 14, 2022	Commencement of construction.
January __, 2024	Distribution of USDA loan documents and resolution (the “Loan Documents”) to finance team members by Brad Berg.
January __, 2024	Document review and financing update conference call at 10:00 a.m.
January __, 2024	Distribution of revised Financing Documents.
February __, 2024	Document review and financing update conference call at 10:00 a.m.
February __, 2024	Distribution of revised Financing Documents.
February __, 2024	Send Loan Documents and other materials to the District for inclusion in Board member packets.
February __, 2024 6:30 p.m.	District Board meeting – review of project and financing status and approve Resolution and Loan Documents for USDA Loans.
February 28, 2024	Completion of construction.
March __, 2024	Pre-closing conference call for USDA Loans with all finance team.
March __, 2024	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



December 3, 2021

Mr. Matt Morrell
Mr. Keith Kleven
Piper Sandler & Co.
800 Nicollet Mall
Minneapolis, Minnesota 55402
matt.morrell@psc.com
keith.kleven@psc.com

Mr. Todd C. Van Deventer
Piper Sandler & Co.
11635 Rosewood Street
Leawood, Kansas 66211
todd.vandeventer@psc.com

Re: Prosser Public Hospital District, Benton County, Washington, Hospital Revenue Bond Anticipation Note (Drawdown Loan) (the "Construction Loan")

Gentlemen:

On behalf of Western Alliance Business Trust and Western Alliance Bank, we are pleased to provide the following proposal for the Construction Loan, which is subject to the Lender's final credit approval process. It should be emphasized that the following is only a proposal and is not intended, nor should it be construed to be, a commitment to lend money. Rather, this proposal should be viewed as an expression of our interest, to be used as a basis for continued discussions.

Western Alliance Bank's Public and Nonprofit Finance group offers financing solutions for state and local governments and nonprofit organizations. With a level of sector-specific expertise that stands out in the industry, we serve clients from special districts, school districts and cities to local charities and larger nonprofit institutions such as universities, hospitals and senior living facilities. The group's team of leading professionals has significant experience, and has structured and closed over 250 municipal and nonprofit loans since 2011, totaling more than \$2 billion. The group has been very active in interim construction lending with respect to the USDA-RD Community Facilities Program and Water & Environment Program. Included with this proposal is a summary of the group's USDA-RD Construction Interim Drawdown Loans based on completion and active projects.

This proposal is preliminary and subject to change based on negotiations between the Lender and the Borrower and is provided to you solely for the purpose described herein and may not be disclosed to, or relied upon by, any other party other than to USDA and the Borrower's advisors and consultants without prior written consent of Western Alliance Bank or its affiliated entities.

We are pleased that you have asked us to consider your request. We look forward to assisting you with this transaction and appreciate your business. If you have any questions, please feel free to contact Monika E. Suarez at (213) 362-5277 or Joshua J. Lentz at (602) 346-7467.

Submitted on behalf of Western Alliance Bank and its affiliate, Western Alliance Business Trust.


Monika E. Suarez
Managing Director


Joshua J. Lentz
Senior Vice President

PROPOSED LENDING PARAMETERS

These proposed lending parameters are an expression of interest based on the mutual understanding of the financing request and terms and conditions, all of which are pending the Lender’s consideration, analysis and final credit approval. Any final financing commitments are subject to approval by appropriate administrative authorities of the Lender and other analysis we deem appropriate, with the results of such review and analysis being satisfactory to us in our sole discretion. The Lender is not obligated to provide this financing until such time as you are notified in writing by the Lender of the Lender’s commitment and you have executed mutually acceptable loan documents. No action, verbal remarks, or any other communication shall obligate the Lender to provide this financing until the Lender has issued a final, written commitment. The terms and conditions outlined below are not intended to be all-inclusive but rather set forth a framework for further discussions and are subject to change or addition.

Borrower:	Prosser Public Hospital District, Benton County, Washington (the “Borrower” and the “District”)
Permanent Lender:	United States Department of Agriculture (“USDA”)
Lender:	Western Alliance Business Trust, a Delaware statutory trust (the “Lender”)
Permanent Loans:	USDA Hospital Revenue Bond Direct Loans (5) – Approximately \$44,500,000 (“USDA Hospital Revenue Bond Direct Loans”) USDA Limited Tax General Obligation Bond Direct Loans (2) – Approximately \$13,000,000 (“USDA Limited Tax General Obligation Bond Loans” and together with USDA Hospital Revenue Bond Direct Loans, the “USDA Direct Loans”)
Commitment Amount:	Not to exceed \$57,500,000
Lender:	Western Alliance Business Trust, a Delaware statutory trust (the “Lender”).
Project:	Construction of a new hospital and a medical office building for the District (the “Project”).
Purpose:	Proceeds from the Construction Loan will be used for interim financing in order to fund a portion of cost of the Project. Pursuant to the USDA Letter of Conditions, the District shall be responsible for paying costs of issuance and accrued interest associated with the Construction Loan.
Tax Status:	Interest on the Construction Loan will be exempt from gross income for federal income tax purposes.
Final Maturity:	September 1, 2024. The Borrower may request an extension of the Construction Loan at least three months prior to the Final Maturity.

- Interest Payments:** Monthly interest payments, commencing on the first day of the month after closing. Capitalized interest to be based on the outstanding balance of the Construction Loan and to be paid from an Interest Fund funded by the District prior to Loan Closing. Interest on the Construction Loan is to be computed on the basis of a year comprised of 360 days, consisting of twelve (12) months with thirty (30) days.
- Principal Payments:** Principal due in full and payable on September 1, 2024, subject to any extension of the Final Maturity approved by Lender.
- Interest Rate Pricing:**
- Fixed Interest Rate:**
The Construction Loan will be made without original issue discount or premium and will bear a fixed rate of interest based on the following formula assuming a 2.5 year weighted average maturity:
79% of sum of the 2-Year USD Semi-Annual Interest Rate Swap Rate (~ 0.82%) plus 2.89% (tax-exempt fixed rate) ~ **2.93%**.
The fixed interest rate may be locked no earlier than 30 days prior to closing of the Construction Loan following all necessary approvals.
- Variable Interest Rate:**
The Construction Loan will be made without original issue discount or premium and will bear a variable rate of interest to be reset each month based on the following formula:
79% of sum of the American Interbank Offered Rate (“Ameribor”) Term 30 Days (~ 0.10848%) plus 2.75% (tax-exempt fixed rate) ~ **2.26%**.
The Variable interest rate may be locked no earlier than two (2) weeks prior to closing of the Construction Loan following all necessary approvals.
- Reserve Requirement:** Not required for the Construction Loan.
- Prepayment Provisions:** The Construction Loan may be prepaid from proceeds of the USDA Direct Loans, at the option of the Borrower, in whole, or in part, on any date on or after March 1, 2023, at par, plus accrued interest to the date of prepayment, without premium.
- Security:** The Construction Loan is an obligation of the Borrower payable from the future proceeds of the USDA Direct Loans and net revenues of the Borrower and any other legally available moneys of the Borrower authorized for such use under the authorizing resolution of the Borrower with evidence of perfection of lien securing the Construction Loan and satisfactory to the Lender and Lender’s Counsel.

Bank Accounts: In connection with the financing of the Construction Loan, there shall be established with Western Alliance Bank (the “Bank”), if Bank meets the requirements as a Washington State qualified public depository, or another qualified banking institution selected by Borrower and not objected to by the Lender to act as a Trustee to hold and disburse funds, the following Hospital Revenue Bank Accounts (the “Bank Accounts”):

- 1) Construction Fund;
- 2) Interest Fund; and
- 3) Costs of Issuance Fund.

The Bank Accounts will be held in money market accounts.

Interest Fund and Costs of Issuance Fund Deposits: On or before the Closing Date, the Borrower will provide funds for deposit in the Interest Fund and Costs of Issuance Fund to pay for the accrued interest and transaction costs of the Construction Loan upon review and approval by USDA.

Loan Draws: Up to and including August 31, 2024, the Borrower may request disbursements from the Construction Loan on the last business day of the month, or other date agreed to by USDA, Lender and Borrower, pursuant to actual contractor and vendor invoices submitted by requisition of the Borrower. Advances will be made to the Borrower upon review and approval of invoices by USDA and delivery to the Lender of any applicable lien waivers associated with the Project. Advances will be deposited and requested from the Construction Fund. Each request shall be delivered to the Lender 10 days prior to the date of request for disbursement. No Bank or third-party review or oversight of Construction Loan draws will be required.

In the event of a federal shut down or other event causing a delay in USDA operations that prevents USDA’s timely approval of any draw request that is otherwise approved by the Lender, the Lender shall proceed with the deposit of such funds into the Construction Fund with the general understanding that USDA has agreed to provide its approval of such draw request after operations recommence and to reimburse the Lender for any additional costs directly attributable to such delay.

Additional Debt: The Borrower shall not incur any additional debt, except for \$3,600,000 in municipal equipment lease financing contemplated in the Letter of Conditions and approved by USDA, regardless of lien priority or source of payment, without first obtaining the written consent of the USDA and the Bank and providing evidence that it could afford the additional debt.

Covenant to Obtain Take-Out Financing: The Borrower will covenant to take all actions required to obtain financing from USDA, and/or any other financing source to provide funds to refund all or a portion of the Construction Loan prior to maturity and apply all such funds upon receipt to prepay the Construction Loan.

Financial Covenants: **Debt Service Coverage Ratio:** 1.25x (pari-passu with the USDA Letter of Conditions);
Days Cash on Hand: No less than 60 days (pari-passu with the USDA Letter of Conditions);

Additional Parity Debt: The Borrower shall not issue any Additional Parity Debt, regardless of lien priority or source of payment, without first obtaining the written consent of USDA and the Lender, other than as indicated above.

Covenants to be tested annually at fiscal year-end commencing with fiscal year-end 2022.

Legal Opinion(s):

Opinions of Bond Counsel, among other things, as to:

- 1) treatment of interest payments under the Construction Loan as exempt from gross income for federal income tax purposes;
- 2) the Construction Loan is a valid and an enforceable obligation of the Borrower;
- 3) the revenues of the borrower and the proceeds of the USDA Direct Loans are pledged to the repayment of the Construction Loan;
- 4) the Construction Loan creates a valid lien on revenues and the proceeds of the USDA Direct Loans;
- 5) the Construction Loan being exempt from registration pursuant to the Securities Act of 1933, as amended; and
- 6) such other opinions as the Lender may require.

An opinion of general counsel to the District shall also be provided in form and substance satisfactory to the Lender and the Lender's Counsel.

Documentation:

Bond Counsel will prepare all of the legal documentation, which will contain customary affirmative and negative covenants as well as usual representations and warranties for like situated borrowers acceptable to the Lender. Events of Default shall include those that are deemed standard and customary for transactions of this nature, with the exception of a material adverse change or material adverse event provision, all of which shall be subject to satisfactory review by the Lender.

Conditions Precedent:

Prior to the funding of the Construction Loan, the following conditions precedent shall have occurred, all of which shall be in form and substance satisfactory to the Lender and the Lender's Counsel:

- 1) satisfactory review by the Lender's Counsel of any outstanding agreements entered into by the Borrower which may impact the security for the Construction Loan or the obligations of the Borrower with respect to repayment of the Construction Loan;
- 2) any authorizing resolution(s) of the Borrower as required for the execution, delivery and repayment of the Construction Loan;
- 3) opinions as required by the Lender and the Lender's Counsel;
- 4) properly executed loan documents in form and substance satisfactory to the Lender and the Lender's counsel evidencing or supporting the repayment of the Construction Loan;
- 5) all other conditions as contemplated under the USDA Letter of Conditions;
- 6) a projected draw schedule delivered prior to closing; and
- 7) additional conditions precedent that the Lender and the Lender's Counsel consider customary and reasonably appropriate for the funding of the Construction Loan.

- Loan Treatment:** The Lender will book the Construction Loan as loans, and, therefore, the Construction Loan will be made under the following conditions:
- 1) the Construction Loan shall not be registered or otherwise qualified for sale under the “Blue Sky” laws;
 - 2) the Lender will satisfy the requirements of Municipal Securities Rulemaking Board Rule G-34(a)(i)(F), such that no CUSIP numbers will be obtained for the Construction Loan(See “Assignment and Participation” herein);
 - 3) no official statement or similar offering document has been prepared in connection with the private placement of the Construction Loan;
 - 4) the Construction Loan will not settle through the DTC or any similar repository and will not be in book entry form; and
 - 5) the Lender will sign a letter of representations in a form acceptable to Lender’s Counsel and Bond Counsel.
- Fees Due at Closing:** The Borrower shall be obligated to pay all delivery costs, including legal fees of the Lender’s Counsel. The Lender’s Counsel fee shall not exceed \$20,000. Other than Lender’s Counsel fee and the Origination Fee, no other Bank/Lender expenses requiring reimbursement by Borrower are known.
- Bond Counsel:** Foster Garvey, P.C. / Seattle, Washington
- Lender’s Counsel:** Stradling Yocca Carlson & Rauth, a Professional Corporation / Seattle, Washington
- Placement Agent:** Piper Sandler & Co. / Minneapolis, Minnesota
- Municipal Advisor:** G.L. Hicks Financial, LLC / Orem, Utah
- Origination Fee:** 15 basis points of the commitment amount of the Construction Loan. No termination or other ongoing fees.
- Ancillary Business Requirements:** No requirements.
- Estimated Closing Date:** On or around February 23, 2022

No Fiduciary Relationship:

Inasmuch as the Construction Loan represent negotiated transactions, the District understands, and will confirm that the Lender is not acting as a fiduciary to the District, but rather is acting solely in its capacity as a Lender, for its own account.

The District will acknowledge and agree that:

- 1) the transaction contemplated herein is an arm’s length commercial transaction between the District and the Lender and its affiliates;
- 2) in connection with such transactions, the Lender and its affiliates are acting solely as a principal and not as an advisor including, without limitation, a “Municipal Advisor” as such term is defined in Section 15B of the Securities and Exchange Act of 1934, as amended, and the related final rules (the “Municipal Advisor Rules”);
- 3) the Lender and its affiliates are relying on the bank exemption in the Municipal Advisor Rules;
- 4) the Lender and its affiliates have not provided any advice or assumed any advisory or fiduciary responsibility in favor of the District with respect to the transaction contemplated hereby and the discussions, undertakings and procedures leading thereto;
- 5) the Lender and its affiliates have financial and other interests that differ from those of the District; and
- 6) the District has consulted with its own financial, legal, accounting, tax and other advisors, as applicable, to the extent it deemed appropriate.

Reporting Requirements:

Annual Reporting Requirements.

The Borrower shall provide the Lender with the following documentation and information within nine (9) months of the Borrower’s fiscal year end, including audited financial statements of the Borrower for the preceding fiscal year.

The Borrower shall also provide the Lender with its annual approved operating budget within one (1) month after its adoption.

Quarterly Reporting Requirements.

The Borrower shall provide the Lender with interim financials on a quarterly basis. Interim financial shall be available within forty-five (45) days after quarter end.

Monthly Reporting Requirements.

The Borrower will provide the Lender with monthly construction progress reports. Monthly construction progress reports shall be available on or around the 15th day of each month, or such other date as agreed to by USDA, the Lender and the Borrower.

Other.

The Borrower shall furnish at the Lender’s request such additional information that Lender may from time to time reasonably request.


Assignment and Participation: The Lender’s intent is to book the Construction Loan as loans and hold the Construction Loan to maturity or to a prepayment date; however, the Lender retains the right to assign or participate out its interest in the Construction Loan. The Lender acknowledges and agrees that the Construction Loan may only be transferred or participated to a “Qualified Institutional Buyer” or an “Accredited Investor” within the meaning of the Securities Act of 1933, as amended and the Regulations thereunder and new lender or participant must follow the conditions of the Construction Loan.

If the Lender elects to assign or participate all or a portion of the Construction Loan, the Lender will notify the USDA and the District requesting to review such assignment or participation.

Proposal – Construction Loan
Prosser Public Hospital District, Benton County, Washington
December 3, 2021
Page 9

ACCEPTED AND AGREED TO:

**PROSSER PUBLIC HOSPITAL DISTRICT,
BENTON COUNTY, WASHINGTON**

By: 
Name: David Rollins
Title: Chief Financial Officer
Date: 12-6-2021



November 22, 2021

David Rollins
Chief Financial Officer
Prosser memorial Health
723 memorial Street
Prosser, WA 99350

Gary Hicks
President
G.L. Hicks Financial, LLC
337 South Palisades Drive
Orem, Utah 84097

Alexander Ortega
Senior Vice President
Healthcare, Education, Not For Profits
401 Union Street 23rd floor
Seattle, WA 98101
Mobile: 760-803-1122
alex.ortega@BofA.com

Re: Lease Financing Proposal

Dear David and Gary:

Banc of America Public Capital Corp ("BAPCC"), on behalf of Banc of America Leasing & Capital, LLC ("BAL") is pleased to submit to Prosser Memorial Health ("Lessee") the lease financing proposal described in the attached Summary of Principal Terms and Conditions (the "Term Sheet"). Please review the Term Sheet and contact me if you have any questions.

This proposal letter and the Term Sheet (collectively, this "Proposal") include only a brief description of the principal terms of the proposed transaction, are intended for discussion purposes only, and are subject to the satisfactory completion of BAPCC's credit, legal and investment approval process. This Proposal (i) is not intended to and does not create any binding legal obligation on the part of either party, and (ii) is not to be construed as a commitment or offer by BAPCC or any related entity to enter into the proposed transaction. The terms and conditions of this Proposal, except for the provisions concerning the Proposal Fee, shall be superseded by and shall no longer be effective upon the earlier of (i) the issuance of a commitment letter by BAL with respect to this Proposal, or (ii) the execution and delivery of final legal documentation with respect to this Proposal.

This Proposal must be accepted on or before December 17, 2021 in order for BAPCC to proceed with its consideration of this Proposal. To accept this Proposal, please sign the enclosed copy of this Proposal and return it to my attention at Banc of America Public Capital Corp, alex.ortega@bofa.com

Thank you for allowing us the opportunity to present this Proposal to Prosser Memorial Health

Very truly yours,

BANC OF AMERICA PUBLIC CAPITAL CORP

Alexander Ortega

Alexander Ortega, SVP

The undersigned, by its authorized representative below, accepts this Proposal, agrees to furnish BAPCC, its affiliates, successors and assigns, any information relating to the business or financial condition of Prosser Memorial Health or its affiliates, and authorizes BAPCC, Bank of America, N.A. and their affiliates to disclose to, discuss with and distribute such information (and any information they may already have) to any other affiliates or proposed assignees or successors of BAL.

Prosser Memorial Health

By: _____

Title: _____

Date: _____

“Bank of America” is the marketing name used by certain Global Banking and Global Markets businesses of Bank of America Corporation. Lending, leasing, equipment finance and other commercial banking activities, and trading in certain financial instruments are performed globally by banking affiliates of Bank of America Corporation, including Bank of America, N.A., Member FDIC. Banc of America Public Capital Corp, a wholly-owned subsidiary of Bank of America, National Association, is not a municipal advisor and is not subject to the fiduciary duty established in Section 15B(c)(1) of the Securities Exchange Act of 1934, as amended, with respect to any municipal financial product or issuance of municipal securities. The information provided in this document is not intended to be and should not be construed as “advice” with the meaning Section 15B of the Securities Exchange Act of 1934 and the municipal advisor rules of the SEC. © 2020 Bank of America Corporation. All rights reserved.

SUMMARY OF PRINCIPAL TERMS AND CONDITIONS

Date: November 22, 2021

Lessee: Prosser Memorial Health

Guarantor(s): N/A

Lessor: Banc of America Leasing & Capital, LLC (“BAL”) or its designee.

Equipment: Medical Equipment (individually, an “Item of Equipment” and collectively, the “Equipment”).

Lessor’s Cost: An amount not to exceed \$5,000,000.00 which may, with Lessor’s prior consent, include soft costs such as freight, installation and taxes paid up-front by Lessor not exceeding 20% of the total cost, provided that in no event may the total cost exceed the fair market value of the Equipment (the “Lessor’s Cost”). The Lessor's Cost for used Equipment may be subject to verification by an independent third party appraiser at Lessee's expense.

Lease Structure: **True Lease:** It is assumed that Lessor will be the owner of the Equipment for state and federal income tax purposes, and it is intended that depreciation deductions provided in the Internal Revenue Code will be available to Lessor. Lessee shall indemnify Lessor for the loss of such tax benefits if caused by the inactions caused by Lessee.

Net Lease: The lease will be a non-cancelable net lease, with Lessee responsible for paying Rent under all circumstances (the “Lease”). Lessee shall be specifically responsible for all expenses, including (but not limited to) insurance, maintenance, and taxes (other than taxes based solely upon the net income of Lessor) relating to the purchase, lease, possession and use of the Equipment.

Term: 84 months

Rent: Phase 1 funding \$3,600,000.00 Lessee shall make 84 monthly payments, each equal to **\$44,168.00**, and payable in arrears (the “Rent”). The indicative monthly payment is based on the Average Life Swap of **1.15%**, using the Bloomberg Daily Summary of November 19, 2021 (the “Index Rate”). This indicative Payment Factor shall be subject to adjustment (the “Rental Adjustment”) as set forth hereinafter:

Rental Adjustment: The indicative Payment Factor shall be decreased or increased on or prior to the Base Date for any change in the Index Rate as follows: The Payment Factor, converted to an implicit rate shall be adjusted to reflect the difference between the (i) Index Rate and the Swap rate from the Bloomberg Daily Summary on or closest to the projected commencement date as determined by Lessor or (ii) one percent. Please be advised that the proposed Rent set forth above is only available for transactions that are fully funded or for specific Equipment that has commenced funding under a progress payment agreement. Lessor may at its discretion adjust the Rent to reflect adverse changes in its cost of funds or changes generally in market credit margins.

**Purchase
Obligation:**

Fair Market

Purchase Option: At the expiration of the Lease Term, or any renewal thereof, Lessee may purchase all, but not less than all, of the Equipment on an AS-IS BASIS plus all applicable taxes and expenses associated with such sale.

Renewal Option: At the expiration of the Lease Term, Lessee may renew the lease of all, but not less than all, of the Equipment for its then fair market rental value for a period of 1 (one) year.

Return Option: At the expiration of the Lease Term, Lessee may, at Lessee's expense return all, but not less than all, of the Equipment to Lessor in the condition required by the lease and to a site designated by Lessor.

Expenses:

Lessee shall be responsible for all of its own costs and expenses incurred in connection with this Proposal or the transaction contemplated hereby. Lessee shall reimburse Lessor for all out-of-pocket costs and expenses incurred by Lessor in connection with this Proposal or the transaction contemplated hereby, including legal fees, appraisal fees and UCC searches, whether the contemplated transaction closes or not

Filing Costs:

An invoice in the amount of \$500 to cover the cost of UCC filings will be included in Lessee's initial document package.

Documentation:

All documentation for the transaction contemplated by this Proposal will adhere to the approved Master Agreement that is in place by both parties

Confidentiality:

This Proposal is delivered to Lessee with the understanding that neither it nor any of its terms and conditions will be disclosed to any persons or entities, except those having a confidential relationship with Lessee in relation to this Proposal to the USDA or where disclosure is required by law. However, Lessee may disclose to any and all persons, without limitation of any kind, any information with respect to the "tax treatment" and "tax structure" (in each case, within the meaning of Treasury Regulation Section 1.6011-4) of this Proposal and all materials of any kind (including opinions or other tax analysis) that are provided to Lessee relating to such tax treatment and tax structure.

Market

Disruption:

Notwithstanding anything contained herein to the contrary, in the event any material change shall occur in the financial markets after the date of this Proposal, including but not limited to any governmental action or other event which materially adversely affects the extension of credit by banks, leasing companies or other lending institutions, Lessor may modify the indicative Rent described above.

**USA Patriot Act
Compliance:**

Lessee acknowledges that pursuant to the requirements of the USA Patriot Act (Title III of Pub. L. 107-56 (signed into law October 26, 2001)) (the "Patriot Act"), Lessor is required to obtain, verify and record information that identifies Lessee, which information includes the name and address of Lessee and other information that will allow Lessor to identify Lessee in accordance with the Patriot Act.

**Muni-Advisory
Disclaimer:**

The transaction described in this document is an arm's length, commercial transaction between you and Banc of America Public Capital Corp or one of its subsidiaries or affiliates (collectively, "BAPCC") in which: (i) BAPCC is acting solely as a principal (i.e., as a lender or lessor) and for its own interest; (ii) BAPCC is not acting as a municipal advisor or financial advisor to you; (iii) BAPCC has no fiduciary duty pursuant to Section 15B of the Securities Exchange Act of 1934 to you with respect to this transaction and the discussions, undertakings and procedures leading thereto (irrespective of whether BAPCC or any of its affiliates has provided other services or is currently providing other services to you on other matters); (iv) the only obligations BAPCC has to you with respect to this transaction are set forth in the definitive transaction agreements between us; and (v) BAPCC is not recommending that you take an action with respect to the transaction described in this document, and before taking any action with respect to the this transaction, you should discuss the information contained herein with your own legal, accounting, tax, financial and other advisors, as you deem appropriate. If you would like a municipal advisor in this transaction that has legal fiduciary duties to you, you are free to engage a municipal advisor to serve in that capacity

Disclaimer:

The transaction contemplated by this Proposal may be syndicated or assigned in whole or in part to one or more institutions. Lessee agrees not to engage any other capital providers for the same or similar financing for a period of 90 days from the date of acceptance of this Proposal. BAL is authorized to disclose to any prospective participant or assignee any information it has or may receive regarding Lessee, [Guarantor(s),] the Equipment or this Proposal. By accepting this Proposal, Lessee [and each Guarantor] acknowledges and agrees that: (a) in connection with all aspects of the transaction contemplated by this Proposal, Lessee [and Guarantor(s)] and BAL and any affiliate through which it may be acting (the "BAL Parties" and each a "BAL Party"), have an arm's-length business relationship that creates no fiduciary, advisory or agency duty on the part of any BAL Party and each expressly disclaims any fiduciary, advisory or agency relationship; and (b) conflicts of interest may arise among any BAL Party, Lessee[, Guarantor(s)] and other participants in this Proposal due to their role(s) in this Proposal and the differing interests and relationships among themselves and other parties, and the BAL Parties are under no duty to disclose such conflicts of interest; and (c) the BAL Parties may receive compensation from other parties to this Proposal. To the fullest extent permitted by law, Lessee [and each Guarantor] hereby waive and release any claims that they may have against the BAL Parties with respect to any breach or alleged breach of agency or fiduciary duty in connection with any aspect of any transaction contemplated by this Proposal.

**Sharing of
Information:**

Lessee [and each Guarantor] acknowledges and agrees that any information regarding Lessee [and any Guarantor] or their respective partners, members or affiliates provided to any affiliate of Lessor by Lessee [or any Guarantor] may be shared by said affiliate with Lessor. In addition, Lessee [and each Guarantor] acknowledges and agrees that any information regarding Lessee [and any Guarantor] or their respective partners, members or affiliates, the Lease and the Equipment provided to Lessor by Lessee, [any Guarantor] or any affiliate of Lessee may be shared by Lessor with its affiliates, agents and any potential or actual assignees. Lessee [and each Guarantor] further acknowledges and agrees that the terms of this provision apply to all such information notwithstanding the fact that certain information may be confidential or subject to an agreement that would otherwise prohibit or limit the disclosure of such information in accordance with this provision. Lessee [and each Guarantor] also acknowledges that BAL may use any image, chart, graph, logo or other information obtained from Lessee's [or any Guarantor's] web sites, annual reports, presentations, marketing materials or other materials provided by Lessee [or any Guarantor] and may include any such images or information in any confidential information materials furnished to actual or potential assignees or participants in the transaction.

This proposal is submitted in response to your Request for [Proposals/Qualifications/Bids] dated November 16, 2021. The contents of this proposal and any subsequent discussions between us, including any and all information, recommendations, opinions, indicative pricing, quotations and analysis with respect to any municipal financial product or issuance of municipal securities, are provided to you in reliance upon the exemption provided for responses to requests for proposals or qualifications under the municipal advisor rules (the “Rules”) of the Securities and Exchange Commission (240 CFR 15Ba1-1 *et seq.*).

The Staff of the SEC’s Office of Municipal Securities has issued guidance which provides that, in order for a request for proposals to be consistent with this exemption, it must (a) identify a particular objective, (b) be open for not more than a reasonable period of time (up to six months being generally considered as reasonable), and (c) involve a competitive process (such as by being provided to at least three reasonably competitive market participants) or by being publicly posted to your official website. In submitting this proposal, we have relied upon your compliance with this guidance.

In submitting this proposal, we are not undertaking to act as a “municipal advisor” to you or any other person within the meaning of the Rules. In connection with this proposal and the transactions described herein, we are not subject to, and we hereby disclaim, any fiduciary duty to you or to any other person. We understand that you will consult with and rely on the advice of your own municipal, financial, tax, legal and other advisors as and to the extent you deem necessary in connection with your evaluation of this proposal and the transactions described herein.



Prosser
Memorial Health

An orange callout box with a 3D effect, featuring a shadow and a folded corner on the left side, set against a dark grey background.

Prosser Memorial Health Wound Care Program

Current wound care program is a Nurse Driven Model

- Nurses follow wound care orders given by the Provider and recommendations made by our certified wound care nurse
- Patients referred from our Clinic Providers and external referrals
- Allows nurses to provide wound care within their scope of practice
- Able to provide the dressing changes, apply wound vacs, and topical applications

Limitations with current model include:

- Limited cauterization options
- Takes longer time for wounds to heal with limited procedural options
- More cost in supplies with repeat visits
- Lower reimbursement
- Hyperbaric treatment and higher levels of wound care are being referred out to other locations
- Lag in time for Care Plan revisions when patient needs to go back to Provider office for evaluation

Provider Driven Model of Wound Care

- Allows surgical debridement which is #1 wound healing treatment
 - Application of skin substitutes (grafts/specialty dressings)
 - Hyperbaric Chamber Oxygen (HBO) treatment (5%)
 - Provider RVU with wound care treatments
 - Drive up additional revenue with additional tests/treatments in line with wound care (labs, radiology tests)
- Switching to a Provider driven model will potentially double our current revenue
 - Care can be done with a mid-level and Provider oversight of the program
 - Ensures real time patient evaluation by a Provider vs scheduling a new visit

Implementation Process

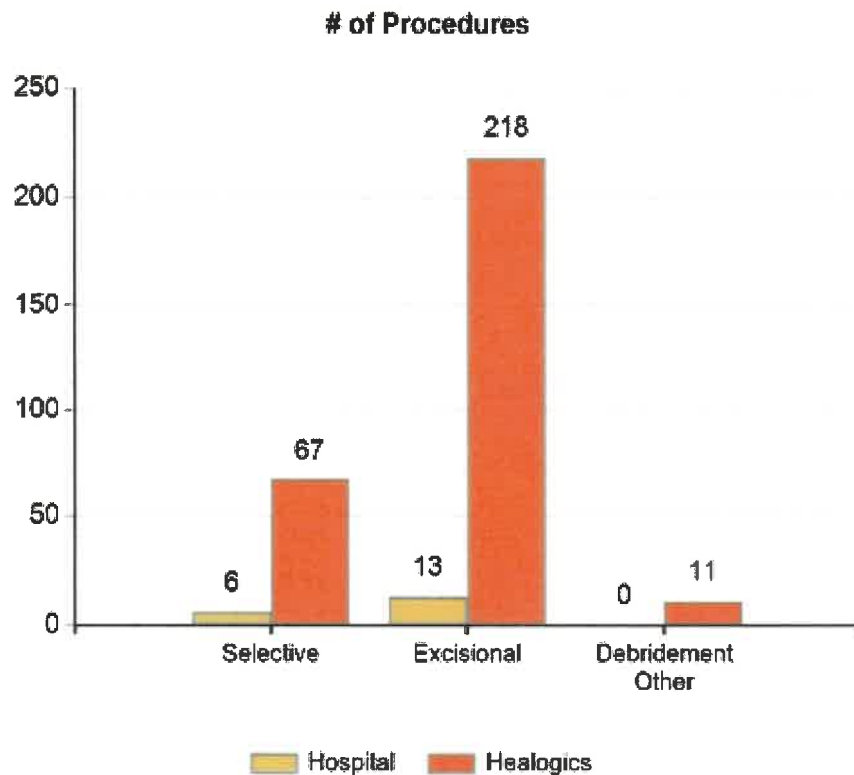
- Currently using 3 chairs in Outpatient Special Procedures for wound and infusion care
- Utilize the 3 chairs for Provider treatments
- Schedule 4 hour clinics 2 days a week
- 3-month implementation phase with no additional costs
- Consulting team that will evaluate all our needs for implementation (IT, revenue, quality, marketing, training, etc.)

Review Process used for advancing this service line

- Two different companies were considered for the wound care proposal
- Healogics and Restorix provided their Proforma and made a site visit to our campus
- Multiple discussions and planning sessions held to review who was the best fit for our community and in line with our mission, vision, and values.
- Healogics contract most attractive and endorsed by Dr. Unger who has worked with them in previous locations
- Healogics used by neighboring healthcare sites (Kadlec, Dayton, Sunnyside Astria) which provides better consistency in patient care pathway
- After review by Administration and Facilities Director it was decided to post pone Hyperbaric chamber installation until new facility due to cost and logistics

Debridement Comparison

Medicare Only (Excludes Medicare Advantage)

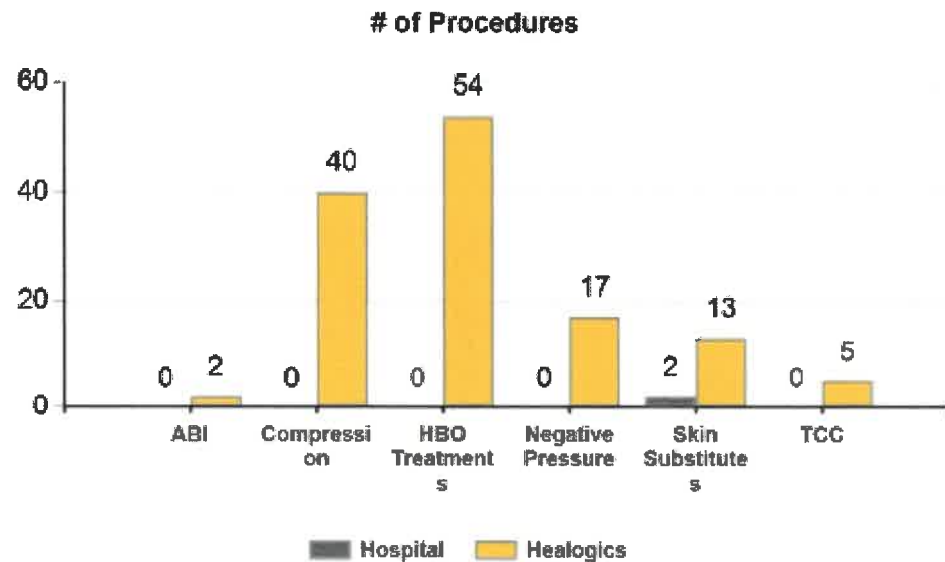


Net Revenue Comparison⁽¹⁾
Hospital Medicare Patients: 52

Category	Hospital	Healogics ⁽²⁾	Difference
Debridement Other \$	0	2,119	(2,119)
Excisional Debridements \$	9,641	89,926	(80,285)
Selective Debridements \$	1,164	12,918	(11,754)
Total Debridements \$	10,805	104,964	(94,158)

Wound Care Specific Procedure

Medicare Only (Excludes Medicare Advantage)



Revenue Comparison (1)

Hospital Medicare Patients: 52

Category	Hospital	Healogics (2)	Difference
Skin Substitutes \$	3,708	24,105	(20,396)
Negative Pressure \$	-	3,603	(3,603)
ABI \$	-	204	(204)
Compression \$	-	6,031	(6,031)
HBO Treatments \$	-	27,720	(27,720)
TCC \$	-	1,220	(1,220)
Total \$	3,708	62,883	(59,175)

Payor Financial Mix with Patient Projections

Healogics

Prosser Memorial Health Financial Projection - Feb 15, 2021

Year	2022	2023	2024	2025	2026
New Patient Scenarios	150	175	210	225	250
Payor Mix Assumption	41% / 59% Medicare / Non-Medicare	41% / 59% Medicare / Non-Medicare	41% / 59% Medicare / Non-Medicare	41% / 59% Medicare / Non-Medicare	41% / 59% Medicare / Non-Medicare
Type					
Billed Charges to Medicare Rate ("Multiple")	2.9	2.9	2.9	2.9	2.9
WCC Net Revenue	\$592,343	\$686,921	\$785,052	\$883,184	\$981,315
WCC Staffing Expenses	\$271,542	\$314,503	\$320,660	\$334,888	\$355,525
WCC Operating Expenses	\$91,194	\$105,477	\$119,759	\$134,041	\$148,324
Healogics Fee Expenses	\$156,552	\$179,044	\$201,536	\$224,028	\$246,520
Total WCC Expenses	\$519,288	\$599,024	\$641,956	\$692,958	\$750,370
WCC Gross Margin	\$73,055	\$87,896	\$143,096	\$190,225	\$230,945
<i>% of Revenue</i>	12%	13%	18%	22%	24%
Ancillary Services (Vascular, Radiology, Lab, Etc.)					
Ancillary Net Revenue	\$358,595	\$418,360	\$478,126	\$537,892	\$597,658
Ancillary Expenses	\$168,611	\$196,712	\$224,814	\$252,916	\$281,018
Ancillary Gross Margin	\$189,984	\$221,648	\$253,312	\$284,976	\$316,640
<i>% of Revenue</i>	53%	53%	52%	53%	53%
Total Revenue	\$950,938	\$1,105,281	\$1,263,178	\$1,421,075	\$1,578,973
Total Expenses	\$687,899	\$795,737	\$866,770	\$945,874	\$1,031,387
Total Gross Margin	\$263,039	\$309,544	\$396,408	\$475,202	\$547,586
<i>% of Revenue</i>	28%	28%	31%	33%	35%

The following framework is intended to demonstrate key financial assumptions and performance. This is not an implied or direct expression of actual results. Actual annual business planning and operating results will be completed in conjunction with the center operational staff and will be reviewed/updated on a regular basis.



