



Prosser
Memorial Health

**Prosser Memorial Health
Board of Commissioners**

**Board Packet
August 26, 2021**

Vision

Patients
Employees
Medical Staff
Quality
Services
Financial



Prosser

Memorial Health

Values

Accountability
Service
Promote Teamwork
Integrity
Respect
Excellence

Mission: To improve the health of our community.

BOARD OF COMMISSIONERS
THURSDAY, AUGUST 26, 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
Bryon Dirkes, CHRO
Dr. Walburga Martin

GUESTS:

Kurt Broeckelmann, Architect, bcDG
Paul Kramer, Project Director, NV5
Bret Miche, Sr. Project Manager,
Graham Construction

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 July 29, 2021.

B. **Payroll and AP Vouchers** #159400 through #160034 dated 07-22-21 through 08-19-21 in the amount of \$7,254,161.27

V. MEDICAL STAFF DEVELOPMENT

A. Medical Staff Report and Credentialing

Action Requested – Advancement from Provisional

Dr. Martin

Peter Park, ARNP – Allied Health Professional privileges in Family Medicine effective September 1, 2021 through February 28, 2023.

B. New Appointment

Action Requested – New Appointment

Kelly Simone, MD –Provisional/Locum Tenens Staff with requested privileges in Pediatrics effective September 1, 2021 through February 28, 2022.

Zachary Garland, ARNP – Provisional/Allied Health Professional Staff with requested privileges in Anesthesia effective September 1, 2021 through February 28, 2022.

C. Reappointment

Action Requested – Reappointment

Carolyn O'Connor, MD – Reappointment to the Active Staff with requested privileges in Family Medicine effective September 1, 2021 through August 31, 2023.

Joji Kohjima, MD – Reappointment to the Active Staff with requested privileges in Family Medicine/OB effective September 1, 2021 through August 31, 2023.

Jared Wolfert, DO – Reappointment to the Locum Tenens Staff with requested privileges in Emergency Medicine effective September 1, 2021 through August 31, 2023.

Carlyle Langhorn, MD – Reappointment to the Locum Tenens Staff with requested privileges in Emergency Medicine effective September 1, 2021 through August 31, 2023.

VI. FINANCIAL STEWARDSHIP

A. Review Financial Reports for July 2021 (**Attachment O**)

David

Action Requested – Financial Reports

B. COVID-19 Financial Plan (**Attachment U**)

David

C. Approve Resolution #1056 – Completion of the Nuclear Medicine Department Remodel Project

Craig

Action Requested – Resolution #1056 (**Attachment W**)

VI. SERVICES

A. Replacement Facility Update

1. Design
2. Value Engineering
3. Schedule

**Kurt Broeckelmann
Paul Kramer
NV5/Graham Construction**

VIII. QUALITY

A. DOH/CMS Survey

Kristi

B. COVID-19 Update

David

C. Legislative and Political Updates

Commissioner Bestebreur

D. CEO/Operations Report

Craig

IX. ADJOURN

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

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Mission: To improve the health of our community.

Month	Goals & Objectives	Education
January	<p>QUALITY:</p> <ul style="list-style-type: none"> Review/Approve 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%						93.5%	87.9%	85.1%
ED - "Would Recommend"	>81.4%	63.2%	63.2%	63.2%	70.6%	60.8%	85.4%	92.3%						85.6%	81.4%	80.3%
Acute Care - "Would Recommend"	>84.1%	85.7%	85.7%	85.7%	72.5%	85.0%	93.8%	90.0%						91.7%	84.1%	78.6%
OB - "Would Recommend"	>92.3%	91.7%	91.7%	91.7%	83.3%	95.2%	83.9%	100.0%						94.0%	92.3%	92.2%
Outpatient Surgery - "Would Recommend"	>91.0%	71.3%	71.3%	71.3%	100.0%	93.8%	83.3%	97.2%						94.5%	89.8%	91.0%
Clinic - "Would Recommend"	>87.3%	71.3%	71.3%	71.3%	74.7%	79.9%	92.9%	90.6%						90.7%	87.3%	87.1%
Outpatient - "Would Recommend"	>88.4%	77.4%	77.4%	77.4%	74.7%	79.9%	93.0%	94.9%						92.4%	88.1%	88.4%
Composite Score	>86.2%	75.7%	75.7%	75.7%	80.6%	79.7%	89.3%	88.3%						91.1%	N/A	N/A
Medical Staff Development																
Medical Staff Turnover	<10%	0%	2%	2%	0%	0%	0%	0%						4.0%	0.2%	0.2%
Prosser Specialty Clinic Visits	1,062	1,051	1,023	1,401	1,301	1,281	1,455	1,199						1,244	954	950
Benton City Clinic Visits	1,005	885	696	881	801	742	778	724						787	837	958
Prosser RHC Clinic Visits	1,052	1,406	1,149	1,503	1,357	1,398	1,297	1,236						1,335	1,226	960
Grandview Clinic Visits	742	592	522	621	644	670	789	729						652	589	568
Women's Health Center	629	604	636	727	627	653	647	530						632	601	469
*# of Active Medical Staff	>51	49	49	49	51	51	51	51						50.14286	45	41
Employee Development																
403(B) Participation Rate	>55%	99%	97%	97%	99%	99%	98%	98%						98%	46%	N/A
Average Recruitment Time (days)	<28	24	18	26	23	17	32	21.8						23	32	28
# of Open Positions (Vacancies)	<23	25	29	42	12	12	34	49						29	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%						6.0%	5.9%	5.7%
Agency - Cost/Total Labor	<8.7%	5.9%	7.4%	6.8%	8.3%	8.9%	7.7%	9.9%						7.8%	7.6%	14.5%
Turnover Rate	<0.6%	0.0%	2.4%	0.03%	0.7%	0.0%	1.0%	1.0%						0.7%	0.6%	0.7%
Timely Evaluations	>79.6%	61.0%	67.0%	78.0%	85.3%	55.0%	67.8%	65.5%						68.5%	70.2%	79.6%
Education Hours/FTE	>2.15	1.14	1.03	1.26	0.99	1.13	1.12	0.33						1.00	1.22	1.55
New Hire (Tenure) < 1 year	<10%	0%	1%	0%	0%	0%	0%	0%						0%	0.0%	0%
* Lost Workdays due to On-the-Job Injuries	<10.25	0	7	9	4	3.5	45.28	31.12						14.27	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%						1.1%	0.8%	1%
* Falls with Injury	<2	0	0	1	0	0	0	1						0.3	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%	0.29%	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%						6.4%	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%						21.23%	27.61%	30.3%
Services																
ED Visits	916	820	712	874	1,035	1,133	1,227	1,317						1,017	805	1,016
Inpatient Admissions	86	112	89	93	117	118	117	145						113	83	83
OB Deliveries	45	42	47	39	46	52	48	70						49	41	37
Surgeries and Endoscopies	137	100	133	187	180	183	190	171						163	101	118
Diagnostic Imaging Procedures	2,087	2,628	2,439	3,112	3,336	3,156	3,233	3,067						2,996	2,280	1,957
Lab Procedures	12,374	14,626	12,570	14,659	14,800	14,902	14,474	15,174						14,458	11,768	11,051
Adjusted Patient Days	1,453	1,644	1,496	1,948	1,871	1,722	1,574	1,653						1,701	1,393	1,624
Therapy Visits	1,706	1,333	1,401	1,792	1,520	1,373	1,706	1,423						1,507	1,314	1,145
Outpatient Special Procedures Visits	245	213	255	256	342	354	397	393						316	247	224
Financial Performance																
Net Days in Accounts Receivable	51	59	60	62	64	66	59	59						59	63	63.79
*Total Margin	13.47%	11.4%	0.5%	8.7%	8.8%	9.0%	10.1%	8.7%						9.9%	4.5%	5.30%
Net Operating Revenue/FTE	\$ 19,448	\$ 16,427	\$ 15,351	\$ 18,366	\$ 19,282	\$ 18,115	\$ 19,821	\$ 18,956						\$ 18,045	\$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%						57%	61.3%	59.6%
Operating Expense/FTE	\$ 16,894	\$ 14,635	\$ 15,385	\$ 16,722	\$ 17,705	\$ 16,728	\$ 15,953	\$ 17,419						\$ 16,364	\$15,891	\$15,190
*Days Cash on Hand	156	169	152	146	146	147	155	152						152	183	120.39
Commercial %	29.10%	27.40%	29.00%	29.30%	28.40%	27.10%	28.30%	28.10%						28%	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%						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%						1.19%	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						62	70	N/A
Median Time from ED Arrival to Departure for Discharged ED Patients	<107 min	136	110	118	122	109	112.5	112						117	128	N/A
Venous Thromboembolism Prophylaxis	>93.1%	92.9%	86.2%	85.7%	89.4%	95.9%	90.4%	96.1%						91.5%	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%						53.5%	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%						6.3%	3.80%	5.40%
Sepsis - Early Management Bundle	>84.6%	100.0%	NA	NA	100.0%	100.0%	100.0%	66.7%						87.5%	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%	0.29%	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%						21.23%	27.61%	30.25%
Medication Reconciliation Completed	>90%	51%	44%	42%	48%	46%	46%	49%						47%	47.15%	N/A
Turnaround time of 30 minutes or less for STAT testing	<30 min	42	40	39	35	37	37	40						39	37.5	30
Median Time to ECG	< 7 min	8	6.5	7.5	6	8	6	7						7.0	7	7
Surgical Site Infection	<0.25%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%						0.00%	0.25%	0.30%
Safe Medication Scanning	>92.9%	91.8%	95.0%	93.5%	92.8%	92.8%	90.8%	92.9%						92.8%	98.90%	90%
*Overall Quality Performance Benchmark (iVantage)	>48	41	41	41	41	41	41	39						39	44	48
*Falls with Injury	<2	0	0	1	0	0	0	1						2	2	3

Green at or above Goal (4)

Yellow within 10% of Goal (2)

Red More than 10% below Goal (0)

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BOARD WORK SESSION		JULY 27, 2021		WHITEHEAD CONFERENCE ROOM			
COMMISSIONERS PRESENT		STAFF PRESENT		MEDICAL STAFF		GUESTS	
<ul style="list-style-type: none"> • Dr. Steve Kenny • Glenn Bestebreur • Keith Sattler • Sharon Dietrich, M.D. • Brandon Bowden • Neilan McPartland 		<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 	
AGENDA		DISCUSSION		ACTION		FOLLOW-UP	
I. CALL TO ORDER		The Meeting was called to order by Commissioner Kenny at 6:02 p.m.		None.		None.	
II. SERVICES							
A. Replacement Facility Update		Bret Miche, Paul Kramer, Adam Trumbour and Kurt Broeckelmann reviewed the Project Cost Reconciliation and Budget.		None.		None.	
1. Project Cost Reconciliation/Budget							
2. Design Update		Kurt Broeckelmann provided a Design Update		None.		None.	

B. Dermatology Clinic Update	Craig Marks provided and update on the Dermatology Clinic discussing equipment and services.	None.	None.
C. PMH Naming Rights	Shannon Hitchcock presented Prosser Memorial Health Foundation's Naming Rights.	None.	To be presented at the Board Meeting on 7-29-21.
D. Strategic Plan Update	The Administrative Team presented the Strategic Plan Update.	None.	None.
E. HR Update	Bryon Dirkes presented an update of the activities in HR.	None.	None.
III. ADJOURN			
There being no further regular business to attend to, Commissioner Kenny adjourned the meeting 8:03 p.m.			

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BOARD MEETING		July 29, 2021		WHITEHEAD CONFERENCE ROOM			
COMMISSIONERS PRESENT		STAFF PRESENT		MEDICAL STAFF		GUESTS	
<ul style="list-style-type: none">• Dr. Steve Kenny• Glenn Bestebreur• Susan Reams• Keith Sattler• Sharon Dietrich, M.D.• Neilan McPartland		<ul style="list-style-type: none">• Craig Marks, CEO• Merry Fuller, CNO• David Rollins, CFO• Kristi Mellema, CQO• Kevin Hardiek, CIO• Shannon Hitchcock, CCO• Bryon Dirkes, CHRO		<ul style="list-style-type: none">• Dr. Brian Sollers		Neil Taylor Dr. Robert Wenger Christi Doornink-Osborn Or should I just say unidentified guests??	
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.	
I.A. Pledge of Allegiance							
II. PUBLIC COMMENT		None.		None.		None.	
III. APPROVE AGENDA				Commissioner Reams made a Motion to approve the July 29, 2021 Agenda. The Motion was seconded by Commissioner Dietrich and passed with 6 in favor, 0 opposed and 0 abstained.		None.	