Prosser

Memorial Health

ProsserHealth.org



CITY OF PROSSER

Washington

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

November 4, 2021

Dear Prosser Memorial Health,

On behalf of the City of Prosser and the Recreation staff, we would like to genuinely thank you for sponsoring the 2021 Pumpkin Decorating Contest event. Your sponsorship provided visa gift cards to the winners in each category for their creativity (K-2nd Grade, 3rd-5th Grade, Middle School & High School).

The Pumpkin Decorating Contest was a huge success once again, receiving numerous entries in each category making it difficult for our judges to choose. We, as well as the participants, are sincerely appreciative of the support you have provided and without the help of supportive business like yours, we would not be able to provide events functions to the youth in our community

Please see the winners below and once again, many thanks and we hope you will join us again next year!

Sincerely,

Kathya Martinez

Parks & Recreation Manager





Dear Shannon + Annie,
Thanks to support from organizations
like yours we are impacting lives
in an incredible way!

Thank you from the staff and youth at the Boys & Girls Club

The Festival of Trees broke a
new record, raising \$95,000 for
kids and teens!

Thank you
for your support!
—Jerica Hoff

From: Marla Davis <mdavis@prosserhealth.org>

Sent: Tuesday, November 30, 2021 4:22 PM

To: !Acute Care Services <AcuteCareServices@prosserhealth.org>

Cc: Merry B. Fuller <mfuller@prosserhealth.org>; Craig Marks <cmarks@prosserhealth.org>; David Rollins <drollins@prosserhealth.org>; Annie Tiemersma <atiemersma@prosserhealth.org>

Thank you card from the Heritage Nursing Students!!!!

Thank you so much for all of your help and support through this semester! I loved working with you all and learned so much! Thank you for helping me improve my skills and gain confidence in myself.

♡ PARIS HU Nursing Student

You all are very much appreciated and loved. I thank you for your patience, guidance and teaching I have gained much knowledge and skills from everyone and for that I will always be grateful. You are the best!

♡ Abigail

The nursing staff has been really amazing towards us nursing students, thank you. It is not easy to do your work while showing us how to work like a nurse. So, thank you for your time, respect, love you showed toward us, I appreciate everything you do.

-Luis Jerez
EVEN IF I THANKED YOU
A MILLION TIMES, IT STILL
WOULDN'T BE ENOUGH.

KNOW THAT YOU'RE APPRECIATED.

Thank you so much for all of your support & guidance during our time at Prosser. I have learned so much & experienced many things. I am forever grateful! Your welcoming & acceptance will never be unappreciated. You are all amazing!!

Cindi

Craig Marks

From: Shannon Hitchcock
Sent: Thursday, November 11, 2021 12:54 PM
To: !Leadership
Subject: A Thank You from a Veteran

Team,

Below is a thank you from a veteran that came to our breakfast this morning.



Thank you to everyone who helped make this event special once again!

Shannon

Shannon Hitchcock

Chief Communications Officer / E.D. of the Foundation | Community Relations

PROSSER MEMORIAL HEALTH

723 MEMORIAL ST | PROSSER, WA 99350

o: (509) 786 6601

shannonh@prosserhealth.org | www.prosserhealth.org



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It was
awesome!

THANK YOU FOR THANKS
OF VETERANS. I APPRECIATE IT.
YOUR KINDNESS REASSURES
OUR.

Ray Vining

Craig Marks

From: Shannon Hitchcock
Sent: Thursday, November 04, 2021 10:09 AM
To: !All Staff
Subject: Great Job Judy McCormick

Follow Up Flag: Follow up
Flag Status: Flagged

Team,

Below is a letter that was sent from a patient regarding her experience with Judy McCormick last month. Great job Judy!

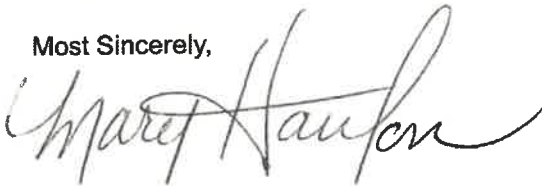
Dear Ms Weddle:

Today (Tuesday Oct. 26th) I came in for a long overdue mammogram (I avoid all things Doctor like the plague, and so far, it has worked well for me)
I have no reason for fear, just got caught up in the system, and now they want to check all the boxes. Of which I begrudgingly agree.

All that aside.....I had the MOST pleasant experience with Judy...my mamogrammer. (not sure that is her professional title..but you know what I mean) She was the perfect combination of professional..and delightful. I am most grateful for her and how she interacted with me....as a human. I am ALMOST not opposed to checking in from time to time because of this most delightful experience.

I believe in acknowledging positive experiences.....there is enough negative in the world. "Find the good"
.....and Judy is one.

Most Sincerely,



Shannon Hitchcock

Chief Communications Officer / E.D. of the Foundation | Community Relations

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o: (509) 786 6601

shannonh@prosserhealth.org | www.prosserhealth.org



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Craig Marks

From: Shannon Hitchcock
Sent: Thursday, November 11, 2021 12:47 PM
To: !All Staff
Subject: Thank You to the ACU Team

Good afternoon,


We received this lovely thank you note from a patient (Kristi Mellema's mom) for our ACU Team! Great job everyone!

*To the Acute Care at the
Prosser Hospital.*

*Thank you for the special care
you gave me Nov. 2
You are the first hospital
that has looked for the
problem instead of giving me
a nebulizer and sending
me home.*

*Thank you to Dr. Fathi,
Annabelle, Terri (who told me
how to bend and breath right)
and Summer who come in
and told me about her dog
and Lynn RN.*

*Thank You
Marie Schreckel*

*...and you deserve
a great big
thank you!*


*P.S.
Mother of
Kristi Mellema*

Shannon Hitchcock
Chief Communications Officer / E.D. of the Foundation | Community Relations
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723 MEMORIAL ST | PROSSER, WA 99350
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MEDICAL STAFF MODEL

&

PROVIDER RECRUITMENT/SUCCESSION PLAN

FY 2017-2024



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<small>Tables present the needs assessments in each community by Primary, Secondary and Tertiary Care</small>	
Revenue by Specialty	Page 15
Primary/Secondary Service Area Provider List	Page 16-20



October 1, 2021

This Medical Staff Model and Provider Recruitment Plan provides us with a roadmap for provider recruitment, retention, and succession planning for the next few years. A roadmap alone does not guarantee a successful journey, however, the data presented strongly suggests provider recruitment must remain a top priority for the coming years. The Model will be used as a tool to not only better understand current and future healthcare needs of our Service Area, but also to guide our critical evidence-based decisions to address those needs and improve the lives of the residents in the PMH Primary and Secondary Service Areas.

Methodology/Overview

The Model is based upon many different data sources including the Merritt Hawkins Cooper Physician Requirements Model, US Census Bureau, and secondary data from local sources. The most recent data available was collected for this report and five-year trends are presented:

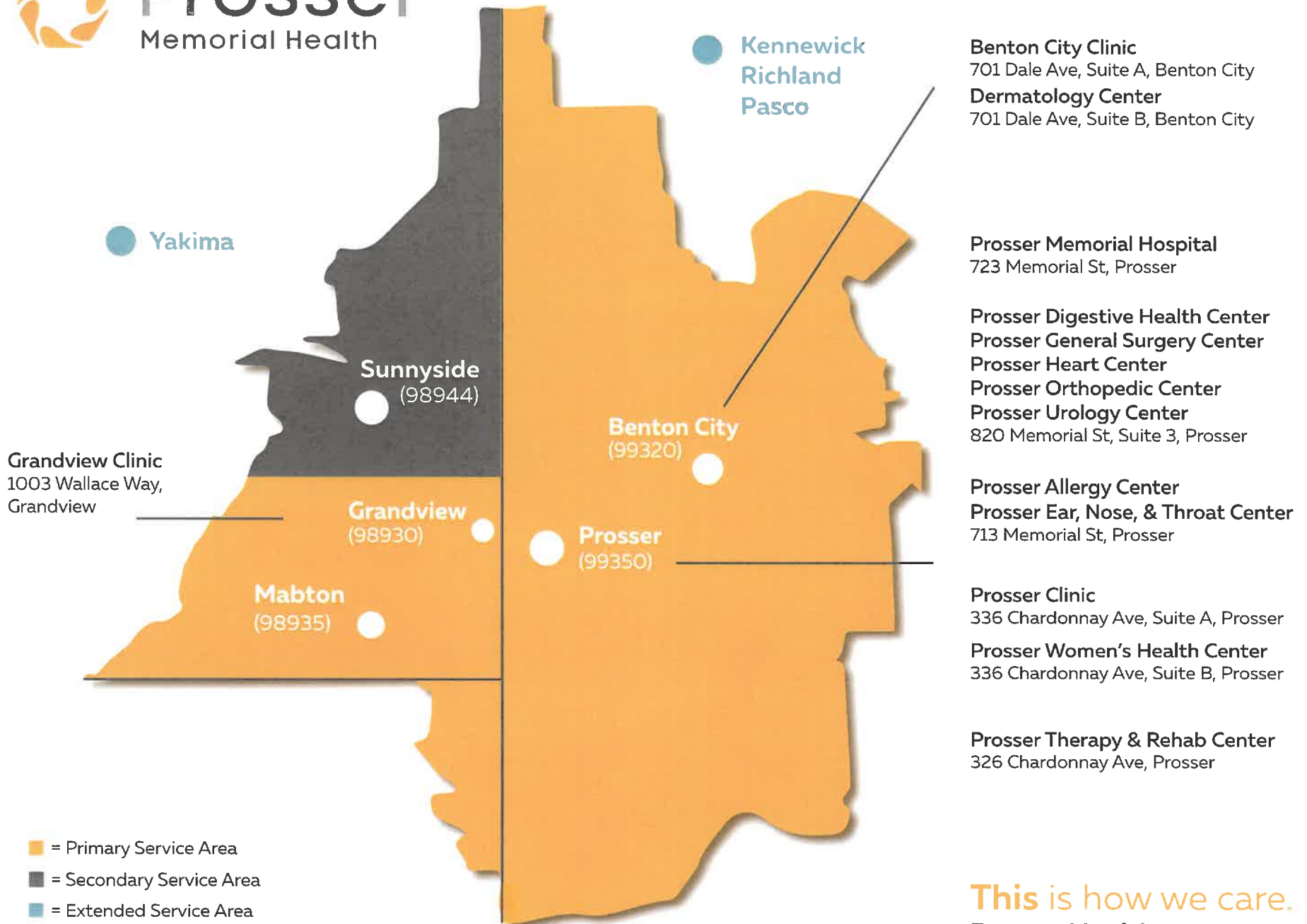
1. Population data was divided among five logical geographic communities: Prosser, Grandview, Sunnyside, Benton City, and Mabton. The purpose of the division was to align with the current primary and secondary PMH service areas. Population growth was also factored into the model to give an overall picture of each community;
2. All physicians and advanced practice clinicians in each community service area were identified, regardless of affiliations or specialty;
3. The Cooper Model (which indicates the number of providers by specialty that a community can financially support) was used to identify the physician needs for the communities based on a 100% market share goal; and
4. For each community, the provider shortfall is noted. From this evidence-based data, the recruitment plan can begin which will drive our strategic planning and budgeting.

As you review this Medical Staff Model and Provider Recruitment Plan, you will note the obvious: we have plenty of work to continue. If you have any questions, comments or suggestions for improvement, please contact us. We welcome your input in the process as we work together to design the future Prosser Memorial Health.



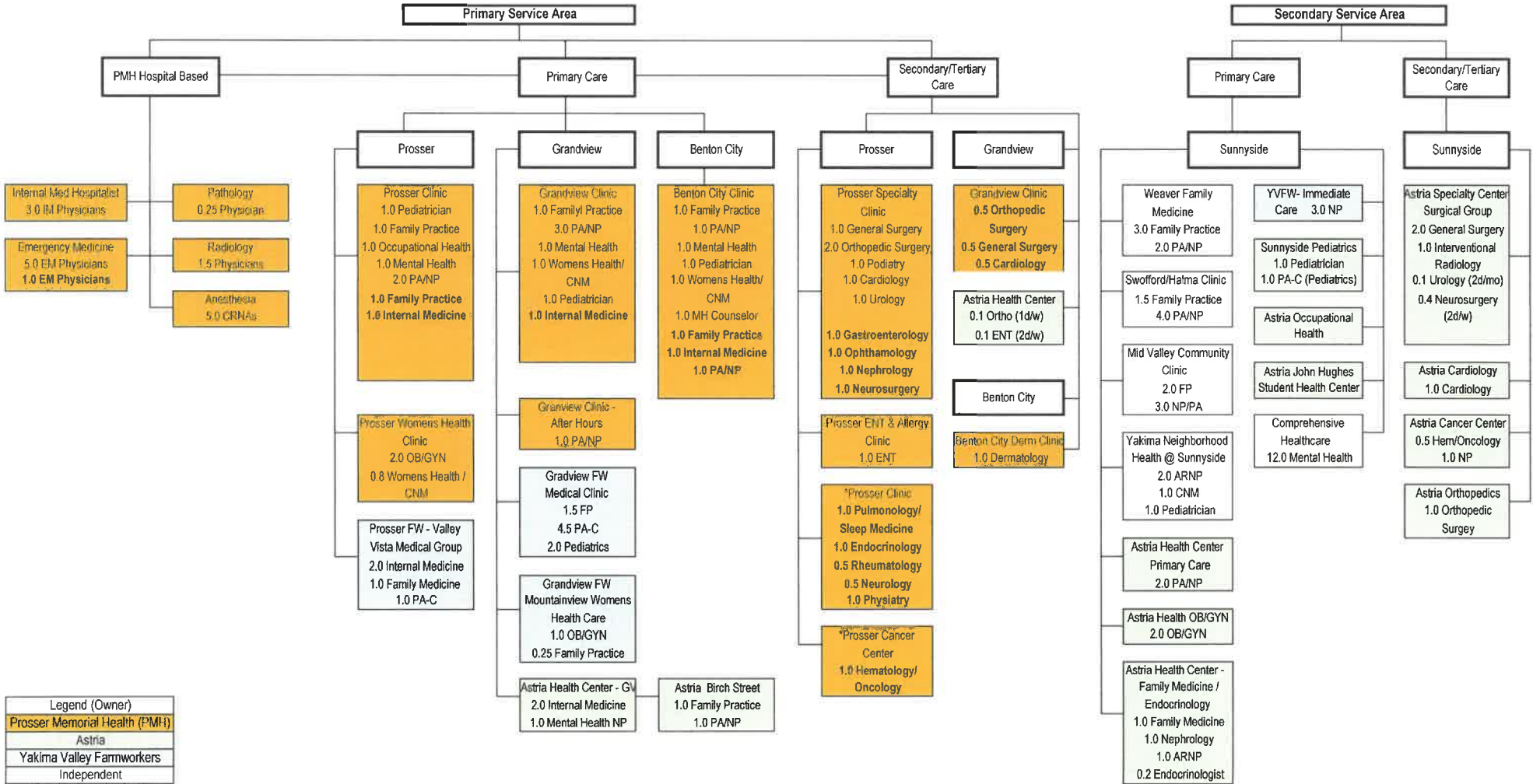
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This is how we care.
ProsserHealth.org

PROSSER MEMORIAL HEALTH
 Medical Staff Recruitment /Succession Model
 2017-2024



Legend (Owner)
Prosser Memorial Health (PMH)
Astria
Yakima Valley Farmworkers Independent
* denotes potential facility pending feasibility analysis
BOLD Text identifies new providers/services

PMH MEDICAL STAFF RECRUITMENT & SUCCESSION PLAN BY LOCATION AND FISCAL YEAR 2021-2024

FY 2021		
Internal Medicine/Family Practice	1.0	Benton City Clinic
Dermatology - NYLANDER	1.0	Benton City Dermatology Clinic
Pediatrics – PROCTOR	1.0	Grandview Clinic
Pediatrics - COOKS	1.0	Prosser Clinic
Mental Health Counselor - PETERS	1.0	Benton City Clinic
PA – PARKS	1.0	Grandview Clinic
NP – GLOVER	1.0	Grandview Clinic
Subtotal	<hr/> 7.0	
FY 2022		
Gastroenterology	1.0	PMH Specialty Clinic
Orthopedic Surgery	1.0	PMH Specialty Clinic
Family Practice	1.0	Benton City Clinic
Internal Medicine	1.0	Prosser Clinic
Physiatry (Pain Management)	1.0	Prosser Clinic
Emergency Medicine	1.0	Prosser Memorial Hospital
Endocrinology	1.0	Prosser/Grandview/Benton City
Subtotal	<hr/> 7.0	
FY 2023		
Family Practice	1.0	Benton City Clinic
Family Practice	1.0	Prosser Clinic
Pulmonology/Sleep Medicine	1.0	Prosser Clinic
Hematology/Oncology	1.0	Prosser Cancer Center
Rheumatology	0.5	Prosser Clinic - Telehealth
Neurology	0.5	Prosser Clinic - Telehealth
Subtotal	<hr/> 5.0	
FY 2024		
Nephrology	1.0	PMH Specialty Clinic
Ophthalmology	1.0	PMH Specialty Clinic
Neurosurgery	1.0	PMH Specialty Clinic
Subtotal	<hr/> 3.0	
TOTAL	22.0	

**PROSSER MEMORIAL HEALTH
 MEDICAL STAFF RECRUITMENT & SUCCESSION PLAN BY SPECIALTY
 FY 2017-2024**

	SPECIALTY	2024 QUANTITY	2021 CURRENT
PRIMARY CARE	Family Practice	7.0	4.0
	Internal Medicine	2.0	0
	PA/NP – Family Practice	9.0	6.0
	Pediatrics	3.0	3.0
	Women’s Health	5.0	4.0
SECONDARY CARE	Cardiology	2.0	1.0
	Hematology/Oncology	1.0	0
	Mental Health	4.0	4.0
	Urology	1.0	1.0
	Pulmonology	1.0	0
	Orthopedic Surgery	3.0	3.0
	Otorhinolaryngology (ENT)	1.0	1.0
	Ophthalmology	1.0	0
	Dermatology	1.0	1.0
	General Surgery	1.0	1.0
	Neurology	0.5	0
	Nephrology	1.0	0
	Gastroenterology	1.0	0
	Rheumatology	0.5	0
	Endocrinology	1.0	0
	Physiatry/Physical Medicine	1.0	0
	Emergency Medicine	6.0	5.0
TOTAL		54.0	34.0

PMH Primary Service Area: Prosser Zip Code: 99350 Physician Need 2023		Population Needed/Provider	Needed (FTEs)	Current Supply (FTEs)	Supply Needed (FTEs)
2018 Population:	14,674				
2023 Population:	15,578				
Primary Care					
General/Family Practice	3,226	4.8	9.0	4.2	
General Internal Medicine	3,247	4.8	2.0	2.8	
Pediatrics	5,682	2.7	1.0	1.7	
OB/GYN	7,143	2.2	2.8	0.6	
Primary Care Subtotal			14.5	14.8	0.3
Secondary Care					
Allergy & Immunology	71,429	0.2	0.2	0.0	
Cardiology	12,821	1.2	1.0	0.2	
Dermatology	25,000	0.6	0.0	0.6	
Gastroenterology	22,727	0.7	0.0	0.7	
Hematology/Oncology	23,810	0.7	0.0	0.7	
Nephrology	40,000	0.4	0.0	0.4	
Neurology	19,608	0.8	0.0	0.8	
Mental Health Provider	6,250	2.5	1.0	1.5	
Pulmonology	25,000	0.6	0.0	0.6	
General Surgery	8,772	1.8	1.0	0.8	
Ophthalmology	18,182	0.9	0.0	0.9	
Orthopedic Surgery	11,905	1.3	3.0	1.7	
Otorhinolaryngology	31,250	0.5	0.8	0.3	
Plastic Surgery	41,667	0.4	0.1	0.3	
Urology	27,778	0.6	1.0	0.4	
Secondary Care Subtotal			13.1	8.1	5.0
Tertiary Care					
Cardio Thoracic Surgery	66,667	0.2	0.0	0.2	
Endocrinology	50,000	0.3	0.0	0.3	
Infectious Diseases	58,824	0.3	0.0	0.3	
Neurosurgery	62,500	0.2	0.0	0.2	
Physical Med/Rehab	37,037	0.4	0.0	0.4	
Rheumatology	66,667	0.2	0.0	0.2	
Vascular Surgery	66,667	0.2	0.0	0.2	
Tertiary Subtotal			1.9	0.0	1.9
Total			29.6	22.9	6.6

PMH Primary Service Area: Grandview Zip Code: 98930 Physician Need 2023		Population Needed/Provider	Needed (FTEs)	Current Supply (FTEs)	Supply Needed (FTEs)
2018 Population:	15,767				
2023 Population:	16,430				
Primary Care					
General/Family Practice	3,226	5.1	12.0	6.9	
General Internal Medicine	3,247	5.1	2.0	3.1	
Pediatrics	5,682	2.9	3.0	0.1	
OB/GYN	7,143	2.3	1.0	1.3	
Primary Care Subtotal		15.3	18.0	2.7	
Secondary Care					
Allergy & Immunology	71,429	0.2	0.0	0.2	
Cardiology	12,821	1.3	0.0	1.3	
Dermatology	25,000	0.7	0.0	0.7	
Gastroenterology	22,727	0.7	0.0	0.7	
Hematology/Oncology	23,810	0.7	0.0	0.7	
Nephrology	40,000	0.4	0.0	0.4	
Neurology	19,608	0.8	1.0	0.2	
Mental Health Provider	6,250	2.6	2.0	0.6	
Pulmonology	25,000	0.7	0.0	0.7	
General Surgery	8,772	1.9	0.0	1.9	
Ophthalmology	18,182	0.9	0.0	0.9	
Orthopedic Surgery	11,905	1.4	0.0	1.4	
Otorhinolaryngology	31,250	0.5	0.0	0.5	
Plastic Surgery	41,667	0.4	0.0	0.4	
Urology	27,778	0.6	0.0	0.6	
Secondary Care Subtotal		13.8	3.0	10.8	
Tertiary Care					
Cardio Thoracic Surgery	66,667	0.2	0.0	0.2	
Endocrinology	50,000	0.3	0.0	0.3	
Infectious Diseases	58,824	0.3	0.0	0.3	
Neurosurgery	62,500	0.3	0.0	0.3	
Physical Med/Rehab	37,037	0.4	0.0	0.4	
Rheumatology	66,667	0.2	0.0	0.2	
Vascular Surgery	66,667	0.2	0.0	0.2	
Tertiary Subtotal		2.1	0.0	2.1	
Total			31.2	21.0	10.2

PMH Primary Service Area: Benton City Zip Code: 99320, (99345) (Includes Patterson) Physician Need 2023	Population Needed/Provider	Needed (FTEs)	Current Supply (FTEs)	Supply Needed (FTEs)
2018 Population: 10,043 2023 Population: 10,651				
Primary Care				
General/Family Practice	3,226	3.3	1.0	2.3
General Internal Medicine	3,247	3.3	0.0	3.3
Pediatrics	5,682	1.9	1.0	0.9
OB/GYN	7,143	1.5	0.2	1.3
Primary Care Subtotal		9.9	2.2	7.7
Secondary Care				
Allergy & Immunology	71,429	0.1	0.0	0.1
Cardiology	12,821	0.8	0.0	0.8
Dermatology	25,000	0.4	1.0	0.6
Gastroenterology	22,727	0.5	0.0	0.5
Hematology/Oncology	23,810	0.4	0.0	0.4
Nephrology	40,000	0.3	0.0	0.3
Neurology	19,608	0.5	0.0	0.5
Mental Health Provider	6,250	1.7	2.0	0.3
Pulmonology	25,000	0.4	0.0	0.4
General Surgery	8,772	1.2	0.0	1.2
Ophthalmology	18,182	0.6	0.0	0.6
Orthopedic Surgery	11,905	0.9	0.0	0.9
Otorhinolaryngology	31,250	0.3	0.0	0.3
Plastic Surgery	41,667	0.3	0.0	0.3
Urology	27,778	0.4	0.0	0.4
Secondary Care Subtotal		8.9	3.0	5.9
Tertiary Care				
Cardio Thoracic Surgery	66,667	0.2	0.0	0.2
Endocrinology	50,000	0.2	0.0	0.2
Infectious Diseases	58,824	0.2	0.0	0.2
Neurosurgery	62,500	0.2	0.0	0.2
Physical Med/Rehab	37,037	0.3	0.0	0.3
Rheumatology	66,667	0.2	0.0	0.2
Vascular Surgery	66,667	0.2	0.0	0.2
Tertiary Subtotal		1.3	0.0	1.3
Total		20.2	5.2	15.0

PMH Service Area: Total Primary Service Area Physician Need 2023		Population Needed/Provider	Needed (FTEs)	Current Supply (FTEs)	Supply Needed (FTEs)
2018 Population:	45,003				
2023 Population:	47,380				
Primary Care					
General/Family Practice	3,226	14.7	24.0	9.3	
General Internal Medicine	3,247	14.6	5.0	9.6	
Pediatrics	5,682	8.3	4.0	4.3	
OB/GYN	7,143	6.6	4.0	2.6	
Primary Care Subtotal			44.3	37.0	7.3
Secondary Care					
Allergy & Immunology	71,429	0.7	0.2	0.5	
Cardiology	12,821	3.7	1.0	2.7	
Dermatology	25,000	1.9	1.0	0.9	
Gastroenterology	22,727	2.1	0.0	2.1	
Hematology/Oncology	23,810	2.0	0.0	2.0	
Nephrology	40,000	1.2	0.0	1.2	
Neurology	19,608	2.4	1.0	1.4	
Mental Health Provider	6,250	7.6	4.0	3.6	
Pulmonology	25,000	1.9	0.0	1.9	
General Surgery	8,772	5.4	1.0	4.4	
Ophthalmology	18,182	2.6	0.0	2.6	
Orthopedic Surgery	11,905	4.0	3.0	1.0	
Otorhinolaryngology	31,250	1.5	0.8	0.7	
Plastic Surgery	41,667	1.1	0.1	1.0	
Urology	27,778	1.7	1.0	0.7	
Secondary Care Subtotal			39.8	13.1	27.6
Tertiary Care					
Cardio Thoracic Surgery	66,667	0.7	0.0	0.7	
Endocrinology	50,000	0.9	1.0	0.1	
Infectious Diseases	58,824	0.8	0.0	0.8	
Neurosurgery	62,500	0.8	3.0	2.2	
Physical Med/Rehab	37,037	1.3	1.0	0.3	
Rheumatology	66,667	0.7	0.0	0.7	
Vascular Surgery	66,667	0.7	0.0	0.7	
Tertiary Subtotal			8.0	5.0	3.0
Total			92.1	55.1	37.9

PMH Secondary Service Area: Sunnyside Zip Code: 98944 Physician Need 2023		Population Needed/Provider	Needed (FTEs)	Current Supply (FTEs)	Supply Needed (FTEs)
2018 Population:	22,341				
2023 Population:	23,015				
Primary Care					
General/Family Practice	3,226	7.1	25.5	18.4	
General Internal Medicine	3,247	7.1	2.0	5.1	
Pediatrics	5,682	4.1	3.0	1.1	
OB/GYN	7,143	3.2	3.0	0.2	
Primary Care Subtotal			21.5	33.5	12.0
Secondary Care					
Allergy & Immunology	71,429	0.3	0.0	0.3	
Cardiology	12,821	1.8	2.0	0.2	
Dermatology	25,000	0.9	0.0	0.9	
Gastroenterology	22,727	1.0	0.0	1.0	
Hematology/Oncology	23,810	1.0	1.5	0.5	
Nephrology	40,000	0.6	1.0	0.4	
Neurology	19,608	1.2	0.5	0.7	
Mental Health Provider	6,250	3.7	12.0	8.3	
Pulmonology	25,000	0.9	0.0	0.9	
General Surgery	8,772	2.6	1.0	1.6	
Ophthalmology	18,182	1.3	0.0	1.3	
Orthopedic Surgery	11,905	1.9	1.2	0.7	
Otorhinolaryngology	31,250	0.7	0.5	0.2	
Plastic Surgery	41,667	0.6	0.5	0.1	
Urology	27,778	0.8	0.5	0.3	
Secondary Care Subtotal			19.3	20.7	1.4
Tertiary Care					
Cardio Thoracic Surgery	66,667	0.3	0.0	0.3	
Endocrinology	50,000	0.5	0.2	0.3	
Infectious Diseases	58,824	0.4	0.0	0.4	
Neurosurgery	62,500	0.4	2.0	1.6	
Physical Med/Rehab	37,037	0.6	0.0	0.6	
Rheumatology	66,667	0.3	0.0	0.3	
Vascular Surgery	66,667	0.3	0.0	0.3	
Tertiary Subtotal			2.9	2.2	0.7
Total			43.7	56.4	12.8

PMH Service Area: Total Primary/Secondary Service Area		Population Needed/Provider	Needed (FTEs)	Current Supply (FTEs)	Supply Needed (FTEs)
Physician Need 2023					
2018 Population:	67,344				
2023 Population:	70,395				
Primary Care					
General/Family Practice	3,226	21.8	48.5	26.7	
General Internal Medicine	3,247	21.7	7.0	14.7	
Pediatrics	5,682	12.4	7.0	5.4	
OB/GYN	7,143	9.9	7.0	2.9	
Primary Care Subtotal			65.7	69.5	4.8
Secondary Care					
Allergy & Immunology	71,429	1.0	0.2	0.8	
Cardiology	12,821	5.5	3.0	2.5	
Dermatology	25,000	2.8	1.0	1.8	
Gastroenterology	22,727	3.1	0.0	3.1	
Hematology/Oncology	23,810	3.0	1.5	1.5	
Nephrology	40,000	1.8	1.0	0.8	
Neurology	19,608	3.6	1.5	2.1	
Mental Health Provider	6,250	11.3	16.0	4.7	
Pulmonology	25,000	2.8	0.0	2.8	
General Surgery	8,772	8.0	2.0	6.0	
Ophthalmology	18,182	3.9	0.0	3.9	
Orthopedic Surgery	11,905	5.9	4.2	1.7	
Otorhinolaryngology	31,250	2.3	1.3	1.0	
Plastic Surgery	41,667	1.7	0.6	1.1	
Urology	27,778	2.5	1.5	1.0	
Secondary Care Subtotal			59.2	33.8	27.3
Tertiary Care					
Cardio Thoracic Surgery	66,667	1.1	0.0	1.1	
Endocrinology	50,000	1.4	0.2	1.2	
Infectious Diseases	58,824	1.2	0.0	1.2	
Neurosurgery	62,500	1.1	2.0	0.9	
Physical Med/Rehab	37,037	1.9	1.0	0.9	
Rheumatology	66,667	1.1	0.0	1.1	
Vascular Surgery	66,667	1.1	0.0	1.1	
Tertiary Subtotal			8.9	3.2	5.7
Total			133.8	106.5	28.2

Revenue by Specialty

UNITES STATES NET REVENUE BY PHYSICIAN SPECIALTY

Specialty	In Patient Discharges	Net In Patient Revenue (\$ in thousands)	Net Out Patient Revenue (\$ in thousands)	Total Net Revenue (\$ in thousands)
*With the use of Hospitalist.				
Family Practice*	156	\$92	\$213	\$305
Internal Medicine*	11	\$103	\$172	\$285
Pediatrics*	n/a	n/a	n/a	\$856
OB/GYN*	144	\$759	\$481	\$1,240
Hospitalist	486	\$3,936	\$190	\$4,127
Cardiology	104	\$1,359	\$1,010	\$2,368
General Surgery	112	\$1,522	\$852	\$2,374
Gastroenterology	15	\$103	\$728	\$831
Neurology	11	\$160	\$387	\$574
Oncology	57	\$751	\$2,629	\$3,380
Otolaryngology	16	\$163	\$608	\$771
Orthopedic Surgery	95	\$1,526	\$638	\$2,164
Podiatry	5	\$64	\$260	\$324
Mental Health Provider	344	\$1,458	\$173	\$1,642
Pulmonology	65	\$981	\$233	\$1,214
Urology	39	\$368	\$755	\$1,123

Source: James Lifton, "Gauging the financial impact of physicians on hospitals." Healthcare Financial Management Association; April 2012.

AVERAGE ANNUAL REVENUE BY SPECIALTY

Cardiovascular Surgery	\$3,697,916
Cardiology (Invasive)	\$3,484,375
Neurosurgery	\$3,437,500
Orthopedic Surgery	\$3,286,764
Gastroenterology	\$2,965,277
Hematology/Oncology	\$2,855,000
General Surgery	\$2,707,317
Internal Medicine	\$2,673,387
Pulmonology	\$2,361,111
Cardiology (Non-Invasive)	\$2,310,000
Urology	\$2,161,458
Family Medicine	\$2,111,931
Neurology	\$2,052,884
OB/GYN	\$2,024,193
Otolaryngology	\$1,937,500
Psychiatry	\$1,820,512
Nephrology	\$1,789,062
Pediatrics	\$1,612,500
U.S. Average Net Revenue per Provider (2018)	\$2.4 million
PMH Average Net Revenue per Provider (2018)	\$1.5 million

Source: Merritt Hawkins. 2019 Physician Inpatient/Outpatient Revenue Survey.

Primary & Secondary Service Area Provider List

Benton City

Benton City Clinic
701 Dale Avenue
Benton City, WA 99320
509.588.4075

Dr. Suzanne Staudinger (Family Practice)
Dr. David Carl (Peds)
Jessica Luther, ARNP
Steve Peters (Mental Health)
Baily Padilla, CNM (0.2)

Benton City Dermatology Clinic
701 Dale Avenue
Benton City, WA 99320
509.588.4075

Dr. Nicola Nylander

Prosser

Prosser Clinic
336 Chardonnay Ave. Suite A
Prosser, Wa.99350
509.786.1576

Dr. Carolyn O'Connor (Family Practice)
Pam Morris, ARNP (Occupational Health)
Dr. Tammi Cooks (Pediatrician)
Heather Morse, ARNP (Mental Health)
Zach Garland, ARNP
Teresa Charvet, PA-C

Prosser Women's Health Center
336 Chardonnay Ave B
Prosser, Wa.99350
509.786.0031

Dr. Brian Sollers (OB/GYN)
Dr. Heidi Weaver (OB/GYN)
Bailey Padilla, CNM (0.8)

Prosser General Surgery Center
820 Memorial St #3
Prosser, Wa.99350
509.786.5599

Dr. Richard Unger (Gen Surgery)
Afton Dunham, AANP-C

Prosser Orthopedic Center
820 Memorial St #3
Prosser, Wa.99350
509.786.5599

Dr. Jared Clifford (Podiatrist)
Dr. Thomas Halvorson (Orthopedic Surgery)
Dr. Samuel Strebel (Orthopedic Surgery)

Prosser Heart Center
820 Memorial St #3
Prosser, Wa.99350
509.786.5599

Dr. Karan Bhatti (Cardiology)

Prosser Urology Center 820 Memorial St #3 Prosser, Wa.99350 509.786.5599	Dr. Tom Tieu (Urology)
Prosser ENT& Allergy Center 723 Memorial St. Prosser, Wa.99350 509.786.5579	Dr. Coral Tieu (ENT)
Valley Vista Medical Center 820 Memorial St Suite 1 Prosser, WA. 99350 509.786.2010	Dr. Gloria Abacan (Internal Medicine) Dr. Joji Kohjima (Family Practice) Dr. Edward Lane (Family Practice) Rebecca Wray PA-C
Grandview	
Grandview Clinic 1003 Wallace Way Grandview, WA 98930 509.203.1080	Dr. Santa-Cruz (Family Medicine) Dr. Brian Proctor (Pediatrics) Erica Garza, ARNP (FP) Peter Park, ARNP (FP) Sara Glover, ARNP (FP) Diane Hanks, ARNP (Mental Health) Becky Morris, CNM-WHNP
Astria Health Center – Family Medicine, Psychiatry and Sleep Medicine 208 N. Euclid Rd Grandview, WA. 98930 509.882.1855	Dr. Anna Madej (Internal Medicine) Dr. Luis Vincinty (Internal Medicine) Debra Peasley, NP (Mental Health) Manuel A. Jimenez, PA-C (Family Medicine) Dr. Litback (ENT) 2d/wk Dr. Obuch (Ortho) 1d/wk
Grandview Farmworkers Clinic 1000 Wallace Way Grandview, WA 98930 509.882.3444	Dr. Katheryn Norris (Family Medicine) (0.25) Dr. Tad White (Family Medicine) Dr. Tamera Schille (Peds) Dr. Thatcher Felt (Peds) Brianne Johnson, PA-C Caleb Knight, PA-C Katrina Aguilar, PA-C Jeffrey Johnson, PA-C (0.5) Thomas Jenkins, PA-C (0.5) Mathew Schneider, PA-C (0.5)
Mountain View Women’s Health Center Yakima Valley Farmworkers 240 Division Street	Dr. Ridhima Gupta (OB/GYN) Dr. Benno Marx (Family Medicine) (0.25)

Grandview, WA 98930 509.882.4700	
Astria Health Center- Birch Street Clinic 222 E. 2 nd St Grandview, WA 98930 509.203.6501	Dr. Ivan Reveron (Family Medicine) Shelly Marthini, NP FM
Sunnyside	
Weaver Family Medicine 2935 Allen Rd. Sunnyside, Wa.98944 509.837.0070	Dr. Derek Weaver (Family Medicine) Dr. Patrick Moran (Family Medicine) Dr. Judy Harvey (Family Medicine) Jason Redd, PA-C Ty Nielson, PA-C
Sunnyside Pediatrics 812 Miller Ave Suite C Sunnyside, Wa.98944 509.837.7551	Dr. Ana Garcia (Pediatrician) Mark Gardner PA-C
Sunnyside Immediate Care Yakima Valley Farmworkers 2680 Yakima Valley Highway Suite B Sunnyside Wa 98944 509.839.3000	Sarah Dawson, ARNP Danny Thibault, ARNP Maria Elena Thibault, ARNP
Astria Health Center –Primary/Urgent Care 2705 E Lincoln Ave Suite C Sunnyside Wa. 98944 509.836.4848	Paul Furan, PA-C Johnathan Alvord, PA-C
Swofford & Halma Clinic 2303 Reith Way Sunnyside, Wa. 98944 509.837.3933	Dr. Harlan Halma (Family Medicine) (0.5) Dr. Blake Bond (Family Medicine) Marivel E. Sandoval, PA-C Susan Bussert, PA-C Maricela Ramirez, PA-C Rebecca Souza, PA-C
Mid Valley Community Clinic 700 S 11 th St. Sunnyside, Wa. 98944 509.839.6822	Dr. Harlan Halma (Family Medicine) (0.5) Dr. Douglas Wrung (Family Medicine) (0.5) Irma Z. Mejia, ARNP Elba Fernandez, ARNP Ovidio Demiar, PA-C Dr. Kristin Bond (Family Medicine)
Astria Health Center-Family Medicine, Endocrinology 803 E. Lincoln Ave	Dr. Tatiana Antoci (Family Medicine) Dr. Vansi Kanneganti (Nephrology) (1.0) Dr. Gary Treece (Endocrinologist) (0.2)

Sunnyside, Wa. 98944 509.837.6911	Sherry Johnson, ARNP
Astria Health Center- Cardiology 812 Miller Ave, Suite F Sunnyside, WA 98944 509.836.4825	Dr. Antony Kim (Cardiology)
Astria Health- OB 803 E. Lincoln Way Sunnyside, WA 98944 509.837.1550	Dr. Miguel Brizuela (OB/GYN) (1.0) Dr. Robert Wells (OB/GYN) (1.0)
Astria Health- Occupational Health 802 Miller Ave Sunnyside, WA 98944 509.837.1564	None Listed
Astria Health Orthopedics 2705 E. Lincoln Ave, Suite A Sunnyside, WA 98944 509.837.1570	None Listed
Astria Health Cancer Center 1013 E. Edison Ave Sunnyside, WA 98944 509.837.1587	Dr. Inklab (Hematology/Oncology) (0.5) (Locums) Christina Zoric, AGACNP
Astria Health Specialty Center Surgical Group 500 S. 11 th St. Sunnyside, WA 98944 509.837.7722	Dr. Tracy Berg (General Surgery) (1.0) Dr. Manuel Ybanez (General Surgery) (1.0) Dr. David Shoemaker (Interventional Radiology) (1.0) Dr. Nathan Ullrich (Urology) 2d/mo Dr. Bard Ward (Neurosurgery) 1d/wk Dr. Dave Attebarry (Neruosurgery) 1d/wk
Astria Health John Hughes Student Health Center 1801 E. Edison Ave Sunnyside, WA 98944 509.836.4840	None Listed
Yakima Neighborhood Health 617 Scoon Road Sunnyside, WA 98944 509.837.8200	Dr. Nana (Pediatrician) Sue Dennis, ARNP, CNM (Women's Health) Brady Moss, ARNP Cynthia Hurtado, ARNP
Comprehensive Healthcare 1319 Saul Rd Sunnyside, WA 98944 509.837.2089	Heidi Graf-LMHC Mary Lamarche Maria Montelongo Melissa Morin Paul O'Neal Susana Martinez

	Cory Kingsbury Dawn Maxwell Demetrius Straws Miguel Diego Mendoza Jose Sabalsa Crystal C. Liebert Alfanzo Meza Rachel Ramos Debra Dale Jaime Ortiz Christopher C. Devilleneuve
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CATHERINE SPOMER, MSN, ARNP-FNP

604 W. 29th Ave
 Kennewick, WA 99337
 (317) 681-3537
 catherinespomer@yahoo.com

EDUCATION

- Purdue University Global MSN FNP (projected graduation 9/2021) 7/2019-present
- Indiana University School of Nursing (IUSON), Indianapolis 8/2003-5/2007
- Undergraduate Studies (Pre-Pharmacy)-Purdue University 8/2001-5-2003

PRECEPTORSHIPS

JESSICA GOW-LEE ARNP
 515 W. COURT STREET
 PASCO WA, 99301
 WOMENS HEALTH ROTATION

Nov 2020-Feb 2021

SPENCER CRIHFIELD, MSN, APRN, CPNP-PC
 3180 W. CLEARWATER AVE
 KENNEWICK, WA 99336
 PEDIATRIC ROTATION

Feb 2021-April 2021

SPENCER CRIHFIELD, MSN, APRN, CPNP-PC
 3180 W. CLEARWATER AVE
 KENNEWICK, WA 99336
 HEALTH CARE ACROSS THE LIFESPAN ROTATION

Apr 2021-June 2021

PAMELA MORRIS APRN-C
 336 CHARDONNAY AVE
 PROSSER, WA 99350
 PRIMARY CARE CLINICAL ROTATION

July 2021-Sept 2021

WORK EXPERIENCE

Kadlec Regional Medical Center (KRMC) Endoscopy/OPP

- RN assisting in provider procedures** including Colonoscopies, EGD, ERCP, Bronchoscopies both in the department and at ICU bedside.
- Administering moderate sedation medication** while monitoring and recording PT vital signs, events and overall patient condition throughout procedures.
- Perform patient pre-admission and post procedure recovery** in preparation for scheduled procedure and for patient discharge.
- Lead Nurse and Preceptor for ENDO/OPP.**

March 2018-Present

Kadlec Regional Medical Center (KRMC) Free Standing Emergency Department (FSED) Tri Cities, WA

- Initial 13-week** traveler assignment resulted in permanent hire August 2015.
- Charge Nurse Responsibilities** for over 18 months

May 2015-Mar 2018

Memorial Health System Colorado Springs, CO

- Emergency Dept. RN:** Triage, Trauma and bedside care with critical thinking and quick decision making at the largest Level II Trauma center in southern Colorado.

Sept 2012-Apr 2015

Q-Shift: Travel Nurse Assignment

- Travel assignment in Pueblo, CO Emergency Dept. RN.** Full Nursing responsibilities to include triage, trauma and bedside care requiring quick decision making in critical situation.

Apr 2012-Sept 2012

Medical Solutions, Inc.: Travel Nursing Assignments

- **Nov. 2009 - Apr. 2010 Memorial Health System, Colorado Springs CO:** Full nursing care responsibilities on Pediatric Floor + PICU/NICU Float Nov 2009-Oct 2012
- **May 2010 - Sep. 2010, Dec. 2010 All Saints Emergency, Racine, WI:** ED nursing care of both pediatric & adult patients. Chest Pain Accredited Facility.
- **Oct. 2010 – Nov. 2010 St. Alphonsus Emergency Dept. Boise, ID:** Level Two Trauma Center; Stroke Accredited Facility; Participated in 'Go Live' process of Cerner for ED.
- **Jan. 2011 - Apr. 2011 Memorial Health System, Colorado Springs CO:** Pediatric/PICU/NICU RN bedside care, plus Pediatric and Adult ED.
- **July 2011-Oct 2011 Memorial Health System, Colorado Springs, CO:** Full RN care in the ED responsible for pediatric and adult clients.

Clarian Health-Riley Children's Hospital Indianapolis, IN

- **Emergency Dept. RN:** Triage, trauma and bedside patient care requiring critical thinking and decision making at Indianapolis' Premier Level 1 Pediatric Trauma Center. May 2007-Dec 2012
- **"Red Shoe" Award** recipient for excellence in patient care as nominated by the patient population.
- **Excellence in Charting:** Recognized as the top documentation nurse in the Trauma Activation Process.

CERTIFICATIONS

- Basic Life Support (BLS)
- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)
- Trauma Nursing Core Course Certification (TNCC)
- Emergency Nurse Pediatric Course (ENPC)

SKILLS

- EPIC Electronic Medical Record Trained
- Microsoft Office Proficiency- Excel, Word, & PowerPoint

PROFESSIONAL ORGANIZATIONS

- American Association of Nurse Practitioners, Member
- Sigma Theta Tau International Honor Society of Nursing -Phi Rho Chapter, Member

REFERENCES

- Available Upon Request
-

John Gilstad, MD
Captain, Medical Corps, US Navy
May 2021

Walter Reed National Military Medical Center
8901 Wisconsin Avenue
Bethesda MD 20889
Office 301-400-3327

3204 Reservoir Road
Washington DC 20007
Mobile 808-446-0564
johngilstad@gmail.com

PROFESSIONAL PROFILE

Board-certified clinically active Navy internist and geriatrician, global health practitioner and senior leader. Excelled in clinical care and medical staff roles at US Navy medical facilities in Maryland, Virginia, Puerto Rico, Japan, and aboard the hospital ship Comfort. Served in executive roles at Navy Medical Research Units 2 and 3 in Singapore and Egypt, and at the Armed Forces Radiobiology Research Institute in Maryland. Sustained clinical currency and returned to full-time hospital-based practice, teaching, and research, with seven-month additional duty at Headquarters US Forces Japan for COVID-19 force health protection policy and vaccine operations.

EDUCATION AND TRAINING

Johns Hopkins Geriatrics Center, Baltimore MD 21224

Clinical Geriatrics Fellowship, Jul 2001 – Jun 2002

Trained under John Burton and Tom Finucane. Certified in bedside wound debridement by William Greenough. Cited as an exemplary trainee, overall performance "superlative".

National Naval Medical Center, Bethesda MD 20889

Internal Medicine Internship and Residency, Jul 1993 – Jul 1996

Trained under John Eisold. Selected during Internship for straight-through Residency. As junior resident, developed a screening program for hyperaldosteronism, and a research protocol for the evaluation of upper extremity thrombosis; initiated on-line access to the National Library of Medicine for residents.

Uniformed Services University of the Health Sciences, Bethesda MD 20889

Doctor of Medicine (MD), Sept 1987 - May 2004

Selected for two year full-time HHMI Research Scholars Program at NIH between second and third year; worked in X-ray protein crystallography under Dr David Davies and Dr Eduardo Padlan. Initiated summer training rotation at Bureau of Medicine and Surgeon and office of Chief of Naval Operations, gaining early insights into Navy Medicine governance.

US Naval Academy, Annapolis MD 21402

Bachelor of Science (BS), English, July 1983 - May 1987

Graduated second in class, with honors; Olmsted Scholarship principal nominee for graduate study abroad.

LICENSURE AND BOARD CERTIFICATION

Maryland **D47855** since Aug 1995
District of Columbia **MD048630** since Jan 2020

American Board of Internal Medicine **170108**

Certified in Internal Medicine since 1996

Certified in Geriatric Medicine since 2002

EMPLOYMENT HISTORY

Staff Geriatrician Jan 2020 – present (active duty – full time)

Walter Reed National Military Medical Center

8955 Woods Road, Bethesda, MD 20889

20% inpatient Internal Medicine Residency teaching, 40% outpatient geriatric consultation, 40% research and mentorship. Partnered with the National Center for the Intrepid to link traumatic brain injury research with clinical care and practicum social work training in the dementia clinic; guided resident planning for study of electronic medical record user interface for inpatient diabetes control; developing research collaboration for elderly beneficiary health services research. Led transition to telemedicine supervision techniques for residents in the clinic.

Officer in Charge, Surgeon Cell Sep 2020 to April 2021 (active duty – full time)

Headquarters, US Forces Japan

Additional Duty assignment for Department of Defense response to COVID-19

J07/J4, Building 714, Unit 5068, APO AP 96328-5068

Directing an interdisciplinary public health team of 7 within the headquarters staff of US Forces Japan, the U.S. Combatant Command responsible for the mutual defense of Japan, addressing COVID-19 public health policy and vaccine operations for 115,000 personnel on 20 U.S. military installations across Japan. Responsible for inter-professional policy development balancing military requirements against public health precautions; final medical endorsement on over 650 exceptions to policy for specific military requirements.

Director Apr 2018 – Dec 2019 (active duty – full time)

Armed Forces Radiobiology Research Institute

Uniformed Services University of the Health Sciences
4301 Jones Bridge Road, Bethesda MD 20889

Overall responsible for strategic direction and effective operations of the Defense Department's only laboratory dedicated to medical effects of ionizing radiation, with 150 personnel and annual budget \$15M. Delivered a comprehensive four-year plan and the most far-reaching science strategy revision for the Institute in more than a decade, addressing medical preparedness problems specific to the emerging lower-yield tactical and terrorist nuclear threat. Maintained one half-day geriatrics clinic weekly.

Instructor and Chief Oct 2016 – Mar 2018 (active duty – full time)

Military Medical Operations, Armed Forces Radiobiology Research Institute

Uniformed Services University of the Health Sciences
4301 Jones Bridge Road, Bethesda MD 20889

Responsible for training and advice on nuclear medical readiness to military leaders, troops, and Federal nuclear contingency first responders. Chief Jun 2017 – Mar 2018; supervised 5 officers, 2 civilians, \$220K budget. Updated flagship Medical Effects of Ionizing Radiation course, established unprecedented engagement with US Forces Korea for medical planning during escalatory phase of nuclear threat from North Korea 2017. Maintained one half-day geriatrics clinic weekly.

Commanding Officer May 2014 – Sep 2016 (active duty – full time)

Navy Medical Research Unit 3, Cairo Egypt (NAMRU-3)

PSC 452 Box 156, FPO AE 09835

Overall responsible for 3.5 acre research facility in urban Cairo, with embedded Global Disease Detection unit of US Centers for Disease Control; 36 U.S. and 140 locally employed staff; also a research detachment of 12 personnel in Accra, Ghana; budget \$17M. Guided U.S. interagency technical support to historic 2015 Egyptian avian flu outbreak; fostered CDC successes in antimicrobial resistance surveillance capacity-building; in Ghana, launched strategic realignment to military-centric medical research partnership.

Executive Officer Sep 2012 – May 2014 (active duty – full time)

Navy Medical Research Unit 2, Singapore (NAMRU-2/NMRC-A)

PSC 470 Box 4200, FPO AP 96534-4200

Responsible for medical research and disease surveillance operations across multiple Southeast Asia field sites; orchestrated headquarters relocation from Pearl Harbor to Singapore. Supervised 15 military, 7 civilian; annual budget \$7.5M. Defined strategic objectives for the command which were adopted verbatim in US Pacific Command Theater

Health Security Cooperation Plan. Maintained one half-day internal medicine clinic weekly while in Pearl Harbor.

Department Head Sep 2009 – Aug 2012 (active duty – full time)
Scientific Research Department, Armed Forces Radiobiology Research Institute
Uniformed Services University of the Health Sciences
4301 Jones Bridge Road, Bethesda MD 20889

Supervised 18 senior DoD civilian scientists; 5 military scientists, 5 enlisted lab techs; 29 contract scientists and technicians performing research to protect troops from medical effects of ionizing radiation. \$1.4M intramural and \$15M extramural research funding. Streamlined AFRRI's drug development process by integrating toxicity and efficacy assessments; created innovative matching process for military lab technicians, increasing job satisfaction. Maintained one half-day geriatrics clinic weekly.

Staff Internist Aug 2006 – Aug 2009 (active duty – full time)
US Naval Hospital Yokosuka
PSC 475 Box 1, FPO AP 96350-1600

Staff internist, geriatric consultant; full time inpatient/outpatient. Chair, Executive Committee of the Medical Staff and member, Board of Directors Jan 2007 – Apr 2009. Head, Medical Specialties Department Sep 2006 – Sep 2008. Established popular monthly hospital staff medical/surgical case conference fostering constructive peer feedback. Organized seven joint case conferences with Japanese Self Defense Force and civilian hospital counterparts. Through formal partnership, advised Kameda Medical Center on successful application for Joint Commission International accreditation, the first in Japan.

Staff Internist Jul 2002 – Jul 2006 (active duty – full time)
National Naval Medical Center
8901 Wisconsin Avenue, Bethesda MD 20889

Staff internist, geriatric consultant, Internal Medicine Residency key faculty. Founding Chair, Clinical Performance Data Committee Nov 2004 – Aug 2005. Department Head, Responsible Conduct of Research Nov 2004 – Jul 2006. Established first fellowship-trained geriatrics consult service for the hospital, integrated with the Internal Medicine residency. Led Quality Management initiatives enhancing recognition of medication errors tenfold. Chief architect of hospital's quality dashboard and strategy for Joint Commission ORYX (quality) indicators, adopted directly into the hospital's annual business plan.

Clinical Geriatrics Fellow Jul 2001 – Jun 2002 (active duty – full time)
Johns Hopkins Geriatrics Center
5505 Hopkins Bayview Circle, Baltimore MD 21224

see additional information above in Education and Training

Staff Internist Aug 1998 – Jun 2001 (active duty – full time)

Naval Hospital Roosevelt Roads

PSC 1008 Box 3007, FPO AA 34051-8100

Staff internist, full time inpatient/outpatient. Initiated professional links with CDC laboratory in San Juan and San Juan Veterans Administration (VA) Hospital; secured staff invitation tumor board participation and consultation access. Implemented teledermatology and achieved highest volume of consults in the region. Managed physician assignment gaps with 5 temporary staff; created unique position for Red Cross Acute Care Nurse Practitioner, increased clinic productivity 25%.

Staff Internist Aug 1996 – Jul 1998 (active duty – full time)

Naval Medical Clinic Quantico

2200 Lester Street, Quantico VA 22134-6050

Staff internist for primary care and consults, full time outpatient. Acquired admitting privileges at DeWitt Army Community Hospital and performed cardiac stress test treadmills there for Quantico patients, improving follow-up and patient satisfaction. Streamlined in-house consultations for Gulf War Illness programmatic evaluation, improved follow-up 50%. Revised adverse drug reaction reporting criteria yielding three-fold increase in submissions of potential interactions.

Internal Medicine Intern and Resident Jul 1993 – Jul 96 (active duty – full time)

National Naval Medical Center

8901 Wisconsin Avenue, Bethesda MD 20889

see additional information above in Education and Training

AFFILIATIONS

American College of Physicians, Navy Chapter

Member, 1994-2004, Fellow 2004 to present

Education and Training Committee Chair 2007 to 2009

American Medical Association Member, 1999-2005

Organized Medical Staff Section participant (Naval Hospital Roosevelt Roads) 1999

Navy Alternate Delegate to Young Physicians Section 2000-2002

Navy Delegate to Young Physicians Section 2002-2005

ACADEMIC APPOINTMENTS

2002-2006 and 2009 to present:

Assistant Professor, Department of Medicine,

Uniformed Services University of the Health Sciences

RESEARCH FUNDING

Project: Comparing hospital hand hygiene in Liberia: soap, alcohol, and hypochlorite
Funding: \$985K USU Center for Global Health Engagement via Henry Jackson Foundation
Goal: Characterize and compare hypochlorite hand hygiene widely used for infection control during the West African Ebola outbreak of 2014-5 with established soap and alcohol-based methods typically recommended for hospital settings.
Role: Principal Investigator

PROFESSIONAL PUBLICATIONS AND PRESENTATIONS

Publications

1. Tantum LK, **Gilstad JR**, Bolay FK, Horng LM, Simpson A, Letizia AG, Styczynski A, Luby SP, Arthur RF. Barriers and opportunities for sustainable hand hygiene interventions in rural Liberian hospitals. *in preparation*
2. Miller AC, **Gilstad JR**, Brenner DJ. Military Global Health Engagement and low dose ionizing radiation. *Military Medicine* 2017;182(9/10):1677-9
3. **Gilstad JR**, Gurbel PA, and Andersen RE. Relationship between age and platelet activation in patients with stable and unstable angina. *Archives of Gerontology and Geriatrics* 2009;48(2):155-9
4. **Gilstad JR** and Finucane TE, Results, rhetoric and randomized trials; the case of donepezil. *Journal of the American Geriatrics Society* 2008 Aug; 56(8):1556-62
5. Finucane TE and **Gilstad JR**. Should cholinesterase inhibitors be used to treat Alzheimer's disease? *Nature Clinical Practice Neurology* 2006;2(3):118-119
6. **Gilstad J** and Reich SG. Chorea in an octogenarian. *Neurologist* 2003;9(3):165-6

Letters

1. **Gilstad JR**, Skinner WK, Robb DJ. Letter in response to Gale RP and Armitage JO. Are we ready for nuclear terrorism? *N Engl J Med* 2018;378:1246-54

Book Chapter

1. **Gilstad JR** and Finucane TE. Science and marketing: the promotion of donepezil in the primary research literature. In Ballenger JF, Whitehouse P, Lyketsos C, Rabins P, and Karlawish J, *Treating Dementia: Do We Have a Pill For It?* Hopkins University Press 2009

Conference presentations

1. Zeman K, **Gilstad J**, Petersen M. "Educational Innovation to Achieve Preparedness Even During a Crisis," virtual podium presentation at the Annual Educational Conference of the Accreditation Council for Graduate Medical Education, Feb 2021

2. **Gilstad J**, “Collaborative Science OCONUS to advance Force Health Protection and Theater Partnerships: Case study of Hospital Hand Hygiene in Liberia,” virtual podium presentation at the annual meeting of the Association of Military Surgeons of the United States, Dec 2020

Conference Posters, Regional/National/International

1. Arthur RF, Horng LM, Letizia AG, Tantum LK, Bolay FK, Luby SP, **Gilstad JR**. “Baseline Hospital Hand Hygiene Behavior, Supplies, and Infrastructure in Liberia.” American Society of Tropical Medicine and Hygiene virtual annual meeting Nov 2020
2. Arthur RF, Horng LM, Letizia AG, Bolay FK, Luby SP, **Gilstad JR**. “Baseline Hospital Hygiene Behavior, Supplies, and Infrastructure in Liberia,” Military Health System Research Symposium virtual conference July 2020
3. Skinner WK, Clasp T, Tuoch T, Dant T Wilkinson E, Weis E, **Gilstad J**. “Modeling Mass Casualty Patients after a Nuclear Detonation: Opportunities to prepare for logistic challenge beyond initial surge,” Military Health System Research Symposium, Kissimmee FL Aug 2019
4. Horng LM, Letizia AG, Vaughn A, Bolay FK, Luby SP, **Gilstad JR**. Comparing Hospital Hand Hygiene in Liberia: Soap, Alcohol, and Hypochlorite” Military Health System Research Symposium, Kissimmee FL Aug 2018
5. **Gilstad JR**, Finucane TE. “The rhetoric of efficacy in donepezil trials” Fifth International Congress on Peer Review, Chicago, Sept 2005
6. **Gilstad JR**, Andersen RE, Gurbel PA. “Effect of age on platelet function in patients with angina” American Geriatrics Society Annual Meeting, Washington DC, May 2002

Conference Posters, Local/Regional

1. Skiba V, **Gilstad JR**. “The role of tube feeding in demented patients: evidence often overlooked,” Southern California chapter meeting of American College of Physicians, Nov 2005
2. Itzkowitz S, **Gilstad JR**. “Recurrent Pneumonia in an otherwise healthy sailor: A presentation of common variable immunodeficiency” ACP Navy Chapter Annual Meeting, October 1999.
3. **Gilstad JR**, Shakir KMM. “Hyperparathyroidism with thyroid cancer following childhood neck irradiation” ACP Navy Chapter Annual Meeting, October 1995

Invited Lectures, Regional/National/International

1. Invited Lecture, Association of Surgeons of the United States annual meeting Nov 2018, “Update on military medical readiness for radiological and nuclear operations”
2. Invited Podium presentation, Combatting Weapons of Mass Destruction Coordinating Conference, Springfield VA Sept 2018 “AFRRI Update”
3. Plenary, 38th Parallel Medical Education Symposium, Yongsan, Korea Oct 2017, “Military Medical Readiness for Global Radiological and Nuclear Threats”
4. Invited Podium Presentation, Military Health System Research Symposium, Global Health Research Kissimmee, Florida Aug 2017, “Comparing Hospital Hand Hygiene in Liberia: Soap, Alcohol, and Hypochlorite”

5. Keynote Lecture, American College of Physicians Japan Chapter Annual Meeting Tokyo April 2011 “US Naval Hospital in Japan: Comparisons and Contrasts” [cancelled in the aftermath of the Great East Japan earthquake of 11 March 2011]
6. Keynote Lecture, American College of Physicians Japan Chapter Annual Meeting, Tokyo, April 2010, “Conflict of interest and professional responsibility: an American study of rhetoric in the medical literature”

Invited Lectures, Local/Regional

1. Defense Nuclear Users Group, Defense Threat Reduction Agency, Ft Belvoir VA, Oct 2018: “NUDET battlefield medical treatment guidance”
2. ROSS (Radiological Operations Support Specialist) Quarterly Teleconference presentation Nov 2017, “G-CSF for ROSS: Overview of granulocyte colony stimulating factor for the Radiation Operations Support Specialist”
3. NATO Research Task Group HFM-291 Kickoff meeting, Paris, France Nov 2017 “Military Medical Experiences of AFRRRI Military Medical Operations”
4. Global Health Strategies for Security course lecture, Center for Global Health Engagement, Bethesda, Maryland May 2017 “GHE Themes, variations, lessons: Singapore, Egypt, Liberia”
5. Department of Orthopedic Surgery Conference and Retreat, National Naval Medical center Bethesda, Aug 2005 “Research at NNMC” and “Geriatric Hip Fractures”

Invited Panels

1. Panelist for National Academy of Sciences symposium: “The future of low dose radiation research in the United States,” Washington DC, May 2019



Holiday FESTIVITIES

DECEMBER 16

Holiday Meal

The clinics will join us at the Hospital as we enjoy a meal together. 11am-1pm and 8:30-9:30pm.

Ugliest Sweater Contest

Get creative and sport your most-ugliest sweater! Compete for the bragging rights for the ugliest outfit in PMH.

Christmas Cookie Contest

Dig out your most famous (and possibly secret) family recipe to showcase your best cookie! You must bring 24 cookies for judging to enter the contest. A panel of specially selected judges will sample all submissions.

Ornament Contest

Individually or by department, bring your best (homemade) Christmas ornament for judging. We will use the submissions as future Prosser Memorial Health decorations to replace the ornaments we recently lost in the storage unit fire. There are no rules on what the ornament must be, or how big or small. For those that want a starter kit, HR has purchased 3 different types of craft ornament kits (10 kits of each type) available to the department(s) that want to participate. The kit choices will be on a first-come, first-serve basis. Kits can be picked up in HR.

Photobooth

11:00am-2:00pm. Located outside of the hospital between Maintenance and the Employee Entrance.

**The top two winners of each contest will receive prizes.
Watch for more details about the day's events!**



Prosser
Memorial Health

THE PULSE

PROSSER MEMORIAL HEALTH EMPLOYEE NEWSLETTER

DECEMBER 2021

News & Events



Prosser High School Football

Thank you to Dr. Brian Proctor, our pediatrician in the Grandview Clinic, for filling in for Dr. Sam Strebel as the sideline medical personnel at the Prosser High School playoff football game on Saturday, November 13.

Thank you to Dr. Strebel who has been on the sidelines for the entire regular season!

Look and feel your best!

BOTOX & JUVÉDERM

Receive a gift bag from French Vanilla Market with your purchase! Limited supplies.

	BOTOX® (per Unit)	\$10
	JUVÉDERM XC	\$450
	JUVÉDERM Ultra Plus	\$475

Offer valid 11/22/21 - 12/31/21.

Available at:

-  Grandview Clinic
509.203.1080
1001 Wallace Way | Grandview
-  Dermatology Center
509.588.4555
701 Dale Ave. Suite B | Benton City
-  Benton City Clinic
509.588.4075
701 Dale Ave. Suite A1 | Benton City

ProsserHealth.org

BOTOX & JUVÉDERM

Look and feel your best with seasonal Holiday Specials on BOTOX & JUVÉDERM! Available now at Prosser Memorial Health's Dermatology Center, Benton City Clinic, & Grandview Clinic. Receive a gift bag* from French Vanilla Market with your purchase! *while supplies last.



"Let us never consider ourselves finished nurses... we must be learning all of our lives."
- Florence Nightingall

WSU Dec 2020 + Dec 2021

- Thank you!
- Danielle
- Thank you so much!
- Miguel
- Thank YOU for everything
- Alexis A.
- Thank YOU for a great clinical experience!
- Isabella
- Thank you for everything you made my experience amazing!
- Marac
- Thank (for)!
- Isabella
- Thank you for everything you do for students! we appreciate it!
- Hannah T.
- Thanks For Everything
- Juan
- Thank you!
- Nikelle
- Thanks!!
- Waut
- Thank you so much! shout out to Lynn & Megan!
- Christian G.
- Thank you for all you do, I was very pleased to have my clinical at PMH!
- Kaleb
- Thanks for everything you guys do for us during clinicals!
- Laurissa Kister

WSU Thank You Card

A heartfelt Thank You card from the WSU Nursing students of Tri-Cities.

News & Events Cont.

Veterans Day Breakfast

We were honored to serve over 300 veterans and family members at our 5th Annual Veterans Day Breakfast. On behalf of all of us at Prosser Memorial Health, thank you for your service!



News & Events Cont.

Gratitude Video From LifeNet Health to Prosser Memorial Health

"We at LifeNet Health are grateful for all you do to serve our community. As a small token of our appreciation, we created a short video in honor of Thanksgiving and of your tireless efforts."

Thank you to the dedicated community partners and healthcare providers who help us fulfill the promise of donation.



Holiday Festivities

December 16th: Holiday Festivities! Ugly Sweater Contest, Ornament Decorating Contest, Lunch served by Administration, and more! Details to come.

HOMETOWN

HEALTH

Fall 2021

NEW

**DERMATOLOGY CENTER
IN BENTON CITY**

WELCOME

DR. NYLANDER
BOARD CERTIFIED
DERMATOLOGIST



Prosser
Memorial Health

Community Newsletter

Our Fall/Winter issue of Hometown Health is now available in English and Spanish on our website.



Prosser
Memorial Health

Open Enrollment/Benefits Fair Schedule

OPEN ENROLLMENT DATES

Thursday, December 2

Morning Session

Whitehead Conference Room
7:30am-8:30am or 10:00am-11:00am

Benton City Clinic Session

12:00pm-1:00pm

Afternoon Session

Vineyard Conference Room
2:00pm-3:00pm

Grandview Clinic Session

5:00pm-6:00pm

Evening Session

Vineyard Conference Room
6:30pm-8:30pm

Monday, December 6

Morning Session

Vineyard Conference Room
7:00am-8:00am or 10:00am-11:00am

Prosser Clinic and Prosser Women's Health Center (Combine Session)

12:00pm-1:00pm

Afternoon Session

Vineyard Conference Room
1:00pm-2:00pm or 4:00pm-5:00pm

Evening Session

Vineyard Conference Room
6:50pm-8:30pm

Specialty Clinics: Orthopedic, Heart Center, Urology Center, and ENT can attend any session at the main hospital campus.

QUESTIONS?

The last day of open enrollment is December 10. USI Medical and Benefits Representative will host these meetings with Nora Newhouse. Please forward all open enrollment questions to Nora Newhouse, at ext. 6688 and/or if you prefer to email questions, send them to nnewhouse@prosserhealth.org.

ASPIRE Awards



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



Rubi Rodriguez

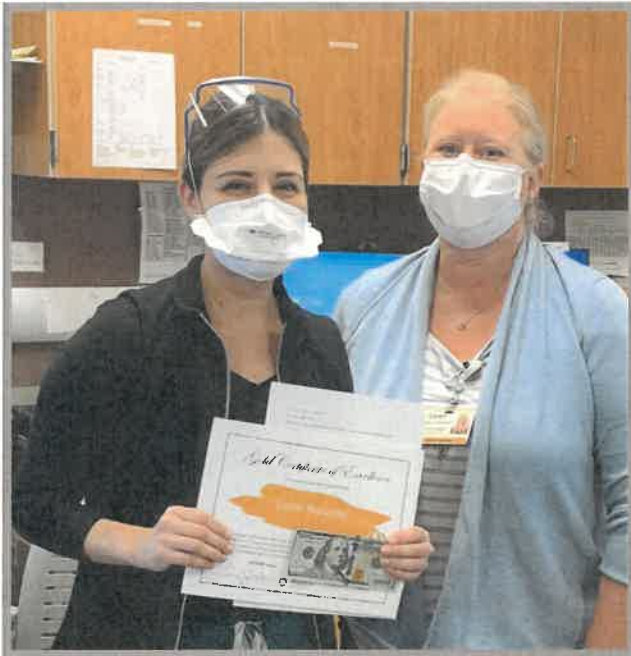
Please join us in congratulating Rubi Rodriguez, Laboratory Assistant, for receiving a Gold ASPIRE Award! Rubi quite frankly saved her coworker Stephanie's life. While at work, Rubi identified signs of a heart attack in Stephanie and urged her to be seen. Due to Rubi's persistent encouragement, Stephanie went to the Emergency Department where the doctor confirmed she was having a heart attack. After two surgeries to have three stents placed, Stephanie is back to work fully recovered. We are thankful for Stephanie's recovery and for Rubi caring for her coworkers as family and speaking up when she saw something was wrong.



Tricia Hawley

Congratulations to our Prosser Specialty Clinic Director, Tricia Hawley, for receiving a Gold ASPIRE Award! When Tricia heard the Hospital had a need for coverage, she went above and beyond by working the nightshift as House Supervisor! Although this was outside of Tricia's typical work, she filled the critical role and handled the challenges seamlessly. Thank you Tricia for demonstrating teamwork and excellence to our staff and patients!

This is how we care.



Edith Nateras

Congratulations to ED Tech Edith Nateras, who received a Gold ASPIRE Award! There was a patient in the Emergency Department who needed to be Life Flighted to a different facility for a higher level of care. Edith assisted the patient enroll in air ambulance insurance before he was transferred. Because Edith took the extra time to do this, the patient can focus on getting better and not worry about a large medical bill for transportation! Thank you Edith!



Scott Friend

Congratulations to PMH Paramedic Scott Friend, who received a Gold ASPIRE Award! Scott was recognized by a fellow EMS Paramedic for picking up his shift so he could travel to be with his daughter when she delivered their first grandchild. Not only did Scott pick up the extra shift, he took time off from another job to do it! Thank you Scott! This is how we care for one another at Prosser Memorial Health!

Anniversaries

Happy 1 Year

- **Jasmin Zepeda**
Certified Coder
- **Deborah Bucknell**
Benton City Clinic Patient Services Representative

Happy 2 Years

- **Afton Dunham**
Prosser General Surgery Center
- **Jeanna Graybill**
RN Resource Nurse
- **Laura Sosa**
Grandview Clinic CMA

Happy 3 Years

- **Maria del Rubi Rodriguez**
Laboratory Assistant II

Happy 4 Years

- **Griselda Ponce-Verduzco**
Medical/Surgical Technician
- **ShaRhonda Lewis**
Ultrasonographer

Happy 6 Years

- **Timothy Shipley**
Emergency Medical Services Technician - B
- **Kristal Oswalt**
Prosser Clinic Health & Wellness Coordinator

Happy 8 Years

- **Donna Tuning**
Clinical Informatics Nurse

Happy 10 Years

- **Roxanne Snider**
Human Resources Generalist/Recruitment
- **Dr. Wali Martin**
Emergency Department

Happy 11 Years

- **Nigel Day**
Emergency Department RN

Happy 13 Years

- **Rebecca Hernandez**
Health Information Management Technician II

Happy 15 Years

- **Ana Martin**
Emergency Department Technician

Happy 22 Years

- **Karla Greene**
RN Resource Nurse

Happy 26 Years

- **Steven Broussard**
Director of Support Services





Birthdays

- **Veronica Reyna**
Laboratory Assistant II
- **Steven Broussard**
Director of Support Services
- **Nicomedes Estrada Garcia**
Environmental Services Technician
- **Cheryl Stafford**
Laboratory Assistant II
- **Magdalena Fernandez**
Patient Registration Registrar
- **Dr. Terry Murphy**
Emergency Department
- **Cindy Raymond**
RN Resource Nurse
- **Courtney Schlee**
Surgical Services RN
- **Aurora Weddle**
Diagnostic Imaging Director
- **Dr. Tammi Cooks**
Prosser Clinic
- **Jeff Fitzjarrald**
Paramedic
- **Kristal Oswalt**
Prosser Clinic Health & Wellness Coordinator
- **Madison Benjert**
Family Birthplace RN
- **Steve Peters**
Benton City Clinic Licensed Mental Health Counselor
- **Dr. Steven Elerding**
General Surgery Center
- **Savanah McLaughlin**
Paramedic
- **Edith Nateras**
Emergency Department Technician
- **Dr. David Carl**
Benton City Clinic
- **Salud Gonzalez**
Benton City Clinic Patient Services Representative
- **Beth Phinney**
Benton City Clinic Patient Services Representative
- **Rachel Castillo**
Medical/Surgical RN
- **Olena Larsen**
Central Sterilizing Technician
- **Rylee Sears**
Supply Chain Courier
- **Melissa Pistoljevic**
Benton City Clinic Clinic Director
- **Lourdes Tlatenchi**
Laboratory Assistant II
- **Carling Vaux**
Surgical Services RN Lead
- **Kelly Knurbein**
Family Birthplace RN
- **Cassandra Hansen**
Emergency Medical Services EMT-B
- **Courtney Bowe**
Emergency Medical Services Paramedic
- **Billie Brown**
Medical/Surgical RN
- **Stephen Herrero**
Laboratory Microbiologist
- **Sasha Thomasson**
Director of Care Coordination
- **Bryon Dirkes**
Chief Human Resources Officer
- **Ana Garcia**
ENT/Allergy Center CMA



Free 20oz
Busy Bean Coffee
on your birthday!

Welcome to the Team!



From Left to Right: Robert Nagel, Stephanie Garza, Chelsea Hughes, Alma Gonzalez, Jasmin Figueroa, and Griselda Villalobos.

How do you like to spend your time outside of work?

Griselda Villalobos, Emergency Department Technician:

"I like road trips and sightseeing."

Rob Nagel, Medical Surgical RN:

"Hiking with my dogs and gardening."

Jasmin Figueroa, Benton City Clinic Patient Services Representative:

"I love spending time with my family and friends. Gardening, volleyball, and swimming."

Chelsea Hughes, Diagnostic Imaging CT Technologist:

"Traveling."

Stephanie Garza, Laboratory Assistant II:

"I enjoy baking, spending time with my family and my cat Shadow."

Alma Gonzalez, Surgical Services Technician:

"Spending time with my babies, baking and cooking."

What is your favorite Christmas movie?

Griselda Villalobos, Emergency Department Technician:
"A Christmas Story."

Rob Nagel, Medical Surgical RN:
"It's a Wonderful Life."

Jasmin Figueroa, Benton City Clinic Patient Services Representative:
"Home Alone."

Chelsea Hughes, Diagnostic Imaging CT Technologist:
"The Polar Express."

Stephanie Garza, Laboratory Assistant II:
"My favorite Christmas movie is National Lampoon's Christmas Vacation."

Alma Gonzalez, Community Relations Busy Bean Barista:
"Rudolf the Red Nose Reindeer, Miracle on 34th Street."