AGENDA	DISCUSSION	ACTION	FOLLOW-UP
<p>IV. APPROVE CONSENT AGENDA</p> <p>A. Board of Commissioners Meeting Minutes for June 24, 2021.</p> <p>B. Payroll and AP Vouchers #158777 through #159399 dated 06.17.21 through 07.21.21 in the amount of \$6,513,470.85; Surplus Items Resolution #001055</p>	None.	Commissioner Sattler made a Motion to approve the Consent. The Motion was seconded by Commissioner Reams and passed with 6 in favor, 0 opposed and 0 abstained.	
V. MEDICAL STAFF DEVELOPMENT	DISCUSSION	ACTION	FOLLOW-UP
<p>A. Medical Staff Report and Credentialing</p>			
<p>A.1. Advancement from Provisional</p>	<p>Dr. Sollers presented the following providers for Advancement from Provisional Status:</p> <p>Ryan Steed, CRNA – Allied Health Professional privileges in Anesthesia effective August 1, 2021 through January 31, 2023.</p> <p>Maria Recio Restrepo, MD – Telemedicine privileges in Neurology effective August 1, 2021 through January 31, 2023.</p>	<p>A Motion to approve the Advancement from Provisional Appointments and requested Clinical Privileges that have been reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee for the following providers was made by Commissioner Reams. The Motion was seconded by Commissioner Dietrich. The Motion passed with 6 in favor, 0 opposed, and 0 abstained.</p>	None.

		<ul style="list-style-type: none"> • Ryan Steed, CRNA • Maria Recio Restrepo, MD 	
A.2. New Appointments and Requested Clinical Privileges	<p>Dr. Sollers presented the following providers for New Appointment:</p> <p>Nicola Nylander, MD – Provisional/Active Staff with requested privileges in Dermatology effective August 1, 2021 through January 31, 2022.</p> <p>Chad Williams, MD – Provisional/Active Staff with requested privileges in Orthopedics effective August 1, 2021 through January 31, 2022.</p>	<p>A Motion to approve the New Appointments that have been reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee for the following providers was made by Commissioner Sattler. The Motion was seconded by Commissioner Bestebreur. The Motion passed with 6 in favor, 0 opposed, and 0 abstained.</p> <ul style="list-style-type: none"> • Nicola Nyland, MD • Chad Williams, MD 	None.
A.3. Reappointments and Requested Clinical Privileges	<p>Dr. Sollers presented the following providers for Reappointment:</p> <p>Karan Bhatti, MD – Reappointment to the Active Staff with requested privileges in Cardiology effective August 1, 2021 through July 31, 2023.</p> <p>S. Shem Rode, DO – Reappointment to the Active Staff with requested privileges in Emergency Medicine effective August 1, 2021 through July 31, 2023.</p>	<p>A Motion to approve the Reappointments and requested Clinical Privileges that have been reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee for the following providers as revised was made by Commissioner Reams. The Motion was seconded by Commissioner Bestebreur and approved 6 in favor, 0 opposed and 0 abstained.</p> <ul style="list-style-type: none"> • Karan Bhatti, MD 	None.

	<p>Brian Sollers, DO – Reappointment to the Active Staff with requested privileges in OB/GYN effective August 1, 2021 through July 31, 2023.</p> <p>Samuel Strebel, MD – Reappointment to the Active Staff with requested privileges in Orthopedics effective August 1, 2021 through July 31, 2023.</p> <p>Suzanne Staudinger, MD – Reappointment to the Active Community Staff with requested privileges in Family Medicine effective August 1, 2021 through July 31, 2023.</p> <p>Asif Malik, MD – Reappointment to the Locum Tenens staff with requested privileges in IM/Hospital Medicine effective August 1, 2021 through July 31, 2023.</p> <p>Marilyn Berko, MD – Reappointment to the Locum Tenens Staff with requested privileges in Pediatrics effective August 1, 2021 through July 31, 2023.</p> <p>Jason Redd, PA-C – Reappointment to the Allied Health Professional Staff with requested privileges in Family Medicine effective August 1, 2021 through July 31, 2023.</p>	<ul style="list-style-type: none"> • S. Shem Rode, DO • Brian Sollers, DO • Samuel Strebel, MD • Suzanne Staudinger, MD • Asif Malik, MD • Marilyn Berko, MD • Jason Redd, PA-C 	
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<p>A4. New Privileges</p>	<p>Dr. Sollers presented the following providers for New Privileges:</p> <p>Peter Park, ARNP – Allied Health Professional with current ARNP Clinic Privileges in Family Medicine, requests ARNP Hospital Privileges, effective August 1, 2021 through January 31, 2023.</p>	<p>A Motion to approve the New Privileges that have been reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee for the following providers as revised was made by Commissioner Dietrich. The Motion was seconded by Commissioner Bestebreur and approved 6 in favor, 0 opposed and 0 abstained.</p>	
<p>AGENDA</p>	<p>DISCUSSION</p>	<p>ACTION</p>	<p>FOLLOW-UP</p>
<p>VI. FINANCIAL STEWARDSHIP</p>			
<p>A. Review Financial Reports for June 2021 (Attachment V)</p>	<p>David Rollins presented the June 2021 Financials, stating it was a record month for revenue at PMH.</p>	<p>A Motion to accept the Financial Reports for June 2021, was made by Commissioner Reams and seconded by Commissioner Dietrich. The Motion passed with 6 in favor, 0 opposed and 0 abstained.</p>	<p>None.</p>
<p>B. Prosser Memorial Health Foundation – Naming Rights</p>	<p>Shannon Hitchcock presented Prosser Memorial Health Foundation’s Naming Rights</p>	<p>A Motion to approve naming the PMH Education Center complex to the Edgar Whitehead Education Center was made by Commissioner Sattler and seconded by Commissioner Reams. The Motion passed with 6 in favor, 0 opposed and 0 abstained.</p>	<p>None.</p>

VII. SERVICES			
A. Dermatology Clinic Renovations and Equipment (Attachments L, K, M)	Craig Marks presented the Dermatology Clinic Renovations and Equipment changes.	A Motion to approve the changes to the Dermatology Clinic Renovations and Equipment proposal was made by Commissioner Reams and seconded by Commissioner Sattler. The Motion passed with 6 in favor, 0 opposed and 0 abstained.	None.
B. 2021 PMH Strategic Plan Semi-Annual Report	The Administrative Team presented the Semi-Annual PMH Strategic Plan Report.	None.	None.
AGENDA	DISCUSSION	ACTION	FOLLOW-UP
VIII. QUALITY			
A. COVID-19 Update	Merry Fuller presented the update on COVID-19.	The Primary Clinics can test for COVID-19 and have vaccines for further immunizations.	None.
B. Legislative and Political Updates	Commissioner Bestebreur shared information from the Washington State Legislative Session as well as the latest developments on the federal front.	None.	None.
C. CEO/Operations Report	Craig Marks presented his CEO Report.	None.	None.
IX. ADJOURN			
There being no further business, Commissioner Kenney adjourned the Board at 7:05 p.m.			

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JOINT CONFERENCE COMMITTEE		August 18, 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. B. Sollers • Dr. D. Weaver 			<ul style="list-style-type: none"> • M. Fuller, CNO, COO • K. Mellema, CQO 		
AGENDA ITEM	DISCUSSION	RECOMMENDATION	FOLLOW-UP		
CALL TO ORDER	Meeting was called to order by Commissioner Reams at 0730.				
APPROVAL OF MINUTES	July 2021 minutes were reviewed and approved by the Committee.	For informational purposes only.	Standing agenda item.		
QUALITY					
COVID-19 Update	M. Fuller reported that PMH has had a spike in inpatient COVID positive patients recently with our highest number being 9. The trend seems to be younger unvaccinated people. The ED is seeing a huge uptick of COVID positive patients as well, but most are being discharged home. We have gone to "red" in our Visitor policy which restricts visitors. We have begun segregating the ED waiting room. Non COVID patients are waiting in the lobby and COVID complaints are waiting in the ED waiting room. We have ordered 60 new PAPRs and are working on an education plan to role these out to all the departments.	For informational purposes only.	No follow up necessary.		
DOH/CMS Resurvey	K. Mellema reported that PMH had a resurvey on August 3 rd . This visit lasted four hours and was only focused on infection control. The surveyors went through the Emergency Department, Acute Care, Sterile Processing, and the Specialty Clinic. From this walk through, there were only two findings:	For informational purposes only.	No follow up necessary.		

	<ol style="list-style-type: none"> 1) Reuse of N95 masks. Currently, our PPE is in conventional status which means we have plenty available for staff and reusing the N95 masks when going into a COVID positive room is not necessary. A new N95 needs to be donned every time and discarded when patient care is complete. 2) A written process needs to be developed for the testing and logging of the negative air pressure rooms. This is a process that is well understood by staff and we were able to demonstrate the testing of a negative air pressure room. However, there is no written policy. Our Laboratory Director, Susan Miklas, is working on incorporating this process and the testing log into our current isolation policy. 		
PATIENT LOYALTY			
Patient Experience Results	M. Fuller reported that all the departments in July are in “green” which means they all met their 2021 goal for that month. The overall composite score is 88.3%.	For informational purposes only.	Standing agenda item.
MEDICAL STAFF DEVELOPMENT			
Medical Staff Recruitment	C. Marks reported that we recently signed two pediatricians, Drs. Proctor and Cooks, to join us this fall. In addition, we recently hosted visits with an Internal Medicine Physician and a Family Practice Physician. Both candidates would be welcome additions to PMH and have been offered contracts. We are currently working to schedule a visit with a GI physician in the Seattle area, but do not have any other candidates. We have spoken with a psychiatrist and were very impressed with his expertise. We have invited him for a visit and hope to have it scheduled this fall. We are currently working with Dr. Wenger to find ED providers for short term and longer term.	For informational purposes only.	Standing agenda item.
Medical Staff/Students	Dr. Sollers reviewed the policy #345-0005 Students Seeking Clinical Experience. PMH has been inundated with medical students recently from as many as 15 institutions. The revised policy has established a finite list of institutions that we would allow students from and streamlined the process.	For informational purposes only.	No follow up necessary.
EMPLOYEE DEVELOPMENT			
End of Summer Engagement Activity Update	C. Marks reported that we cancelled the Annual Pool Party for the second year in a row. We did, however, want to thank our staff for all their hard work this year, so we gave all the full-time employees	For informational purposes only.	No follow up necessary.

	eight hours of vacation time, part-time employees received four hours and per diem staff received a gift card (they do not accrue vacation time).		
Family Birthplace Leadership Transition	M. Fuller reported that Cindy Raymond is transitioning from Department Director to Resource Nurse. This change will allow Cindy to focus on staff development and the delivery of quality obstetrical care while protecting her time off. Cindy has done a fantastic job developing the Family Birthplace program and her team. We are excited to give her more time to do the work she loves with the team she loves while we continue to experience record-breaking growth. Sasha Thomasson has shifted from the Care Transitions team to interim Director of the Family Birthplace and supporting Acute Care.	For informational purposes only.	No follow up necessary.
Long Term Care Benefit	C. Marks reported that beginning January 1, 2022, most workers in Washington State will be included in a new State long-term care (LTC) program that will be funded through mandatory payroll deductions. This new deduction will be calculated at 0.58% on all W2 income and does not have a ceiling maximum on the tax. Workers who purchase a qualifying LTC policy may apply with the State of Washington to permanently opt-out of the State program. We have worked quickly with USI, our insurance broker, to identify an insurance product that meets benefit requirements set by Washington State. We are making this available (optional) for all PMH employees to purchase, in lieu of being permanently opted-into the State program.	For informational purposes only.	No follow up necessary.
SERVICES			
Replacement Facility Update	C. Marks reported that to address the ED department growth, in the new hospital, we are working on plans to move Administration into the Medical Office Building and expand the ED into the previous Administration space. Administration will be partnered with Human Resources for some space economies of scale. These plans are very early in the design process but will be reviewed with the Board at the August meeting.	For informational purposes only.	No follow up necessary.
FINANCIAL STEWARDSHIP			
Financial Performance – July 2021	C. Marks reported a \$6.9 million gross revenue which is exceeding budget. Bottom line for the month is \$575,000 and year to date is \$4.4 million in profit. USDA looked at this in June and was pleased that we were not only meeting budget but exceeding.	For informational purposes only.	Standing agenda item.

	C. Marks reported that yesterday we received word from US Bank that our loan is forgiven. The \$6.5 million is ours and will be recognized! We will get formal notification this week.		
ADJOURNMENT & NEXT SCHEDULED MEETING			
Meeting adjourned at 0842			
Next scheduled meeting is September 15, 2021			

K. Mellema 8/19/21

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**FINANCE COMMITTEE MEETING
MONDAY – AUGUST 23, 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 – July 26, 2021 Minutes

II. FINANCIAL STEWARDSHIP

A. Review Financials – July 2021 (Attachment O)

David

Action Requested – July 2021 Financial Statements

B. Review Accounts Receivable and Cash Goal

Stephanie

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

David

D. Vouchers List

Action Requested – Vouchers List - Payroll and AP Vouchers #159400 through #160034 dated 07-22-21 through 08-19-21 in the amount of \$7,254,161.27

David

E. Resolution #1056 (Attachment W) - Completion of the Nuclear Medicine Remodel

David

Action Requested – Resolution #1056

III. ADJOURN

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FINANCE COMMITTEE MEETING		July 26, 2021	VINEYARD CONFERENCE ROOM				
COMMISSIONERS PRESENT		STAFF PRESENT		GUESTS			
<ul style="list-style-type: none">• Keith Sattler• Neilan McPartland• Brandon Bowden		<ul style="list-style-type: none">• Craig Marks, CEO• David Rollins, CFO• Stephanie Titus, Director of Finance Operations					
AGENDA		DISCUSSION		ACTION		FOLLOW-UP	
I. CALL TO ORDER		Keith Sattler called the meeting to order at 7:11 a.m.					
II. APPROVE MINUTES				A motion to approve the Finance Committee Meeting minutes for June 21, 2021 as presented was made by Neilan McPartland. The motion was seconded by Keith Sattler and approved.		None.	
III. FINANCIAL STEWARDSHIP A. Review Financials – June 2021 (Attachment V)		David Rollins presented the Financials for June 2021. Net income was \$1,405,043 for June on a record \$17,757,288 gross charges which was 20% greater than budget. YTD Net Income is \$3,812,354 or 79% greater than budget. YTD gross charges were		A motion to recommend acceptance of the June 2021 Financial Statements as presented to the PMH Board of Commissioners was made by Brandon Bowden. The motion was seconded by		None.	

	14% greater than budget and expenses were 1% greater than budget.	Neilan McPartland and approved.	
B. Review Accounts Receivable and Cash Goal	Stephanie Titus presented AR & Cash Goals. June Cash Goal was \$1,484,935 driven by record collections of \$7,037,209 which exceeded goal of \$6,897,282. Net days AR dropped to 59 and days of cash on hand increased to 155 days.	None.	None.
C. COVID-19 Financial Projection Plan (Attachment Y)	No change from prior month although PMH received \$488,000 in June 2021 from HHS.	None.	None.
D. Voucher Lists Payroll and AP Vouchers #158777 through #159399 Dated 06-17-21 through 07-21-21 in the amount of \$6,513,470.85	David Rollins presented the Payroll and AP Vouchers.	A motion to recommend approval of the Voucher Lists #158777 through #159399 dated 06-17-21 through 07-21-21 in the amount of \$6,513,470.85 was made by Neilan McPartland, seconded by Brandon Bowden and approved.	None.
E. Surplus Item Resolution #1055	David Rollins presented the Surplus Item Resolution #1055.	A motion to recommend approval of Surplus Item Resolution #1055 was made by Neilan McPartland and seconded by Brandon Bowden and approved.	None.
III. ADJOURN			
Having declared no further business, the meeting was adjourned at 7:55 a.m.			

MEMORANDUM

TO: BOARD OF COMMISSIONERS
PROSSER MEMORIAL HEALTH

FROM: CRAIG J. MARKS, CEO

DATE: AUGUST 2021

RE: CEO REPORT

SERVICES

1. Replacement Facility Update

We've been so busy at Prosser Memorial Health the last couple of months that it can be challenging to focus on our replacement facility, and yet we must. Our recent volume surges demonstrate very clearly our need for a new facility which have also caused us to take a new look at several areas in the new facility. While we have been distracted by our increased volumes, we continue to aggressively pursue plans for our new facility as captured in the Owner's Representative (NV5) Progress Report for August (**Attachment A**); minutes from our last Project Team Meeting (**Attachment B**); and the project schedule for the next four months (**Attachment C**). The current project initiatives are divided into three main areas: design, USDA, and budget. As it relates to design, when we originally designed the hospital, we included plans for growth. When we did this, we were expecting significant growth 5 to 10 years after the new facility was open, not several years before it is open. No one saw the significant volume increases we are currently experiencing coming this fast, but our plan was designed to be able to deal with it. While some of the growth is COVID-19 related, which will dissipate (hopefully!), not all of it will.

As a result, we have reviewed all the volume growth with our architect (bcDG) and our biggest concern revolves around the Emergency Department (ED), Family Birthplace (FBP) and observation patients. In all three areas, we have seen significant volume increases which are challenging our current facility capacity to the maximum. To address the ED growth, in the new hospital, we are working on plans to move Administration into the Medical Office Building (MOB) and expand the ED into the previous Administration space (**Attachment D**). Administration will be partnered with Human Resources for economies of scale. These plans are early in the design process but will be reviewed with the Board at their August meeting. This will reduce our ability to grow our Specialty Clinic in this building but will accommodate our current providers in addition to two additional specialists (e.g., endocrinology, neurology) in the future. It is important to remember, that we will also have space for a pulmonologist and oncologist in the MOB. The increase in FBP volumes was addressed in the original plans with a unit that can add rooms down the hallway as volumes grow, in addition to the six LDRPS (we currently have four) and two triage (observation) rooms. Our first defense with the growing observation patient volume is the fact that all rooms are private, enabling us to use every bed

regardless of a patient's illness, sex, etc. Secondly, we will have two observation/triage beds in the FBP and we hope to have one/two additional observation/treatment beds in the redesigned ED. In addition to the Board, these proposed changes will be discussed soon with the impacted departments for their needed feedback.

As it relates to our pursuit of funding from the USDA for this project, the news is good. We met with USDA representatives last week and provided answers to any questions they still had regarding our application. The good news is that we have satisfactorily answered their questions and they are excited about our project, and plan to take our application to their offices in Washington D.C. this week. They also indicated that they expect Washington D.C. to decide on our application by the end of August, several weeks ahead of our original plan. The only questions we cannot answer are when we'll receive forgiveness for our \$6.35 million loan from the Small Business Administration (SBA) under the Payroll Protection Program (PPP) and when we'll receive a Certificate of Need (CON) from the Department of Health. We continue to reach out to the SBA on a regular basis, but they have given no indication as to when we can expect a decision. As it relates to the CON, the DOH has indicated that they will decide by November 4th. In the meantime, we plan to continue our legal appeal process regarding their decision that we need a CON for a replacement hospital in an effort to keep the pressure on them to expedite their decision-making process. The timing of these decisions will not impact the USDA decision as they have indicated that these two items will be conditions of receiving USDA funds in 2024, but not until then.

The final project area we are working on is related to the overall project budget, which was shared with the Board last month (**Attachment E**). The current project budget is based on 50% construction documents, and the next budget check will come at 95% construction documents (November/December). While we are not pleased with the current budget, much work continues improving it through value engineering and shortening the construction schedule. The current progress on value engineering (**Attachment F**) and the schedule (**Attachment G**) will be reviewed with the Board at the August Board Meeting. This review will include a preliminary 4D presentation taking us through the major phases of the construction process. In the meantime, we continue to monitor the market for inflation and plan to bid the project in January 2022. Unfortunately, we will not know the true cost of the project until we bid the project. As we previously discussed, if inflation continues, we may need to ask the USDA for additional funds, but we will cross that bridge if necessary. It should be noted that all current and future USDA projects may also be negatively affected by inflation and need additional funds. If the USDA does not provide the funds, many projects may be shut down across the country.

2. Centralized Scheduling Update

Due in part to rapid growth over the last few years, the hospital has struggled with timely scheduling for Outpatient tests and procedures as well as providing information to the patient about out-of-pocket expenses. This has resulted in frustrated patients and providers in completing the tests and when the patient receives the final bill detailing patient responsibility, sticker shock related to deductibles, and co-insurance are common. These issues have been a major source of patient dissatisfaction. As of August 1st, PMH implemented Central-Wide Outpatient Scheduling (CWS) to include Diagnostic Imaging, Respiratory Therapy, and

Outpatient Special Procedures (OSP). CWS not only streamlines the scheduling of patients for most outpatient testing and procedures, but it includes the pre-registration of patients, insurance verification, providing estimates of patient responsibility after insurance (especially applicable in Diagnostic Imaging), the initial ask of payments due, and financial assistance options when applicable. This team also provides assistance with activating MyChart for anyone not already utilizing this valuable tool.

Next up for Patient Registration is the implementation of a new centralized Call Center to answer all incoming calls for the clinics for appointments and to complete the steps of pre-registration along with assistance in activating MyChart for new users. This next step will increase patient access, improve clinic efficiency, and greatly improve patient satisfaction by ensuring that a live Patient Registration Representative will not only answer their call, but will be able to schedule the patient with any provider in any clinic, and pre-register them at the same time. This will occur during the 4th quarter of 2021.

3. Community Support

Throughout the pandemic one thing that has not changed is our support for our community and their support of us. An example of this was our recent support of a youth baseball team (**Attachment H**) in Prosser. Our support of our youth has, and will, continue to be strong. This past week we sponsored the Yakima Valley Youth Livestock Auction in Grandview. In addition to sponsoring the event, we also purchased a hog and steer (Reserve Grand Champion) to demonstrate our support of our youth learning about business, accountability, and hard work through raising an animal and selling it at an auction. Congratulations to all the area youth that participated in this event! Finally, we continue to support our local restaurants by using them for special events. The favor was also returned last week when Jade's made a special delivery to PMH of treats for our staff in lieu of the pool party. A big thank you to Jade's and all the local businesses that have continued to support us throughout the pandemic.

MEDICAL STAFF DEVELOPMENT

1. Medical Staff Recruitment

We continue to be successful with Medical Staff Recruitment as we recently signed two pediatricians, Drs. Proctor and Cooks, to join us this fall. Both candidates were well liked by everyone at PMH and we look forward to their joining our team. Welcome! In addition, we recently hosted visits with an Internal Medicine Physician and a Family Practice Physician. Both candidates would be welcome additions to PMH and have been offered contracts. We anticipate them deciding within the next month and joining us before the end of the year. In addition, we recently assisted Dr. Derek Weaver in his recruitment of a Family Practice Physician to join his group. This physician is planning to decide in the next month or two and would join Dr. Weaver next summer after he completes his residency. Our biggest recruitment challenge continues to be gastroenterology (GI). We had a visit scheduled with a GI physician from Indiana, but he recently notified us that he is planning to stay in Indiana. We are currently working to schedule a visit with a GI physician in the Seattle area, but do not have any other candidates. If you recall, we experienced the same challenge with ENT, but our patience paid

off when Dr. Coral Tieu joined us, and we couldn't be more pleased! The final specialties we are working on include Emergency Medicine and Physiatry (Pain Medicine). As our Emergency Department volumes continue to grow, we have begun to look for immediate and long-term help. We have several candidates interested in PMH, which we will be vetting in the coming months. Finally, we continue to passively search for a Pain Medicine Provider. Several months ago, we interviewed an excellent provider that turned down our offer because his wife wanted to live in California. He did recommend our opportunity to a friend, a physiatrist in California. We conducted a phone interview with this physician this week and were very impressed with his expertise, personality, and love of rural America. We have invited him for a visit and hope to have it scheduled this fall. There is a tremendous amount of work that goes into this recruitment process and we would not be as successful as we are without the support of Christi Doornink-Osborne and Annie Tiemersma, the newest addition to our team. Thank you, Christi and Annie!

2. Medical Staff Quarterly Report

The Medical Staff continued to be very active during the second quarter of 2021 in addition to dealing with the largest volumes we have ever experienced at PMH (**Attachment I**). Specifically, the Medical Staff has worked on several COVID-19 related issues; volume changes throughout the hospital; the development of revised Medical Staff Bylaws and Rules and Regulations; and their ongoing review and improvement of the quality of care provided at PMH. Our Medical Staff continues to support our Mission, Vision and Values and is helping lead us to become a top CAH in the country.

3. Medical Staff - Students

Over the past five years, PMH has become a highly sought-after organization for students to receive training. While this speaks to the high quality providers PMH has and it can assist in the recruitment process, we have reached a point where we are becoming overwhelmed with the number of students that want to train here. We are a relatively small organization and must protect our providers and staff, and the limited resources we have. For this reason, Lynn Smith and the Medical Executive Committee developed and approved a revised Student Clinical Experience Policy (**Attachment J**). PMH will continue to support students training at PMH but will begin to limit the number that we accept each year and reduce the number of schools with which we work. In the coming years we will monitor how well this policy is working and adjustment as necessary.

EMPLOYEE DEVELOPMENT

1. Employee Engagement

The employee newsletter, The Pulse, highlights some of the activities and recognitions that were held throughout the month of July including the employee car wash and Medical Staff Summer Social (**Attachment K**). The newsletter also introduces the newest members of our team. Just when our summer was getting intense (and hot!) we began to experience an increase in COVID-19 cases in our community. As a result, and in an effort to protect our team,

we cancelled the Annual Pool Party for the second year in a row. We did, however, want to thank our staff for all their hard work this year, so we gave all the full-time employees eight hours of vacation time, part-time employees received four hours and per diem staff received a gift card (they do not accrue vacation time) (**Attachment L**). It is my hope that our staff will use this extra vacation time to relax (you all deserve it!) and enjoy your families. Fall will soon be here, and we will begin to plan for our fall engagement activities, assuming we get over this spike in COVID-19 cases.

2. Washington State Long-Term Care Program

Beginning January 1, 2022, most workers in Washington State will be included in a new State long-term care (LTC) program that will be funded through mandatory payroll deductions. This new deduction will be calculated at .58% on all W2 income and does not have a ceiling maximum on the tax. Workers who purchase a qualifying LTC policy may apply with the State of Washington to permanently opt-out of the State program.

We have worked with USI, our insurance broker, to identify an insurance product that meets benefit requirements set by Washington State. We are making this available (optional) for all PMH employees to purchase, in lieu of being permanently opted-into the State program. PMH will not fund any portion of the employee's premium.

One key consideration that employees should be aware of is that the state program does not have a maximum deduction amount on W2 earnings. This means that higher-earning employees and providers may benefit from purchasing this product versus having Washington State tax all W2 earnings at .58%. For some wage earners, the personal insurance product that PMH is offering could be less expensive. If selected, PMH employees who submit a qualified State-approved exemption to PMH by October 1, 2021, the payroll tax will not begin on 1/1/2022.



See the attached document for insurance policy details (**Attachment M**). Education sessions will be conducted with staff by USI and our HR staff soon.