Scavenger Hunt



Blood Drive - December 28



The blood drive will be held in the Vineyard Conference room from 10:00am - 3:00pm. Visit www.redcrossblood.org/give and use code "PMH" to schedule a time. Community members welcome.

R

E

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C

H



WHEN YOUR NEST EMPTIES ...

Having a child leave home permanently is a significant event. After you've packed away the memorabilia, sit down and revisit your finances. It may be a good time to make some other changes.

From Their Diapers...

Raising a child is expensive. For a child born in 2015 (the latest figures available), a middle-income family can expect to spend about \$233,610 for food, shelter, and other necessities associated with raising a child over the next 17 years.¹

...to Your Dreams

If you think it's a big change when the kids leave home, the next one -- retirement -- may be even bigger. Once you no longer have the expenses of raising a family, use the financial "windfall" to beef up your retirement savings. If you haven't been saving as much as you should, this is the time to catch up. Building up your retirement savings should be a priority.

Check to see how much you're currently contributing to your retirement account, and consider increasing that amount. If you can sock away an extra \$200 a month for 10 years and earn 6% a year (compounded monthly)², you'll have added more than \$32,000 to your account balance.

Max It Out

If you can, consider increasing the amount you're saving until you reach your plan's maximum contribution amount. Check with your plan administrator if you don't know how much the annual limit is. If you're age 50 or older by the end of the calendar year -- and your plan allows for them -- you may be able to make additional catch-up contributions.

No Procrastinating

It won't take long to adjust to having more money to spend after the kids leave home, so don't wait to reset your financial priorities. Earmark at least some of your empty nest surplus as retirement savings.

Your situation is unique, so be sure to consult a professional before taking action.

Save More Now, Spend More Later		
	Save an extra \$2,400 a year	Save an extra \$5,000 a year
For 7 years	\$20,815	\$43,364
For 10 years	\$32,776	\$68,283

These are hypothetical examples used for illustrative purposes. They do not represent the results of any particular investment. Monthly contributions and a 6% average annual total return (compounded monthly) are assumed. Your investment results will be different. Tax-deferred amounts accumulated in the plan are subject to ordinary income tax upon withdrawal. Source: SS&C Technologies, Inc.

Source/Disclaimer:

¹2015 Expenditures on Children by Families, U.S. Department of Agriculture, January 9, 2017.

²Compounding does not guarantee a profit or protect against loss in a declining market.

This content is for general informational and educational purposes only and should not be relied upon as the only source of information. Prior to acting on this information, we recommend that you seek independent advice specific to your situation from a qualified investment/legal/tax professional. Neither USI nor its affiliates and/or employees/agents offer investment, legal or tax advice.

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

Health and Wellness

Pecan Goat Cheese Appetizer



Ingredients:

- 8-ounce Plain Goat Cheese Log
- 1/2 Cup Finely Chopped Pecans
- 1 Tablespoon Chopped Parsley
- 4 Tablespoons Honey

Instructions:

1. Mix pecans, and parsley then spread in an even layer on a large cutting board.
2. Roll cheese log into coating mixture. Press into any bare spots. Transfer to serving platter along with remaining coating mixture.
3. Drizzle cheese log with honey, sprinkle with sea salt and serve with crackers. Or serve with peppers, cucumbers and celery (best at room temp to soften).



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2021 ASPIRE MEDAL AWARD WINNERS

Gold Winners	Silver Winners	Bronze Winners
• Joe Fitch	• Martha Dixon	• Kayla Campbell
• Paul Weisz	• Billy Wilson	• Javier Gonzalez
• Troy Bretthauer	• Donna Tuning	• Carling Vaux
• Kaylee Swan	• Dr. Tamara Schille	• Sasha Thomasson
• Stephanie Honey Morrow	• Dr. Syed Hashmi	• Troy Bretthauer
• Maggie Sanchez	• Kelly Knurbein	• Rita Galvan
• Michelle Risk	• Sasha Thomasson	• Audra McNair
• Anna Mendoza	• Madeleine Nelson	• Monique Saenz
• Diana Ramirez	• Ivan Castellanos	• Paul Weisz
• Veronica Bonilla	• Steve Broussard	• Jessica Luther
• Maria Rubalcaba		• Peter Park
• Crystal Blanco		• Dr. Brian Proctor
• Francie Poole		• Dr. Jose Santa Cruz
• Wellanie Bautista		• Justin Herzog
• Scott Friend		
• Rubi Rodriguez		
• Edith Nateras		
• Tricia Hawley		

AGREEMENT

Between

PROSSER PUBLIC HOSPITAL DISTRICT

and the

Service Employees International Union Healthcare 1199NW

Representing Registered Nurses/Licensed Practical Nurses

July 1, 2021

THROUGH

June 30, 2024

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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.seiuhealthcare1199nw.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 The Hospital shall deduct Union dues from nurses' pay upon authorization from the individual nurse. Dues shall be transmitted to the office of the Union on a biweekly pay period basis by check payable to its order along with a list of each dues-paying member, employee id numbers, dues paid, hours worked and gross earnings.

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 and 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 make a good faith effort to 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 one location in the lower level of the Hospital and in one location in the upper level of the Hospital. The bulletin board space shall 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 New Employee 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 new employee orientation.

A union representative so designated by the Union will be provided a timeframe during the new employee orientation 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 employees scheduled for union orientation by the end of the week prior to the scheduled orientation. 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 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 selected representatives of the employees, shall establish a Labor-Management Committee. The function of the Labor-Management Committee shall be to discuss issues of mutual concern, to recommend solutions to problems identified by the Committee, and to make recommendations for the improvement of working conditions and patient and employee satisfaction. The Committee shall be established on a permanent basis and may consist of five (5) representatives of the Employer and five (5) representatives of the employees appointed by the Union. All members of the Committee shall be employees of the Hospital. Representatives on the Labor-Management Committee may request meetings of the Committee to discuss employee general staffing issues. The Committee will meet every other month or as often as is mutually agreed on paid time.

The parties shall submit agenda items by 4:00 p.m. five days prior to the scheduled meeting to HR. If no agenda items are timely submitted, the meeting will be cancelled. Failure to place an item on the agenda shall not preclude the Committee from addressing an issue. Action of the Committee shall be advisory only and not binding.

7.2 Nurse Staffing committee. The Union and the Employer acknowledge that together the parties endeavor to provide a level of staffing consistent with safe working conditions and the service the parties provide to the community. The parties are committed to the proposition that

adequate staffing is necessary to meet the needs of our departments and to provide quality services.

1.) The purpose of this Committee is to: protect patients, support greater retention of registered nurses, and promote evidence-based nurse staffing by establishing a mechanism whereby direct care nurses and hospital management can participate in a joint process regarding decisions about nurse staffing.

2.) Committee membership and Leadership:

a. Co-Chair (Staff Registered Nurse Representative);

b. Co-Chair (Management Representative);

c. Committee Membership:

- Representative from ED
- Representative from Surgical Services
- Representative from Family Birthplace
- Representative from Acute Care Services
- Representatives from Leadership to include the Chief Nursing Officer, Assistant Chief Nursing Officer, Manager of Emergency Department, Acute Care Services, Surgical Services, and Family Birth Place.
- The Committee may appoint additional nurse representatives from time to time, to ensure all nursing disciplines are well represented on the Committee.
- Composition of the Nurse Staffing Committee Shall be composed of at least 50% of represented nursing staff selected by the Union
- Each area where nursing is provided will have the opportunity to provide advice to the Nurse Staffing Committee. These areas will be called to meetings when their attendance is required.
- Committee meetings are open and any Registered Nurse employed by Prosser Memorial Health may attend, but only committee members will have a vote.
- The Nurse Staffing Committee will be co-chaired by one staff Registered Nurse and one management representative.
- The Nurse Staffing Committee will select co-chairs every two years.

3.) Tasks and Functions of the Nurse Staffing Committee:

a. Develop and provide oversight of an annual patient care and shift-based staffing plan, based on the needs of the patients to be used as the primary component of the staffing budget.

b. Semi-annual review of the staffing plan against patient need and known evidence-based staffing information, including nursing sensitive quality indicators collected by the Hospital

c. Review, assessment, and response to staffing concerns presented to the Committee

d. Assure that patient care unit annual staffing plans, shift-based staffing, and total clinical staffing are posted on each unit in a public area

e. Assure factors are considered and included, but not limited to, the following in the development of staffing plans:

- i. Census, including total number of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers.
 - ii. Level of acuity/intensity, as determined by the nursing assessment of all patients, and the nature of the care to be delivered on each shift.
 - iii. Skill mix required
 - iv. Level of experience and specialty certification or training of nursing personnel providing care.
 - v. The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas and equipment. The need for specialized or intensive equipment.
 - vi. Staffing guidelines adopted or published by national nursing professional associations, specialty nursing associations, and other professional healthcare organizations.
- f. Evaluate staffing effectiveness against predetermined nurse sensitive metrics collected by Washington hospitals.
 - g. Hospital finances and resources as well as defined budget cycle may be considered in the development of the staffing plan.
 - h. The Nurse Staffing Committee will produce the Hospital's annual staffing plan and present it to the Hospital's Chief Executive Officer.
 - i. If the staffing plan compiled by the Nurse Staffing Committee (NSC) is not adopted by the Hospital, the CEO shall provide a written explanation of the reasons why to the Committee within 60 days. The CEO will, upon the request of the NSC, meet to discuss the committee's recommendations and discuss alternatives within 30 days of the committee's request.

4.) Meeting Schedules- The Nurse Staffing Committee will meet on a regular basis, no less than quarterly, with agenda items being given to one of the co-chairs seven days prior to the meeting (as possible). Participation by a hospital employee shall be on scheduled work time and compensated at the appropriate rate of pay. Members shall be relieved of work duties during meetings. Staff Registered Nurse members of the Nurse Staffing Committee will be paid, and preferable will be scheduled to attend meetings as part of their normal full time equivalent hours for the majority of the meetings. It is understood that meeting schedules may require a Registered Nurse member to attend on his/her scheduled day off and they will be paid for committee time.

5.) Record-keeping- Meeting agendas will be distributed to all committee members at least one week in advance of each meeting. Recorder will be assigned by the Committee. The minutes of each meeting will be distributed to all committee members with each meeting agenda, with approval of the minutes as a standing agenda item for each meeting. A master copy of all agendas and meeting minutes from the Nurse Staffing Committee minutes will be maintained by the Chief Nursing Officer and available for review on request.

6.) Attendance requirements and participation expectations- All members are expected to attend

at least 80 percent of the meetings held each year. Failure to meet attendance expectations may result in removal from the committee. If a member needs to be excused, requests for an excused absence will result in attendance recorded as "absent" in the meeting minutes. Replacement will be in accordance with aforementioned selection process. It is the expectation of the Nurse Staffing Committee that all members participate actively, including reading required materials in advance of the meeting as assigned, coming prepared to meetings, and engaging in respectful dialogue as professional committee members.

7.) Decision Making Process- Consensus will normally be used as the decision making model. Should a particular issue need to be voted upon by the committee, the action must be approved by majority vote of members present.

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 leave, vacation and participation in applicable Hospital insurance plans.

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. Effective the first full pay period in July 2021, the wage scale will increase by three (3%) percent for RNs and LPNs as reflected in the attached wage scale.

Effective the first full pay period of July 2022, the wage scale will increase by three (3%) percent for RNs and LPNs as reflected in the attached wage scale.

Effective the first full pay period of July 2023, the wage scale will increase by three (3%) percent for RNs and LPNs as reflected in the attached wage scale.

Contract language changes for premium pays shall be effective upon ratification.

Employees at the top of the pay scale shall receive a 3% stipend effective the first full pay period after January 1, 2022. Employees at the top of the pay scale shall receive a 3% stipend effective the first full pay period after January 1, 2023. Employees at the top of the pay scale shall receive a 3% stipend effective the first full pay period after January 1, 2024.

1. Hire in Rates for RNs. Effective July 1, 2021 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 \$4.00 per hour. Stand-by duty shall not be counted as hours worked for purposes of computing overtime or eligibility for wage increases or fringe benefits.

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 or sick day may be used. This schedule adjustment shall not count as an occurrence with the Employer's Dependability Policy.

3. Lead Duties.

Regular status or per diem nurses who perform lead duties shall receive \$3.00 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 or MSN will be paid a premium of \$1.00 per hour. Nurses who are eligible to receive this premium 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 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 two dollars (\$2) 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 a consistent 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.

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. Nurses who demonstrate oral fluency by passing a proficiency exam will be eligible to receive \$1.00 per hour certification premium and receipt of such premium will count towards the nurse's maximum number of certifications.

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 half way 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 leave, vacation 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 Transitional and Long-Term Care to assist in feeding residents, dressing changes, or assist in putting residents to bed. 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.

MOU Floating and Competency Compliance

After 90 days following ratification the Nurse staffing committee will work on parameters on floating and competency compliance, the goal of the committee will to ensure nurses are safe and to build skill with new opportunities as they become available and develop best practices on how this would be applied fairly and equitable.

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 one (1) month 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. Vacation 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 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 request, the approval shall not be subject to reversal by a

more senior employee submitting a vacation 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 regular 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 leave, sick 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 leave, sick 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. 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 and sick hours, based on the number of hours paid, excluding overtime.

14.2

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.

14.3 Holidays. Nurses are entitled to eleven (11) paid holidays annually, as follows:

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

Full-time nurses will be paid for fifty-six (56) hours annually of holiday pay for the seven (7) recognized holidays, plus thirty-two (32) hours for the four (4) 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 thirty two (32) 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.

14.3.1 **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 be credited with eight (8) hours of holiday hours towards their bank of holiday hours or pro-rated based on FTE.

14.4 **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.

14.5 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.

14.6 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).

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

14.8 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.

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 leave or vacation 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 leave or vacation 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 leave compensation, his sick leave accrual will be reduced by the total number of hours he was on sick 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 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 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 leave accumulated or runs out of sick leave, the word "vacation" may be substituted for sick 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 time accrued will be cashed out. An employee who is terminated with cause is not entitled to any severance pay, but vacation 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 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 (½) 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 leave may be utilized after notification unless approved in writing by the Employer.

- 24.2 Union Business/Employee Time: Use of employee work time to conduct, and/or engage in any Union activities could result in disciplinary action as set forth in Article 22.
- 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, 2021 and shall continue in effect until June 30, 2024, 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, 2024 or any anniversary date thereafter by either party, that this Agreement is to be amended or terminated.

Agreed this _____ day of _____, 2021.

IN WITNESS THEREOF, The parties hereto have executed this Agreement in duplicate original this _____ day of _____, 2021.

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, OSP, 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, educational requests off or shift trades.
2. The schedule(s) are updated daily with any changes by the department manager of **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 even 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 OSP 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 Incident Report Form 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 revisi 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 PCC 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 Nurse 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:

a. 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

b. 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.

c. 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.

4. 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.

Memorandum of Understanding

1. EMPLOYEE HEALTH & WELL-BEING

1. An employee who the Employer does not permit to work due to a confirmed work-related exposure to COVID-19 will be placed in leave status during any quarantine period required by the Employer and use applicable leave benefits.
2. Resources will be available to assist employees with coordination of federal, state and employer benefits related to COVID-19, as may be applicable.
3. During the quarantine period, the employee will remain in contact with Employee Health, as necessary and required by the Employer.
4. The Employer will comply with applicable regulations related to employees who fall into high-risk categories as defined in those proclamations (currently CDC guidelines on high-risk categories) with respect to workplace accommodations and/or leave periods. Employees will continue to accrue seniority for leaves taken in accordance with the applicable proclamation.
5. Benefits-eligible employees who are not ill, but cannot work for a variety of other reasons related to the COVID outbreak (PMH specific rules regarding time off apply), for example, daycare or eldercare needs, may use Vacation and Sick Leave, should the employee have this time in their bank.
6. The Employer will provide employees who have a confirmed workplace exposure to COVID-19 (such as treating a patient who was not confirmed, but later is identified to have COVID-19) with notice of such exposure as expediently as possible.
7. Employees who have had close contact with a suspected or confirmed case of COVID-19 while at work will contact Employee Health for next steps, up to and including whether testing is available and appropriate. Where appropriate, the Employer will direct employees to available testing resources, including those with the shortest turnaround times of which the Employer is aware.
8. Nothing in this agreement is intended to prevent employees from accessing other state benefits for which they may qualify, including but not limited to unemployment insurance benefits, paid family and medical leave, or workers compensation.
9. Upon request from the Union, the Employer will provide the number of its employees who are on leave as well as their paid leave accrual balance in a reasonable timeframe.

10. Employees will voluntarily choose to take the vaccine on the day of their choosing. Employees experiencing significant side effects (e.g., fever, extreme malaise) will be instructed to contact their department manager to inform of the need for time-off.
11. In the case of low census related to COVID-19, employees who do not want low census should contact their department manager and the Employer will work to provide redeployment opportunities wherever possible if the caregiver is able to perform the duties of positions available for redeployment, if any, in the opinion of the Employer.
12. Except as otherwise explicitly provided in this Agreement, the terms of applicable collective bargaining agreements will remain in effect.
13. The parties recognize that COVID is a unique, fast-developing situation, and commit to ongoing dialogue around these issues.

II. DURATION.

This agreement will extend until December 31, 2022. Upon request of either party, the Union and Management will meet to discuss any modification and extension of this agreement based on changing circumstances.

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, Patient Care Coordinator (PCC), Resource Nurse, or seasoned staff nurse.
- c. The delegation of authority will be delineated by the hand off of the PCC 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 PCC 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 PCC 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 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 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 PCC 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.
- b. Department leaders, resource nurses, the PCC, 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.

Wage / Step Scale

	PMH	PMH	PMH	PMH	PMH	PMH	PMH	PMH	PMH
	RN	RN	RN	LPN	LPN	LPN	CLINIC LPN	CLINIC LPN	CLINIC LPN
Effective	7/2021	7/2022	7/2023	7/2021	7/2022	7/2023	7/2021	7/2022	7/2023
	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
Base	33.59	34.60	35.64	22.53	23.21	23.91	21.39	22.03	22.69
1	34.32	35.35	36.41	23.03	23.72	24.43	21.88	22.54	23.22
2	35.08	36.13	37.21	23.54	24.25	24.98	22.35	23.02	23.71
3	35.86	36.94	38.05	24.06	24.78	25.52	22.85	23.54	24.25
4	36.64	37.74	38.87	24.58	25.32	26.08	23.35	24.05	24.77
5	37.44	38.56	39.72	25.12	25.87	26.65	23.87	24.59	25.33
6	38.27	39.42	40.60	25.68	26.45	27.24	24.39	25.12	25.87
7	39.11	40.28	41.49	26.23	27.02	27.83	24.94	25.69	26.46
8	39.97	41.17	42.41	26.81	27.61	28.44	25.47	26.23	27.02
9	40.85	42.08	43.34	27.41	28.23	29.08	26.03	26.81	27.61
10	41.75	43.00	44.29	28.01	28.85	29.72	26.62	27.42	28.24
11	42.67	43.95	45.27	28.62	29.48	30.36	27.19	28.01	28.85
12	43.61	44.92	46.27	29.25	30.13	31.03	27.79	28.62	29.48
13	44.58	45.92	47.30	29.91	30.81	31.73	28.40	29.25	30.13
14	45.56	46.93	48.34	30.55	31.47	32.41	29.03	29.90	30.80
15	46.56	47.96	49.40	31.22	32.16	33.12	29.66	30.55	31.47
16	47.58	49.01	50.48	31.91	32.87	33.86	30.32	31.23	32.17
17	48.63	50.09	51.59	32.62	33.60	34.61			
18	49.70	51.19	52.73	33.33	34.33	35.36			
19	50.79	52.31	53.88	34.06	35.08	36.13			
20	51.91	53.47	55.07	34.82	35.86	36.94			
21	53.05	54.64	56.28	35.59	36.66	37.76			
22	54.22	55.85	57.53	36.37	37.46	38.58			
23	55.41	57.07	58.78	37.16	38.27	39.42			
24	56.63	58.33	60.08	37.99	39.13	40.30			
25	57.89	59.63	61.42	38.91	40.08	41.28			
26	59.33	61.11	62.94	39.88	41.08	42.31			
27	60.81	62.63	64.51	40.88	42.11	43.37			



Prosser

Memorial Health Balance Sheet

November 30, 2021

	Assets				Liabilities & Fund Balance				
	11/30/2021	10/31/2021	11/30/2020	12/31/2020	11/30/2021	10/31/2021	11/30/2020	12/31/2020	
Cash & Temporary Investments	9,731,720	8,662,866	5,043,058	5,666,965	Current Portion of Bonds Payable	851,489	850,157	543,158	927,492
COVID Cash Holding	1,571,762	1,389,154	5,202,730	3,166,415	Current Portion of USDA	-	-	-	-
Gross Patient Accounts Receivable	32,541,479	31,514,355	27,862,475	27,102,308	Current Portion Capital Leases	248,904	248,407	-	242,588
Less Allowances for Uncollectible	(20,130,020)	(19,526,000)	(17,054,000)	(16,699,000)	Accounts Payable	2,274,393	1,999,046	1,671,495	1,390,403
Net Patient Receivables	12,411,459	11,988,355	10,808,475	10,403,308	Payroll & Related Liabilities	3,091,066	2,890,620	3,325,376	2,463,441
Taxes Receivable	31,323	247,538	34,240	31,706	Cost Report Payable	950,837	1,063,039	785,507	521,596
Receivable from 3rd Party Payor	-	-	1,136,310	397,478	Other Payables to 3rd Parties	969,467	969,467	465,709	777,000
Inventory	491,889	595,353	466,475	484,142	Deferred Tax Revenue	71,831	143,662	69,466	-
Prepaid Expenses	1,321,216	1,199,969	1,402,689	1,208,748	Deferred EHR Medicare Revenue	-	-	27,517	-
Other Current Assets	7,961	5,366	14,981	118,401	Deferred COVID Revenue	1,571,762	1,389,154	11,552,965	9,516,650
Total Current Assets	25,567,330	24,088,601	24,108,958	21,477,163	Accrued Interest Payable	114,644	95,649	118,019	19,670
Whitehead Fund - LGIP	1,214,762	1,214,676	1,213,424	1,213,585	Other Current Liabilities	-	-	-	-
Funded Depreciation - Cash	791,065	559,416	791,283	1,020,257	Total Current Liabilities	10,144,393	9,649,201	18,559,212	15,858,840
Funded Depreciation - TVI	17,691,455	17,716,731	15,393,352	15,448,177	Non Current Liabilities				
Bond Obligation Cash Reserve	767,514	767,514	767,472	767,478	Bonds Payable net of CP	9,787,373	9,835,526	10,965,979	10,311,216
USDA Debt Reserve Fund	-	-	-	-	USDA Financing Payable net of CP	-	-	-	-
Tax Exempt Lease Funds	-	-	1,001,868	893,149	Capital Leases net of CP	605,917	626,579	1,096,379	833,861
Board Designated Assets	20,464,796	20,258,337	19,167,399	19,342,646	Total Non Current Liabilities	10,393,290	10,462,105	12,062,358	11,145,077
Land	478,396	478,396	478,396	478,396	Total Liabilities	20,537,683	20,111,306	30,621,570	27,003,917
Property Plant & Equipment	44,852,635	44,619,205	41,966,549	42,040,809	Fund Balance				
Construction In Progress	5,152,193	4,612,789	1,535,297	1,906,093	Current YR Unrestricted Fund Balance	15,711,390	13,884,035	1,571,120	3,290,127
Accumulated Depreciation	(30,459,130)	(30,256,431)	(28,230,570)	(28,455,218)	Prior YR Unrestricted Fund Balance	32,577,983	32,577,983	29,623,263	27,293,932
Net Property Plant & Equipment	20,024,094	19,453,959	15,749,672	15,970,079	Restricted Fund Balance	-	-	-	-
Investment & Other Non Current Assets	1,025,396	1,026,987	1,044,484	1,042,893	Total Fund Balance	48,289,373	46,462,018	31,194,383	32,574,304
Land - Gap Road	1,745,440	1,745,440	1,745,440	1,745,440	Total Liabilities & Fund Balance	\$ 68,827,056	\$ 66,573,324	\$ 61,815,953	\$ 59,578,221
Net Investments & Other Non Current Assets	2,770,836	2,772,427	2,789,924	2,788,333					
Total Assets	\$ 68,827,056	\$ 66,573,324	\$ 61,815,953	\$ 59,578,221					



Prosser
Memorial Health
Statement of Operations
November 30, 2021

Month Ending		Prior		Year to Date		Prior					
Actual	Budget	Variance	%	Year	%	Actual	Budget	Variance	%	Year	%
Gross Patient Services Revenue											
\$ 3,043,354	\$ 2,953,345	\$ 90,009	3%	\$ 3,168,278	-4%	\$ 37,962,806	\$ 32,751,381	\$ 5,211,425	16%	\$ 30,766,279	23%
13,593,213	10,827,032	2,766,181	26%	10,188,162	33%	142,077,060	120,067,325	22,009,735	18%	99,738,046	42%
16,636,567	13,780,377	2,856,190	21%	13,356,440	25%	180,039,866	152,818,706	27,221,160	18%	130,504,325	38%
Deductions from Revenue											
Contractual Allowances											
3,266,390	2,561,565	(704,825)	-28%	2,496,898	31%	36,868,006	28,406,701	(8,461,305)	-30%	23,563,360	56%
3,668,725	2,919,757	(748,968)	-26%	3,231,634	14%	39,588,123	32,378,902	(7,209,221)	-22%	29,020,427	36%
2,412,022	1,693,148	(718,874)	-42%	1,865,577	29%	23,270,023	18,776,322	(4,493,701)	-24%	16,800,255	39%
368,145	177,745	(190,400)	-107%	109,178	237%	3,568,849	1,971,118	(1,597,731)	-81%	1,743,223	105%
9,715,282	7,352,215	(2,363,067)	-32%	7,703,287	26%	103,295,001	81,533,043	(21,761,958)	-27%	71,127,265	45%
296,306	165,311	(130,995)	-79%	141,999	109%	2,762,051	1,833,229	(928,822)	-51%	1,510,475	83%
103,191	322,327	219,136	68%	537,735	-81%	3,201,921	3,574,475	372,554	10%	3,195,412	0%
10,114,779	7,839,853	(2,274,926)	-29%	8,383,021	21%	109,258,973	86,940,747	(22,318,226)	-26%	75,833,152	44%
6,521,788	5,940,524	581,264	10%	4,973,419	31%	70,780,893	65,877,959	4,902,934	7%	54,671,173	29%
1,496,853	-	1,496,853	0%	(3,369,462)	-144%	10,197,897	6,350,235	3,847,662	61%	1,745,993	484%
19,922	28,611	(8,689)	-30%	124,915	-84%	395,887	314,726	81,161	26%	853,217	-54%
8,038,563	5,969,135	2,069,428	35%	1,728,872	365%	81,374,677	72,542,920	8,831,757	12%	57,270,383	42%
Net Patient Services Revenue											
2,734,884	2,550,926	(183,958)	-7%	2,438,217	12%	30,026,951	28,185,150	(1,841,801)	-7%	26,362,735	14%
685,761	623,851	(61,910)	-10%	653,867	5%	7,423,283	6,751,419	(671,864)	-10%	6,269,043	18%
427,135	206,866	(220,269)	-106%	221,005	93%	3,134,016	2,294,057	(839,959)	-37%	2,478,500	26%
3,847,780	3,381,643	(466,137)	-14%	3,313,089	16%	40,584,250	37,230,626	(3,353,624)	-9%	35,110,278	16%
333,691	346,990	13,299	4%	371,858	-10%	3,952,229	3,846,488	(105,741)	-3%	3,713,161	6%
82,246	41,867	(40,379)	-96%	49,263	67%	707,024	460,533	(246,491)	-54%	466,471	52%
877,373	951,909	74,536	8%	689,856	27%	11,040,661	9,872,127	(1,168,534)	-12%	7,253,375	52%
26,701	44,389	17,688	40%	36,935	-28%	465,317	491,062	25,745	5%	499,426	-7%
423,787	325,315	(98,472)	-30%	375,342	13%	3,444,544	3,578,462	133,918	4%	2,947,446	17%
180,858	176,630	(4,228)	-2%	154,333	17%	1,976,263	1,942,930	(33,333)	-2%	1,872,695	6%
97,105	85,533	(11,572)	-14%	74,031	31%	958,412	940,867	(17,545)	-2%	816,814	17%
204,290	246,996	42,706	17%	232,571	-12%	2,031,129	2,716,952	685,823	25%	2,525,834	-20%
152,045	114,711	(37,334)	-33%	212,650	-28%	900,268	1,431,832	531,564	37%	1,041,793	-14%
2,378,096	2,334,340	(43,756)	-2%	2,196,839	8%	25,475,847	25,281,253	(194,594)	-1%	21,137,015	21%
6,225,876	5,715,983	(509,893)	-9%	5,509,928	13%	66,060,097	62,511,879	(3,548,218)	-6%	56,247,293	17%
1,812,687	253,152	1,559,535	616%	(3,781,056)	-148%	15,314,580	10,031,041	5,283,539	53%	1,023,090	1397%
Operating Expenses											
71,831	71,831	-	0%	75,013	-4%	803,981	790,141	13,840	2%	784,741	2%
(24,802)	2,935	(27,737)	-945%	687	-3710%	(38,478)	32,280	(70,758)	-219%	171,344	-122%
(32,361)	(44,920)	12,559	-28%	(32,052)	1%	(385,980)	(494,115)	108,135	-22%	(368,524)	5%
-	347	(347)	-100%	-	0%	17,287	3,819	13,468	353%	(39,531)	-144%
14,668	30,193	(15,525)	-51%	43,648	-66%	396,810	332,125	64,685	19%	548,030	-28%
\$ 1,827,355	\$ 283,345	\$ 1,544,010	545%	\$ (3,737,408)	-149%	\$ 15,711,390	\$ 10,363,166	\$ 5,348,224	52%	\$ 1,571,120	900%
Non Operating Income											
Total Operating Expenses											
Operating Income (Loss)											
Non Operating Income											
Total Non Operating Income											
Net Income (Loss)											



Prosser Memorial Health

Statement of Operations 13-month Trend

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Gross Patient Services Revenue														
Inpatient	\$ 2,710,596	\$ 3,168,278	\$ 3,151,704	\$ 3,824,595	\$ 3,004,543	\$ 3,035,495	\$ 3,258,345	\$ 3,315,688	\$ 3,464,309	\$ 3,689,003	\$ 4,327,455	\$ 3,536,125	\$ 3,463,893	\$ 3,043,354
Outpatient	10,633,377	10,188,162	10,468,554	10,210,773	9,951,505	13,253,052	13,357,145	13,427,053	14,292,979	13,202,982	14,529,135	13,294,650	12,964,572	13,593,213
Total Gross Patient Services Revenue	13,343,973	13,356,440	13,620,258	14,035,368	12,956,048	16,288,547	16,615,490	16,742,741	17,757,288	16,891,985	18,856,590	16,830,775	16,428,465	16,636,567
Deductions from Revenue														
Contractual Allowances	43%	37%	35%	42%	41%	40%	39%	36%	38%	39%	39%	38%	41%	39%
Medicare	2,609,904	2,496,898	3,258,811	3,197,084	2,335,434	3,487,655	3,931,855	3,752,035	3,345,847	3,421,358	3,603,120	3,526,574	3,000,655	3,266,390
Medicaid	3,138,526	3,231,634	3,277,382	2,895,026	2,792,711	3,362,537	3,814,239	3,713,132	3,706,068	3,771,972	4,364,148	3,880,753	3,619,215	3,668,725
Negotiated Rates	1,722,466	1,865,577	1,944,477	1,423,179	1,865,728	2,089,835	1,920,840	2,106,461	2,367,321	2,132,345	2,645,102	2,028,743	2,278,447	2,412,022
Other Adjustments	161,413	109,178	(2,652)	274,835	116,649	312,747	273,486	222,032	424,260	177,968	308,420	442,001	648,306	368,145
Gross Contractual Allowances	7,632,309	7,703,287	8,478,018	7,790,124	7,110,522	9,252,774	9,940,420	9,793,660	9,843,496	9,503,643	10,920,790	9,877,669	9,546,623	9,715,282
Charity Care	208,648	141,999	271,526	190,576	141,077	219,351	114,639	129,428	468,382	237,782	303,523	375,097	285,889	296,306
Bad Debt	(270,517)	537,735	128,519	185,454	340,068	219,607	99,368	712,965	708,901	575,286	287,566	114,155	(144,638)	103,191
Total Deductions From Revenue	7,570,440	8,383,021	8,878,063	8,166,154	7,591,667	9,691,732	10,154,427	10,636,053	11,020,779	10,316,711	11,511,879	10,366,921	9,687,874	10,114,779
Net Patient Services Revenue	5,773,533	4,973,419	4,742,195	5,869,214	5,364,381	6,596,815	6,461,063	6,106,688	6,736,509	6,575,274	7,344,711	6,463,854	6,740,591	6,521,788
COVID Grant Revenue	-	(3,369,462)	2,373,621	-	161,836	89,084	47,730	18,121	226,430	85,966	6,628,311	1,106,281	337,283	1,496,853
Other Operating Revenue	55,526	124,915	436,245	21,974	13,672	18,640	19,190	18,564	86,667	(52,827)	26,327	16,804	206,955	19,922
Net Revenue	5,829,059	1,728,872	7,552,061	5,891,188	5,539,889	6,704,539	6,527,983	6,143,373	7,049,606	6,608,413	13,999,349	7,586,939	7,284,829	8,038,563
Operating Expenses				0.61	0.58	0.55	0.59	0.58	0.52	0.59	0.51	0.65	0.55	0.59
Salaries	2,470,293	2,438,217	2,629,758	2,896,868	2,392,952	2,664,559	2,585,420	2,683,225	2,609,505	2,774,116	2,838,758	3,349,881	2,742,169	2,734,884
Benefits	426,890	653,867	453,990	490,325	507,964	718,586	913,241	539,945	624,077	713,049	573,865	578,262	832,824	685,761
Purchased Labor	208,521	221,005	235,353	212,649	230,916	247,831	314,944	315,380	268,999	384,634	308,636	270,875	152,018	427,135
Sub-Total Labor Costs	3,105,704	3,313,089	3,319,101	3,599,842	3,131,832	3,630,976	3,813,605	3,538,550	3,502,581	3,871,799	3,721,259	4,199,018	3,727,011	3,847,780
Professional Fees - Physicians	299,010	371,858	501,285	273,508	495,322	355,103	332,374	383,187	364,644	326,073	375,128	368,393	344,807	333,691
Professional Fees - Other	32,791	49,263	67,851	51,994	94,774	68,280	72,770	50,694	34,416	45,335	103,477	39,174	62,259	82,246
Supplies	774,372	689,856	1,364,029	716,484	952,455	1,115,149	876,603	1,024,690	828,536	951,041	1,328,441	1,114,451	1,255,438	877,373
Purchased Services - Utilities	42,281	36,935	46,473	46,429	34,826	46,996	23,711	70,281	20,830	57,017	49,501	44,629	34,396	26,701
Purchased Services - Other	347,336	375,342	405,316	227,910	354,939	345,552	311,705	121,196	367,935	249,401	365,859	400,511	277,356	423,787
Rentals & Leases	180,140	154,333	202,520	173,355	159,750	174,470	203,040	143,671	181,177	202,763	194,310	215,090	147,779	180,858
Insurance License & Taxes	116,220	74,031	75,758	79,892	78,355	82,687	95,752	84,950	81,728	81,479	81,749	120,304	90,770	97,105
Depreciation & Amortization	232,435	232,571	229,038	176,902	176,683	178,204	178,006	178,508	185,332	186,035	185,801	186,122	195,247	204,290
Other Operating Expenses	38,681	212,650	76,335	(98,093)	73,014	97,152	86,594	77,368	106,650	101,802	80,833	96,773	109,760	152,045
Sub-Total Non-Labor Expenses	2,063,266	2,196,839	2,968,605	1,648,380	2,420,118	2,473,593	2,180,555	2,134,545	2,171,248	2,200,946	2,765,099	2,585,447	2,517,812	2,378,096
Total Operating Expenses	5,168,970	5,509,928	6,287,706	5,248,223	5,551,950	6,104,569	5,994,160	5,673,095	5,673,829	6,072,745	6,486,358	6,784,465	6,244,823	6,225,876
Operating Income (Loss)	660,089	(3,781,056)	1,264,355	642,965	(12,061)	599,970	533,823	470,278	1,375,777	535,668	7,512,991	802,474	1,040,006	1,812,687
Non Operating Income														
Tax Revenue	68,109	75,013	71,484	73,234	70,460	72,128	75,078	74,481	75,669	70,182	75,744	71,831	73,342	71,831
Investment Income	55,157	687	54,825	365	516	(68,403)	483	51,445	(13,526)	575	466	2,347	11,834	(24,802)
Interest Expense	(43,094)	(32,052)	(22,203)	(45,683)	(33,588)	(33,419)	(33,288)	(44,564)	(32,877)	(31,404)	(32,572)	(33,739)	(32,265)	(32,361)
Other Non Operating Income (Expense)	-	-	10,831	-	-	13,087	-	-	-	-	4,200	-	-	-
Total Non Operating Income	80,172	43,648	114,937	27,916	37,388	(16,607)	42,273	81,362	29,266	39,353	47,838	40,439	52,911	14,668
Net Income (Loss)	\$ 740,261	\$(3,737,408)	\$ 1,379,292	\$ 670,881	\$ 25,327	\$ 583,363	\$ 576,096	\$ 551,640	\$ 1,405,043	\$ 575,021	\$ 7,560,829	\$ 842,913	\$ 1,092,917	\$ 1,827,355
Total Margin	12.5%	-210.9%	18.0%	11.3%	0.5%	8.7%	8.8%	8.9%	19.8%	8.6%	53.8%	11.1%	14.9%	22.7%
Margin (Non Operating Income)	11.3%	-218.7%	16.7%	10.9%	-0.2%	8.9%	8.2%	7.7%	19.5%	8.1%	53.7%	10.6%	14.3%	22.5%
Salaries as a % of Net Revenue	42.4%	141.0%	34.8%	49.2%	43.2%	39.7%	39.6%	43.7%	37.0%	42.0%	20.3%	44.2%	37.6%	34.0%
Labor as a % of Net Revenue	53.3%	191.6%	43.9%	61.1%	56.5%	54.2%	58.4%	57.6%	49.7%	58.6%	26.6%	55.3%	51.2%	47.9%
Operating Expense change from prior month	-11%	7%	14%	-17%	6%	10%	-2%	-5%	0%	7%	5%	-4%	-4%	
Gross Revenue change from prior month	8%	0%	2%	3%	-8%	26%	2%	1%	6%	-5%	12%	-11%	-12%	
Net Revenue change from prior month	60%	-70%	337%	-22%	-6%	21%	-3%	-6%	15%	-6%	112%	-46%	-43%	