3. Family Birthplace Leadership

Although the faces are not changing, the roles and responsibilities for the Family Birthplace leadership are evolving. Cindy Raymond is transitioning from Department Director to Resource Nurse. This change will allow Cindy to focus on staff development and the delivery of quality obstetrical care while protecting her time off. Cindy has done a fantastic job developing the Family Birthplace program and her team. We are excited to give her more time to do the work she loves with the team she loves while we continue to experience record-breaking growth. Sasha Thomasson has shifted from the Care Transitions team to interim Director of the Family Birthplace and supporting Acute Care. Sasha has demonstrated excellence in nursing and

leadership both as a night shift House Supervisor and part of the Care Transition team. Her experience, ingenuity, and calm under pressure will serve us well during this transition.

4. Leadership and Exempt Wage Scale Review

Prior to the completion of the Annual Performance Evaluations for Leadership and Exempt staff in March 2021, the Leadership and Exempt Staff Wage Scales were reviewed for competitiveness against available market-based compensation data. The two primary data sources used in the analysis were the Northwest Health Care Compensation Survey prepared by Milliman and Executive Compensation and Benefits Survey for Hospitals & Health Systems prepared by Pearl Meyer. Prosser Memorial pay rates were compared to the available market data, focusing on ensuring that PMH wage ranges were comparable to the comparisons and that jobs were placed on the correct corresponding grades to ensure market competitiveness.

As a result of the market review, twenty-six (26) jobs were re-graded to ensure competitiveness with changes in the labor market. The adjustments to the jobs did not reflect increases to incumbent's rates of pay in impacted positions. Rather, the changes to the positions grade increased the range minimum and maximum of the scale, resulting in the ability to advance to a higher rate of pay, based on future performance-based merit increases. Changes to the pay grades were communicated to the Leaders and Exempt staff in those impacted roles at the time of their performance evaluation to ensure their knowledge of their new pay grade. PMH intends to follow this same process in 2022. See the attached copy of the 2021 Leadership and Exempt Wage Scale (**Attachment N**).

FINANCIAL STEWARDSHIP

1. Financial Performance – July

For the first time in five months, we did not set a record for gross revenue for PMH, but we did experience our second highest month ever, which is outstanding (**Attachment O**). Our patient volume continues to drive this increase in revenue, with just about every hospital department and clinic exceeding their budgeted volumes. As a result, our gross revenue was \$16.89 million and \$3.36 million (25%) better than budget. Despite our deductions from revenue being higher than expected (34% compared to a revenue increase of 25%), our net revenue of \$6.6 million was \$747,157 (13%) better than budget. Our expenses were 8% higher than budget but can be explained with our increased volumes and revenue. As a result, we experienced an operating income of \$535,668 compared to our budgeted net income \$228,906 for July. After adding in non-operating income, our bottom line or net income for July was \$575,021 compared to our budget of \$259,099.

As a result of our strong monthly financial performance, our year-to-date financial performance is equally strong and impressive. With our strong revenue (16% over budget) and controlled expenses (2% over budget), our year-to-date net income is \$4.387 million compared to our budget of \$2.389 million, or a positive 84% variance. This results in a total margin of 10.0% compared to our Financial Stewardship Pillar goal of 6.0%. Our strong income statement performance has enabled us to have a strong cash flow despite spending \$4.3 million on capital items including our new hospital expenses. Our balance sheet continues to be strong with over

\$23 million in cash. Our days in net accounts receivable remains the biggest opportunity for improvement in our financial statement, but it is improving. Overall, our key financial indicators and performance remain strong.

2. PMH Banking Services Review

PMH has spoken with several banks about their commercial banking services as outlined in the 2021 Board Work Plan. All of them have indicated that moving our accounts and potential lending to them would generate additional discounts. Due to the expected issuance of upwards of \$10 million in loans and leases related to the new hospital as part of the USDA loan package, PMH delayed making a final decision on selecting a commercial banking partner. USDA is now recommending that they act as the only lender in the financing of the new hospital and that the hospital doesn't need a guaranteed lender for approximately \$6 million in revenue bonds and only needs a commercial lender for the \$3.5 million in budgeted equipment operating leases. We are awaiting on confirmation from USDA that this loan package structure will be approved; however, in the meantime we are reissuing our bank RFP to a select group of five banks that have a significant presence in our community or region and have substantial technological capabilities to meet our needs. This group includes US Bank, Banner Bank, Key Bank, Bank of America, and Wells Fargo. We anticipate having a final selection for the Finance Committee to discuss at the October Finance Committee meeting.

3. PMH Foundation Update

We are still in the quiet phase of our Capital Campaign for our new hospital. We are meeting with potential large donors who were interviewed during the feasibility study. To date we have made presentations totaling \$3.9 million and we have received \$1,000,000 in pledge form commitments. We anticipate moving into the public phase of the campaign once we receive approval from the USDA on our loan application.

The Donor Appreciation event for our internal donors (employees, providers, and Board members) on September 15 has been postponed until June 2022 due to a COVID-19 spike and staffing issues.

The Foundation has \$15,000 in sponsorships confirmed for the Wine Country Classic Golf Tournament that will be held Friday, September 10th starting at 9:00 a.m. at Black Rock Creek Golf Course. You can register your team on the Foundation website: [Book Online | Pmhfoundation \(prosserhealth.foundation\)](#) or contact Shannon or Annie.

QUALITY

1. COVID-19 Update

What a difference a month makes as we have seen a significant increase in active COVID-19 cases at PMH and throughout the area. We reached our highest inpatient COVID-19 census at 9 this past week and our Emergency Department and clinics have also seen dramatic increases, presumably the Delta Variant, but we have no way to determine that. This increase has caused us to stop accepting swing bed (SNF) patients because we may need the beds. We have also

discontinued allowing visitors into PMH except in special circumstances (e.g., children, end-of-life). Our COVID-19 Task Force is once again meeting weekly and monitoring our COVID-19 response. We also ordered and received both Pfizer and Moderna vaccines and are making plans on how best to distribute them including public vaccination clinics and through our clinics. We are also planning to expand our COVID-19 testing capabilities by distributing free home COVID-19 testing kits. This will help relieve the pressure on our clinic labs and the hospital lab and will be paid for by our COVID-19 relief funds.

The biggest COVID-19 update is the fact that Governor Inslee mandated COVID-19 vaccinations for all health care workers in the State of Washington by October 18th, 2021 (**Attachment P**). Failure to comply with his mandate by employees will result in the loss of their job and organizations that do not comply with the mandate can lose their license to operate. There are only two exemptions outlined in the mandate; medical and religious (**Attachment Q** developed by PMH legal counsel); and it is our understanding that while we decide who gets exemptions, it should be difficult. We have begun to distribute this information to our staff, and today received a FAQ (Frequently Asked Questions) memo from the Department of Health regarding the mandate (**Attachment R**). At the present time we have 128 staff (employees, Medical Staff, contract staff) that have not met the mandate requirements (**Attachment S**). We continue to promote vaccinations to all staff, however, several have indicated they will not do it, which could leave us severely short-staffed when we need our staff the most. WSHA recently developed a calendar showing the timeline for compliance with the mandate (**Attachment T**). We will stay vigilant with our staff and this timeline, and we remain optimistic that most staff will comply with the mandate. Staff may also apply for an exemption, which we will deal with as they come in (Five Administrative Team Members including a member of the Medical Staff). I am very proud of our Medical Staff vaccination rate and their willingness to help educate our staff about vaccinations. We will continue to report our progress but will not know our success rate until October 5th. Stay tuned

2. COVID-19 Financial Plan

In June, we received an additional \$488,268 in COVID-19 Relief Funds earmarked for Critical Access Hospitals and Rural Health Clinics. We did not receive any additional funds in July (**Attachment U**). The big news is we just learned that our \$6.35 million SBA PPP loan has been fully forgiven (**Attachment V**)!!! This income will show up on our August income statement and is the news the USDA has been waiting to hear. I would like to thank Stephanie Titus for all the work she did on this critical project. Thank you, Stephanie! With this forgiveness we currently have \$3,046,379 of COVID-19 Relief funds remaining, which will be returned if we do not use them by the end of the pandemic. I am very pleased with how well PMH performed throughout the pandemic as we took advantage of the appropriate relief programs and still have funds left if we were to face a crisis.

3. DOH/CMS Survey Updates

On June 15th, we had a DOH/CMS survey which lasted three full days and resulted in five deficiencies. Of the five deficiencies, two of them fell under Infection Control. Due to the deficiencies falling under Infection Control amidst the COVID-19 pandemic, a re-survey

occurred on August 3rd. This visit lasted four hours and was only focused on infection control. The surveyors went through the Emergency Department, Acute Care, Sterile Processing, and the Specialty Clinic. From this walk through, there were only two findings:

- 1) Reuse of N95 masks. Currently, our PPE is in conventional status which means we have plenty available for staff and reusing the N95 masks when going into a Covid positive room is not necessary. A new N95 needs to be donned every time and discarded when patient care is complete.
- 2) A written process needs to be developed for the testing and logging of the negative air pressure rooms. This is a process that is well understood by staff and we were able to demonstrate the testing of a negative air pressure room. However, there is no written policy. Our Laboratory Director, Susan Miklas, is working on incorporating this process and the testing log into our current isolation policy.

Overall, the surveyors were pleased with this visit and how quickly we moved on correcting the five original deficiencies. A new report will be generated for the August 3rd visit, of which a new Plan of Correction will need to be created for the two deficiencies noted.

4. August Board Meeting

As outlined in the 2021 PMH Board Work Plan, we are not conducting a Board Work Session in August. The August Board Meeting will primarily be used for informational items (e.g., Replacement Facility Update, COVID-19 Financial Plan, DOH/CMS Survey, COVID-19 Update and one non-routine action item. This action item is to approve Board Resolution 1056 (**Attachment W**) which is to release retained funds to the contractors, Booth and Sons Construction, for the completion of the nuclear medicine project.

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.



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

DATE: August 13, 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

II. PROGRESS:

- A. Contracts – The following consultant and/or Construction Manager agreements or amendments were executed this period:
- a. Consultant and/or Construction Manager agreements or amendments executed this period:
 - i. Graham Construction contract amendment for preconstruction services, including MCCM and ECCM components.
 - b. Consultant agreements being finalized:
 - i. CBRE|Heery contract for Commissioning Agent services. NV5 coordinated contract review with CBRE and PMH legal counsel. It is anticipated the agreement will be executed in August.
 - c. Professional Services Agreement edits are being finalized for the following:
 - i. BCDG's contract amendment to include USDA requirements, and reflect CM delivery method. NV5 has reviewed the proposed changes with PMH legal counsel and administration and is coordinating final revision and signatures by all parties.
- B. Design – Project Visioning
- a. The next project Visioning, Goals and Strategies review will occur in conjunction with the 100% Construction Documents milestone later this year.
- 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 connections 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 project team is reviewing this timeline to either confirm it has no impact, or to mitigate any potential project impacts to the project construction timeline due to the utility delay noted above.
 - iii. The team met with the City to review project status on August 18.
 - b. Electric Service – Project team is coordinating with Benton Public Utility District.

- i. The team submitted documents requested by BPUD in order for their team to complete preliminary utility engineering and finalize any cost projections. BPUD indicated the process is in final engineering approval. NV5 hopes to receive final engineering and cost estimates from BPUD in September.
- D. Design – Site
 - a. The Civil Engineer is working to revise their site plan in order for Sunnyside Valley Irrigation District (SVID) to provide pricing for the proposed culverts that would serve the new hospital.
- E. Design – Building
 - a. BCDG is working on potential modifications to the Emergency Department and Medical Office Building in order to accommodate current increases in PMH patient volume and acuity levels that have occurred in the past six-months, after the design was completed. The design team intends to review the potential revisions with PMH administration in late August, and present a proposed plan to the PMH board in September.
 - b. The 95% Construction Documents and 100% Construction Documents milestones, which were previously scheduled to occur in September 2021, will now shift to November and December 2021 in order to accommodate the design revisions noted directly above.
- F. Permitting
 - a. Certificate of Need (CoN) –
 - i. As previously reported, PMH has implemented two approaches in response to the January 13 Department of Health (DOH) letter stating the new facility would require a CoN.
 - 1. CoN Application – Health Facilities Planning & Development (HFPD), with assistance from DZA and NV5, completed the application which was submitted on May 25, 2021. The application is currently under review with the DOH, and the initial round of questions have been responded to. According to the DOH process / website, the anticipated final response / CON issuance will occur no later than early November.
 - 2. DOH Appeal – As previously reported, a summary judgement regarding this hearing was denied by The State of Washington. PMH will continue to proceed with the appeal of this judgement in order to pressure the state to expedite the application process noted in item 1 directly above.
 - b. State –
 - i. The project team is drafting a Functional Program (FP) to submit to the DOH in support of the project permit review and approval process. The document is currently under review by PMH and consultant team members.
 - c. City –
 - i. The City is completing a traffic study for the area serving the new Hospital, which includes North Gap Road and impacts thereto. PMH will then initiate a traffic study of their own, which is included in the current Design Teams services, in order to determine the best entrance configuration and location based on the impacts of the development the City identifies in their report. The City continues to face delays in receiving the completed traffic study, and NV5 continues to appeal to the City for an anticipated date for the final report.
- G. Pre-Construction
 - a. The Value Engineering and management (VE) process is ongoing concurrent with design and preconstruction estimating. As noted in the July Progress Report, the team created a list of opportunities to save costs while maintaining quality and longevity of the facility and has

reviewed these opportunities in detail with the Hospital Administration team. Most recently, the project team reviewed the VE list to ensure all items previously reviewed and approved by PMH were reflected in the latest drawings and specifications, as well as current cost estimates. The next step is for Graham to finalize savings estimates for the remainder of items in the VE list, as well as determine where additional savings may be found.

- b. As noted in the July report, the construction industry continues to face upward pressure on material and labor costs. The project team, in conjunction with PMH, determined it could be in PMH's best interest to reschedule final bidding for the project to early 2022, in lieu of fourth quarter 2021. This approach would also allow the design team to implement the abovementioned potential revisions to the Emergency Department and Medical Office Building design, while the market turbulence subsides.

H. Operations / Activation

- a. As noted in previous Progress Reports, meetings with Merry Fuller and NV5 commenced in April to facilitate development of operational plans and work processes for the new facility. The first objective of these meetings is to complete the new Functional Program (FP) noted previously. Once this document is complete, the team will focus on Operational objectives, new procedures anticipated and planning for occupancy in the context of the new facility as outlined in the FP.

III. PROCUREMENT:

A. Maximum Allowable Construction Cost (MACC)

- a. Once the design documents are complete and issued, Graham 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, USDA financing is approved, the CoN is approved, and PMH decides they are ready to bid the project. The MACC will effectively be the construction budget under which Graham will manage all construction costs.

B. Upcoming project team members to procure are:

- a. Art Consultant, late fall of 2021.
- b. Signage Design and Fabrication vendor, summer 2022.
- c. Landscape Design/Build Contractor
 - i. The project team determined the best value approach to landscaping the new site will be to hire a design-build landscape contractor who is ideally located within Prosser or the Tri-Cities. This process should allow PMH to establish a design intent and budget, by which the contractor will then design and construct the landscaping.
 - ii. Graham will work with the project team to structure a procurement method for this contractor.

IV. SCHEDULE:

- A. Procurement of Project Team – August 2020 thru 2022
- B. Design – Construction Document Phase – April 2021 thru December 2021
- C. CON process – Ongoing thru November 2021
- D. USDA Funding Approval – August 2021
- E. Construction – February 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.

VI. PROJECT CHALLENGES / RISKS:

- A. Certificate of Need (CoN)
 - a. The CoN is required in order for PMH to be approved to build a new hospital. As noted above, PMH is pursuing an appeal and a new application concurrently in order to receive DOH approval. The DOH likely will not review the final permit for construction until the CoN is resolved, so this is currently a critical hurdle to clear ahead of construction.
- B. USDA
 - a. As noted in previous reports, Gary Hicks Financial and Health Facilities Planning & Development are both providing guidance to the project team for the USDA application process. The final application is currently in review with local and regional USDA representatives, who have reported that the project will be recommended for financing approval at the federal level shortly. We anticipate this happening by the end of August. This is also a critical hurdle to clear ahead of construction.
- C. Construction Estimates
 - a. As noted in previous reports, and in this report above, Graham Construction, the project team's GCCM, is seeing volatile cost variability and increase in the market for materials and labor. The project team is working to mitigate these risks to the overall project budget by continuing and potentially expanding the value engineering process, and by shifting the bid process to early 2022 in hopes of encountering more favorable economic conditions.

VII. NEXT STEPS:

- A. 95% Construction Documents – November 2021
- B. 100% Construction Documents – December 2021
- C. Maximum Allowable Construction Cost (MACC) development – January 2022

VIII. ATTACHMENTS:

- A. 4 Month Look-Ahead Project Schedule

Prosser Memorial Health
Replacement Hospital



Owner Team Meeting Minutes

Meeting #	20210813	Date:	Meeting: Friday, August 13, 2021 Issued: Friday, August 13, 2021									
Time & Location:	9:00amCT/8:00amMT/7:00amPT MS Teams Video Call	Prepared by:	Adam Trumbour – NV5									
Attendees: <i>X = Attended Meeting</i>	<table border="0"> <tr> <td><u>PMH</u> Craig Marks X Bryon Dirkes</td> <td>David Rollins X Steve Broussard X</td> <td>Merry Fuller X</td> <td>Dr. Brian Sollers X Kevin Hardiek</td> </tr> <tr> <td><u>NV5</u> Paul Kramer X Adam Trumbour X</td> <td><u>BCDG</u> Kurt Broeckelmann X Brooke Cinalli X Hilary Beashore X</td> <td><u>Graham</u> Bret Miche X Chris Colley X Brian Holecek Trevor Graafstra X Chris Pratt</td> <td><u>USDA Consultant</u> Gary Hicks</td> </tr> </table>				<u>PMH</u> Craig Marks X Bryon Dirkes	David Rollins X Steve Broussard X	Merry Fuller X	Dr. Brian Sollers X Kevin Hardiek	<u>NV5</u> Paul Kramer X Adam Trumbour X	<u>BCDG</u> Kurt Broeckelmann X Brooke Cinalli X Hilary Beashore X	<u>Graham</u> Bret Miche X Chris Colley X Brian Holecek Trevor Graafstra X Chris Pratt	<u>USDA Consultant</u> Gary Hicks
<u>PMH</u> Craig Marks X Bryon Dirkes	David Rollins X Steve Broussard X	Merry Fuller X	Dr. Brian Sollers X Kevin Hardiek									
<u>NV5</u> Paul Kramer X Adam Trumbour X	<u>BCDG</u> Kurt Broeckelmann X Brooke Cinalli X Hilary Beashore X	<u>Graham</u> Bret Miche X Chris Colley X Brian Holecek Trevor Graafstra X Chris Pratt	<u>USDA Consultant</u> Gary Hicks									
Distribution:	Attendees											

PMN = Post Meeting Note

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

No	Item	Due By	Ball in Court
1.	GENERAL / ADMINISTRATION		
1.1.	<p><u>Project Goals, Objectives, & Strategies</u> Key Strategies to achieve Objectives within each Pillar to achieve PMH Pillar goals. 23Jul21 – Reviewed with PMH on site. Distributed to Craig for board packet. 13Aug21 – EV charging stations to be implemented in accordance with WA RCW (includes actual chargers and supporting infrastructure).</p>	INFO	
1.2.	5Mar21 – Graham Team	CLOSED	
1.3.	5Mar21 – NV5 Transition	CLOSED	
2.	SCHEDULE		
2.1.	<p><u>4 Month Look-Ahead Schedule</u> 6Aug21 – September deliverables could move to accommodate VE and final design.</p>	INFO	
2.2.	<p><u>In-Person Meetings</u> 6Aug21 – May not need anyone present at August board meeting (TBD); consultant team to meet and review VE week of 8/16; Graham agrees we should start a weekly review meeting to maintain momentum on target value design. 13Aug21 – Consultants may attend the board meeting on 8/26 virtually. There will be a “prep session” for the team on August 24 at 9 AM PT.</p>	OPEN	Graham, NV5

Owner Team Meeting Minutes

2.3.	<p>Overall Project Schedule</p> <p>6Aug21 – Team to finalize updated bid and construction schedule to share with the board at August board meeting. Same with VE process. Graham will work on 4D model to articulate time vs. construction.</p> <p>13Aug21 – Remaining design milestones will shift to accommodate revisions to the ED. Likely moving final deliverable to end of December, in preparation of bidding first of the year. See updated master schedule. PMH reiterates that the shift in construction cannot cause temporary heat, weather-protection issues. Graham to include some sort of discussion on schedule for board meeting.</p>	INFO	
3.	BUDGET		
3.1.	<p>Budget Development</p> <p>23Jul21 – NV5 shared current budget with PMH for board packet.</p> <p>13Aug21 – NV5 to address current pricing and market conditions in report.</p>	INFO	
3.2.	<p>Major Medical Equipment</p> <p>18Jun21 – NV5 reviewed on-site with staff during the week of 6/7. Dr. Sollers to check with Sara on status of physician review.</p> <p>2Jul21 – NV5 to review comments received and determine next steps with respect to PMH and RBA.</p> <p>23Jul21 – BCDG and PMH to meet with Rusti to review Cardio dept.</p> <p>6Aug21 – NV5 to meet with RBA within the next few weeks to check on medical equipment progress. NV5 to communicate to staff that we are proceeding with this medical equipment and receive departmental sign off. NV5 to update ED cart model number with RBA.</p> <p>13Aug21 – RBA will manage departmental signoff. NV5 working to get RBA final comments on some departments ahead of signoff.</p>	In Progress	NV5, RBA, PMH
3.3.	DZA Feasibility Study	CLOSED	
4.	PROCUREMENT / OWNER-LED ACTIVITIES		
4.1.	GC/CM RFP	CLOSED	
4.2.	<p>Furniture & Demonstration Furniture</p> <p>4Jun21 – Merry to send Vocera quote to Craig and NV5. Demo furniture is in-use. NV5 leading furniture procurement and should have proposals for review by June 18.</p> <p>2Jul21 – NV5 reviewed and tabulated proposals. Only two firms submitted. NV5 to share with PMH at 7/12 & 7/13 mtgs for their review. NV5 to check with PMH staff and gather comments on demo furniture.</p> <p>9Jul21 – AT to gather comments while on site July 12, 13. PMH suggests integrating demo feedback into employee forum on 7/26-7/27.</p> <p>23Jul21 – PMH is moving ahead with OpenSquare. NV5 to coordinate contracting, etc.</p> <p>6Aug21 – Finalizing score sheets and LOI for award.</p> <p>13Aug21 – Aiming to finalize this week.</p>	8/11	NV5, PMH

Owner Team Meeting Minutes

4.3.	<p>Site Clearing 2Jul21 – Ironsides is trying to locate equipment to do the work at a cost of ~\$3,600. NV5 pursued Double Jay, who submitted proposal for \$15,000 and would not elaborate on why cost was so high. NV5 still working on finding area contractors; Graham offered to help source. PMN: Ironsides will complete the work the week of July 5. 23Jul21 – NV5 to reach out to Vermulms. NV5 to take more photos on site. 6Aug21 – NV5 reviewed flooding at site. NV5 spoke with Mike VerMulm on August 5; current renter routed irrigation overflow to this spot. NV5 to coordinate meeting with SVID to determine how this needs to be routed to flow into canal. 13Aug21 – SVID reached out to the current tenant farmer who indicated they would reroute the pipe to SVID overflow channel.</p>	In Progress	
4.4.	Geotechnical Engineer	CLOSED	
4.5.	<p>Commissioning Agent 9Jul21 – NV5 to send MEP specifications to CBRE Heery for review. 23Jul21 – NV5 coordinating final contract. NV5 to coordinate meeting on site 7/27. 6Aug21 – NV5 to ask CBRE to send Cx spec to EC/MC for review. 13Aug21 – CBRE distributed CxA spec to team for review; comments should be returned in a week or so. CBRE to meet with GC and EC, MC team.</p>	In Progress	NV5
4.6.	<p>Security Design Consultant 6Aug21 – Consultants to meet and coordinate equipment/hardware specs, selections, etc. 13Aug21 – Coordination continuing between BCDG, Graham, PMH over the next month or so. Final keying will be by PMH’s vendor.</p>	INFO	BCDG
4.7.	<p>Mar – New Facility Operational Meetings 23Apr21 – Ongoing.</p>	INFO	
4.8.	<p>BCDG Contract 5Jul21 – NV5 to send PerkinsCoie comments to PMH and BCDG. 23Jul21 – NV5 to facilitate additional comment review. 5Aug21 – Finalizing edits.</p>	In Progress	BCDG, NV5
4.9.	<p>Landscape Consultant 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.</p>	In Progress	
5.	DESIGN / PERMITTING		
5.1.	Annexation & Zoning	CLOSED	

Owner Team Meeting Minutes

5.2.	<p>Certificate of Need 21May21 – Health Facilities submitting today. 18Jun21 – DOH returned comments; team is now working on revisions in response to DOH comments. 2Jul21 – Mostly financial comments received so far. Team addressed comments week of June 28. Motion for summary judgment on CoN appeal was denied; PMH will pursue appeal as planned. 23Jul21 – DOH reviewed final application; PMH responded to their review questions and submitted this week; expect a decision from DOH by end of August. PMH and NV5 to meet with PerkinsCoie to discuss strategy on CoN.</p>	In Progress	
5.3.	<p>Water & Sewer (City) 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.</p>	In Progress	City of Prosser; NV5
5.4.	City Permit Review	CLOSED	BCDG