Prosser
Memorial Health
Statement of Cash Flows
November 30, 2021

CURRENT MONTH Actual		YEAR TO DATE Actual
	NET INCOME TO NET CASH BY OPERATIONS	
1,827,355	NET INCOME (LOSS)	15,711,390
204,290	Depreciation Expense	2,031,129
-	Amortization	-
-	Loss (Gain) on Sale of Assets	(13,087)
2,031,645	TOTAL	17,729,432
	WORKING CAPITAL	
(227,267)	Decrease (Increase) in Assets	(1,281,453)
495,192	Increase (Decrease) in Liabilities	(5,970,924)
2,299,570	NET CASH PROVIDED BY OPERATIONS	10,477,055
	CASH FLOWS FROM INVESTING ACTIVITIES	
(772,834)	Capital Purchasing	(6,057,926)
-	Proceeds on Capital Assets Sold	-
(68,815)	Investment Activity	(826,877)
(841,649)	NET CASH USED BY INVESTING ACTIVITIES	(6,884,803)
1,457,921	NET CHANGE IN CASH	3,592,252
	CASH BALANCE	
30,310,357	BEGINNING	28,176,026
31,768,278	ENDING	31,768,278
1,457,921	NET CASH FLOW	3,592,252



Direct Cash Flow Statement
November 30, 2021

	<u>November</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>September</u>	<u>October</u>	<u>November</u>
	<u>2020</u>	<u>2020</u>	<u>2021</u>	<u>2021</u>	<u>2021</u>	<u>2021</u>	<u>2021</u>	<u>2021</u>	<u>2021</u>	<u>2021</u>	<u>2021</u>	<u>2021</u>	<u>2021</u>
CASH FLOWS FROM OPERATING													
PAYMENTS RECEIVED													
Commercial	2,121,099	2,414,554	2,296,225	1,984,410	2,593,354	2,421,069	2,349,146	2,942,914	2,651,970	2,898,177	3,130,632	3,153,931	2,875,267
Medicaid	1,434,182	1,675,687	1,265,054	1,229,965	1,440,320	1,547,715	1,640,050	1,744,690	1,672,738	1,588,232	2,103,782	1,687,063	1,529,067
Medicare	1,130,711	1,403,483	1,171,942	1,387,433	1,668,819	1,764,868	1,802,039	2,032,441	1,638,886	1,879,928	1,638,399	1,603,757	1,599,329
VA	42,931	56,106	65,677	22,295	31,789	20,376	57,256	18,589	64,834	88,287	56,988	52,706	66,281
Worker's Comp	132,385	111,946	88,129	114,184	160,025	137,947	128,164	148,895	146,239	100,236	109,063	145,456	130,592
Self Pay	143,017	92,175	123,234	97,626	140,201	120,912	141,867	149,680	168,795	121,182	163,813	108,110	129,044
Other Non Patient Payments	1,081,347	260,618	677,789	233,837	252,420	520,727	465,324	425,634	53,644	435,091	101,670	1,465,202	2,014,478
Cash Received (Patients, Insurance, Other)	6,085,672	6,014,569	5,688,050	5,069,750	6,286,928	6,533,612	6,583,846	7,462,843	6,397,106	7,111,133	7,304,347	8,216,225	8,344,058
Patient Refunds	(1,149)	(2,846)	(523)	(3,050)	(2,783)	(20,303)	(10,582)	(19,388)	(21,959)	(1,590)	(35,193)	(28,515)	(30,265)
AP Expenses	(2,227,757)	(4,074,458)	(2,879,560)	(2,739,020)	(2,582,219)	(3,158,797)	(3,554,584)	(2,503,723)	(2,425,738)	(3,291,615)	(3,276,658)	(3,837,948)	(3,398,633)
Settlement LumpSum Payments	(6,591,980)	-	(149,326)	-	-	-	-	-	-	-	-	-	-
Payroll Expenses	(2,327,668)	(2,327,668)	(2,606,229)	(2,505,688)	(2,702,199)	(2,526,957)	(2,499,104)	(2,527,250)	(3,843,249)	(2,646,771)	(2,640,425)	(3,402,985)	(2,684,405)
Loan/Interest Expense	(57,467)	(388,019)	(114,934)	(57,467)	(57,467)	(57,467)	(57,467)	(171,436)	(57,467)	(57,467)	(114,934)	(57,467)	-
NET CASH PROVIDED BY OPERATING	(5,120,349)	(778,422)	(62,522)	(235,475)	942,260	770,088	462,109	2,241,046	48,693	1,113,690	1,237,137	889,310	2,230,755
CASH FLOWS FROM INVESTING ACTIVITIES													
Capital Purchasing	(416,382)	(458,739)	(436,683)	(457,012)	(1,404,848)	(272,317)	(500,472)	(756,111)	(509,764)	(337,064)	(421,857)	(175,878)	(772,834)
NET CASH USED BY INVESTING ACTIVITIES	(416,382)	(458,739)	(436,683)	(457,012)	(1,404,848)	(272,317)	(500,472)	(756,111)	(509,764)	(337,064)	(421,857)	(175,878)	(772,834)
NET CHANGE IN CASH	(5,536,731)	(1,237,161)	(499,205)	(692,487)	(462,588)	497,771	(38,363)	1,484,935	(461,071)	776,626	815,280	713,432	1,457,921
CASH BALANCE													
BEGINNING	34,949,918	29,413,187	28,121,201	27,621,996	26,984,335	26,521,747	27,019,518	26,981,155	28,466,090	28,005,019	28,781,645	29,596,925	30,310,357
ENDING	29,413,187	28,176,026	27,621,996	26,929,509	26,521,747	27,019,518	26,981,155	28,466,090	28,005,019	28,781,645	29,596,925	30,310,357	31,768,278
NET CASH FLOW	(5,536,731)	(1,237,161)	(499,205)	(692,487)	(462,588)	497,771	(38,363)	1,484,935	(461,071)	776,626	815,280	713,432	1,457,921



Prosser Memorial Health

Key Operating Statistics November 30, 2021

Month Ending				Year to Date				Prior	Change	
Actual	Budget	Variance	%		Actual	Budget	Variance	%	Year	
Key Volumes										
255	182	73	40%	Inpatient Acute Days	3,201	2,031	1,170	58%	2,155	49%
35	172	(137)	-80%	Inpatient Swing Days	754	1,915	(1,161)	-61%	1,409	-46%
290	354	(64)	-18%	Total Inpatient Days	3,955	3,946	9	0%	3,564	11%
97	85	12	15%	Inpatient Admissions	1,277	942	335	36%	928	38%
94	85	9	11%	Inpatient Discharges	1,275	942	333	35%	924	38%
4	13	(9)	-69%	Swing Bed Discharges	67	145	(78)	-54%	103	-35%
1,585	1,654	(68)	-4%	Adjusted Patient Days	18,757	18,411	346	2%	15,118	24%
9.67	11.81	(2.15)	-18%	Average Daily Census	11.84	11.81	0.03	0%	10.64	11%
514	395	119	30%	Adjusted Discharges	6,047	4,394	1,653	38%	3,919	54%
2.71	2.16	0.56	26%	Average Length of Stay - Hospital	2.51	2.16	0.35	16%	2.33	8%
8.75	13.25	(4.50)	-34%	Average Length of Stay - Swing Bed	11.25	13.25	(1.99)	-15%	13.68	-18%
39%	47%	-9%	-18%	Acute Care Occupancy (25)	47%	47%	0%	0%	43%	11%
37	44	(7)	-17%	Deliveries	526	494	32	6%	445	18%
220	135	85	63%	Surgical Procedures	1,930	1,506	424	28%	1,086	78%
1,167	903	264	29%	Emergency Dept Visits	12,063	10,055	2,008	20%	8,877	36%
13,566	12,204	1,362	11%	Laboratory Tests	158,431	135,871	22,560	17%	128,455	23%
2,960	2,020	940	47%	Radiology Exams	33,280	22,490	10,790	48%	24,349	37%
1,534	1,047	487	46%	PMH Specialty Clinic	14,591	11,662	2,929	25%	10,621	37%
681	991	(310)	-31%	PMH - Benton City Clinic Visits	8,255	11,038	(2,783)	-25%	9,534	-13%
938	1,038	(100)	-10%	PMH - Prosser Clinic Visits	13,765	11,554	2,211	19%	13,424	3%
952	732	220	30%	PMH - Grandview Clinic Visits	8,326	8,145	181	2%	6,611	26%
610	621	(11)	-2%	PMH - Women's Health Clinic Visits	6,651	6,909	(258)	-4%	6,510	2%
LABOR FULL-TIME EQUIVALENT										
304.22	306.25	2.03	1%	Employed Staff FTE's	286.12	306.25	20.13	7%	265.65	8%
30.91	30.50	(0.41)	-1%	Employed Provider FTE	30.87	30.50	(0.37)	-1%	29.37	5%
335.13	336.75	1.62	0%	All Employee FTE's	316.99	336.75	19.76	6%	295.02	7%
301.50	252.56	(48.94)	-19%	Productive FTE's	279.82	252.56	(27.26)	-11%	258.89	8%
15.35	20.00	4.65	23%	Outsourced Therapy FTE's	15.17	20.00	4.83	24%	13.90	9%
5.65	2.81	(2.84)	-101%	Contracted Staff FTE's	7.15	2.81	(4.34)	-154%	4.06	76%
21.00	22.81	1.81	8%	All Purchased Staff FTE's	22.32	22.81	0.49	2%	17.96	24%
8.81	5.00	(3.81)	-76%	Contracted Provider FTE's	7.36	5.00	(2.36)	-47%	7.09	4%
364.94	364.56	(0.38)	0%	All Labor FTE's	346.67	364.56	17.89	5%	320.07	8%



Prosser

Memorial Health

Financial Operations

November 30, 2021

	YTD 2020	YTD 2021	YTD Budget 2021		YTD 2020	YTD 2021	YTD Budget 2021
Utilization				Key Ratios			
Admissions	928	1,277	942	Operating Margin (%)	1.8%	18.8%	13.8%
Adjusted Admissions	3,936	6,056	4,394	Excess Margin (%)	2.8%	22.1%	15.7%
Average Daily Census	6.5	9.6	6.1	Operating EBIDA Margin (Operating Cash Flow)	6.2%	21.3%	17.6%
Adjusted Occupied Beds	27.4	45.5	28.4	Average Expense per Adjusted Patient Days	3,721	3,522	3,395
Average Length of Stay (days)	2.3	2.5	2.2	Average Net Revenue per Adjusted Patient Days	3,616	3,774	3,578
Outpatient Revenue %	76.4%	78.9%	78.6%	Net Accounts Receivable (days)	59.17	56.63	54.80
Total Yield (net patient revenue)	83.6%	68.5%	132.6%	Current Ratio (x)	1.30	2.52	2.93
Hospital Case Mix Index	0.99	0.99	1.00	Cash on Hand (days)	151	158	156
Average Charge Per Patient Day	8,633	9,599	8,300	Cushion Ratio (x)	79.81	82.31	53.64
Financial Performance (\$000)				Return on Equity (%)	5.04%	32.54%	25.52%
Net Patient Revenue	54,671	70,781	65,878	Capital Spending Ratio	1.34	2.93	7.58
Total Operating Revenue	57,270	81,375	72,543	Average Age of Plant (Years)	10.25	13.75	10.52
Total Operating Expense	56,247	66,060	62,512	Debt Service	2.89	14.28	11.83
Income (Loss) from Operations	1,023	15,315	10,031	Debt-to-Capitalization (%)	29%	19%	20.75%
Excess of Revenue Over Expenses	1,571	15,711	10,363	Patient Revenue Sources by Gross Revenue (%)			
EBIDA (Operating Cash Flow)	3,549	17,346	12,748	Medicare	29.8%	32.5%	29.8%
Additions to Property, Plant, and Equipment	3,062	6,058	682	Medicaid	31.9%	30.8%	31.9%
				Commercial Insurance	29.4%	28.9%	29.4%
Balance Sheet (\$000)				Self-pay and Other	8.9%	7.9%	8.9%
Unrestricted Cash and Investments	10,246	11,303	7,445	Labor Metrics			
Accounts Receivable (gross)	27,862	32,541	26,121	Productive FTE's (incl contract labor)	283.94	309.50	280.37
Net Fixed Assets	15,750	20,024	14,590	Total FTE's (incl contract labor)	320.07	346.67	364.56
Current and Long-Term Liabilities (excluding LT debt)	18,559	10,144	6,863	Labor Cost (incl benefits) per FTE - Annualized	119,668	127,711	111,409
Long-Term Debt	10,966	9,787	10,113	Labor Cost (incl benefits) as a % of Net Operating Revenue	61.3%	49.9%	51.3%
Total Liabilities	29,525	19,931	16,976	Net Operating Revenue per FTE - Annualized	195,197	256,072	217,077
Net Worth	31,194	48,289	41,965	Operating Expense per FTE - Annualized	191,710	207,879	187,061

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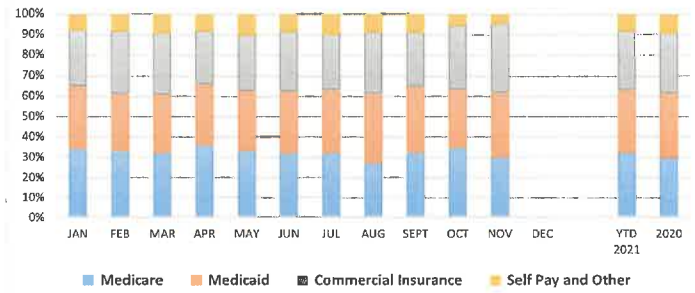
**Revenue by Financial Class
November 30, 2021**

Month	Medicare	Medicaid	Commercial Insurance	Self Pay and Other	Total
JAN	34.2%	31.1%	27.4%	7.2%	100.0%
FEB	33.2%	28.4%	30.6%	7.8%	100.0%
MAR	32.2%	29.0%	29.8%	9.0%	100.0%
APR	36.0%	30.3%	25.9%	7.8%	100.0%
MAY	33.3%	29.6%	27.1%	9.9%	100.0%
JUN	32.3%	30.3%	29.3%	8.1%	100.0%
JUL	32.4%	31.1%	27.0%	9.6%	100.0%
AUG	27.2%	34.3%	30.1%	8.3%	100.0%
SEPT	32.6%	32.7%	26.1%	8.6%	100.0%
OCT	34.7%	29.0%	31.0%	5.3%	100.0%
NOV	30.2%	31.7%	33.6%	4.4%	100.0%
DEC					
YTD 2021	32.5%	30.8%	28.9%	7.9%	100.0%
2020	29.8%	31.9%	29.4%	8.9%	100.0%

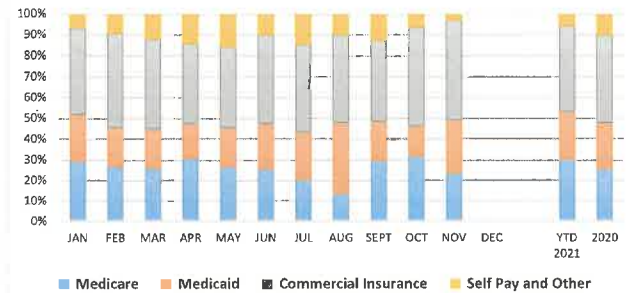
**Net Revenue by Financial Class
November 30, 2021**

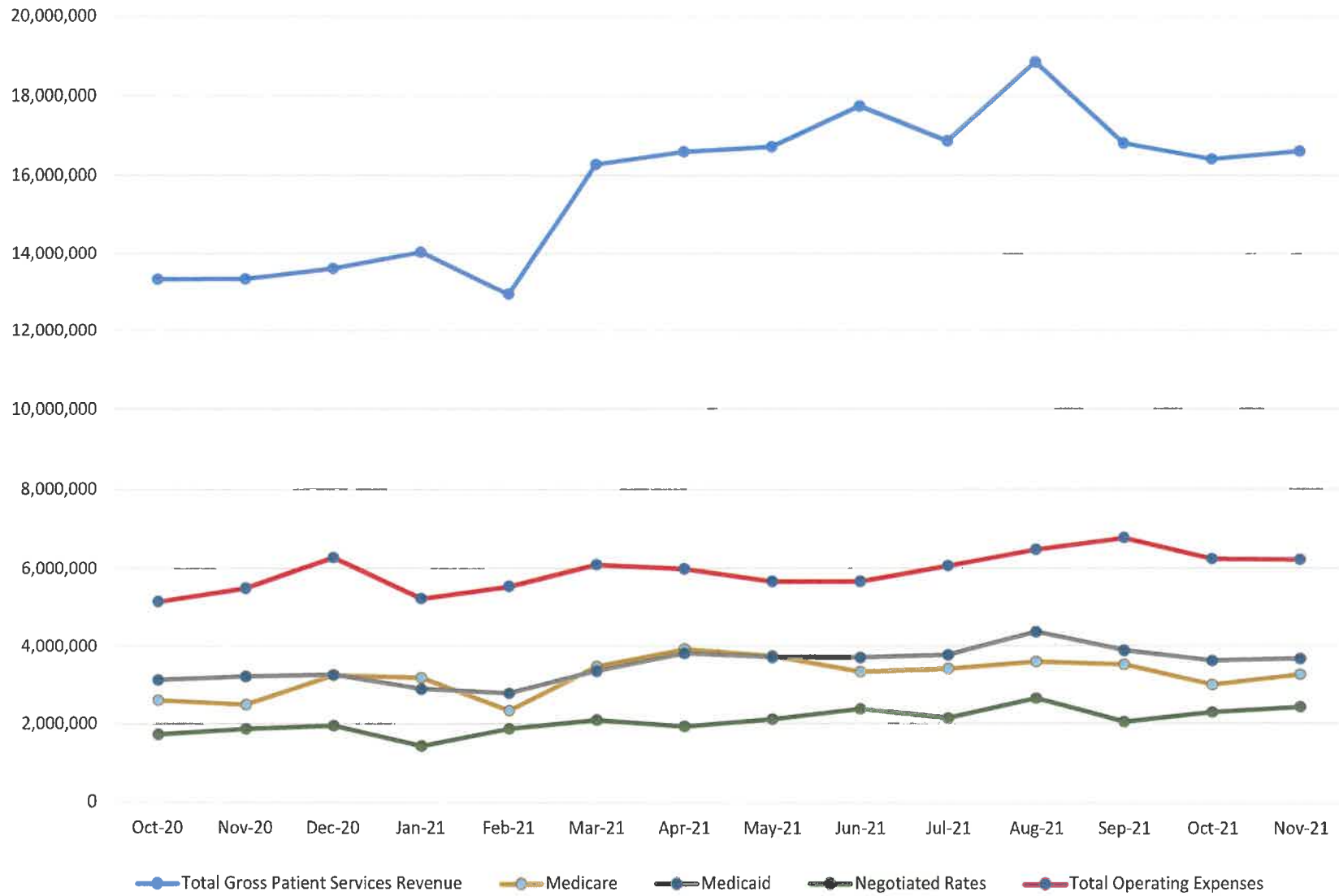
Month	Medicare	Medicaid	Commercial Insurance	Self Pay and Other	Total
JAN	29.3%	22.8%	41.6%	6.3%	100.0%
FEB	27.0%	19.0%	45.0%	9.1%	100.0%
MAR	26.2%	18.9%	43.2%	11.7%	100.0%
APR	30.8%	16.8%	38.5%	14.0%	100.0%
MAY	26.7%	19.1%	38.8%	15.3%	100.0%
JUN	25.6%	22.1%	42.7%	9.7%	100.0%
JUL	20.2%	23.2%	42.1%	14.4%	100.0%
AUG	13.4%	34.8%	42.0%	9.8%	100.0%
SEPT	29.6%	19.1%	39.1%	12.1%	100.0%
OCT	31.8%	14.6%	47.8%	5.8%	100.0%
NOV	23.6%	25.8%	48.2%	2.4%	100.0%
DEC					
YTD 2021	30.1%	23.3%	41.2%	5.4%	100.0%
2020	25.6%	22.6%	41.9%	9.9%	100.0%

2021 Gross Revenue by Financial Class

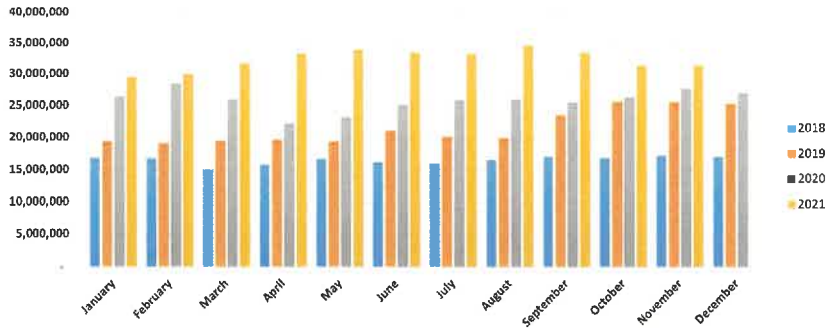


2021 Net Revenue by Financial Class

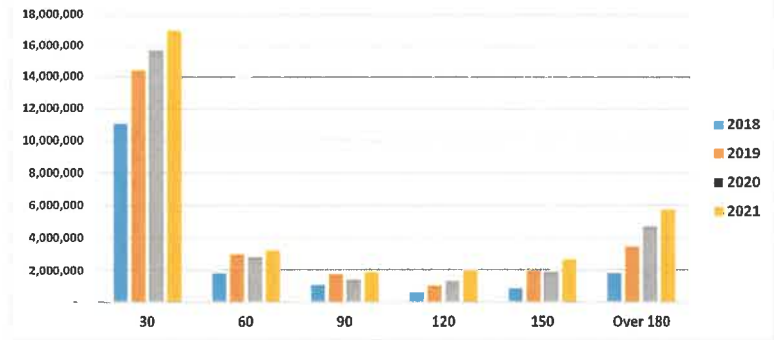




AR Balance Trend - 2018-2021



AR Age Comparative 2018-2021



AR Balance Trend

	2016	2017	2018	2019	2020	2021	% Change
January	12,362,446	13,660,199	16,931,510	19,428,531	26,540,403	29,542,976	11%
February	14,494,028	14,529,841	16,911,324	19,146,130	28,567,785	30,120,411	5%
March	20,600,695	15,115,376	14,989,166	19,513,147	26,130,696	31,816,016	22%
April	20,487,742	15,752,955	15,852,894	19,692,139	22,350,961	33,444,324	50%
May	19,464,558	15,131,907	16,812,980	19,455,887	23,319,876	34,107,637	46%
June	17,028,895	15,446,995	16,291,895	21,223,053	25,197,275	33,577,529	33%
July	16,275,033	15,918,959	15,979,415	20,206,074	25,943,825	33,378,224	29%
August	15,812,556	17,412,422	16,633,907	20,028,246	26,144,421	34,777,364	33%
September	14,455,924	17,547,651	17,129,789	23,681,156	25,640,562	33,643,597	31%
October	13,571,867	15,948,473	16,950,256	25,724,222	26,432,788	31,514,355	19%
November	13,789,248	16,292,336	17,374,013	25,655,024	27,862,474	31,514,355	13%
December	13,844,649	16,777,361	17,137,550	25,486,600	27,102,309		

AR Age Balance Comparative

	30	60	90	120	150	Over 180	
2016	6,520,093	1,617,498	980,460	661,863	1,036,945	2,972,389	13,789,248
2017	7,395,478	2,232,801	1,214,281	809,589	1,345,070	3,295,117	16,292,336
2018	11,087,380	1,828,183	1,102,758	623,406	885,033	1,847,253	17,374,013
2019	14,436,537	3,005,610	1,759,420	1,036,724	1,960,955	3,455,779	25,655,024
2020	15,734,042	2,824,337	1,390,770	1,324,068	1,889,868	4,699,389	27,862,474
2021	17,016,597	3,238,113	1,892,738	1,968,447	2,695,963	5,729,621	32,541,479

AR Percentage of Total Balance

2016	47%	12%	7%	5%	8%	22%	100%
2017	45%	14%	7%	5%	8%	20%	100%
2018	64%	11%	6%	4%	5%	11%	100%
2019	56%	12%	7%	4%	8%	13%	100%
2020	56%	10%	5%	5%	7%	17%	100%
2021	52%	10%	6%	6%	8%	18%	100%



Prosser Memorial Health

Lease Schedule

As of:

November 30, 2021

Building Rentals																				
Lease	Effective Date	Term Date	Auto Renew	Payment Amount		2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	Total
Prosser Professional Center	May-17	April-32		20,687.55	RHC	245,865	248,251	253,240	255,698	260,838	263,369	263,369	268,663	271,270	276,722	282,174	287,790	45,020		3,463,290
Prosser Professional Center	May-17	April-32		9,583.00	Therapy	115,000	115,000	115,000	116,650	120,000	121,188	123,600	124,824	127,308	128,568	131,127	132,425	95,930		1,681,620
Prosser Family Fitness Pool	Jul-15	Jul-22		32,812.50	Therapy	131,250	131,250	73,625	16,000	16,000	16,000	16,000	8,000							539,375
Benton City Professional Center	May '12	2027		14,000.00	Family Med	168,000	168,000	168,000	168,000	168,000	168,000	168,000	56,000							1,400,000
Benton City Professional Center				4,775.00	Pain Clinic	57,300	57,300	57,300	57,300	57,300	57,300	57,300	19,100							477,500
Yakima Valley Farmworkers	Oct-06	Oct-21		16,539.93	Spec Clinic	198,479	198,479													595,437
Chardonnay Building with Builder	Jun-13	Jun-28		9,082.00	OB/GYN	108,984	108,984	108,984	108,984	108,984	108,984	108,984	108,985	49,951						1,030,808
Total Building Leases						1,024,878	1,027,264	776,149	722,632	731,122	734,841	737,253	585,571	448,529	405,291	413,301	420,215	140,951	-	9,188,031

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

Leased Equipment																				
Lease	Effective Date	Term Date		Payment Amount																Total
Biomerieux - Vitek Compact	Aug-16	Aug-21		1,811.14		21,734	12,678													55,145
Labsco - Lab Equipment	Nov-15	Aug-21	New Equip Purchased	1,091.00		12,001	8,728													38,918
Labsco - Lab Equipment	Nov-15	Aug-21	New Equip Purchased	2,150.00			17,200													
Labsco - Lab Equipment	Nov-15	Aug-21	New Equip Purchased	645.00			5,160													
Pyxis, CareFusion	Feb-11	Jan-21	Renewed	6,186.00		67,232	74,232													134,464
Echo Reagent, Immucor	Oct-15	Sep-20		1,963.70		17,673														41,238
Bact/Alert 3D Blood Culture Read, Biomerieux	Jun-15	May-20		608.37		3,042														10,342
GE Optima CT660 64-Slice CT	Apr-15	Mar-20	Buy Out	8,850.91		26,553														132,764
GE Fuji C351 Wireless Detector w FDX Console	Jun-15	Jun-20	Buy Out	3,490.22		17,451														59,334
GE Logiq E9 XDCLLEAR 2.0	Mar-16	Mar-21	Buy Out	2,451.08		29,413	7,353													66,179
Stryker - Fee per Case agreement	Mar-18	Mar-23		7,739.16		92,870	92,870	23,217												394,697
Biomerieux	Dec-19	Dec-24		798.70		9,584	9,584	9,584	9,584	8,786										47,922
Johnston Sales - Billboard Lease	Oct-19	Oct-20	Renewed	400.00		3,800	4,800													4,800
Flex Finacial (MAKO)	Oct-19	Oct-24		21,157.04		233,779	233,779	233,779	233,779	175,335										1,168,897
Karl Storz	Mar-21	Aug-23		5,838.37		58,384	70,060	46,707												175,151
Leaf	Sep-16	Sep-20	Renewed	7,807.00		93,684	93,684	93,684	93,684											336,000
Baxter - Infusion Pumps	Aug-17	Aug-22		193.80		2,326	1,550													6,202
Baxter - Spectrum SW	Aug-17	Aug-22		60.00		720	480													1,920
GE - Mindray	May-15	May-20		1,764.22		8,821														8,821
Quadient	Apr-20	Jul-25		282.00		2,256	3,384	3,384	3,384	3,384	1,974									17,766
Total Equipment Leases						555,667	505,078	495,709	400,672	271,504	1,974	-	-	-	-	-	-	-	-	2,701,560
Total Future Leases						1,580,545	1,532,342	1,271,858	1,123,304	1,002,626	736,815	737,253	585,571	448,529	405,291	413,301	420,215	140,951	-	11,889,591



Capital Budget 2021

Department	Description	2020	2021	Actual	Purchase	Funding
		Approved Cost	Approved Cost	Spend	Date	Source
60700 Med/Surg	Hospital Bed Upgrade	94,500	30,000	125,311	5/1/2021-	Cash
	Vein Finder		6,500		6/1/21	Cash
	Bladder Scanner		11,316	11,316	11/1/21	Cash
70100 Family Birthplace	Infant Warmer		11,714			Cash
70200 Surgical Services	Stretchers (3)		49,722	42,599	8/1/21	Cash
	Colonoscope Sterilizer		37,057			Cash
	Aquamantis Device		34,479	31,578	1/29/21	Cash
	Pre/Post Op Floor Replacement		45,000			Cash
70700 Laboratory	Sysmex XN1000		12,011	11,060	4/1/21	Cash
	Nova Biomedical Stat Profile		13,227			Cash
	Coagulation Instrument		57,387	24,978	1/1/21	Lease
	Immunochemistry Unit		96,000	104,256	3/1/21	Cash
71400 Diagnostic Imaging	TEE Service Line*		132,234	2,603	Various	Lease
	GE Convex Array Probe		8,895	7,735	2/1/21	Cash
	GE Logic E10 (2)		251,256	25,126	6/1/21	Cash
	Nuclear Medicine Project*	797,612		513,709	Various	Cash
71800 Cardiopulmonary	GE EKG (2)		40,039	37,267	7/1/21	Cash
	PFT Interface		15,000			Cash
	Cardiac Stretcher		12,000	8,866	4/1/21	Cash
	Easy Pro Lab Pulmonary Function Equipment		45,515	25,964	9/1/21	Cash
72000 Physical Therapy	New Carpeting	30,101		40,305	2/9/21	Cash
72700 Specialty Clinic	Trojan Ultrasound Sterilizer		12,111			Cash
	Bovie Cauterization Tool (ENT)		7,004			Cash
	Clinic Lobby Flooring		33,422			Cash
76200 Benton City	Security Cameras		12,000			Cash
72300 Emergency Dept	GlideScope		15,371	13,191	7/1/21	Cash
	Stryker Stretchers (5)		89,595	77,491	11/1/21	Cash
	ED EHR Module		125,000			Cash
	Slit Lamp		21,720	7,798	10/1/21	Cash
72500 OSP	Exam Chair		11,000			Cash
	Blanket Warmer		6,500			Cash
84600 EVS	Carpet Shampooer		7,500			Cash
	Floor Scrubber		12,000			Cash
72710 Pain Clinic	EMG Machine		25,000			Cash
73000 EMS	E-Series Zoll (2)		102,273	83,345	11/1/21	Cash
85100 PFS	Cubicles (PFS) - COVID remodel*		28,877	50,897	9/30/21	Cash
85400 Info Technology	Virtual Desktop Infrastructure		350,000	348,971	Various	Cash
85200 Patient Registration	Call Center*		35,328	32,672	Various	Cash
	Call Center-Office Furniture		13,621	13,621	6/1/21	Cash
	Call Center-Monitors/RFI/Printers		11,245	11,245	6/1/21	Cash
86000 Administration	Hospital Flooring*	100,000		0		Cash
	Patient Monitoring System*	1,122,456		844,509	Various	Lease
	TOTAL	\$ 2,144,669	\$ 1,804,052	\$2,496,413		
				\$ 189,621	\$ 872,090	Lease
				\$ 1,468,123	\$ 1,445,097	Cash
70200 Surgery	Orthopedic Extension Unit			41,317	1/11/21	Cash
70200 Surgery	LogIQ P9 Ultrasound			41,795	1/17/21	Cash
70200 Surgery	HD Flex Cysto Nephro Videoscope			22,299	7/1/21	Cash
70200 Surgery	UC Extra 300			11,202	10/1/21	Cash
84300 Maintenance	Top of Elevator Car Guardrail			12,923	2/1/21	Cash
84300 Maintenance	AC Compressor			18,912	6/1/21	Cash
71400 Diagnostic Imaging	Vivid E95 4D Ultra Upgrade			79,332	6/1/21	Cash
70200 Family Birthplace	(2) Maternity Beds			36,756	6/1/21	Cash
72600 Benton City Clinic	Evap Coil - HVAC			5,723	11/1/21	Cash
72700 Speciality Clinic-ENT	ENT-VS Video Rhino Laryngoscope			23,566	6/1/21	Cash
72700 Speciality Clinic-ENT	30" Hopkins Telescope			7,912	6/1/21	Cash
72720 Dermatology	Laser Equipment (Dr. Nlander)			280,500	10/1/21	Cash
84600 Environmental Service	COVID Tru-D Lights Qty 3*			285,540	9/30/21	Cash
86000 Administration	Policy Manager Software and License			32,387	11/1/21	Cash
	TOTAL	\$ -	\$ -	\$ 900,174		

*Italicized indicates CIP ongoing



Prosser

Memorial Health

As of:

November 30, 2021

Capital Project Expenditures

<u>Project Name</u>	<u>Budget</u>	<u>Sep-21</u>	<u>Oct-21</u>
CIP - New Prosser Hospital		2,715,172	2,844,506
CIP - Gap Rd Land Improvement		118,571	118,571
	<hr/>	<hr/>	<hr/>
	78,400,000	2,833,743	2,963,077
CIP - Call Center	35,328	-	-
CIP - Kronos	60,000	-	-
CIP - Nuclear Medicine	797,612	-	-
CIP - Public Traffic Floor Repl	100,000	7,183	7,183
CIP - DI TEE Project	132,234	2,637	2,637
CIP - Pt Monitoring	1,122,456	1,098,453	1,098,453
CIP - Dermatology Clinic		13,545	29,789
CIP - Beaker Lab System		261,701	261,736
CIP - Acute Care Remodel	25,000	-	-
Asset Clearing:			
Compunet (Virtual Desktop)	350,000	325,794	
COVID Tru-D Lights Qty 3		285,540	
COVID Business Office Remodel		50,897	
<i>Karl Storz Instruments & Stryker</i>			
<i>Equip</i>		182,712	249,914
<i>Headsets & Monitors</i>		-	-
<i>Desks</i>		-	-
<i>Med/Surg Hospital Bed</i>		-	-
<i>GE Healthcare MAC CU360 80%</i>			
	<hr/>	<hr/>	<hr/>
	81,022,630	5,062,205	4,612,789



Prosser
Memorial Health



2022 Budget

723 Memorial Street
Prosser, WA 99350
ProsserHealth.org



PROSSER MEMORIAL HEALTH

FYE 2022 BUDGET

EXECUTIVE SUMMARY

The Operating and Capital Budgets were prepared based on the 2022 Strategic Plan and the Mission, Vision and Values of Prosser Memorial Health.

The current YTD Operating Margin through November 2021 is 18.8% with a total margin of 19.3%. The hospital continued to build its volumes and revenue in 2021 driven by the growth of the medical staff as well as utilizing COVID relief funds. The Medical Staff Plan includes adding more physicians in 2022. The budget was prepared with the expectations of increased physician productivity in 2022 as we actively recruit identified needs to build on the 2021 established foundation. We plan to add additional providers in the following areas: Family Practice, Internal Medicine, Gastroenterology, Endocrinology and Emergency Medicine.

PMH is expecting Income from Operations of \$5,712,729 (6.45% Operating Margin with utilization of Phase 4 COVID relief funds received Q4 of 2021) for E2022 compared to an Income from Operations of \$15,810,092 (17.99% Operating Margin including SBA forgiveness as well as Cares Act COVID relief funds received 2020-2021 and fully utilized in 2021) for 2021. The Total Net Income for 2022 is expected to be \$6,107,700 (6.9% Total Margin). The Financial Pillar goal is a 6.0% total margin; the submitted budget meets this objective at 6.01% margin excluding COVID relief funds and expenses.

Gross Patient Service Revenue is expected to increase by 11.6% from 2021 to 2022 driven by the growth in our employed physicians in 2021 and 2022. We anticipate not only an increase of revenue within their own specialties but also expect to see an impact to referred revenue in other departments such as Surgical Services, Diagnostic Imaging, Laboratory, Cardiopulmonary, and others. We have implemented price increases of 5% for all services for 2022. Continued Clinic growth is projected in 2022 for Grandview, Benton City, the Women's Health Clinic and the Specialty Clinics in Prosser and Benton City; however, the Prosser Clinic is expected to experience a slight decline due to lower COVID testing visits.

	2017	2018	2019	2020	2021*	2022
Net Revenue	48,753,754	52,216,714	59,177,725	64,701,930	87,895,293	88,560,115
Operating Expenses	47,784,276	52,493,042	56,921,901	62,399,113	27,811,475	82,847,386
Income from Operations	1,600,946	-276,328	2,255,824	2,302,817	15,810,092	5,712,729
Operating Margin	2.05%	-0.54%	3.91%	3.6%	17.99%	6.45%
Total Margin	3.28%	0.82%	5.33%	4.6%	18.48%	6.90%

*Annualized

Deductions from revenue are budgeted to be 60.4% of revenue which is slightly lower than 2021 as we improve our contract management and adjustments within the Organization's Revenue Cycle systems and processes. All additional Medicare and Medicaid receivables and payables have been accounted for in our projections.