Owner Team Meeting Minutes

<p>5.5.</p>	<p>State Permit Review 5May21 – According to BCDG, the documents that the DOH said will be required for submission are: 1. Functional Program (2018 FGI 1.2-2) 2. Safety Risk Assessment (2018 FGI 1.2-4) which includes: a. Infection Control Risk Assessment (2018 FGI 1.2-4.2) b. Patient Handling and Movement Assessment (2018 FGI 1.2-4.3) c. Patient Fall Prevention Assessment (2018 FGI 1.2-4.4) d. Security risk assessment (2018 FGI 1.2-4.8) Also need to meet with DOH on licensure process for new facility (re email to CM and DR). AT to send list above to Merry. 14May21 – BCDG coordinating structural review meeting in the coming weeks. 21May21 – Team met with DOH to review licensure process on 5/19 18Jun21 – Team met with DOH week of 6/7 to review structural design. Meeting went well. 9Jul21 – Next review will be on 50% set and Functional Program, to be submitted on July 23. 23Jul21 – NV5 to send functional program to BCDG for review ahead of distribution to state DOH in order to align it with the design; likely to send out next week. 13Aug21 – NV5 working on FP final drafting and formatting; also sharing with BCDG for their information. OSP/ED section needs to be revised to align with ED intent (design) revisions.</p>	<p>In Progress</p>	<p>BCDG, NV5, PMH</p>
<p>5.6.</p>	<p>Electric Service 18Jun21 – BPUD scheduled engineering review week of June 28. NV5 hopes to receive cost and engineering information the week of July 5. 2Jul21 – BPUD indicated they cannot submit final cost info until site entrance is finalized. NV5 asked them to submit cost information anyway, since current design is close to 100% sure. 9Jul21 – BPUD to send info week of July 12. 23Jul21 – BPUD sent ROM cost while they finalize engineering and cost estimate. 6Aug21 – NV5 to get info on what we need to move forward with upgrades. 13Aug21 – Expecting final engineering next week and pricing thereafter.</p>	<p>In Progress</p>	<p>BPUD, NV5</p>
<p>5.7.</p>	<p>Program Review</p>	<p>CLOSED</p>	
<p>5.8.</p>	<p>Nurse Server Mockup 18Jun21 – Valley Cabinets is looking at the project. NV5 to get price, etc. 2Jul21 – Valley Cabinets is working on cost proposal. Lead time is at least three weeks for production. 9Jul21 – NV5 soliciting proposal from local cabinet shop in Denver. Team to review and decide on July 13. 23Jul21 – PMH will proceed with Valley Cabinets. 6Aug21 – PMH to forward signed proposal; NV5 to check on timeline w/Valley Cabinets. 13Aug21 – Valley Cab says 3-4 week lead time. NV5 to check in with Valley Cabinets weekly.</p>	<p>In Progress</p>	<p>NV5</p>

Owner Team Meeting Minutes

5.9.	NV5 DD Review	CLOSED	
5.10.	<p>Design Progress Update</p> <p>6Aug21 – next milestones are 95% and 100% CDs. These dates may shift as the team continues the value engineering process.</p> <p>13Aug21 – BCDG is working on revisions to the ED to accommodate higher volumes. ECE to move drive entrance to the north per PMH request. Draft SEPA was distributed to team; team should provide comments by next week (currently in BCDG’s court).</p>	In Progress	BCDG
5.11.	<p>SVID coordination</p> <p>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.</p> <p>6Aug21 – NV5 to work on obtaining final pricing.</p> <p>13Aug21 – NV5 will ask SVID for pricing once civil drawing is updated.</p>	INFO	NV5
5.12.	PAR Process	CLOSED	
5.13.	<p>Traffic Study</p> <p>4Jun21 – Delayed until mid-July. BCDG will proceed with their own traffic study only if need be; TBD based on draft traffic study from City (slated for late-June issuance). PMH requests drive entry be moved as far north as possible to avoid traffic issues. City requested a traffic-county report/study, which BCDG will provide at the appropriate time.</p> <p>23Jul21 – NV5 requested a copy. PMN: City said they still do not have the traffic study.</p>	Open	
5.14.	<p>Helipad</p> <p>23Jul21 – NV5 to coordinate with BCDG to determine steps required for the helipad to be permitted with FAA.</p> <p>6Aug21 – PMH/NV5 to check with Prosser Muni Airport—they may be adding a heliport—does this duplicate PMH’s plans for the new site? Graham to share consultant information for critical access helipad design/permitting/construction.</p> <p>13Aug21 – NV5 to reach out to muni airport re helipad at airport vs. hospital. NV5 to reach out to helicopter operators (Merry to prompt Christi D. for contact info); Also Jane Hagerty(sp?) (Port of Benton).</p>	Open	BCDG, NV5
6.	PRE-CONSTRUCTION		
6.1.	<p>Value Engineering (VE) Process</p> <p>4Jun21 – PMH confirmed the VE items that the team reviewed with them last week were approved for incorporation into the project. NV5 shared the list with BCDG and Graham.</p> <p>18Jun21 – NV5 to review log for the open items and coordinate with team to populate them and review them/recommend them.</p> <p>2Jul21 – Review of VE log is ongoing.</p> <p>6Aug21 – Consultants will meet the week of 8/12.</p> <p>13Aug21 – Team to quantify incorporated VE items for PMH. NV5 to coordinate VE review meeting with PMH.</p>	In Progress	Graham, BCDG, NV5
6.2.	ECCM/MCCM Procurement	CLOSED	
6.3.	Preconstruction Contract Amendment	CLOSED	
6.4.	<p>CM Estimating</p> <p>13Aug21 – 95% CD issuance is likely next & final estimating opportunity. Graham to work on real-time costing in the interim.</p>		

Owner Team Meeting Minutes

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, September 3, 2021 at 9:00am CT / 8:00am MT / 7:00am PT](#)

Location: [MS Teams Meeting](#)

Upcoming In-Person Meetings

[None planned \(TBD\);](#)

Prosser Memorial Health
Replacement Hospital



4 Month Outlook

AUGUST 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
01	02 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	03	04	05	06 PROJECT TEAM MEETING	07
08	09 NEW FACILITY OPERATIONAL MEETING (NV5-Led)	10	11	12	13 PROJECT TEAM MEETING	14
15	16 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	17 CONSULTANT TEAM MEETING - VE REVIEW	18	19	20	21
22	23 NEW FACILITY OPERATIONAL MEETING (NV5-Led)	24 PROJECT TEAM MEETING	25	26 BOARD MEETING Consultants to attend virtually 6PT/7MT/8CT	27 Final FP to DOH	28
29	30 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	31	01	02	03	04
05	06	07	08	09	10	11

SEPTEMBER 2021

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

LEGEND

IN PERSON MEETING NV5 & BODG ON SITE UNLESS OTHERWISE NOTED	ONLINE MEETING	PMH MEETING NO ATTENDANCE BY PROJECT TEAM	HOLIDAY
	DELIVERABLE		

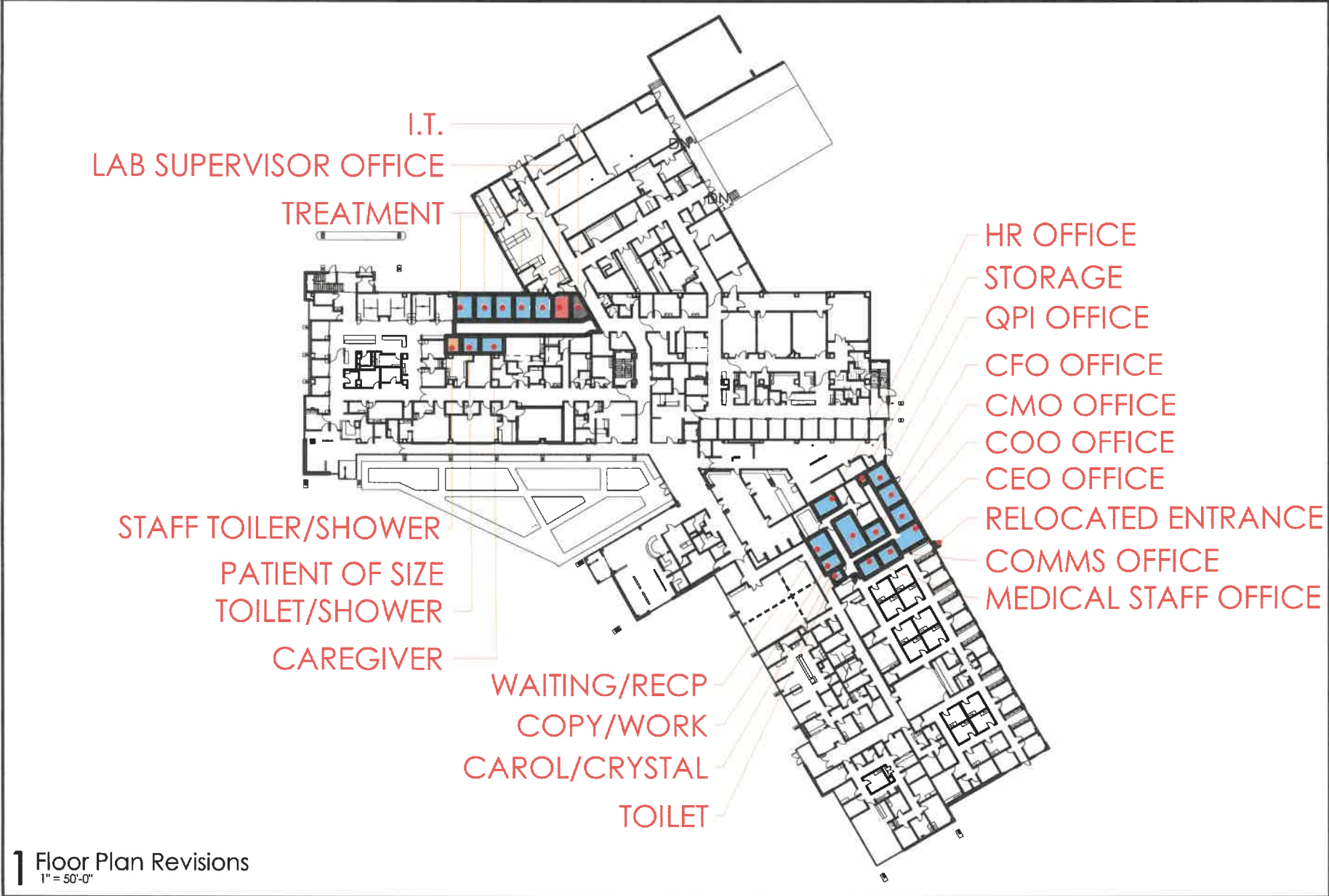
4 Month Outlook

OCTOBER 2021

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

NOVEMBER 2021

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



1 Floor Plan Revisions
1" = 50'-0"

PROJECT: REPLACEMENT HOSPITAL

Number: 2008.1
Date: 08.19.2021
Scale: 1" = 50'-0"

SHEET
A002

bd DESIGN GROUP
1201 W. 710 Street | Overland Park, KS 66210
913.322.2125



Prosser Memorial Hospital

Hospital Replacement Project

Project Cost Budget Detail

July 19, 2021

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Cost Category	Current Budget Estimate	Comments
SITE COSTS	1,724,500	<i>Cost of Land, Environmental Survey & Title Support</i>
<u>SOFT COSTS (General Project Costs)</u>		
<u>Professional Fees & Expenses</u>		
Pre-Design Services	0	<i>None required / included in Current GL</i>
<u>A-E Team Basic Services</u>		
Basic Services Value	4,114,954	<i>7.6% of 'Construction' below per contract; less 'Sales Tax' & 'Fee' value(s)</i>
Site / Civil Engineer	0	<i>Included in 'Basic Services' above</i>
Structural Engineer	0	<i>Included in 'Basic Services' above</i>
Plumbing Systems Engineer	0	<i>Included in 'Basic Services' above</i>
Mechanical Systems Engineer	0	<i>Included in 'Basic Services' above</i>
Electrical Systems Engineer	0	<i>Included in 'Basic Services' above</i>
IT / Low-Voltage Systems Engineer	0	<i>Basic Cabling & Systems Design Included</i>
Fire-Protection / Code Consulting Services	0	<i>None anticipated required; Fire Protection in 'Basic Services'</i>
A-E Team Basic Services	4,114,954	
<u>Reimbursable Expenses</u>		
A-E Team Reimbursables	205,748	<i>5.0% of Services Cost directly above, ESTIMATE</i>
Consultant Reimbursables	0	<i>Included directly above</i>
Reimbursable Expenses	205,748	
<u>Additional Services</u>		
Additional Services Contingency	0	<i>Fund from 'Project Contingency' below if required</i>
Additional Services	0	
<u>Other Consultant Services</u>		
Miscellaneous Consultant Allowance	0	<i>Original Budget Value listed in 'Sources & Uses' Document(s)</i>
Environmental Engineer	20,000	<i>Estimate value to support USDA submittal(s)</i>
Interiors	0	<i>General selection(s) included in 'A/E Basic Services' above</i>
Acoustics Consultant	0	<i>None assumed required</i>
Lighting Consultant	0	<i>None assumed required</i>
Furniture Design & Specification	0	<i>Included with Furniture cost below</i>
Graphics & Signage	31,500	<i>\$0.35 / s.f. Allowance for 'Current Estimate'; Coordinate w/Shannon</i>
Artwork Consultant	20,000	<i>Lump Sum Allowance for 'Current Estimate'</i>
Medical Equipment Planning	115,000	<i>Lump Sum Allowance w/Expenses for 'Current Estimate'</i>
Radiation Shielding Consultant	15,000	<i>Lump Sum Allowance for 'Current Estimate'</i>
Elevator / Vertical Transportation	0	<i>None assumed required</i>
Mechanical Plant Commissioning	108,000	<i>\$1.20 / s.f. Allowance for 'Current Estimate'</i>
Security Systems Consultant	140,360	<i>0.25% of 'Construction' below per contract; less 'Sales Tax' & 'Fee' value(s)</i>
Materials Management Consultant	5,000	<i>Allowance for 'Current Estimate'</i>
A-V Consultant	0	<i>Included with 'Security Systems' above</i>
Telecommunications / IT Systems	0	<i>Assume through Hospital IT Team; Look @ FutureCasting</i>
Other Consultant Services	454,860	
PROFESSIONAL FEES & EXPENSES	4,775,562	
<u>Miscellaneous Owner's Responsibilities</u>		
<u>Agency and Permit Fees</u>		
A.H.J. Plan Review Fees	160,000	<i>Plan Review Fee + Plan Check Fee using Prosser City Calculator</i>
Inspection Fees, if separate from Plan Review	100,000	<i>Allowance for 'Current Estimate'</i>
State of Washington Project Review Fee	38,735	<i>Fee Estimate generated from DOH Calculator</i>
Notice of Commencement	0	<i>Verify if required in Washington State</i>
Department of Health / CON Fees	10,000	<i>Budget Allowance for review(s)</i>
USDA Financial Consultant	0	<i>Included in 'Financing' below</i>
USDA Financial Consultant Reimbursables	0	<i>Included in 'Financing' below</i>
CON Application Consultant	120,000	<i>Health Facilities Fee for CON Application</i>
CON Legal & Filing Fees	60,000	<i>Perkins Coie Fee(s) allowance + \$40K Filing Fee</i>
Utility Assessment Fees	130,000	<i>Budget value for Electric & Cable Services</i>
Agency and Permit Fees	618,735	

Prosser Memorial Hospital

Hospital Replacement Project

Project Cost Budget Detail

July 19, 2021

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Cost Category	Current Budget Estimate	Comments
Testing and Inspection Fees		
Geotechnical (Soils) Testing	30,000	Allowance for ten (10) Borings @ \$1,000 ea. + Construction Inspections
Materials Testing & Inspection	135,000	\$1.50 / s.f. Allowance for 'Current Estimate'
Hazardous Materials Consulting	0	New Construction, assume none required
Hazardous Materials Abatement / Remediation	0	New Construction, assume none required
Air Balance Testing	20,000	Allowance to support Cx Effort, independent of Construction
Testing and Inspection Fees	185,000	
Project Management Fees and Expenses		
Internal Staffing Costs	0	No specific costs anticipated
Out-Sourced Services	1,117,000	NVS proposed Contract Value
Out-Sourced Services Expenses	111,700	10.0% of Services Cost directly above, ESTIMATE
RCW 39.10 Consultant	15,000	Lump Sum estimate for 'Current Budget'
Estimating Services	0	Included in BCDG 'Basic Services' above
CM Pre-Design Services	675,000	Graham Proposal w/MCCM & ECCM included
Construction Supervision	0	Included in 'Construction' below
Field Office & associated Reimbursables	0	Included in 'Construction' below
Project Management Fees and Expenses	1,918,700	
Insurance Costs		
General Liability	0	No specific costs anticipated
Builder's Risk	0	Include in 'Construction' below
Other Project Specific Insurance	0	No specific costs anticipated
Insurance Costs	0	
Other Owner Responsibilities		
Project Specific Accounting Fees	0	Assume to be Operational Expense 'Current Estimate'
Project Specific Legal Fees	60,000	Allowance for 'Current Estimate'
Appraisal Fee for USDA	20,000	Allowance for 'Current Estimate'
Temporary Utilities	50,000	Allowance for 'Current Estimate'
Document Reproduction	10,000	Allowance for 'Current Estimate'
Staff Relocation / Temporary Facilities Cost(s)	0	No specific costs anticipated
Moving Costs	200,000	Allowance for 'Current Estimate'
Operations 'Start-Up' & Supplies	0	Assume to be Operational Expense 'Current Estimate'
Clinical Cleaning / Final 'White Glove' Cleaning	50,000	Allowance for 'Current Estimate'
Staff Training	0	Assume to be Operational Expense 'Current Estimate'
Newspaper Procurement Advertisements	2,000	Allowance for 'Current Estimate'
Project Lunches	14,000	Allowance for 'Current Estimate'
Community Events / Public Relations	0	Assume to be Operational Expense 'Current Estimate'
Other Owner Responsibilities	406,000	
MISCELLANEOUS OWNER'S RESPONSIBILITIES	3,128,435	
SOFT COSTS (General Project Costs)	7,903,997	
CONSTRUCTION		
Construction by Contractors		
Direct Costs		
Div. 1. - GR's / Negotiated Support Services	1,680,000	Per Graham Construction 50% CD Estimate
Divs. 31. & 32 - Sitework		
Earthwork	1,689,373	Per Graham Construction 50% CD Estimate
Termite Control	0	None assumed included
Asphalt Paving	689,340	Per Graham Construction 50% CD Estimate
Concrete Paving	434,405	Per Graham Construction 50% CD Estimate
Fencing & Gates	8,000	Per Graham Construction 50% CD Estimate
Retaining Walls	95,774	Per Graham Construction 50% CD Estimate
Sprinkler Systems	21,885	Per Graham Construction 50% CD Estimate
Lawn & Grasses	112,355	Per Graham Construction 50% CD Estimate
Exterior Planting	76,000	Per Graham Construction 50% CD Estimate
Water Distribution	205,655	Per Graham Construction 50% CD Estimate

Prosser Memorial Hospital

Hospital Replacement Project

Project Cost Budget Detail

July 19, 2021

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Cost Category	Current Budget Estimate	Comments
Sanitary Sewer Laterals	56,850	Per Graham Construction 50% CD Estimate
Storm Drain Laterals	150,921	Per Graham Construction 50% CD Estimate
<i>Div. 2 - Demolition</i>	5,000	Per Graham Construction 50% CD Estimate
<i>Div. 3. - Concrete & Foundations</i>		
Auger Cast Piles	0	None included per VE Design Direction
Structure & Slabs	4,163,807	Per Graham Construction 50% CD Estimate
<i>Div. 4. - Masonry</i>	186,512	Per Graham Construction 50% CD Estimate
<i>Div. 5. - Structural Steel System(s)</i>		
Steel Framing	1,925,662	Per Graham Construction 50% CD Estimate
Steel Joists	316,000	Per Graham Construction 50% CD Estimate
Steel Deck	419,000	Per Graham Construction 50% CD Estimate
<i>Div. 5. - Miscellaneous Metals</i>		
Metal Fabrications	292,000	Per Graham Construction 50% CD Estimate
Metal Stairs	45,000	Per Graham Construction 50% CD Estimate
Grating	20,000	Per Graham Construction 50% CD Estimate
Ornamental Metal	19,277	Per Graham Construction 50% CD Estimate
<i>Div. 6. - Rough Carpentry</i>	97,377	Per Graham Construction 50% CD Estimate
<i>Div. 7. - Exterior Skin</i>		
Fluid-Applied Waterproofing	91,380	Per Graham Construction 50% CD Estimate
Thermal Insulation	12,246	Per Graham Construction 50% CD Estimate
Exterior Insulation & Finish System (EFIS)	542,382	Per Graham Construction 50% CD Estimate
Manufactured Wall Panels	110,110	Per Graham Construction 50% CD Estimate
Siding	208,000	Per Graham Construction 50% CD Estimate
Aluminum Entrances & Storefronts	432,123	Per Graham Construction 50% CD Estimate
Glazed Aluminum Curtainwalls	1,444,559	Per Graham Construction 50% CD Estimate
Aluminum Windows	0	Included in 'Curtainwall' directly above
Glazing	130,086	Per Graham Construction 50% CD Estimate
Sectional Overhead Doors	3,500	Per Graham Construction 50% CD Estimate
Expansion Joints	37,550	Per Graham Construction 50% CD Estimate
Sealant(s)	71,940	Per Graham Construction 50% CD Estimate
Spray Fireproofing	30,474	Per Graham Construction 50% CD Estimate
<i>Div. 7. - Roof & Moisture Protection</i>		
Manufactured Roof Panels	0	None specifically included
Membrane Roofing	1,386,200	Per Graham Construction 50% CD Estimate
Sheet Metal Flashing & Trim	703,701	Per Graham Construction 50% CD Estimate
Roof Accessories	8,557	Per Graham Construction 50% CD Estimate
Roof Pavers	90,601	Per Graham Construction 50% CD Estimate
<i>Div. 8. - Interior Construction</i>		
Steel Doors & Frames	157,025	Per Graham Construction 50% CD Estimate
Flush Wood Doors	526,100	Per Graham Construction 50% CD Estimate
Access Doors	10,000	Per Graham Construction 50% CD Estimate
Door Hardware	716,160	Per Graham Construction 50% CD Estimate
Gypsum Assemblies	3,073,377	Per Graham Construction 50% CD Estimate
<i>Div. 9. - Finishes</i>		
Interior Architectural Woodwork	1,707,627	Per Graham Construction 50% CD Estimate
Ceramic Tile	263,165	Per Graham Construction 50% CD Estimate
Resilient Tile Flooring	20,904	Per Graham Construction 50% CD Estimate
Sheet Vinyl Flooring	522,632	Per Graham Construction 50% CD Estimate
Resilient Wall Base & Accessories	113,595	Per Graham Construction 50% CD Estimate
Terrazzo	211,510	Per Graham Construction 50% CD Estimate
Fluid Applied Flooring	106,810	Per Graham Construction 50% CD Estimate
Carpet	76,500	Per Graham Construction 50% CD Estimate
Wallcoverings	23,899	Per Graham Construction 50% CD Estimate
FRP Wall Panels	0	None specifically included
Painting	421,545	Per Graham Construction 50% CD Estimate
Acoustic Panel Ceilings	914,841	Per Graham Construction 50% CD Estimate
<i>Div. 10. - Specialties</i>		

Prosser Memorial Hospital

Hospital Replacement Project

Project Cost Budget Detail

July 19, 2021

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Cost Category	Current Budget Estimate	Comments
Signage	0	By Owner
Visual Display Boards	38,434	Per Graham Construction 50% CD Estimate
Toilet Compartments	12,750	Per Graham Construction 50% CD Estimate
Cubicle Curtain Tracks	36,138	Per Graham Construction 50% CD Estimate
Operable Partitions	212,500	Per Graham Construction 50% CD Estimate
Wall & Door Protection	214,264	Per Graham Construction 50% CD Estimate
Toilet & Bath Accessories	216,353	Per Graham Construction 50% CD Estimate
Fire Extinguishers & Cabinets	4,900	Per Graham Construction 50% CD Estimate
Metal Lockers	32,550	Per Graham Construction 50% CD Estimate
High Density Shelving	0	Included in 'Medical Equipment' and / or re-used
Flagpoles	17,116	Per Graham Construction 50% CD Estimate
Div. 11. - Equipment		
Loading Dock Equipment	5,000	Per Graham Construction 50% CD Estimate
Parking Control Equipment	5,000	Per Graham Construction 50% CD Estimate
Food Service Equipment	70,800	Per Graham Construction 50% CD Estimate; VERIFY not in Medical Equipment
Div. 12. - Furniture & Blinds	116,888	Per Graham Construction 50% CD Estimate
Div. 13. - Metal Building Systems	115,200	Per Graham Construction 50% CD Estimate
Div. 14. - Vertical Transportation Systems		
Elevators & P-Tube	663,900	Per Graham Construction 50% CD Estimate; \$100K for P-Tube to be removed
Lifts	6,000	Per Graham Construction 50% CD Estimate
Div. 15. - Mechanical Systems		
Fire Protection	410,000	Per Graham Construction 50% CD Estimate
Plumbing	11,927,699	Per Graham Construction 50% CD Estimate
HVAC	0	Included in Plumbing above per Graham 50% CD Estimate
Div. 16. - Electrical Systems	13,934,348	Per Graham Construction 50% CD Estimate
Div. 17. - Low-Voltage Systems	0	Included in Division 16 directly above
MOB / Clinic Area	0	Included in values above
Contractor Direct Cost(s)	54,919,130	
Indirect Costs		
Staffing Costs	0	Included in 'General Requirements' above, and GC's below
General Conditions	952,000	Per Graham GC/CM Pricing; consistent in 50% CD Estimate
Insurance & Bonds	371,469	Insurance included in 'Fee' below, Bonds only; VERIFY
Overhead & Profit (Fee)	2,080,027	3.75% per Graham GC/CM Pricing
Construction DD Design Contingency	1,225,000	Per Graham Construction 50% CD Estimate
Escalation to Mid-Point of Construction	0	Included in values above
Contractor Indirect Cost(s)	4,628,496	
Alternates / Adjustments		
Alternate # / Description	(2,000,000)	Continued VE / VM Value from Project Team
Washington State Sales Tax	4,949,096	8.6% of 'Direct' + 'Indirect Costs' above
Facility Adjustment Factor	0	New Construction, none required
Alternates / Adjustments Cost(s)	2,949,096	
Construction 'Base Contract' / GMP	62,496,722	
Contract / GMP Modifications	0	
CONSTRUCTION BY CONTRACTORS	62,496,722	
Construction by Owner		
Mock-Up Room Construction	17,500	Actual costs for Boutten Construction Services
Tree Clearing for Geotech & Survey Work	35,000	Estimate for 'Current Budget'
CONSTRUCTION BY OWNER	52,500	
CONSTRUCTION	62,549,222	