Operating Expenses are expected to increase by 14.9% from 2021 to 2022. Included in the operating plan is the recruitment of additional physicians which will help us achieve our Medical Staff Recruiting Plan for 2022. Also, increased purchased services to help manage our growth through our systems and security operations. Professional Fees for Physicians and Other have decreased as we have now employed physicians to decrease contractual overhead and expect Locums to be minimal in 2022. Purchased Labor expenses are projected to be flat overall as we continue to improve utilization and scheduling efficiencies within our own staffing pool and to recruit permanent FTEs. We also have increased Supplies and Purchased Services due to more surgical procedures, including increased utilization of the Mako system for Orthopedic Surgeries and the fairly new service lines for Urology and Dermatology. Marketing, Advertising, and Human Resource activity have also increased our Supply expenses as we introduce new Services and Providers along with increased Education to the community highlighted by Diabetic Education and Dietician Services. IT expenses are also up with the replacement of obsolete equipment, software upgrades and EPIC expenses with additional costs due to expanded user activity as our volumes increase. Depreciation is only slightly higher due to acquisition of equipment 2021 and 2022 although this number is expected to

decrease over the following two years as our capital budgets have declined substantially due to the impending construction of the new hospital.

Patient Volume

Total Inpatient Acute and OB days are projected to decrease by 15.10% from 3,473 in 2021 to 3,017 in 2022 due to decreased COVID patient volumes. But this will be offset with an increase of Swing Bed volume which had to be decreased due to the Inpatient COVID capacity needs in 2021. With the recent practice growth of Physicians in the Specialty Clinics combined with the upcoming addition of Gastroenterology, the Hospital anticipates higher outpatient routine recovery volumes as well as appropriately converting patients to Inpatient rather than Extended Observation. In addition, the growth in our Provider Panel should also enable more admissions versus patients being referred to Yakima or the Tri-Cities.

Patient Revenue

Inpatient Revenue is projected to increase by 11.8% from \$41,413,970 in 2021 to \$46,310,004 in 2022. This increase is being driven by a price increase to partially offset increased costs to supplies and labor; however it should be noted that our Inpatient Payer Mix is 81% cost-based for Acute and Swing and 67% for OB.

Outpatient Revenue is projected to increase by 11.5% from \$154,993,156 in 2021 to \$172,846,630 in 2022. This increase is driven by the continued growth of our Specialty Clinic and Surgical Services as well as our continued increase volumes at the Family Practice Clinics in Prosser, Benton City, Grandview Clinic and Women’s Health Clinic. The clinics growth has in turn driven the Outpatient Revenue growth in Digital Imaging, Laboratory, Surgery, Physical Therapy and others. The Emergency Room growth in 2021 rebounded to a forecasted 12,741 for the year and continued projected growth is muted to only 13,000 in 2022 or 2% overall.

Deductions from Revenue

The Contractual Allowances are expected to increase by 11.1% over 2021 at 60.4% overall based on the following payer mix:

Hospital Gross Revenue by Payer	2019	2020	2021 Annualized	2022 Budget
Medicare	31.5%	29.8%	32.5%	32.5%
Medicaid	31.8%	31.9%	30.8%	30.8%
Insurance	28.6%	29.4%	28.9%	28.9%
Self-Pay	8.1%	8.9%	7.9%	7.9%
Total	100.0%	100.0%	100.0%	100.0%

Net Operating Revenue

Net Operating Revenue in 2022 is expected to increase by \$664,822 or 0.8%. COVID relief funds utilized in 2022 are anticipated to be 14% of the amount received in 2020-2021. COVID relief funds are forecasted to be \$10,247,897 in 2021 and only \$1,521,762 in 2022. Contractual Adjustments estimates have improved for Medicare and Medicaid contractual adjustments by accurately modeling the impact of cost-based reimbursement and estimating the contractual adjustments and final cost report settlements. An increased focus on contract compliance with our Commercial Payers and improved estimates and collections of Self-Pay accounts are expected to reduce those contractual adjustments by upwards of 1% or greater in 2022.

Operating Expenses

Operating Expenses are expected to increase by 14.9% from \$72,0895,202 in 2021 to \$82,847,386 in 2022.

Salary expense is increasing due to annual salary increases of 3.5% - 4.0% on average and the addition of staffing and providers in the clinics. Increased staffing in the Clinics, Surgery, and Outpatient Special Procedures are the primary drivers along with the creation and staffing of a centralized Call Center and Scheduling departments that should dramatically improve our patient experience in scheduling appointments, receiving estimates and pre-authorizations.

Employee benefits are increasing because of new member enrollment and an increase in the cost of healthcare. It is important to note that we are partially self-insured for medical benefits. Being partially self-insured enables PMH to reduce its premiums to employees while still protecting itself from catastrophic claims. When members of the family use PMH facilities for care we are able to provide care with reduced cost to the organization. Health Insurance for employees is projected to increase by 6% plus covered lives increases in 2022.

Supplies are increasing due to higher patient volumes and higher acuity services such as in Surgery with a greater emphasis on joint replacement surgeries. We are also investing in our marketing and advertising to provide the community with clear visibility of what we can offer for their healthcare needs.

Depreciation expense is projected to increase in 2021 due to assets purchased in 2021 will have a full year of depreciation in 2022 along with the capital purchases in 2022.

Income from Operations

PMH is expecting Income from Operations of \$5,712,729 (a 6.45% Operating Margin) for 2022 compared to a projected Income from Operations of \$15,810,092 (a 17.99% Operating Margin) for 2021.

Non-Operating Revenue / Expense

Non-Operating Revenue is expected to decrease from \$432,884 in 2021 to \$394,970 in 2022 driven by higher interest expense due to long term leases in place currently with GE US Bank, Bank of America, as well as the beginning of recognizing interest on the construction loan. Effective December 15, 2019, GASB effectively changed prior treatment of interest cost incurred before the end of a construction period from capitalization of interest as part of a construction in process to recognizing as non-operating interest expense as it is incurred (GASB Statement No. 89).

Net Income

PMH is expecting Net Income of \$6,107,700 (6.9% Total Margin) for 2022 compared to Net Income of 16,242,975 (18.48% Total Margin) for 2021.

Capital Expenditures

Capital Expenditures for 2022 are budgeted to be \$1,613,634 with \$1,360,173 for new equipment purchased in 2022 and \$253,461 for equipment authorized in 2021 but not received and in operation by the end of the year. The Capital Budget has decreased in 2022 comparative to prior years to replace only necessary equipment in anticipation of the high capital demands of the new facility in 2024.

Cash Flow

PMH expects to generate a negative cash flow of (\$7,364,915) in 2022. The requirement of PMH to fund the first \$17,300,000 for the construction costs of the new facility will be met in 2022. PMH has already funded the purchase of the land for \$1,745,440, and Construction in Progress (Design, Engineering, Project Management, Financing, Consulting, Legal) is projected to be \$3,411,022 by year end which leaves \$12,343,538 to be paid out in 2022. The capital budget for 2022 is also utilizing 100% cash for \$1,613,634. Accounts Receivables is targeted to reduce Net Receivables by \$1,000,000 which equates to 50 Days Overall which is a decrease from the November 2021 total of 57 Days Overall.



Prosser

Memorial Health

STATEMENT OF OPERATIONS

	Actual		Budget 2022	Variance Projected 2021 vs Budget 2022	
	Nov-2021	Projected 2021		Projected 2021	Budget 2022
Gross Patient Services Revenue					
Inpatient	37,962,806	41,413,970	46,310,004	4,896,034	11.8%
Outpatient	142,077,060	154,993,156	172,846,630	17,853,474	11.5%
Total Gross Patient Services Revenue	180,039,866	196,407,127	219,156,634	22,749,508	11.6%
Deductions from Revenue					
Contractual Allowances					
Medicare	36,868,006	40,219,643	45,018,014	4,798,371	11.9%
Medicaid	39,588,123	43,187,043	48,142,175	4,955,132	11.5%
Negotiated Rates	23,270,023	25,385,480	27,408,456	2,022,976	8.0%
Other Adjustments	3,568,849	3,893,290	4,288,095	394,805	10.1%
Gross Contractual Allowances	103,295,001	112,685,456	124,856,740	12,171,285	10.8%
Charity Care	2,762,051	3,013,147	3,643,925	630,779	20.9%
Bad Debt	3,201,921	3,493,005	3,953,382	460,377	13.2%
Total Deductions From Revenue	109,258,973	119,191,607	132,454,047	13,262,440	11.1%
Net Patient Services Revenue	70,780,893	77,215,520	86,702,587	9,487,068	12.3%
COVID Net Revenue	10,197,897	10,247,897	1,521,762	(8,726,135)	
Other Operating Revenue	395,887	431,877	335,766	(96,111)	-22.3%
Net Revenue	81,374,677	87,895,293	88,560,115	664,822	0.8%
Operating Expenses					
Salaries	30,026,951	32,756,674	36,905,609	4,148,935	12.7%
Benefits	7,423,283	8,098,127	9,543,534	1,445,407	17.8%
Purchased Labor	3,134,016	3,418,927	3,425,505	6,578	0.2%
Sub-Total Labor Costs	40,584,250	44,273,727	49,874,647	5,600,920	12.7%
Professional Fees - Physicians	3,952,229	4,311,523	4,185,974	(125,549)	-2.9%
Professional Fees - Other	707,024	771,299	936,913	165,615	21.5%
Supplies	11,040,661	12,044,357	14,617,145	2,572,788	21.4%
Purchased Services - Utilities	465,317	507,619	569,705	62,086	12.2%
Purchased Services - Other	3,444,544	3,757,684	5,427,904	1,670,219	44.4%
Rentals & Leases	1,976,263	2,155,923	1,935,628	(220,295)	-10.2%
Insurance License & Taxes	958,412	1,045,540	1,243,052	197,511	18.9%
Depreciation & Amortization	2,031,129	2,235,419	2,357,062	121,643	5.4%
Other Operating Expenses	900,268	982,111	1,699,356	717,245	73.0%
Sub-Total Non-Labor Expenses	25,475,847	27,811,475	32,972,738	5,161,264	18.6%
Total Operating Expenses	66,060,097	72,085,202	82,847,386	10,762,184	14.9%
Operating Income (Loss)	15,314,580	15,810,092	5,712,729	(10,097,362)	-63.9%
Non Operating Income					
Tax Revenue	803,981	877,070	915,762	38,692	4.4%
Investment Income	(38,478)	(41,976)	35,214	77,190	-183.9%
Interest (Expense)	(385,980)	(421,069)	(560,173)	(139,104)	33.0%
Other Non Operating (Expense)	17,287	18,859	4,167	(14,692)	-77.9%
Total Non Operating Income	396,810	432,884	394,970	(37,913)	-8.8%
Net Income (Loss)	\$ 15,711,390	\$ 16,242,975	\$ 6,107,700	\$ (10,135,275)	-62.4%
Operating Margin	18.82%	17.99%	6.45%		
Total Margin	19.31%	18.48%	6.90%		
<i>Operating Margin less COVID relief</i>			5.32%		
<i>Total Margin less COVID relief</i>			6.01%		
Operating Revenue/adjusted patient day	4,338	4,686	3,885	-17.1%	
Operating Expense/adjusted patient day	3,522	3,843	3,634	-5.4%	
Operating Revenue/FTE	239,909	259,133	233,166	-10.0%	
Operating Expense/FTE	194,758	212,522	218,125	2.6%	



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Memorial Health

BALANCE SHEET

	Actual 11/30/2021	Projected 12/31/2021	Budgeted 12/31/2022
Current Assets			
Cash and Temporary Investments	\$ 9,731,720	9,638,454	\$ 16,686,456
COVID Cash Reserve	\$ 1,571,762	1,521,762	\$ -
Gross Patient Accounts Receivable	32,541,479	32,541,479	26,541,479
Less Allowances for Uncollectibles	(20,130,020)	(20,130,020)	(15,130,020)
Net Patient Receivables	12,411,459	12,411,459	11,411,459
Taxes Receivable	31,323	30,000	30,000
Receivable for 3rd Party Payor	-	-	-
Inventory	491,889	485,000	499,550
Prepaid Expenses	1,321,216	1,278,969	1,317,338
Other Current Assets	7,961	7,961	8,120
Total Current Assets	25,567,330	25,373,605	29,952,923
Restricted Assets			
Whitehead Fund - LGIP	1,214,762	1,214,848	1,215,880
Funded Depreciation - Cash	791,065	995,355	995,355
Funded Depreciation - TVI	17,691,455	17,691,455	4,693,957
Bond Obligation Cash Reserve	767,514	767,514	872,825
USDA Debt Reserve Fund	-	-	-
Tax Exempt Lease Funds	-	-	-
Board Designated Assets	20,464,796	20,669,172	7,778,017
Property, Plant and Equipment			
Land	478,396	478,396	478,396
Property, Plant, Equipment, and Lease	44,852,635	46,411,184	48,557,441
Construction in Progress	5,152,193	3,893,644	15,554,560
Accumulated Depreciation	(30,459,130)	(30,459,130)	(32,816,192)
Net Property, Plant and Equipment	20,024,094	20,324,094	31,774,205
Other Assets			
Investments and Other Non Current Assets	1,025,396	1,023,805	1,022,214
Land - Gap Road	1,745,440	1,745,440	1,745,440
Net Investments & Other Non Currents A	2,770,836	2,769,245	2,767,654
Total Assets	\$ 68,827,056	\$ 69,136,116	\$ 72,272,799
Current Liabilities			
Current Portion of Bonds Payable	851,489	871,489	872,825
Current Portion of USDA	-	-	-
Current Portion Capital Leases	248,904	248,495	248,495
Current Portion of Other	-	-	-
Accounts Payable	2,274,393	2,253,393	2,298,461
Payroll and Related Liabilities	3,091,066	2,908,082	3,024,405
Deferred Tax Revenue	71,831	-	-
Cost Report Payable	950,837	950,837	450,837
Other Payables to 3rd Parties	969,467	969,467	969,467
Deferred EHR Medicare Revenue	-	-	-
Deferred COVID Revenue	1,571,762	1,521,762	-
Accrued Interest Payable	114,644	19,670	19,670
Other Current Liabilities	-	-	-
Total Current Liabilities	10,144,393	9,743,195	7,884,160
Bonds Payable	9,787,373	9,434,552	8,561,727
USDA Financing Payable net of CP	-	-	-
Capital Lease Payable	605,917	605,826	366,669
Total Non Current Liabilities	10,393,290	10,040,378	8,928,396
Total Liabilities	20,537,683	19,783,573	16,812,556
Fund Balance			
Equity	32,577,983	33,109,568	49,352,543
Undistributed Retained Earnings	15,711,390	16,242,975	6,107,700
Total Fund Balance	48,289,373	49,352,543	55,460,243
Total Liabilities and Fund Balance	\$ 68,827,056	\$ 69,136,116	\$ 72,272,799



Prosser

Memorial Health
STATEMENT OF CASH FLOWS

	PROJECTED 2021	BUDGET 2022
NET INCOME TO NET CASH BY OPERATIONS		
Net Income	\$ 16,242,975	\$ 6,107,700
Loss (Gain) on Sales of Assets	-	-
Depreciation Expense	2,235,419	2,357,062
TOTAL	18,478,394	8,464,762
WORKING CAPITAL		
Decrease (Increase) in Assets	(1,230,994)	946,922
Increase (Decrease) in Liabilities	(5,970,924)	(2,971,017)
NET CASH PROVIDED BY OPERATIONS	11,276,476	6,440,667
CASH FLOWS FROM INVESTING		
Capital Purchasing	(6,207,927)	(13,807,172)
Investment Activity	(1,265,187)	1,590
TOTAL	(7,473,114)	(13,805,582)
Net Change in Cash	\$ 3,803,362	\$ (7,364,915)
<hr/>		
Beginning Cash Balance	28,176,026	31,829,388
Ending Cash Balance	31,829,388	24,464,473
Net Cash Flow	\$ 3,653,362	\$ (7,364,915)
<hr/>		
Days of Total Cash On Hand	155	109
Composition of Net Working Capital Change:		
(Increase) Decrease in Net Acct. Rec.	(1,674,364)	1,000,000
(Increase) Decrease in Other Current Assets	(1,271,763)	(53,078)
Increase (Decrease) in Total Current Liab.	2,488,891	(1,859,035)
Increase (Decrease) in Short Term Debt	0	0
Net Working Capital (Increase)/Decrease	\$ (457,236)	\$ (912,113)



OPERATIONAL STATISTICS

Description	2020 Actual	2021 Annualized	2022 Budget	Change	Percentage
Admissions					
Acute	1,024	1,413	1,150	(263)	-22.90%
OB	489	662	650	(12)	-1.77%
Hospital	1,513	2,075	1,800	-275	-15.27%
Swing Bed	110	75	138	63	45.83%
Nursery	489	587	600	13	2.20%
Patient Days					
Acute	1,558	2,477	2,017	(460)	-22.78%
OB	740	996	1,000	4	0.40%
Hospital	2,298	3,473	3,017	-456	-15.10%
Swing Bed	1,516	965	1,800	836	46.42%
Nursery	698	830	900	71	7.83%
Observation Days	589	822	350	-472	-134.86%
	4,403	5,259	5,167	-92	-1.78%
Average Daily Census					
Hospital	4	7	6	-1	-22.78%
Swing Bed	4	3	5	2	46.42%
Nursery	2	2	2	0	7.83%
Case Mix Index					
Hospital	0.92	0.89	0.89	-	0.00%
Medicare	1.19	1.16	1.16	-	0.00%
Length of Stay					
Hospital	2	2	2		
Swing Bed	14	13	13		
OB	1	1	2		
Adjusted Patient Days	16,648	21,043	22,796	1,753	7.69%
Surgeries - Inpatient	281	299	337	39	11.42%
Surgeries - Outpatient	915	1,740	1,912	172	9.00%
Total Surgeries	1,196	2,039	2,249	211	9.36%
Births	489	587	600	13	2.20%
Laboratory Tests	141,216	174,404	168,000	-6,404	-3.81%
EKG Tests	4,474	6,543	5,700	-843	-14.79%
Cardiopulmonary Tests	6,467	8,304	8,298	-6	-0.07%
Diagnostic Imaging Exams	27,358	36,017	34,216	-1,801	-5.26%
Pharmacy Items	977,415	1,408,100	1,307,898	-100,202	-7.66%
Nutritional Services Meals	41,493	39,477	41,396	1,919	4.64%
Laundry Pounds	208,596	275,243	215,000	-60,243	-28.02%
Outpatient Special Procedures	2,966	3,845	3,900	56	1.42%
Therapy Clinic Visits	15,766	17,901	19,815	1,914	9.66%
Emergency Department Visits	9,662	12,741	13,000	259	1.99%
Hospitalists Visits	2,919	3,776	3,368	-408	-12.11%
EMS Trips (w. CPP)	2,383	2,219	2,180	-39	-1.77%
Benton City Clinic Visits	10,081	9,122	10,416	1,295	12.43%
Prosser Specialty Clinic Visits	11,604	15,128	16,226	1,099	6.77%
Prosser Clinic (w. Occ Health) Visits	14,855	15,878	15,496	-382	-2.46%
Comprehensive Pain Mgmt Clinic Visits	675	88	0	-88	
Dermatology Clinic Visits			1,656	1,656	100.00%
Grandview Clinic Visits	7,084	8,291	11,625	3,335	28.68%
Prosser Women's Health	7,232	7,481	8,152	672	8.24%
Outpatient Hospital Visits	101,360	116,406	127,518	11,112	8.71%
Paid FTE's	339	339	380	41	10.70%
FTE's per Adj. Census	79.46	49.99	68.73	18.74	27.27%
Average Salary Cost per Hour	42.56	46.43	46.71	0.29	0.61%
Average Benefit Cost per Hour	10.52	11.48	12.08	0.60	4.98%
Net Operating Revenue per FTE	239,909	259,133	233,166	(25,967)	-11.14%



Capital Budget 2022			
Department	Year	Description	Approved Cost
60700 Med/Surg	2022	Sit to Stand Chair	10,000
	2022	Blanket warmer	6,000
	2022	Child Cribs (x2)	18,000
	2022	Sleeper Sofa - Room 4	5,500
	2022	Zoll Monitor	50,000
70100 Family Birthplace	2022	Draeger Infant Warmer	13,224
70200 Surgical Services	2021	Colonoscope Sterilizer	80,000
	2022	Erbe	72,062
	2022	Olympus Colonoscopes (x4)	185,038
	2022	Stryker SPY-PHI (blood flow monitor)	115,000
	2022	Megadyne Ace Blade	13,500
	2022	Gastrosopes (x2)	46,000
70700 Laboratory	2022	Flexible Uteroscope	15,500
	2021	Nova Biomedical Stat Profile	13,227
	2022	Chemistry Freezer	6,658
71400 Diagnostic Imaging	2022	RALS middleware interface	29,363
	2022	Bugsy - EPIC module IC surveillance	90,000
	2021	TEE Service Line	132,234
71800 Cardiopulmonary	2022	i-STAT blood analyzer	11,868
	2022	Philips V60 BIPAP Interface	43,322
	2022	PFT Interface (Easy Pro)	15,000
72000 Physical Therapy	2022	Hamilton Ventilator Interface	15,000
	2022	Chattanooga Vectra GENSYS	5,736
72300 Emergency Dept	2022	Stryker Stretchers (x3)	22,300
	2022	ED EHR Module	10,000
	2022	Metro Carts (x2)	15,000
	2022	Altrix Unit	30,000
	2022	Level 1 Unit	8,000
	2022	Zoll Monitor	50,000
72500 OSP	2021	Exam Chair	11,000
	2021	Blanket Warmer	5,000
	2022	New Patient Care divider curtains	7,000
72600 Benton City	2021	Security Cameras	12,000
	2022	Repainting of Building	38,622
	2022	Remodel for Provider Office	7,020
72630 Grandview	2022	Venue Go Ultrasound	44,890
	2022	Cabinet and Desk Remodel	15,000
72640 Women's Health	2022	Blanket Warmer	5,000
	2022	Fluid Warmer	5,000
72700 Specialty Clinic	2022	Medtronic Pill Capsule	17,889
	2022	Provation Prof Fees Documenting SW	26,405
84600 Environmental Services	2022	Carpet Shampooer	13,000
85400 Information Technology	2022	Virtual Desktop Expansion	91,471
	2022	Replacement Firewall	33,201
	2022	Server Storage Archiving	14,000
	2022	Interpretor Compliance HW/SW	20,000
85600 Scheduling Call Center	2022	Call Center Cubicle Set up	30,000
87400 Employee Health	2022	@Net Health Agility	18,500
		2022 Capital Items	1,360,173
		2021 Carryover Approved Capital Items	253,461
		TOTAL	\$ 1,613,634



Prosser Memorial Health

Staffing Plan

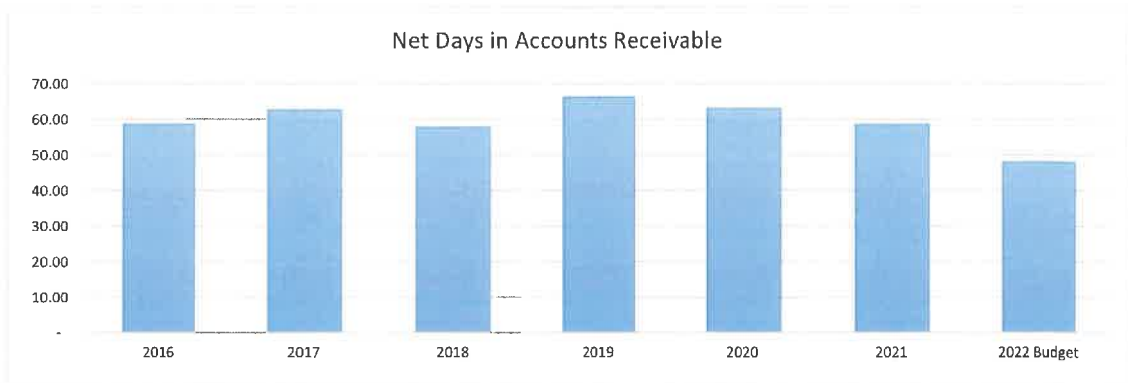
Department	2021		2022		Change	
	Current	Budget	Budget	Budget	FTE's	Percentage
Medical / Surgical	21.45	19.20	21.77	0.32	1.5%	
Family Birthplace	14.74	14.94	19.39	4.65	31.5%	
Surgery	21.42	14.75	23.75	2.33	10.9%	
Laboratory	21.94	19.40	22.20	0.26	1.2%	
Diagnostic Imaging	18.62	15.70	18.80	0.18	1.0%	
Pharmacy	3.56	2.40	5.00	1.44	40.4%	
Cardiopulmonary	8.15	7.40	8.69	0.54	6.6%	
Emergency Room	17.89	16.50	17.35	(0.54)	-3.0%	
Outpatient Special Procedures	2.76	2.20	5.10	2.34	84.8%	
Emergency Medical Services	18.08	19.67	17.99	(0.09)	-0.5%	
Community Paramedic Program	-	-	-	-	0.0%	
Care Transitions	2.81	2.00	4.50	1.69	60.1%	
Quality Assurance	1.05	1.50	1.00	(0.05)	-4.8%	
Nursing Administration	8.81	8.20	10.25	1.44	16.3%	
Total for Chief Nursing Officer	161.28	143.86	175.79	14.51	9.0%	
ED Physicians	4.98	4.50	5.43	0.45	9.1%	
PMH Family Medicine - Benton City	15.39	14.00	18.00	2.61	17.0%	
PMH Family Medicine - Prosser	17.19	16.50	19.95	2.76	16.1%	
PMH Family Medicine - Grandview	15.37	13.90	20.50	5.13	33.4%	
PMH Women's Health Clinic	9.83	9.80	10.30	0.47	4.8%	
Comprehensive Pain Clinic	-	2.00	-	-	0.0%	
Dermatologist Clinic	1.00	-	4.20	3.20	320.0%	
Prosser Specialty Clinic	23.51	22.00	26.69	3.18	13.5%	
Ideal Protein	0.85	1.00	-	(0.85)	-100.0%	
Employee Health	-	-	0.93	0.93	100.0%	
Information Systems	7.21	5.80	8.46	1.25	17.3%	
Administration	2.02	2.29	2.00	(0.02)	-1.0%	
Board of Directors	0.11	0.09	0.10	(0.01)	-9.1%	
Volunteer Services	-	-	-	-	0.0%	
Community Relations	3.36	3.00	3.50	0.14	4.2%	
Human Resources	4.20	4.00	4.00	(0.20)	-4.8%	
Process Improvement	-	-	-	-	0.0%	
Medical Staff	1.10	1.00	1.25	0.15	13.6%	
Total for Chief Executive Officer	106.12	99.88	125.30	19.18	18.1%	
Nutritional Services	9.02	9.60	11.09	2.07	23.0%	
Laundry	2.81	2.80	2.85	0.04	1.4%	
Supply Chain	4.91	4.00	5.60	0.69	14.1%	
Maintenance	6.04	5.50	5.50	(0.54)	-8.9%	
Environmental Services	11.03	10.30	10.00	(1.03)	-9.3%	
Accounting	5.90	5.60	5.80	(0.10)	-1.7%	
Patient Registration	10.52	10.00	6.70	(3.82)	-36.3%	
Patient Financial Services	12.60	13.00	13.18	0.58	4.6%	
Health Information Management	8.34	8.00	8.00	(0.34)	-4.1%	
Scheduling Call Center	0.62	-	10.00	9.38	1512.9%	
Total for Chief Financial Officer	71.79	68.80	78.72	6.93	9.7%	
Total FTE's	399.19	312.54	379.82	40.63	12.0%	
Total Budgeted Operating Revenue	87,895,293	78,588,742	86,702,587			
Operating Revenue per FTE	259,133	251,452	228,275			



Prosser

Memorial Health

Accounts Receivable Analysis



Hospital Gross Revenue by Payor	2016	2017	2018	2019	2020	2021*	2022 Budget
Medicare	31.8%	33.3%	31.4%	31.5%	29.7%	32.5%	30.9%
Medicaid	36.0%	32.1%	32.3%	31.8%	32.1%	30.8%	32.1%
Insurance	25.3%	26.7%	28.2%	28.6%	29.0%	28.9%	28.6%
Self Pay	6.9%	8.0%	8.1%	8.1%	9.2%	7.9%	8.5%
Total	100%	100%	100%	100%	100%	100%	100%

*Annualized



Prosser

Memorial Health
Service Line Volume Graphs

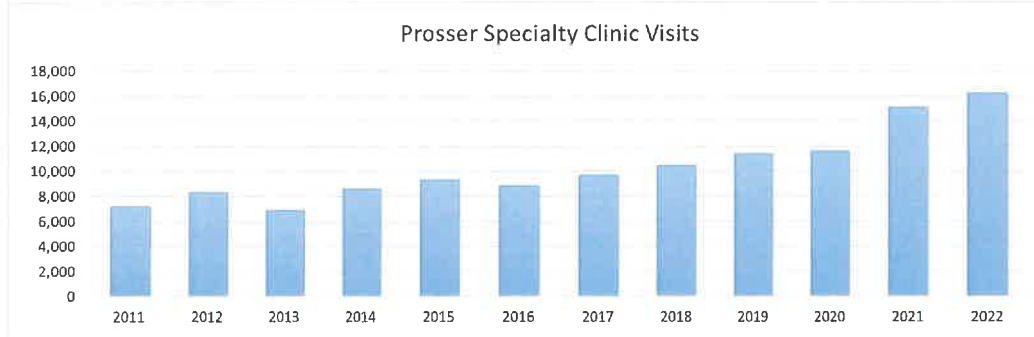
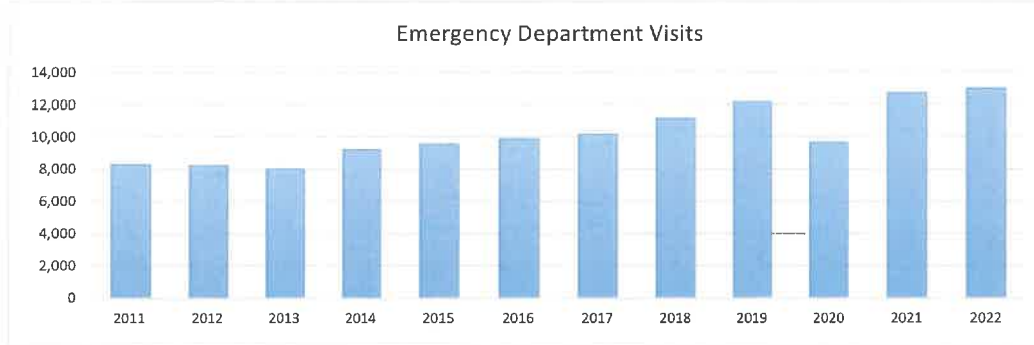
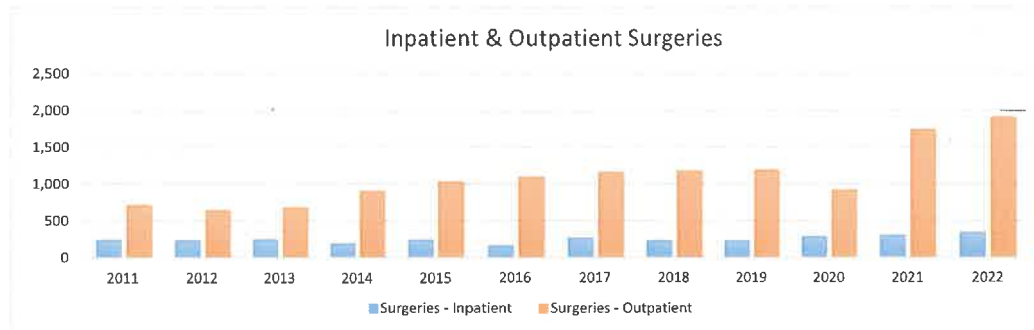
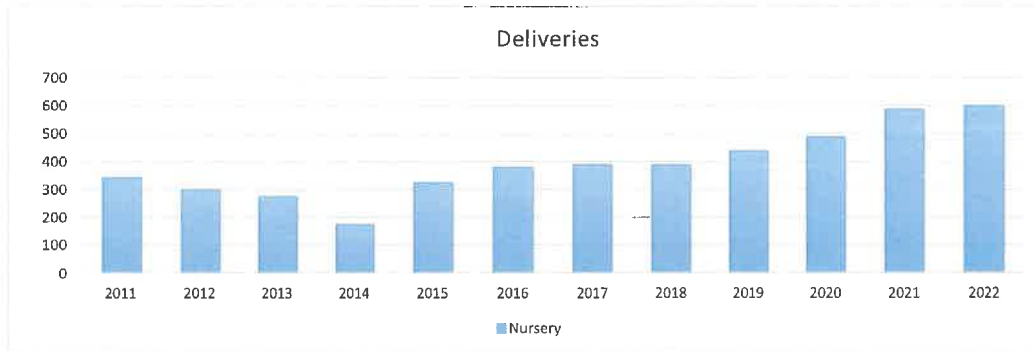


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Prosser

Memorial Health Service Line Volume Graphs Service Line Volume Graphs cont'd



*Annualized



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Memorial Health Service Line Volume Graphs Service Line Volume Graphs cont'd

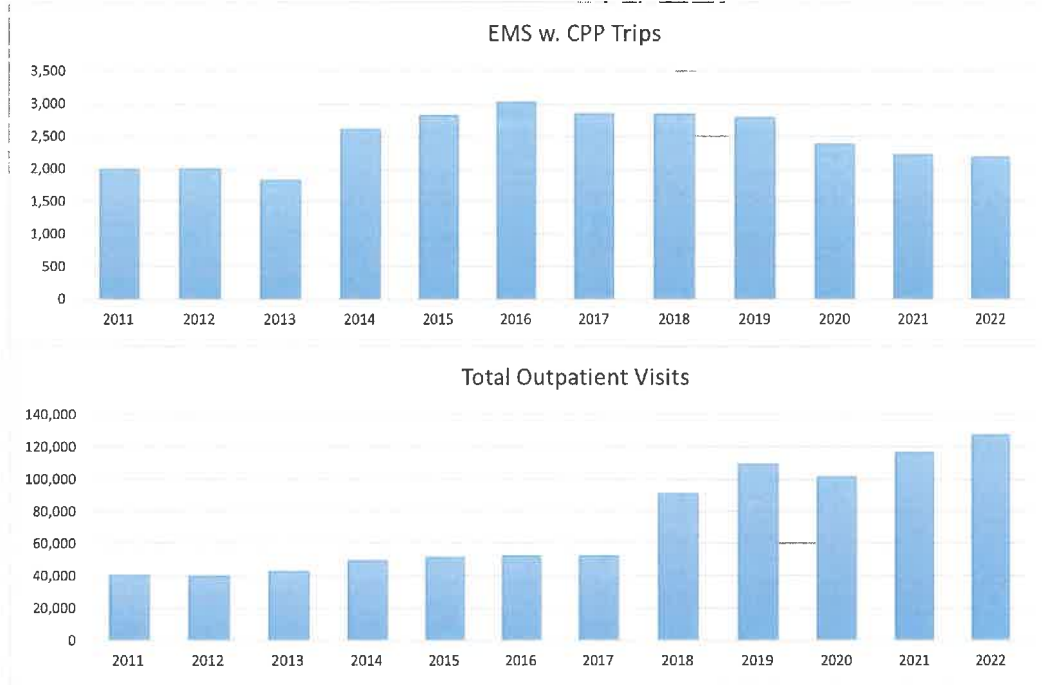


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Memorial Health Service Line Volume Graphs Service Line Volume Graphs cont'd



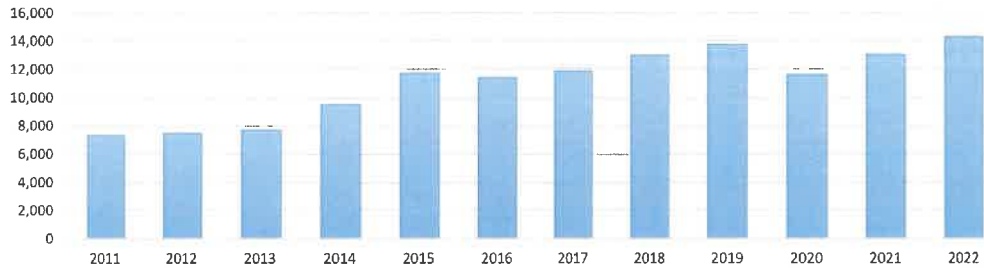
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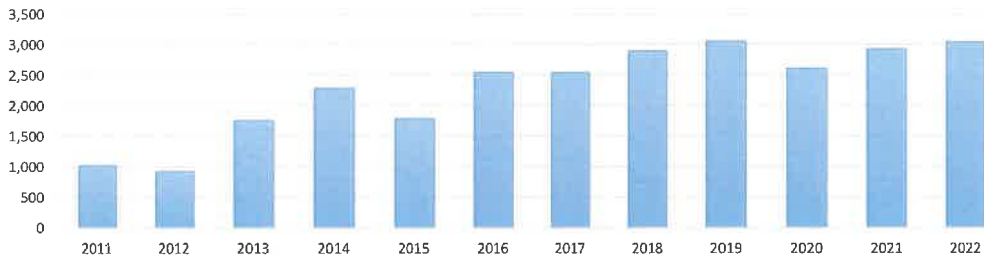
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Memorial Health Service Line Volume Graphs Service Line Volume Graphs cont'd

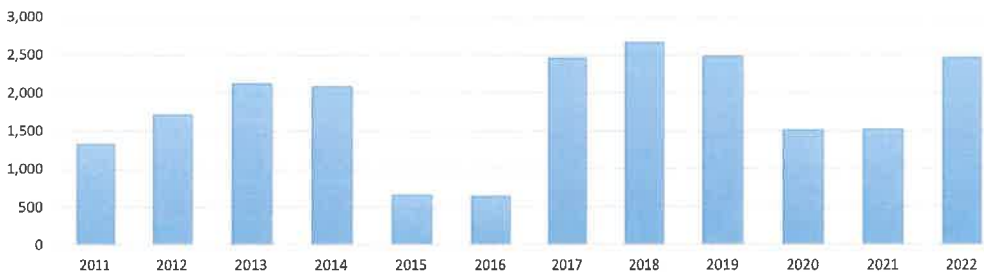
Physical Therapy Visits



Speech Therapy Visits



Occupational Therapy Visits



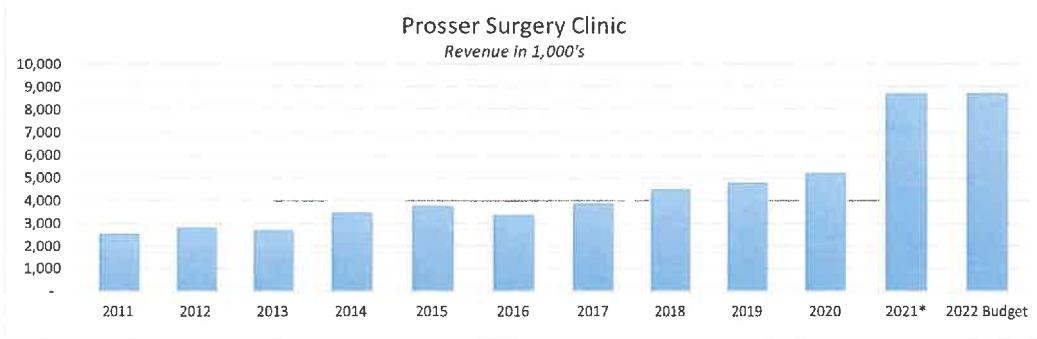
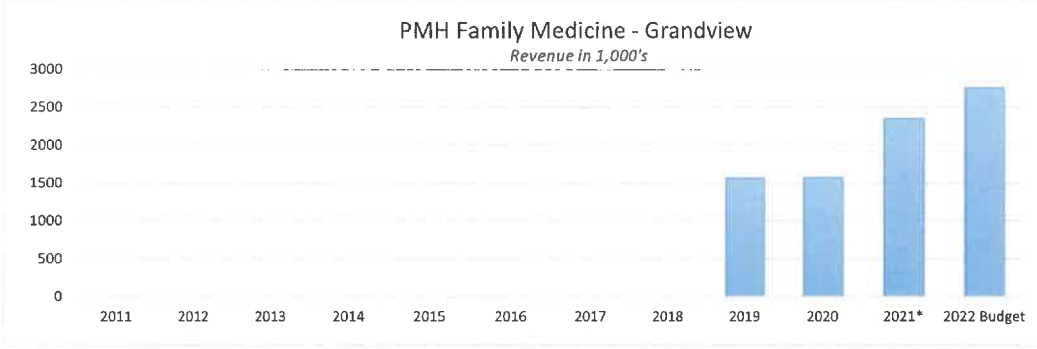
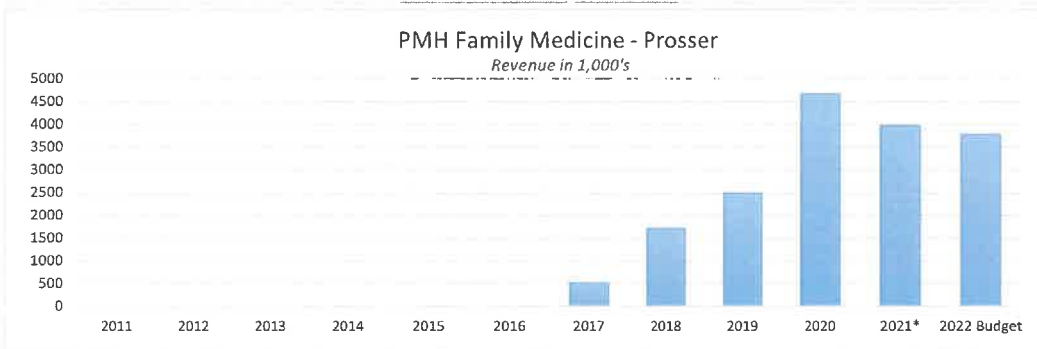
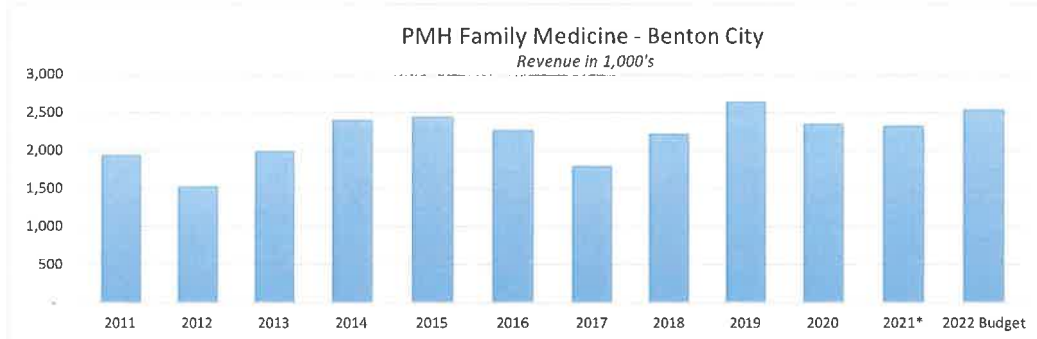
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Prosser Memorial Health

Service Line Volume Graphs

Service Line Volume Graphs cont'd

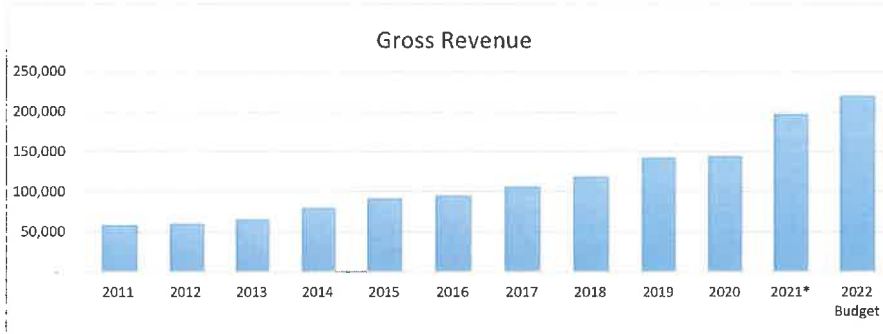


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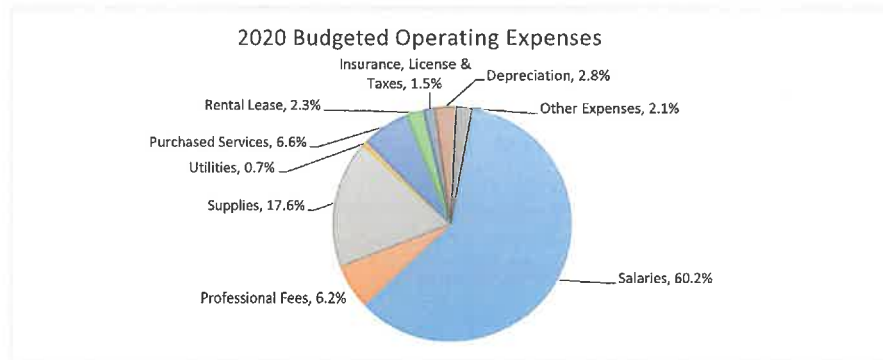
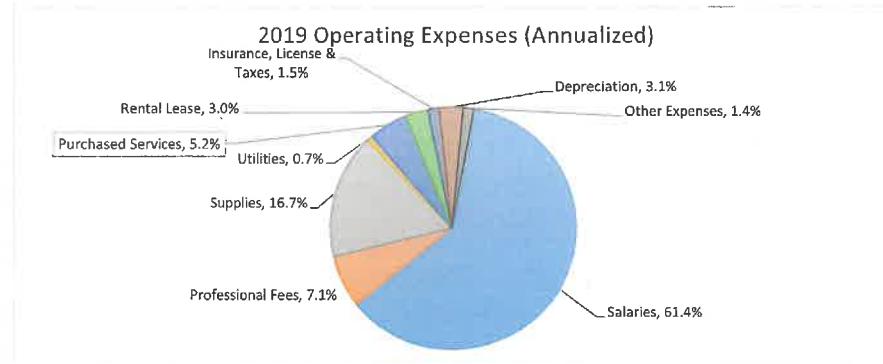


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Memorial Health
Financial Graphs



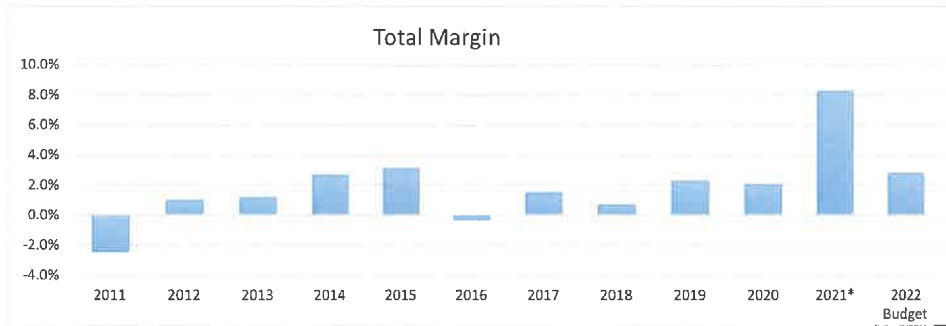
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Memorial Health
Financial Trends



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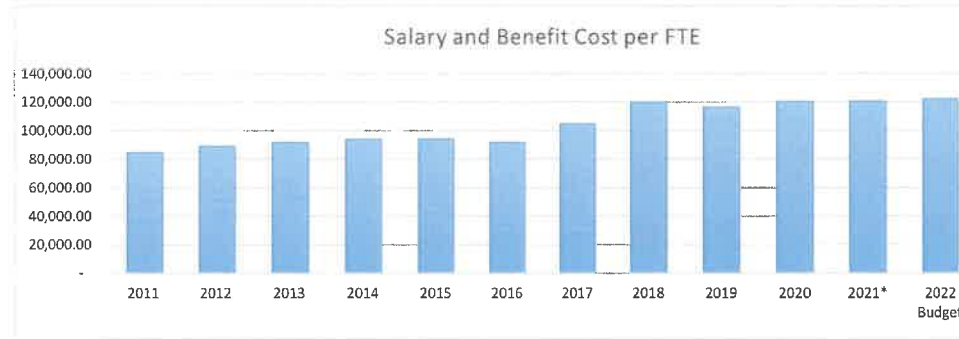


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Memorial Health

Financial Trends

Financial Trends cont'd



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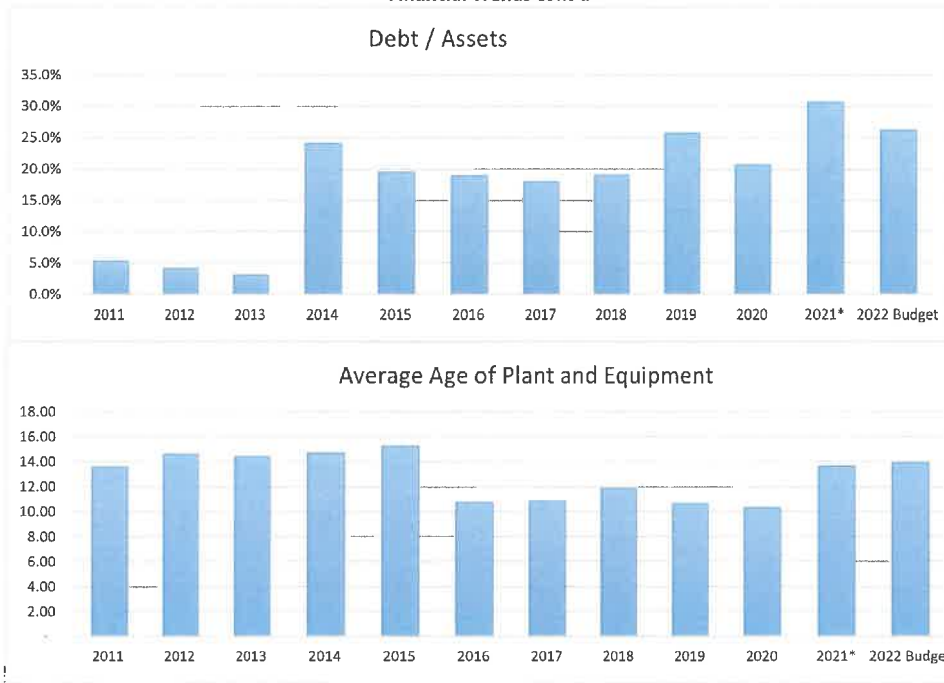


Prosser

Memorial Health

Financial Trends

Financial Trends cont'd



*Annualized



Prosser Memorial Health

Mission:
To improve the health of our
community.

* Patients
* Employees
* Medical Staff
* Quality
* Services
* Financial Stewardship
Vision

* Accountability
* Service
* Promote Teamwork
* Integrity
* Respect
* Excellence
Values

Those We Serve		
Rehabilitation Services Joe Ashton	PMH Clinics Charles Ellis	Maintenance / Support Services Steve Broussard
Laboratory Susan Miklas <i>- Infection Control</i>	Benton City / Dermatology Melissa Pistoljevic	Environmental Services Genny Judkins
Diagnostic Imaging Aurora Weddle	Prosser / Women's Health Clinics Kelli Tate	Nutrition Services Victor Huyke
Cardiopulmonary Rusti Wilson	Grandview Clinic Molly Schutt	Materials Management Brian Fischer
Pharmacy Lindsay Mckie	Prosser Speciality Clinic Tricia Hawley	Director of Finance Stephanie Titus <i>Payroll / AP Finance/Accounting Foundation (CFO)</i>
EMS / CPP Christi Doornink-Osborn	Chief Medical Officers Dr. Brian Sollers Dr. Terry Murphy Dr. Syed Hashmi Dr. Jacobo Rivero	Revenue Cycle Services Michael Smith
Surgical Services Sara Kindelspire	-Contracted Provider Services <i>Anesthesia Hospitalist</i>	Patient Registration Donna Williams <i>Call Center / Scheduling</i>
Family Birthplace Cindy Raymond	-Medical Staff Services / Credentialing	Health Information Management Andrea Valle (CPO)
Acute Care Marla Davis <i>- Swing Bed - Case Management/Social Work - OSP</i>	-Medical Staff Recruitment	Chief Financial Officer David Rollins (CFO)
Emergency Services Christi Doornink-Osborn	Quality Assurance/Risk Management/ Compliance Kristi Mellema (CQO/CCO)	
Chief Nursing Officer Merry Fuller (CNO/COO)	Marketing/Community Relations/Foundation Shannon Hitchcock (CCO)	
	Human Resources Bryon Dirkes (CHRO) <i>Education</i>	
	Information Systems Phillip Braem (CIO)	
	Chief Executive Officer Craig Marks (CEO)	
	Board of Commissioners	

Prosser Memorial Health
 Pay Grade Placements
 Leadership and Exempt Staff

Exempt Grades & Salary Ranges				Jobs				
Pay Range Minimum	Pay Range Medium	Pay Range Midpoint	Pay Range Maximum					
1	\$ 20.60	\$ 25.75	\$ 30.91	HRIS Assistant/Learning Coordinator	Busy Bean/Gift Shop Coordinator			
2	\$ 21.68	\$ 27.11	\$ 32.54					
3	\$ 22.83	\$ 28.54	\$ 34.25	Director of Environmental Services	Administrative Assistant	Accounting Technician		
4	\$ 23.97	\$ 29.97	\$ 35.96	HR Generalist Recruitment	HR Generalist Benefits	Director Food Services	PFS Integrity Analyst	
5	\$ 25.17	\$ 31.47	\$ 37.76	Medical Staff Coordinator				
6	\$ 26.43	\$ 33.04	\$ 39.65	Director HIM	Clinic Manager			
7	\$ 27.75	\$ 34.69	\$ 41.63	Senior Accountant				
8	\$ 29.14	\$ 36.43	\$ 43.71	Systems Analyst	Clinic Manager II			
9	\$ 30.60	\$ 38.25	\$ 45.90	Director EMS	Director Revenue Cycle	Director Supply Chain		
10	\$ 31.67	\$ 40.35	\$ 49.03	Senior Systems Analyst				
11	\$ 33.42	\$ 42.57	\$ 51.72	Director of Cardiopulmonary				
12	\$ 35.25	\$ 44.91	\$ 54.57	Patient Care Coordinator (PCC)				
13	\$ 37.19	\$ 47.38	\$ 57.57		Director of Support Services			
14	\$ 39.24	\$ 49.99	\$ 60.73	Director of Finance Operations/CFO Foundation	Director of Diagnostic Imaging	Director of Laboratory/Infection Preventivist	Director of Clinic Operations	
15	\$ 41.40	\$ 52.74	\$ 64.07	Director of Acute Care	Director of Surgery	Director of Emergency Room/Physician Recruiter	Director of QA & Patient Safety	Director of FBP
16	\$ 43.67	\$ 55.64	\$ 67.60					
17	\$ 45.41	\$ 58.97	\$ 72.54	Director of Information Technology				
18	\$ 48.13	\$ 62.51	\$ 76.89	Director of Human Resources				
19	\$ 51.02	\$ 66.26	\$ 81.50	Director of Marketing, CR & Foundation				
20	\$ 54.08	\$ 70.24	\$ 86.39					
21	\$ 57.33	\$ 74.45	\$ 91.58					
22	\$ 60.77	\$ 78.92	\$ 97.07					
23	\$ 64.42	\$ 83.66	\$ 102.90	Chief Nursing Officer/Chief Operations Officer	Chief Finance Officer			
24	\$ 68.28	\$ 88.68	\$ 109.07					
25	\$ 72.38	\$ 94.00	\$ 115.62					
26	\$ 76.72	\$ 99.64	\$ 122.55					
27	\$ 81.32	\$ 105.61	\$ 129.91					
28	\$ 86.20	\$ 111.95	\$ 137.70					
29	\$ 91.37	\$ 118.67	\$ 145.96					
30	\$ 96.86	\$ 125.79	\$ 154.72	Chief Medical Officer				
31	\$ 102.67	\$ 133.34	\$ 164.00					
32	\$ 108.83	\$ 141.34	\$ 173.84					

6/11/2018

Prosser Memorial Health
SEIU 1199 NW Wage Scale

Labor Cost Effective: July 1, 2018 to June 30, 2021/Applied 7/1/2018

STEP/EXP	RN	LPN	Clinic LPN
Effective	7/1/2018	7/1/2018	7/1/2018
	3.00%	3.00%	3.00%
Base	\$31.19	\$20.92	\$19.87
1 Year	\$31.87	\$21.38	\$20.32
2 Years	\$32.58	\$21.86	\$20.76
3 Years	\$33.30	\$22.34	\$21.22
4 Years	\$34.03	\$22.82	\$21.68
5 Years	\$34.77	\$23.33	\$22.16
6 Years	\$35.54	\$23.84	\$22.65
7 Years	\$36.32	\$24.36	\$23.15
8 Years	\$37.12	\$24.90	\$23.66
9 Years	\$37.94	\$25.45	\$24.17
10 Years	\$38.77	\$26.01	\$24.71
11 Years	\$39.63	\$26.58	\$25.25
12 Years	\$40.49	\$27.16	\$25.81
13 Years	\$41.39	\$27.78	\$26.37
14 Years	\$42.31	\$28.37	\$26.95
15 Years	\$43.23	\$29.00	\$27.55
16 Years	\$44.18	\$29.63	\$28.16
17 Years	\$45.15	\$30.29	
18 Years	\$46.15	\$30.95	
19 Years	\$47.16	\$31.63	
20 Years	\$48.20	\$32.33	
21 Years	\$49.26	\$33.05	
22 Years	\$50.35	\$33.77	
23 Years	\$51.46	\$34.51	
24 Years	\$52.59	\$35.28	
25 Years	\$53.75	\$36.13	
26 Years	\$55.09	\$37.04	
27 Years	\$56.47	\$37.96	

Prosser Memorial Health
SEIU 1199 NW Wage Scale

Labor Cost Effective: July 1, 2018 to June 30, 2021/Applied 7/1/2018

STEP/EXP	RN	LPN	Clinic LPN
Effective	7/1/2019	7/1/2019	7/1/2019
	2.50%	2.50%	2.50%
Base	\$31.97	\$21.45	\$20.36
1 Year	\$32.67	\$21.92	\$20.83
2 Years	\$33.39	\$22.40	\$21.28
3 Years	\$34.13	\$22.90	\$21.75
4 Years	\$34.88	\$23.39	\$22.22
5 Years	\$35.64	\$23.91	\$22.72
6 Years	\$36.43	\$24.44	\$23.21
7 Years	\$37.23	\$24.97	\$23.73
8 Years	\$38.05	\$25.52	\$24.25
9 Years	\$38.88	\$26.08	\$24.78
10 Years	\$39.74	\$26.66	\$25.33
11 Years	\$40.62	\$27.24	\$25.88
12 Years	\$41.51	\$27.84	\$26.46
13 Years	\$42.43	\$28.47	\$27.03
14 Years	\$43.36	\$29.08	\$27.63
15 Years	\$44.31	\$29.72	\$28.23
16 Years	\$45.29	\$30.37	\$28.87
17 Years	\$46.28	\$31.05	
18 Years	\$47.30	\$31.72	
19 Years	\$48.34	\$32.42	
20 Years	\$49.41	\$33.14	
21 Years	\$50.49	\$33.87	
22 Years	\$51.60	\$34.62	
23 Years	\$52.74	\$35.37	
24 Years	\$53.90	\$36.16	
25 Years	\$55.09	\$37.04	
26 Years	\$56.47	\$37.96	
27 Years	\$57.88	\$38.91	

†

Prosser Memorial Health
SEIU 1199 NW Wage Scale

Labor Cost Effective: July 1, 2018 to June 30, 2021/Applied 7/1/2018

STEP/EXP	RN	LPN	Clinic LPN
Effective	7/1/2020	7/1/2020	7/1/2020
	2.00%	2.00%	2.00%
Base	\$32.61	\$21.87	\$20.77
1 Year	\$33.32	\$22.36	\$21.24
2 Years	\$34.06	\$22.85	\$21.70
3 Years	\$34.82	\$23.36	\$22.18
4 Years	\$35.57	\$23.86	\$22.67
5 Years	\$36.35	\$24.39	\$23.17
6 Years	\$37.16	\$24.93	\$23.68
7 Years	\$37.97	\$25.47	\$24.21
8 Years	\$38.81	\$26.03	\$24.73
9 Years	\$39.66	\$26.61	\$25.27
10 Years	\$40.53	\$27.19	\$25.84
11 Years	\$41.43	\$27.79	\$26.40
12 Years	\$42.34	\$28.40	\$26.98
13 Years	\$43.28	\$29.04	\$27.57
14 Years	\$44.23	\$29.66	\$28.18
15 Years	\$45.20	\$30.31	\$28.80
16 Years	\$46.19	\$30.98	\$29.44
17 Years	\$47.21	\$31.67	
18 Years	\$48.25	\$32.36	
19 Years	\$49.31	\$33.07	
20 Years	\$50.40	\$33.81	
21 Years	\$51.50	\$34.55	
22 Years	\$52.64	\$35.31	
23 Years	\$53.80	\$36.08	
24 Years	\$54.98	\$36.88	
25 Years	\$56.20	\$37.78	
26 Years	\$57.60	\$38.72	
27 Years	\$59.04	\$39.69	

AFSCME Wage Scale
01-01-2021 through 12-31-2023

GRADE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
D	Clerk I (443824) Clerk II (443825) Courier (435702) Housekeeper (435704) Laundry (435705)																		
	\$14.08	\$14.57	\$15.08	\$15.61	\$16.16	\$16.72	\$17.31	\$17.91	\$18.54	\$19.19	\$19.86	\$20.56	\$21.28	\$22.02	\$22.79	\$23.59	\$24.41	\$25.27	
E	Dietary Aide (434703)																		
	\$14.28	\$14.78	\$15.30	\$15.83	\$16.39	\$16.96	\$17.55	\$18.17	\$18.80	\$19.46	\$20.14	\$20.85	\$21.58	\$22.33	\$23.11	\$23.92	\$24.76	\$25.63	
F	Cook (435701) Grill Cook (435707) HIM Tech 1 Clinic/Hospital (443812) Lab Clerk (443814), PFS Clerical Support (443811), Barista (435708)																		
	\$14.49	\$15.00	\$15.52	\$16.07	\$16.63	\$17.21	\$17.81	\$18.44	\$19.08	\$19.75	\$20.44	\$21.15	\$21.90	\$22.66	\$23.45	\$24.28	\$25.13	\$26.00	
G	CNA/U.S. (431933) Interpreter/CNA (431934) Inventory Control Coordinator (4-31-944) Patient Registrar (443816) CS Tech (431930) HIM Tech II (443831) Clinic Medical Receptionist (443805) Storekeeper (4-43-821)																		
	\$14.70	\$15.21	\$15.75	\$16.30	\$16.87	\$17.46	\$18.07	\$18.70	\$19.36	\$20.03	\$20.74	\$21.46	\$22.21	\$22.99	\$23.79	\$24.63	\$25.49	\$26.38	
H	Patient Services Representative-Clinic (443817) Philobotomist (431939) Payment Processing Clerk (443818) Wellness Coach (443831) Appointment Scheduler (443802) Appointment Scheduler-Clinic (443804) Medical Assistant - Registered (431936) Credit Balance/Cash Posting Clerk (431944) Grounds/Maintenance (j.c. 449851) Groundskeeper (4-49-851), Community Relations Outreach Asst (443807)																		
	\$14.91	\$15.43	\$15.98	\$16.53	\$17.11	\$17.71	\$18.33	\$18.97	\$19.64	\$20.32	\$21.04	\$21.77	\$22.53	\$23.32	\$24.14	\$24.98	\$25.86	\$26.76	
I	Lab Asst II (431935) Certified MA (431931) ED Tech (429216) Surgery Scheduler/Coordinator (443822) Collector (443828) OSP Tech (429227) CMA/Translator-Clinic (431932) Acute Care Tech (429300) OB Tech () Nurse Technician ()																		
	\$15.13	\$15.66	\$16.21	\$16.77	\$17.36	\$17.97	\$18.60	\$19.25	\$19.92	\$20.62	\$21.34	\$22.09	\$22.86	\$23.66	\$24.49	\$25.35	\$26.23	\$27.15	
J	AP Clerk (443801) Biller (443820)																		
	\$15.89	\$16.44	\$17.02	\$17.61	\$18.23	\$18.87	\$19.53	\$20.21	\$20.92	\$21.65	\$22.41	\$23.19	\$24.00	\$24.84	\$25.71	\$26.61	\$27.55	\$28.51	
K	Pharmacy Technician (443938) Financial Counselor (443831) Buyer ()																		
	\$16.68	\$17.26	\$17.87	\$18.49	\$19.14	\$19.81	\$20.50	\$21.22	\$21.96	\$22.73	\$23.53	\$24.35	\$25.20	\$26.09	\$27.00	\$27.94	\$28.92	\$29.93	
L	Maintenance Mechanic (j.c. 449852)																		
	\$17.51	\$18.13	\$18.76	\$19.42	\$20.10	\$20.80	\$21.53	\$22.28	\$23.06	\$23.87	\$24.71	\$25.57	\$26.46	\$27.39	\$28.35	\$29.34	\$30.37	\$31.43	
M	Coder-Certified (j.c. 443803) Pharmacy Tech (443803) (j.c. 431937) Help Desk Technician (j.c. 443940) CDM Coord/Credentialing (j.c. 431941)																		
	\$18.39	\$19.03	\$19.70	\$20.39	\$21.10	\$21.84	\$22.61	\$23.40	\$24.22	\$25.06	\$25.94	\$26.85	\$27.79	\$28.76	\$29.77	\$30.81	\$31.89	\$33.00	
N	OR Tech (j.c. 429210) Payroll Specialist (j.c. 443819)																		
	\$19.31	\$19.98	\$20.68	\$21.41	\$22.16	\$22.93	\$23.74	\$24.57	\$25.43	\$26.32	\$27.24	\$28.19	\$29.18	\$30.20	\$31.26	\$32.35	\$33.48	\$34.65	
O	MLT (j.c. 429207)																		
	\$20.27	\$20.98	\$21.72	\$22.48	\$23.27	\$24.08	\$24.92	\$25.79	\$26.70	\$27.63	\$28.60	\$29.60	\$30.64	\$31.71	\$32.82	\$33.97	\$35.16	\$36.39	
P																			
	\$21.29	\$22.03	\$22.80	\$23.60	\$24.43	\$25.28	\$26.17	\$27.08	\$28.03	\$29.01	\$30.03	\$31.08	\$32.17	\$33.29	\$34.46	\$35.67	\$36.91	\$38.21	
Q	Certified Respiratory Therapist																		
	\$22.35	\$23.13	\$23.94	\$24.78	\$25.65	\$26.55	\$27.48	\$28.44	\$29.43	\$30.46	\$31.53	\$32.63	\$33.78	\$34.96	\$36.18	\$37.45	\$38.76	\$40.12	
R	Radiologic Technologist-Registered (j.c. 429226) Respiratory Therapist-Registry Eligible (j.c. 429212)																		
	\$23.47	\$24.29	\$25.14	\$26.02	\$26.93	\$27.88	\$28.85	\$29.86	\$30.91	\$31.99	\$33.11	\$34.27	\$35.47	\$36.71	\$37.99	\$39.32	\$40.70	\$42.12	
S	Medical Technologist (j.c. 429208) MSW (j.c. 421302) Respiratory Therapist-Registered (j.c. 429211)																		
	\$24.64	\$25.51	\$26.40	\$27.32	\$28.28	\$29.27	\$30.29	\$31.35	\$32.45	\$33.59	\$34.76	\$35.98	\$37.24	\$38.54	\$39.89	\$41.29	\$42.73	\$44.23	
T	Microbiologist (j.c. 429209) Social Worker (j.c. 421301)																		
	\$25.88	\$26.78	\$27.72	\$28.69	\$29.69	\$30.73	\$31.81	\$32.92	\$34.07	\$35.27	\$36.50	\$37.78	\$39.10	\$40.47	\$41.89	\$43.35	\$44.87	\$46.44	
U	QA/QC/Technologist (j.c. 429230) CT Technologist-registry eligible (j.c. 429203) Mammographer (j.c. 429206)																		
	\$27.17	\$28.12	\$29.10	\$30.12	\$31.18	\$32.27	\$33.40	\$34.57	\$35.78	\$37.03	\$38.33	\$39.67	\$41.06	\$42.49	\$43.98	\$45.52	\$47.11	\$48.76	
V	CT Technologist-Registered (j.c. 429204)																		
	\$28.53	\$29.53	\$30.56	\$31.63	\$32.74	\$33.88	\$35.07	\$36.30	\$37.57	\$38.88	\$40.24	\$41.65	\$43.11	\$44.62	\$46.18	\$47.79	\$49.47	\$51.20	
W																			
	\$29.95	\$31.00	\$32.09	\$33.21	\$34.37	\$35.58	\$36.82	\$38.11	\$39.44	\$40.83	\$42.25	\$43.73	\$45.26	\$46.85	\$48.49	\$50.18	\$51.94	\$53.76	
X	Ultrasoundographer - registry eligible (j.c. 429214) Echo Tech - registry eligible (j.c. 429229), MRI Tech (249302), Nuclear Medicine Technologist (429302)																		
	\$31.45	\$32.55	\$33.69	\$34.87	\$36.09	\$37.36	\$38.66	\$40.02	\$41.42	\$42.87	\$44.37	\$45.92	\$47.53	\$49.19	\$50.91	\$52.69	\$54.54	\$56.45	
Y																			
	\$33.03	\$34.18	\$35.38	\$36.62	\$37.90	\$39.22	\$40.60	\$42.02	\$43.49	\$45.01	\$46.59	\$48.22	\$49.90	\$51.65	\$53.46	\$55.33	\$57.26	\$59.27	
Z	Ultrasound-Registered (j.c. 429213) Echo Tech-Registered (j.c. 429205)																		
	\$34.68	\$35.89	\$37.15	\$38.45	\$39.79	\$41.18	\$42.63	\$44.12	\$45.66	\$47.26	\$48.91	\$50.63	\$52.40	\$54.23	\$56.13	\$58.09	\$60.13	\$62.23	

Premium Pay Schedule (1-2021)	
Weekends:	\$3.50
Evening Shift (3p-11p)	\$2.75
Night Shift (11p-7a)	\$4.00
On Call/Standby:	\$4.25
Leadperson:	\$1.50
Preceptor	\$2.00

Per Diem & Part-Time Without Benefits: 10% additional in lieu of benefits
The matrix utilizes 3.5% between steps 1 to 18

WA State Minimum Wage 1/2021 = \$13.69/hour

Emergency Medical Services EMS Wage Scale

January 1, 2020

Hiring Wage Grid*	EMT	2019	2020	2021	2022
	A	13.37	13.84	14.32	14.82
B	13.77	14.25	14.75	15.27	
C	14.19	14.69	15.20	15.73	
D	14.61	15.12	15.65	16.20	
E	15.05	15.58	16.12	16.69	
F	15.50	16.04	16.60	17.19	
G	15.97	16.53	17.11	17.71	
H	16.45	17.03	17.62	18.24	
I	16.94	17.53	18.15	18.78	
J	17.45	18.06	18.69	19.35	
K	17.97	18.60	19.25	19.93	
L	18.51	19.16	19.83	20.53	
M	19.07	19.74	20.43	21.14	
N	19.64	20.33	21.04	21.78	
O	20.23	20.94	21.67	22.43	

Hiring Wage Grid*	AEMT	2019	2020	2021	2022
	A	14.01	14.50	15.01	15.53
B	14.43	14.94	15.46	16.00	
C	14.86	15.38	15.92	16.48	
D	15.31	15.85	16.40	16.97	
E	15.77	16.32	16.89	17.48	
F	16.24	16.81	17.40	18.01	
G	16.73	17.31	17.92	18.55	
H	17.23	17.83	18.46	19.10	
I	17.75	18.37	19.01	19.66	
J	18.28	18.92	19.58	20.27	
K	18.83	19.49	20.17	20.88	
L	19.40	20.08	20.78	21.51	
M	19.98	20.68	21.40	22.15	
N	20.58	21.30	22.05	22.82	
O	21.20	21.94	22.71	23.50	

Hiring Wage Grid*	Paramedic	2019	2020	2021	2022
	A	18.02	18.65	19.30	19.98
B	18.56	19.21	19.88	20.58	
C	19.12	19.79	20.48	21.20	
D	19.69	20.38	21.09	21.83	
E	20.28	20.99	21.72	22.48	
F	20.89	21.62	22.38	23.16	
G	21.52	22.27	23.05	23.86	
H	22.16	22.94	23.74	24.57	
I	22.83	23.63	24.46	25.31	
J	23.51	24.33	25.18	26.07	
K	24.22	25.07	25.95	26.85	
L	24.95	25.82	26.73	27.66	
M	25.70	26.60	27.53	28.49	
N	26.47	27.40	28.35	29.35	
O	27.26	28.22	29.21	30.23	

*Wage scale set upon hire and is dependent upon credited experience. Employee annual increase moves right on the grid upon anniversary hire date. Lead Pay is \$1.25/hour.

Attachment W



Organization	Purpose	Award	Date Rec'd	Amount Recognized in FY2020	Amount Recognized in FY2021	Balance Remaining	Repayment	Other Notes
Greater Columbia Accountability of	Telehealth Application Funding for relief	\$ 6,000	4/3/2020	\$ 6,000		\$ -	\$ -	Received for initial telehealth expenditures
CMS Medicare Advanced Benefits	Advance of Medicare Payments	\$ 6,591,980	4/21/2020	\$ -		\$ -	\$ 6,591,980	Three months worth of Medicare payments advanced to PMH. REPAID 11/30/2020
US Bank SBA Economic Injury Disaster	Payroll Protection Forgiveness Loan	\$ 10,000	4/30/2020	\$ 10,000		\$ -	\$ -	US Bank SBA grant deposited into our account.
US Bank SBA Payroll Protection Program Loan (PPPL)	Payroll Protection Forgiveness Loan	\$ 6,350,235	5/4/2020	\$ -	\$ 6,350,235	\$ -	\$ -	SBA PPP - To be forgiven and recognized in 2021.
HHS	Provider Relief Payment	\$ 760,801	4/10/2020	\$ 760,801		\$ -	\$ -	CARES Act: Stimulus for highly effected areas
HHS	Provider Relief Payment	\$ 271,197	4/24/2020	\$ 271,197		\$ -	\$ -	CARES Act: Stimulus for highly effected areas
HHS	CARES Provider Relief Fund - Rural Allocation	\$ 4,170,732	5/6/2020	\$ 2,353,778	\$ 1,816,954	\$ 0	\$ -	Each CAH will receive at least \$1,000,000 with the average CAH/Rural Hospital to receive \$4,000,000 and each Rural Health Clinic to receive at least \$100,000 with the average to be about \$160,000. NARHC.ORG (National Association of Rural Health Clinics)
HHS	Provider Relief Payment	\$ 150,680	6/15/2020	\$ 150,680		\$ -	\$ -	CARES Act: Phase 1 (2% Net Income)
HHS	Provider Relief Payment	\$ 103,253	6/25/2020	\$ 103,253		\$ -	\$ -	CARES Act: Safety Net Distribution
HHS	RHC COVID-19 Testing Program	\$ 49,461	5/20/2020	\$ 49,461		\$ -	\$ -	HHS: RHC COVID-19 Testing Program
WSHA	ASPR PPE purchase from WSHA	\$ 20,000	5/21/2020	\$ 20,000		\$ -	\$ -	Grant funds thru WSHA for Staff PPE
Medicaid SRDSH	SRDSH reallocation of addtl funds	\$ 29,382	5/22/2020	\$ 29,382		\$ -	\$ -	The SRDSH amount that is funded by the HSNA fund, is set by RCW at \$1,909,000, and the federal matching funds has historically been 50%. Due to the current COVID-19 pandemic, congress passed the CARES ACT, which increase the federal matching percentage to 56.2% effective 1/1/2020.
HHS	RHC COVID-19 Testing Program	\$ 49,461	6/9/2020	\$ 49,461		\$ -	\$ -	HHS: RHC COVID-19 Testing Program
HHS	Provider Relief Payment	\$ 1,300,000	7/20/2020	\$ -	\$ 1,300,000	\$ -	\$ -	CARES Act: (\$100,000 per RHC; \$1,000,000 for CAH)
HRSA (WA DOH)	SHIP Grant Hospital COVID Funding	\$ 83,136	7/27/2020	\$ 83,136		\$ -	\$ -	HRSA Rural Hospital SHIP Grant COVID Funding
Molina	PCP Stabilization Payment	\$ 25,434	8/4/2020	\$ 25,434		\$ -	\$ -	Molina Healthcare provided COVID pmt to providers
HHS	RHC COVID-19 Testing Program	\$ 49,461	12/7/2020	\$ -	\$ 49,461	\$ -	\$ -	HHS: RHC COVID-19 Testing Program
WSHA	HCA CARES COVID Funding	\$ 370,982	12/31/2020	\$ 370,982		\$ -	\$ -	WSHA - CARES funding distributed to hospitals.
WSHA	HCA CARES COVID Funding	\$ 7,913	1/25/2021	\$ -	\$ 7,913	\$ -	\$ -	WSHA - CARES funding distributed to hospitals.
HCA	HCA CARES COVID Funding - RHC	\$ 9,439	4/15/2021	\$ -	\$ 9,439	\$ -	\$ -	HCA - CARES funding distributed to RHCs.
HCA	HCA CARES COVID Funding - RHC	\$ 3,511	4/15/2021	\$ -	\$ 3,511	\$ -	\$ -	HCA - CARES funding distributed to RHCs.
HHS Stimulus - RHC	RHC COVID-19 Testing Program	\$ 200,000	6/10/2021	\$ -	\$ 200,000	\$ -	\$ -	HHS: RHC COVID-19 Testing Program
HHS Stimulus - RHC	RHC COVID-19 Testing Program	\$ 100,000	8/17/2021	\$ -	\$ 100,000	\$ -	\$ -	HHS: RHC COVID-19 Testing Program
HCA	HCA CARES COVID Funding - RHC	\$ 252,684	10/12/2021	\$ -	\$ 252,684	\$ -	\$ -	HCA - CARES funding distributed to RHCs.
HHS	Provider Relief Payment	\$ 1,679,462	11/23/2021	\$ -	\$ 107,699	\$ 1,571,763	\$ -	HHS: Phase 4 PRF Funds Distribution
Totals		\$ 22,645,205		\$ 4,283,567	\$ 10,197,896	\$ 1,571,763	\$ 6,591,980	

Craig Marks

From: Stephanie Titus
Sent: Wednesday, November 24, 2021 10:37 AM
To: Craig Marks
Cc: David Rollins
Subject: \$\$\$ Phase 4 Funds :-)

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

Received our Phase 4 funding today as we were approved for:

Dollar Amount
\$1,679,461.55

Transaction Details
ENTRY DESCRIPTION: HHSPAYMENT COMPANY ID: 1911911911
COMPANY NAME: US HHS Stimulus SEC CODE: CCD
INDIVIDUAL ID: 916013490 EFFECTIVE ENTRY DATE: 211123
ITEM TRACE: 124384872986194 TRANSACTION CODE: 22
INDIVIDUAL OR RECEIVING COMPANY NAME: PROSSER MEMORIAL HOSPI
ORIGINATING BANK NAME: OPTUM BANK, INC.
Bank Reference: 213260168786630N00
Transaction Reference: 916013490

We have until December 31, 2022 to utilize these funds.

Happy Thanksgiving!

Stephanie Titus
Director | Foundation CFO | Finance Operations
PROSSER MEMORIAL HEALTH
723 MEMORIAL ST | PROSSER, WA 99350
o: (509) 786 5530 | f: (509) 786 6660
stitus@prosserhealth.org | www.prosserhealth.org



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

DEPARTMENT: BOARD OF COMMISSIONERS PAGE 1 OF 2 PAGE(S)
REGARDING: FINANCIAL SPENDING AUTHORITY NUMBER: 100.0021
LIMITS
DEPARTMENTS
AFFECTED: ADMINISTRATION AMENDED: 6-27-19
EFFECTIVE DATE: 7-27-17 REVIEWED: 6-27-19

POLICY

Prosser Memorial Health (PMH) acknowledges that the Chief Executive Officer (CEO) is responsible for administering the day-to-day operation of PMH. To carry out these responsibilities effectively, the Board of Commissioners (Board) delegates certain financial authority to the CEO, and the CEO is expected to function within the authority limits designated by this policy.

IMPLEMENTATION

Capital Equipment: The CEO is authorized to purchase all items of capital equipment, after approval of the Annual Capital Budget and contained within, up to \$100,000.

In the event of an emergency, the CEO is authorized to purchase capital items as required and then report the unbudgeted acquisition at the next Board meeting.

Administration will submit requests and justifications for each capital item not contained in the Annual Capital Budget to the Board. In addition, items in excess of \$100,000 will be submitted to the Board on a monthly basis prior to the acquisition, except in emergency situations.

Leases approved in the Annual Capital Plan may be executed by the CEO. All leases valued at more than \$100,000/year require the approval of the Board.

Employee Salaries: The CEO is authorized to implement annual salary increases for all Medical Center employees. The CEO will present an overall percentage and dollar budget for employee salary increases to the Board as part of the annual budget. Upon approval of the Annual Budget, the CEO is authorized to grant raises throughout the year consistent with employee performance and market conditions.

Service Contracts: The CEO and the CFO are authorized to negotiate and sign service contracts for physicians, consultants, architects, and so on. The CEO will present an overall dollar budget for contract services as part of the Annual Budget. All contracts involving unbudgeted expenditures in excess of \$100,000 will be submitted to the Board for approval.

Legal Actions: The CEO, or CFO in his/her absence, in collaboration with the Medical Center liability carrier, is authorized to settle lawsuits or potential lawsuits within Medical Center policy limits, upon consultation with legal counsel. Settlements will be reported to the Board on an annual basis. Any claims resulting in a settlement or lawsuit in excess of the Medical Centers insurance policy limits will be brought to the Board for approval prior to settlement. Results of any unfavorable judgment against the Medical Center will be reported to the Board.

Purchase or Sale of Property: The CEO is authorized to sell used Medical Center equipment valued at \$100,000 or less in the course of normal operations of the Medical Center in compliance with State laws. The CEO is not authorized to purchase or sell the Medical Center's property, equipment or buildings without Board approval.

RESPONSIBILITY:

The responsibility for implementing the Financial Authority Limits Policy is assigned to the Chairman of the Board of Commissioners. The Medical Center's independent auditor is assigned the responsibility of determining whether the CEO has functioned within Board-approved authority limits.

These authority limits will be reviewed every three years (triennially) by the Board and changed as necessary.

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

DEPARTMENT: BOARD OF COMMISSIONERS PAGE 1 OF 2 PAGE(S)

REGARDING: CREDIT AND COLLECTION POLICY NUMBER: 100.0022

DEPARTMENTS

AFFECTED: BUSINESS OFFICE & ACCOUNTING AMENDED:

EFFECTIVE DATE: 7-27-17

REVIEWED: 6-27-19

POLICY

Prosser Memorial Health (PMH) is committed to excellence by placing the patient first with prompt, accessible, personable, cost-effective care provided by highly qualified physicians and staff. In order to protect our ability to provide their care, we must maintain financial stability. One of the steps necessary to maintain stability is the establishment of a fair credit and collection policy for patient accounts.

We recognize the responsibility for providing patients with a timely awareness of their responsibility for payment of an account, and that accounts not paid by some patients become part of the cost which must ultimately be carried by all others.

PROCEDURE

Procedures developed to implement this policy shall not be construed to deny necessary medical care to anyone on the basis of his/her ability to pay. The object of this policy is to promote payment for services from patients and their insurers on a timely basis.

Arrangements for payment of self-pay liabilities are encouraged prior to or at the time of service. Patients not showing proof of third-party coverage or patients unwilling to assign benefits to PMH are considered self-pay.

Financial counseling will be available to assist patients in making suitable arrangements to meet their financial responsibility to PMH. Suitable arrangements may include: assistance in applying for government programs, monthly payment contracts based on established guidelines, patient loans at local financial institutions, credit cards, cash or charity care. Patient relations are positively affected by the forthright communication of liabilities and assisting the patient or responsible party in making arrangements to pay bills. All patient inquiries regarding billing or statements will receive a courteous, efficient, and expeditious response as soon as possible.

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

DEPARTMENT: BOARD OF COMMISSIONERS PAGE 1 OF 1 PAGE

REGARDING: FUNDED DEPRECIATION NUMBER: 100.0023

DEPARTMENTS

AFFECTED: ACCOUNTING

AMENDED:

EFFECTIVE DATE: 7-27-17

REVIEWED: 6-27-19

POLICY

Funded Depreciation is the practice of placing funds into a segregated account for the acquisition of depreciable assets. It is the intent of Prosser Memorial Health (PMH) to fund depreciation when financially feasible.

PROCEDURE

Deposits will be made to the Funded Depreciation account(s) monthly, providing cash flow is sufficient, equal to 1/12 of the depreciation expense shown on the audited financial statements of the previous fiscal year.

Loans may be made to the operating fund when necessary, but must be approved by the Board of Commissioners (Board) and repaid as soon as operating funds become available.

All Funded Depreciation funds will be deposited in a prudent manner, and such that they are available as needed.

Statements of the Funded Depreciation fund balance will be prepared and distributed to the Board monthly.

As the needs and objectives of the institution require, Funded Depreciation will be used for asset acquisition.

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

DEPARTMENT: BOARD OF COMMISSIONERS PAGE 1 OF 1 PAGE
REGARDING: ANNUAL BUDGETS NUMBER: 100.0024
DEPARTMENTS
AFFECTED: ALL AMENDED:
EFFECTIVE DATE: 7-27-17 REVIEWED: 6-27-19

POLICY

Based on Prosser Memorial Health's (PMH) Mission, Vision, and Strategic Plan and a review of current internal and external trends, the Board of Commissioners (Board) will annually cause to be prepared operating and capital expenditure budgets. The budgets shall ensure that the Strategic Plan objectives are met and the ongoing viability of PMH is maintained.

IMPLEMENTATION

Upon the completion of PMH's annual Strategic Plan, the Board shall ensure that the Medical Staff and employees have input toward the formulation of the budgetary plans.

Preliminary operating and capital budgets will be developed and presented to the Board for approval by the end of November.

Unless otherwise specified by the Board, the final budgets shall be approved by December 31st of each year, to take effect on January 1st of the following year, and be carried out during the fiscal year ending December 31st the following year.

The budgets will include projections of patient volume, operating revenue, operating expenses, cash flow, and capital expenditures for the fiscal year involved.

Administration shall, on a monthly basis, report comparisons of actual and budgeted activity to the Board.

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

Environment of Care 2021 Summary/2022 Work Plan

Introduction

Environment of Care (EOC) management plans encompass seven areas of the healthcare environment:

- Emergency Preparedness
- Hazardous Materials
- Life Safety
- Patient Technologies
- Safety & Accident Prevention
- Security
- Utilities

EOC plans and accompanying policies and procedures are reviewed annually by the Director of Support Services and revised as needed to reflect current regulatory standards and conditions in District facilities. The annual review process was completed on May 21, 2021. Copies of updated plans, policies and procedures were distributed to department directors who are responsible for updating their department's Safety & EOC manual. Safety & EOC Manuals are to be available to PMH staff at all times while they are on duty. Current EOC plans, policies and procedures are also available on The PMH intranet under the "Safety" tab along with a wealth of safety related resources and materials.

EOC Plan Summaries

Emergency Preparedness Management Plan

Objectives

This program describes how the organization will ensure an effective response to disasters or emergencies affecting the EOC. This objective remains valid and appropriate.

Scope:

The general scope of the plan remained the same for 2021, addressing emergency management needs at the hospital and its clinics.

Performance:

- The EPC met regularly with good attendance and was effective in managing aspects and requirements of this program.
- The EPC conducted the annual comprehensive Hazard Vulnerability Analysis (HVA) on February 11, 2021 for our region and service area. The HVA identified the areas of highest risk to include wildfires, severe winter storms and utility failures. Policies and procedures currently in place address these and other areas of risk and continue to be valid.

- PMH conducted a tabletop disaster exercise on August 27, 2021 in the Whitehead conference room. The scenario involved a gang related active shooting incident in Grandview, WA during a birthday celebration. The exercise was well attended by PMH leadership and included simulated response to the incident and lively discussion. The exercise PowerPoint presentation and associated documentation has been posted on the hospital's SharePoint intranet site.
- PMH conducted an unannounced functional Mass Casualty Exercise (MCI) on October 22, 2021. The scenario involved casualties related to a bicycle versus vehicle accident on Lincoln Grade Road. An External Triage was placed into effect at 0700. A total of 10 victims (3 green, 2 yellow, 4 red, 1 black) were re-triaged at the hospital and sent to appropriate treatment areas that were set up at the beginning of the exercise. The drill was concluded at approximately 1000, after which exercise participants attended a hot wash session to identify strengths and opportunities for improvement. During the hot wash it was noted that the exercise went very well overall and just a few areas for improvement were identified. The EPC will be working on corrective actions in 2022 which will include specific policy review/ revisions and assignments to responsible departments.
- The Everbridge® mass notification system was recently replaced with a new notification system called InformaCast®. It is a powerful mass notification system that reaches people on both their mobile and on-premises devices such as IP phones, computer desktops, public address systems and more. Other benefits include a lower annual subscription fee, a wealth of customizable emergency notification templates and user-friendly software. The EPC will be working with the IT Department on customization and full implementation of InformaCast® in 2022.
- PMH purchased 65 3M Versaflo® powered air purifying respirators (PAPR) in 2021. The PAPR kits were assembled and distributed to several hospital departments and all PMH clinics. Each kit contains a blower unit, helmet, batteries, charger, flow measurement tool and a storage case. PMH also purchased an additional 135 helmet assemblies that will be distributed to departments that have several users. This will allow employees to have a helmet for their exclusive use and prevent cross contamination between users. The new PAPRs have been well received by staff and can be used in lieu of N-95 face masks for protection against airborne pathogens and contaminants.
- Regional integration of emergency preparedness planning continues through regular collaboration with the Benton Franklin Health District Emergency Response Division and the eastern Washington Regional Emergency and Disaster (REDi) Healthcare Coalition.
- Key PMH staff members participated (and continue to participate) in readiness surveys, phone and online status and planning meetings related to COVID-19 with all its regional partners. These partners include:
 - Healthcare coalitions
 - Hospitals
 - Long term care & nursing homes
 - Emergency management agencies
 - Health Districts
 - EMS providers
 - Law enforcement agencies
 - Fire Districts with EMS
- In collaboration with the Human Resources (HR) department, PMH employees and its contracted staff were assigned Active Shooter and annual Emergency Preparedness training through the online HealthStream® Learning Center.
 - The Active Shooter course is assigned to all new hires and is assigned to all staff every two years. Course completion rate to date in 2021 is 98%.

- Emergency Preparedness training is assigned to all new hires and is assigned to all staff annually. Course completion rate to date in 2021 is 75%.

Effectiveness:

- The ability to respond to mass casualty incidents was enhanced by staff training, exercises, support and participation of local and regional agencies.
- New Employee Orientation and annual refresher training on Emergency Preparedness are considered adequate based on staff knowledge assessed during departmental safety surveys.

2022 Work Plan

- Enhance the effective use of the InformaCast® mass communication system.
- Continue working with regional partners on COVID-19 related initiatives.
- Continue and enhance our relationships with regional agencies and local municipalities.
- Actively participate in regional and local drills and exercises as they become available.
- Continue to monitor and track employee participation in the emergency preparedness training program.
- Develop and conduct a tabletop disaster exercise based on the evacuation and shelter in place policy and procedures.
- Develop and conduct a functional MCI exercise based on a local active shooter incident.

Hazardous Materials & Waste Management Plan

Objective:

This plan describes how the organization will maintain a program to safely control hazardous materials and waste. These objectives remain valid and appropriate.

Scope:

- The overall scope of the plan did not change and continues to apply to current industry standards.
- There have been no significant changes in quantities or types of chemicals used in clinical or support operations, and the program continued unchanged in 2021.

Performance:

- Management and timely removal of hazardous wastes, i.e. universal, medical and chemical has been effective in keeping District operations running smoothly.
- The recycling program continues to be effective in preventing certain types of wastes from entering our waste stream and out of landfills. The recycling program includes:
 - used fluorescent and HID lamps
 - mercury containing devices,
 - magnetic lighting ballasts,
 - chargeable and non-rechargeable batteries,
 - cardboard
 - scrap metal
- Regulated medical waste (RMW) volumes increased in 2021. The average monthly generation in 2020 was 101.33 cubic feet and reflects a 43% reduction over generation in 2019. To date in 2021, the average monthly generation rate is 287.98 cubic feet. This increase in generation is attributed to a significant increase in the number of elective surgeries, deliveries, clinic utilization and COVID-19 vaccination clinics. Efforts to cap or reduce medical waste generation will continue into 2022.

- The Safety Officer remains responsible for the hazardous materials and waste program and continues to serve as a reliable and effective resource for directors and staff when needed.
- In 2021 began using mitomycin (a chemotherapeutic agent) during certain surgical procedures. Wastes related to this agent require special handling and disposal methods. This new waste stream is being effectively managed by the Surgical Services department and EVS staff with oversight from the Safety Officer.

Effectiveness:

- New Employee Orientation and annual refresher training in conjunction with training efforts as described above have been effective in raising staff awareness and knowledge of the Hazard Communication Program. Staff knowledge assessments conducted by the Safety & Environment of Care Committee (SEOCC) indicate an ongoing need to improve staff knowledge of medical waste handling and disposal protocol.

2022 Work Plan

- Closely monitor regulated medical waste sources, type and volumes.
- Continue work in progress to monitor and report misuse of regular and medical waste receptacles.
- Provide training, materials and assistance where indicated.
- Work with Supply Chain to identify any changes in quantity, types and volumes of disposable supplies.
- Work with high volume users to find possible ways to reduce generation.

Life Safety Management Plan

Objectives:

- This program describes how the organization will provide a fire-safe environment of care. This objective remains valid and appropriate to current standards. Elements include regular fire drills, employee training and knowledge assessment, and procedures to ensure continued life safety during renovations and construction.

Scope:

- The scope of this plan continues to address all required life safety needs at the hospital and other District facilities as applicable.
- The management of the plan was enhanced by continued participation of the SEOCC.

Performance:

- An ongoing program for life safety systems inspection, testing, and preventive maintenance remains in place. All required inspections, testing and maintenance has been accomplished to date and include:
 - Hospital and service building fire alarm systems
 - Wet and dry fire suppression systems
 - Emergency generators
 - Emergency egress lights
 - Battery powered smoke and carbon monoxide detectors
- The condition and readiness of systems and equipment is considered good based on regular checks during inspections and a comprehensive, documented preventive maintenance program.
- The Washington State Department of Health (DOH) conducted a long overdue licensure and CMS survey at PMH on June 15-18, 2021. During this the survey, a Deputy State Fire Marshall conducted an extensive

Fire & Life Safety inspection of the hospital and all associated documentation required by DOH and CMS. The inspection resulted in a “Zero Findings” report.

- Fire drills were conducted once per shift per quarter as required and documented. Areas needing improvement were brought to the attention of the department manager, with retraining and re-drilling provided as needed.
- Life Safety systems preventive maintenance completion and testing statistics are included in monthly quality improvement reports generated by the Director of Support Services.

Effectiveness:

- Overall management of the Life Safety Plan has been effective and has resulted in four consecutive “Zero Findings” statements from the State Fire Marshal’s office during past federal and state surveys.
- New Employee Orientation and annual refresher training on life safety, fire extinguishers, fire alarms, and exit locations are considered effective based on staff knowledge assessed during fire drill and safety surveys.

2022 Work Plan

- Continue to track, document and report life safety equipment and systems testing and maintenance activities, identify trends in noncompliance, implement corrective actions where indicated.
- Raise staff awareness of proper fire and life safety practices using monthly safety newsletters and fire drills, especially during months with holidays when possibly hazardous decorations may be brought into our facilities.
- Revise the Fire Safety Program to align with changing organizational structure and departmental needs.

Patient Technologies Management Plan

Objective:

This program describes how the organization will ensure the safe and effective use of medical equipment. This objective remains valid and appropriate to standards.

Scope:

The general scope of the plan remained the same for 2021, addressing needs at the hospital and associated clinics.

Performance:

- Preventive maintenance (PM) services continued to be provided through a contractual agreement with Kadlec Regional Medical Center (KRMC) Clinical Engineering Department.
- Performance by KRMC biomedical technicians remained reliable and effective in completing scheduled PMs on time, performing timely equipment repairs and responding to urgent service requests. These activities were tracked and documented. PM completion statistics are included in monthly quality assurance reports.
- PMH acquired an abundance of new medical equipment in 2021, most of which was replacement equipment for outdated IV pumps and patient monitoring systems throughout the hospital. All new equipment was inspected, tested and added to the biomedical PM program for scheduled periodic preventive maintenance and testing.

- The master biomedical equipment inventory was updated throughout the year to reflect additions to and deletions from the biomedical PM program.
- Equipment identified as missing, lost or out of service were removed from the biomedical PM program.

Effectiveness:

The ongoing biomedical preventive maintenance program was effective in maintaining patient care equipment in excellent condition throughout the year. Timely and reliable response by KRMC Clinical Engineering personnel to requests for routine and emergency service was effective in reducing down-time and interruption of patient care services.

2022 Work Plan:

- Work with department directors on the selection and installation of new biomedical equipment.
- Work with department directors and staff for identification of equipment that is overdue for maintenance or is lost, missing or out of service.
- Continue work in progress to ensure all new medical equipment is inspected, tested and added to the biomedical PM program.

Safety & Accident Prevention Management Plan

Objective:

This program describes how the organization provides a physical environment free of hazards and manages staff activities to reduce the risk of injuries to employees, patients, and visitors. These objectives remain valid and appropriate.

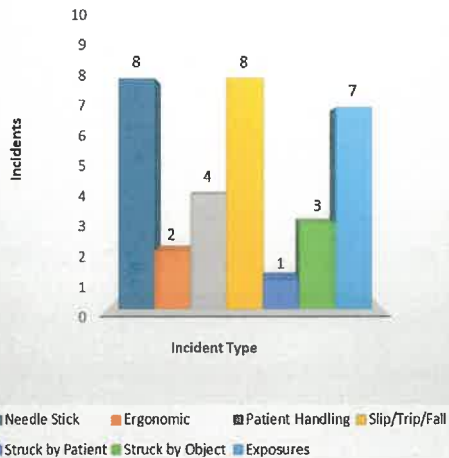
Scope:

- The general scope of the plan is applied organization wide and addresses both general processes for injury and illness prevention and reporting.
- Priority continued to be assigned to our primary injury areas: slips/trips/falls (STF), ergonomics, and patient handling related incidents.

Performance:

- Safety management process has been satisfactory with well attended monthly meetings of the SEOCC receiving reports from other committees, i.e. EPC and Safe Patient Handling. The SEOCC has been effective in ensuring continued coordination between the seven elements of the environment of care program.
- The PMH Safety & EOC Manual was reviewed, revised, approved and distributed with copies sent to all departments making it readily available to all staff. It was also placed on the PMH intranet, further enhancing its access.
- Annual hazard assessments for personal protective equipment (PPE) were completed by all departments in February 2021. Hazard assessments are posted on the PMH intranet for easy access by all staff.
- Annual Respiratory Protection training and mask fitting was conducted in 2021. Current course compliance rate is 68% with a due date of 12-23-2021.
- Employee accident and injury data was monitored through the year, including a historical perspective of data from past years to establish a baseline. Trends are identified through monthly review of incident reports. Needlesticks, STF and exposures are the top concerns moving forward for the remainder of 2021 and in to 2022.

2021 Incidents (33) & Claims (15)



Summary

- **Needle Stick (8)** – Syringe mishandling (2), blood draw (1, **2**), IV administration, Suture procedure (2)
- **Ergonomic (2)** – Shoulder strain during laundry processing, shoulder strain when moving equipment
- **Patient Handling (4)** – Back strain during patient repositioning (1, **1**), Back strain during patient transfer (1, **1**)
- **Slip/Trip/Fall (8)** – Trip/fall on rock, knee failure fall (1, 1), slip/fall on wet floor (**1**, **1**), fall from stool, trip/fall on roof vent, trip/fall on parking bumper.
- **Struck by Patient (1)** – Struck by intoxicated patient
- **Struck by/against object (3)** – Struck by falling bed accessory, foot strike on object, struck by hot liquid.
- **Exposure (9)** Facial exposure to body fluids, unknown fluid exposure to eyes, COVID-19 exposure (2), eye exposure to unknown airborne irritant (1, **1**) eye exposure to medication, eye exposure to UVC light.

Items in red font indicate a claim initiated.

Underlined items in red font indicate claim with time loss.

Effectiveness

- The PMH safety program brought visibility, attention, and resources to safety throughout this reporting period. The number of Workers' Compensation claims (15) to date is unchanged from the same time period in 2020. Unfortunately, the overall number of incidents to date have increased by 21% as compared to 2020 data for this time of the year. The common theme behind most of these incidents is attributed to inattention and in some cases, failure to follow established procedures and protocols.
- New employee orientation, refresher, and departmental specific safety training is considered satisfactory based on employee knowledge assessments made during surveys and injury report analyses.
- Environmental rounds survey team members have remained effective and have been recognized as an asset in ensuring ongoing organizational safety and survey readiness.

2022 Work Plan

- Continue to raise employee awareness on overall safety in the workplace with emphasis placed on preventing needlesticks, STFs, and exposure prevention through monthly safety newsletters, emails and special publications.
- The success of the safety awareness program will be measured by ongoing evaluations of incident reports and the types and frequency of injuries as compared to data from 2021. The awareness program will continue to focus on identified trends, with safety articles targeting types of incidents as they occur throughout the year.
- Work in collaboration with the EPC on developing and implementing a shelter-in-place/evacuation tabletop exercise.
- Work in collaboration with the Workplace Violence Prevention Task Force on refining PMH's prevention plan and the establishment of District wide a training program.

Security Management Plan

Objective:

This program describes how the organization will maintain a security management plan to protect staff, patients, and visitors from harm. The objectives remain valid and appropriate.

Scope:

- The general scope of the plan continued to apply to hospital District operations.
- The management of the plan was enhanced by continued participation of the SEOCC.

Performance:

- The Workplace Violence Prevention (WVP) Task Force met in the first quarter of 2021 to evaluate the results of the employee security assessment survey that was sent to all staff in the 3rd quarter of 2020. The evaluation resulted in the development of a detailed action item list. The Director of Human Resources has taken the lead on this front and has been working with the Administrative Team on addressing action items throughout the year. The most significant action taken to date was the hiring of an outside security agency to provide security services for the hospital building and campus.
- Following a in depth selection process, PMH hired Pac-Tac Protective Solutions (PTPS) to provide on-site security services for the hospital. Hours of coverage are 1800-0600 on weekdays and 24-hour coverage on weekends. Based in Portland Oregon, PTPS takes pride in hirng security officers that have previous law enforcement or military backgrounds (or both). The security officers assigned to PMH have been very well received and appreciated by PMH staff. Activity reports are generated for each shift worked and are reviewed by the Director of Emergency Services and the Safety Officer. To date, no significant security related issues have been reported.

Effectiveness:

- The security camera system continues to be an effective tool for investigating and assessing reported incidents. PTPS security officers now have access to the camera system and monitor cameras throughout their shifts in addition to making hourly rounds of the facility and grounds. Additional cameras will be purchased and installed in 2022 to provide coverage for sensitive areas of the hospital that are not currently monitored.
- The organization-wide Compliance Hotline continued in place through 2020, providing another mechanism to report and control waste, fraud, and abuse throughout our hospital District. All employees receive training on Corporate Compliance annually.
- Reported security incidents to date in 2021 are few, minor in nature and were resolved by staff on duty at the time of occurrence.
- A review of the 2021 Threat and Assault Log indicates a decrease in events as compared to this period in 2020.

2022 Work Plan

- Monitor and evaluate performance and effectiveness of security personnel and hours worked. Reduce or increase coverage if indicated by review of activity logs and feedback from staff.
- Investigate and assess all security incidents. Formulate and implement corrective actions where indicated.
- Work with the IT department on the purchase and installation of additional security cameras in the hospital and new cameras for PMH clinics.

Utilities Management Plan

Objective:

- This program describes how the organization will promote a safe, controlled environment of care through reliable utility systems with minimum failures. This objective remains valid and appropriate to standards.

Scope:

- This plan continues to address the utility system management needs at the hospital and associated District facilities.

Performance:

- An ongoing program for utility system inspection, testing, and preventive maintenance was conducted.
- The overall number of equipment and system failures to date indicates a slight decrease as compared to this time in 2020. Equipment repairs and replacements occurred throughout the year and include, but are not limited to:
 - Hospital central HVAC system chiller compressor replacement. (\$20K)
 - HVAC condenser water system 3-way valve replacement. (\$7K)
 - Miscellaneous HVAC split system repairs at PMH and clinics. (\$\$\$)
- The present condition and readiness of utility systems and equipment is considered satisfactory based on regular checks during inspections and a comprehensive, documented preventive maintenance program.
- Emergency power generators and systems were inspected and tested in accordance with current NFPA standards throughout the year, with no problems or malfunctions encountered.
- Utility systems preventive maintenance completion and testing statistics are included in monthly quality assurance reports.
- The utilities management equipment inventory was updated throughout the year to reflect additions to and deletions from the preventive maintenance program.

Effectiveness:

- Utility management, preventive maintenance and repairs proved to be effective throughout the year in maintaining a safe and comfortable environment for patient care despite the occasional disruption of services due to unexpected equipment failures.

2022 Work Plan

Due to the age of the hospital's plant operations equipment and systems, the maintenance department will continue to take proactive measures to ensure reliability and to extend the useful life of critical systems and equipment.

Examples include:

- Enhanced focus on the timely performance of preventive maintenance activities.
- Survey of equipment and systems to identify key replacement parts and controls that are or will become obsolete.
- Procure spare parts as indicated by the equipment/systems survey.

- Perform proactive equipment and component replacement on critical hospital systems.

Submitted by: Steve Broussard, Director of Support Services

Date: December 3, 2021



HOSPITAL QUALITY COMPARISON

Medicare.gov



PMH Pillars of Excellence	Patient Loyalty	Med Staff Development	Employee Development	Quality	Services	Financial Stewardship	Other
iVantage (Index Number)	X			X (Quality & Outcomes)	X (IP Market Share; OP Market Share)	X (Cost & Charge)	
Lown Institute (Letter Grade) PMH B – Overall grade Kadlec A Trios C Astria Health C Lourdes B	X			X (Clinical Outcomes)		X (Value of Care)	<ul style="list-style-type: none"> • Civic Leadership – pay equity, Community Benefit, Inclusivity
Medicare Star Rating – Care Compare (Star Rating) PMH *** Kadlec **** Astria ** Lourdes – not available	X			X <ul style="list-style-type: none"> • Mortality, • Safety of Care, • Readmission, • Timely & Effective care 			
WA Hospital Quality (WSHA) (Percentage)	X			X (See other)			<ul style="list-style-type: none"> • Infection rates • Nursing sensitive measures • Heart Attack • Medical Imaging • ED care • Preventative Care

							<ul style="list-style-type: none"> • Surgical complications • Blood clot prevention • 30-day outcomes
Watson Health (Truven)	X			X <ul style="list-style-type: none"> • Risk Adjusted IP mortality • Risk Adjusted complications • 30-day hospital wide readmission • Severity adjusted average LOS 		X <ul style="list-style-type: none"> • Adjusted operating profit margin 	
Leap Frog Kadlec C Trios C Trios Women's & Children's Hospital B Virginia Mason C				X (See other)			<ul style="list-style-type: none"> • Basic Hospital Information • Medication Safety • Maternity Care • Patient Safety Practices • Managing Serious Errors
Healthgrades (Star rating)	X			X (Mortality & Complications)			

- **The Lown Institute Hospitals Index**

- First hospital ranking to measure value of care, racial and economic inclusivity, pay equity, and more. In all, they measure across 42 metrics that fall into three major categories: Civic Leadership, Value of Care and Patient Outcomes. The three categories comprise seven sub-components, each of which includes several more detailed measures.
- Letter grades for the composite score and the three individual categories. For each specific detail, a star rating between 1 and 5 was given.

- **Civic Leadership**
 - **Pay equity** is obtained data from CEO compensation from three sources: information on private nonprofit hospitals taken from IRS 990 forms; information on for-profit, publicly traded hospital systems was obtained from securities and exchange commission filings; and information about public hospital CEO pay was found in publicly available records. Average worker wages are obtained from two sources: the CMS Healthcare Cost Report Information System (HCRIS) and the Bureau of Labor Statistics.
 - **Community Benefit** is calculated by using the Community Benefit Insight dataset generated from IRS 990 forms. They calculate community benefit spending as a share of total expenses, looking at the subset of community benefit spending: charity care, subsidized health services (such as free clinics, some emergency services, telehealth services and mammograms), community health improvement activities (health fairs, community health education classes, immunizations, interpreter services, etc.) Obtained from HCRIS for FY.
 - **Inclusivity** measures the degree to which a hospital's patient population reflects the demographics of its catchment area by using the zip codes of the hospital's own Medicare patient population, sorted by the number of patients each zip code supplied.
- **Value of Care**
 - Based on a single component measure: **Avoidance of overuse** of the following medical services: hysterectomy for benign disease; laminectomy and/or spinal fusion without radicular pain; arthroscopy for knee arthritis; vertebroplasty or kyphoplasty for osteoporotic vertebral fractures; carotid endarterectomy in asymptomatic patients (those with no neurological symptoms); carotid artery imaging for syncope; EED for syncope; heath imaging for syncope; EED for headache; inferior vena cava filter; pulmonary artery catheter placement in non-surgical conditions; coronary artery stenting for stable coronary angina; and renal artery stenting.

- 100% of Medicare claims datasets (MEDPAR and outpatient) to search for instances when these 13 services were used. Hospitals without a capacity to perform a service, were excluded from the rating for that particular service.
- **Patient Outcomes**
 - **Clinical Outcomes** are composed of risk-standardized rate of mortality and readmission and identified from 100% Medicare inpatient files using MEDPAR data along with billions of carriers and outpatient claims with prior diagnoses.
 - **Patient Safety** based on rates for pressure ulcers, accidental punctures, and central intravenous line infections provided by CMS on its Hospital Compare website.
 - **Patient Satisfaction** scores are sourced from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS).

- **Medicare Star Rating (Care Compare aka Hospital Compare)**

- The overall rating, between 1 and 5 stars, summarizes a variety of measures across 5 areas of quality into a single star rating. If a hospital is missing a measure category or group, the weights are redistributed proportionally amongst the qualifying measure categories or groups. The 5 measure groups include:
 - Mortality (7)
 - Safety of Care (8)
 - Readmission (11)
 - Patient Experience (8)
 - Timely & Effective Care (14)
- Hospitals are assigned to one of 3 peer groups based on the number of measure groups for which they report at least three measures; three measure groups, four measure groups, or five measure groups. Finally, the hospitals are assigned to star ratings within each peer group using k-means clustering so that summary scores in one star rating category are more similar to each other and more different than summary scores in other star rating categories. Only hospitals that have at least 3 measures within 3 measure groups with at least one of those groups being Mortality or Safety of Care, are eligible for an overall star rating. Not all hospitals report all measure. Therefore, some hospitals may not be eligible.
 - K-means clustering analysis is a standard method for creating categories (or clusters) so that the observations (or scores) in each category are closer to their category mean than to any other category mean.

- The data in Hospital Compare comes from the Agency for Healthcare Research and Quality (AHRQ), another agency with HHS.

- **WA Hospital Quality**

- Uses data that is reported to CMS, NHSN and the WA State Hospital Association
- Can compare up to three hospitals at a time

- **IBM Watson Health (aka Truven)**

- Produces the annual Top 100 Hospital list, however, CAHs are not included in the 100 Top hospitals analysis or selection of winners. They provide norms and benchmarks for six measures, for information only.
 - Risk-Adjusted Inpatient Mortality
 - Risk-Adjusted Complications
 - 30-Day Hospital-Wide Readmissions
 - Severity-Adjusted Average Length of Stay
 - Adjusted Operating Profit Margin
 - HCAHPS
 - Data sources from MEDPA, CMS Hospital Compare, HCRIS cost reports
- In the Watson Health 100 Top study for Critical Access Hospitals, they select 20 Benchmark Hospitals based on overall performance in the most recent year of data available. Peer group hospitals include all US critical access hospitals in our study database, excluding benchmark CAHs.
- The custom report, provides two types of comparisons for current performance and for multi-year trend performance:
 - Profiled hospital vs comparison group Benchmark hospitals
 - Profiled hospital vs comparison group Peer hospitals.

- **Leapfrog**

- Not able to calculate a Leapfrog Hospital Safety Grade for CAHs due to missing data. However, CAHs can still participate in Leapfrog's separate program, the Leapfrog Hospital Survey which is an annual voluntary survey.
- Primary data sources:
 - Leapfrog Hospital Survey
 - CMS

Healthgrades

- Healthgrades analyzes clinical outcomes data based on Medicare patient records in 31 common conditions and procedures, also known as cohorts.
- Healthgrades analyzes clinical outcomes (mortality and complications) independently for all 33 conditions or procedure cohorts. For each cohort, we determine a list of specific procedures and diagnoses that define the cohort as well as a list of exclusions.
- To be eligible for a rating in each cohort, a hospital must have at least 30 cases across three years of data and at least five cases in the most recent year.
- Mortality Cohorts

▪ Bowel obstruction	Pancreatitis
▪ Chronic Obstructive Pulmonary Disease	Pneumonia
▪ Colorectal Surgeries	Pulmonary Embolism
▪ Coronary Arter Bypass Graft (CABG) Surgery	Respiratory Failure
▪ Coronary Interventional Procedures	Sepsis
▪ Cranial Neurosurgery	Stroke
▪ Gastrointestinal Bleed	Upper Gastrointestinal Surgery
▪ Heart Attack	Valve Surgery
▪ Heart Failure	
- In-Hospital Complication Cohorts

▪ Abdominal Aortic Aneurysm Repair	Hip Fracture Treatment
▪ Appendectomy	Hip Replacement
▪ Back and Neck Surgeries (without Spinal Fusion)	Pacemaker Procedures
▪ Bariatric Surgery	Peripheral Vascular Bypass
▪ Carotid Procedures	Prostate Removal Surgery
▪ Defibrillator Procedures	Spinal Fusion
▪ Diabetic Emergencies	Total Knee Replacement

- Gallbladder Removal Surgery
- Transurethral Prostate Resection Surgery
- Data sources
 - Medicare Provider Analysis and Review (MedPAR)
 - Inpatient all-payer data for appendectomy and bariatric surgery

PROPOSAL: Remain with The Chartis Group (iVantage) due to the alignment of their Pillars with a majority of our Pillars of Success (Patient Experience, Quality, Services and Financial Stewardship). *(note: we are in year two of a three year contract with The Chartis Group)*