Prosser Memorial Hospital

Hospital Replacement Project

Project Cost Budget Detail

July 19, 2021

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Cost Category	Current Budget Estimate	Comments
MEDICAL EQUIPMENT		
<u>Medical / Clinical Equipment</u>		
<u>Direct Costs</u>		
Building Support Services	828,774	Per Mitchell/R&B February 22, 2021 Estimate
Imaging & Diagnostic Services	2,911,802	Per Mitchell/R&B February 22, 2021 Estimate
Cardiovascular Services	435,910	Per Mitchell/R&B February 22, 2021 Estimate
Surgical & Special Procedures	1,342,251	Per Mitchell/R&B February 22, 2021 Estimate
Central Sterile & Decontamination	0	Included in 'Building Support Services' directly above
Pharmacy	91,447	Per Mitchell/R&B February 22, 2021 Estimate
Medication / Supply Dispensing System(s)	0	Included in specific Department Totals
Central Lab	123,376	Per Mitchell/R&B February 22, 2021 Estimate
Emergency Services	381,315	Per Mitchell/R&B February 22, 2021 Estimate
Patient Care Units	227,285	Per Mitchell/R&B February 22, 2021 Estimate
Family Maternity Center	344,391	Per Mitchell/R&B February 22, 2021 Estimate
Specialty Clinic(s)	80,567	Per Mitchell/R&B February 22, 2021 Estimate
Oncology Clinic	91,636	Per Mitchell/R&B February 22, 2021 Estimate
Miscellaneous Equipment Allowance	0	None specifically included in 'Current Estimate', fund from 'Contingency'
Medical / Clinical Equipment Direct Cost(s)	6,858,756	
<u>Indirect Costs</u>		
Freight / Shipping	137,175	2.0% of 'Direct Costs' above as an allowance for 'Current Estimate'
Temporary Storage	0	Included in 'Installation' below
Purchasing Coordination	125,000	MR&B Costs to Coordinate P.O.'s w/PMH
Installation	240,056	3.5% of 'Direct Costs' above as an allowance for 'Current Estimate'
Washington State Sales Tax	589,853	8.6% of 'Direct Costs' above
Contingency	0	Fund from 'Project Contingency' below
Escalation	0	Fund from 'Project Contingency' below, if required
Medical / Clinical Equipment Indirect Cost(s)	1,092,085	
MEDICAL / CLINICAL EQUIPMENT	7,950,840	
MEDICAL EQUIPMENT		
7,950,840		
<u>IT and TELECOMMUNICATIONS</u>		
<u>IT and Telecommunications</u>		
<u>Direct Costs</u>		
Desktop Hardware and Services	20,000	Allowance of \$200 per monitor for 100 new monitors + bracket(s)
Telephone Hardware and Services	60,000	Allowance for switching / Head End in two (2) Closets @ new building
TV's and Cabling	0	Included in 'Communications / Non-Clinical' below
Network Hardware and Services	150,000	Allowance for two (2) Closets @ \$75,000 ea.
Wireless Hardware and Services	200,000	Allowance for 'Voicera' Equipment
Licensing	0	None Included for 'Current Budget'; verify if to be capital or operating cost
Miscellaneous Items	0	None Included for 'Current Budget'
IT / Telecom Direct Costs	430,000	
<u>Indirect Costs</u>		
Freight / Shipping	10,750	2.5% of 'Direct Costs' as an allowance for 'Current Estimate'
Project Management Service Fees	0	None assumed required; by internal staff
Installation	10,750	2.5% of 'Direct Costs' as an allowance for 'Current Estimate'
Contingency	0	Fund from 'Project Contingency' below
Escalation	0	Fund from 'Project Contingency' below, if required
IT / Telecom Indirect Costs	21,500	
IT AND TELECOMMUNICATIONS	451,500	
IT and TELECOMMUNICATIONS	451,500	

Prosser Memorial Hospital

Hospital Replacement Project

Project Cost Budget Detail

July 19, 2021

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Cost Category	Current Budget Estimate	Comments
<u>FURNITURE FIXTURES and EQUIPMENT</u>		
<u>Communications and Non-Clinical Equipment</u>		
Kitchen Equipment	500,000	Estimate per Kitchen Equipment designer
Nurse Call System	0	Included in 'Construction' above
Overhead Paging / 'Musak' System	0	None assumed required
Dedicated Paging System(s)	0	Included in 'Construction' above
Dedicated Intercom	0	None assumed required
Sound Masking Systems	0	None included in 'Current Estimate'
Wireless Phone System / 'Voicera'	0	Included in 'IT' above
Copiers, Faxes & Office Machines	0	Leased Equipment; no specific capital cost(s)
Pneumatic Tube System	300,000	Lump Sum Value for 'Current Budget'
Patient / Staff Television & Cable	75,000	Allowance for 75 TV's + brackets @ \$1,000 ea.
Security Equipment	50,000	Allowance for CCTV & 'Headend' not in 'Construction'
Time & Attendance Clock System	10,000	Allowance for duplicate devices; move balance
Master Clock System	0	None included in 'Current Estimate'
COMMUNICATIONS AND NON-CLINICAL EQUIPMENT	935,000	
<u>Furniture</u>		
<u>Direct Costs</u>		
Waiting Area Furniture	175,000	Allowance for Primary Waiting @ ED, DI, Surgery, Patient Care & Lobby
Patient Area(s) Loose Furniture	200,000	Allowance of \$8,000 / Room x 25-Rooms
Modular Nurses' Station	60,000	Allowance for Chairs & Files; assume built-in Casework
Modular Office(s)	0	In 'Office Furniture' below
Office Furniture	0	Assume re-use for 'Current Budget'
Staff Work Area(s) Furniture	100,000	Allowance for Chairs & Files; assume built-in Casework
Computer Support Accessories	0	Assume included in 'IT' above
Staff Lounge Furniture / Appliances	100,000	Assume \$25,000 ea. for ED/DI, Physicians, Surgery & Inpatient/FamMat
Café / Dining Room Furniture	75,000	Allowance for 75-seats, Tables & Chairs @ \$1,000 ea.
Conference Room Furniture not in 'Construction' above	112,500	Allowance for 150-person Capacity @ \$750 / Person
Privacy Curtains	100,000	Allowance for multiple Curtains for 'Current Budget'
Window Treatments	0	Included in 'Construction' above
Furniture Allowance(s)	0	None included in 'Current Budget'
Furniture Direct Cost(s)	922,500	
<u>Indirect Costs</u>		
Freight / Shipping	23,063	2.5% of 'Direct Costs' as an allowance for 'Current Estimate'
Temporary Storage	50,000	Allowance for 'Current Budget'
Installation	23,063	2.5% of 'Direct Costs' as an allowance for 'Current Estimate'
Contingency	0	Fund from 'Project Contingency' below
Escalation	0	Fund from 'Project Contingency' below, if required
Furniture Indirect Cost(s)	96,125	
FURNITURE	1,018,625	
<u>Other Fixtures, Furnishing(s) & Equipment</u>		
Interior Wayfinding, Signage & Graphics	90,000	\$1.00 / s.f. allowance for 'Current Budget'
Exterior Signage	300,000	Allowance for Ground & Building Signage
Original Artwork	150,000	Allowance for 'Current Budget'
General Artwork	100,000	Allowance for 'Current Budget'
Trash Cans, Magazine Racks & Planters	0	Assume in Equipment & Furniture Allowance above
Landscaping	0	Operational cost and/or none anticipated
Start-Up Supplies	0	Operational cost
OTHER FIXTURES, FURNISHINGS & EQUIPMENT	640,000	
F. F. & E. ADJUSTMENTS	0	<i>Included in specific Categories above</i>
FURNITURE FIXTURES and EQUIPMENT	2,593,625	

Prosser Memorial Hospital

Hospital Replacement Project

Project Cost Budget Detail

July 19, 2021

DRAFT

Cost Category	Current Budget Estimate	Comments
<i>Owner's / Project Contingency</i>		
Original / Approved Value	2,000,000	2.5% of Category values above, except 'Site'
(Expenditures) / Unallocated Funds	0	Preliminary Budget, none required
PROJECT CONTINGENCY REMAINING	2,000,000	
CONTINGENCY	2,000,000	
Project Cost Before Financing	85,173,685	
FINANCING	3,500,000	
TOTAL PROJECT COST	88,673,685	
Potential Leased Equipment		
Radiology Equipment Leasing Credit(s)	(2,573,190)	Deducts for MRI, CT & Fluoro / X-Ray Equipment
Central Sterile Equipment Leasing Credit(s)	(581,963)	Deducts for 'Sterad' Low-Temp and 'Evolution' Steam Sterilizers and Washers
Surgery Equipment Leasing Credit(s)	(403,612)	Deducts for Integrated A-V Room Systems
Total Leased	(3,558,765)	
COST LESS LEASED EQUIPMENT	85,114,919	

Prosser Memorial Health - Replacement Hospital

Value Engineering Log

VE #	VE Option	Status	Proposed Value	Recommended to PMH	Approved by PMH	Rejected	Implemented in Dwg/Spec (Y/N)	Comments / Next Steps
07	Change copper feeders to aluminum feeders.	Closed	\$ (400,000)	\$ (400,000)	\$ (400,000)		Y	
10	Lower the quantity of cameras. (~106 cameras in the building now).	Closed	\$ (28,000)	\$ (28,000)	\$ (28,000)		Y	
13	Lower roof level at a slope of 5' maximum down to 0 (grid line A8).	Closed	\$ (100,000)	\$ (100,000)	\$ (100,000)		Y	
14	Align accosutical panel ceilings with the room layout on L2, as opposed to slightly skewed. (eliminate skewed wall at head of bed that initiates skewed ceiling).	Closed	\$ (2,000)	\$ (2,000)		\$ (2,000)	N/A	Rejected since approving this item would change the layout of the patient rooms and the beds would no longer be angled toward the window.
17	Use generic brand visual display boards, outsourced from a local distributor.	In Progress	\$ (54)	\$ (54)			N	Credit per each. BCDG to review this item and associated product specs with PMH.
18	Change fire extinguisher semi/fully recessed cabinets to surface mount if applicable or change # of FE to lower requirement or use lesser grade cabinet materials.	Closed	\$ (13,865)	\$ (13,865)	\$ (13,865)		Y	
21	Eliminate crash rails for wall/door protection + provide "resistant" drywall in its place.	Closed	\$ (9,234)	\$ (9,234)	\$ (9,234)		Y	
23	Change 3'6" (width) WD doors to 3' where applicable.	Closed	\$ (4,200)	\$ (4,200)		\$ (4,200)	N/A	Rejected since all doors are appropriately sized, currently.
25	Use 24" stud spacing as opposed to 16" for the cold-formed metal framing (interior only).	Closed	\$ (138,147)	\$ (138,147)	\$ (138,147)		Y	
30	Changing MOB RTU to a packaged DX/Elec rooftop unit.	Closed	\$ (99,421)	\$ (99,421)	\$ (99,421)		Y	
31	Use semi-custom RTU in lieu of fully custom RTU at hospital portion of project.	Closed	\$ (50,000)	\$ (50,000)	\$ (50,000)		Y	
32	Allow PVC piping materials for sanitary, vent, and storm piping above slab (except in return air plenums).	Closed	\$ (192,718)	\$ (192,718)	\$ (192,718)		Y	
36	Changing the MOB to a plenum return system with return air sound boots.	Closed	\$ (87,000)	\$ (87,000)	\$ (87,000)		Y	
37	Electric reheat for the MOB since it's not open 24/7.	Closed	\$ (300,857)	\$ (300,857)	\$ (300,857)		Y	
40	Allow ProFlo for plumbing fixtures.	Closed	\$ (21,225)	\$ (21,225)	\$ (21,225)		Y	
45	At MOB, use sound masking in lieu of running walls to deck.	Closed	\$ (34,560)	\$ (34,560)	\$ (34,560)		Y	
51	Eliminate walk-in vestibules from RTU's.	Closed	\$ (287,680)	\$ (287,680)	\$ (287,680)		Y	
52	Paving at walking trails, changed from Granular to HMA	Closed	\$ 34,698	\$ 34,698	\$ 34,698		Y	
53	Chain Link Enclosures at chillers, generators, O2 in lieu of masonry/EIFS.	Closed	\$ (125,488)	\$ (125,488)	\$ (125,488)		Y	
68	Reduce Irrigation to allow for 5,000 SY	Closed	\$ (79,148)	\$ (79,148)	\$ (79,148)		Y	
69	Reduce sodded area to allow for 5,000SY	Closed	\$ (158,296)	\$ (158,296)	\$ (158,296)		Y	
70	Reduce hydroseeding to allow for 5 AC	Closed	\$ (34,000)	\$ (34,000)	\$ (34,000)		Y	

Prosser Memorial Health - Replacement Hospital

Value Engineering Log

71	Reduce trees and shrub planting to an ALLOWANCE of \$50K	Closed	\$ (44,000)	\$ (44,000)	\$ (44,000)		Y	
72	PVC piping on DWV and Storm underground	Closed	\$ (138,460)	\$ (138,460)	\$ (138,460)		Y	
73	Sioux Chief drains	Closed	\$ (38,367)	\$ (38,367)	\$ (38,367)		Y	
74	Reduce number of VAV zones (qty 80)	Closed	\$ (360,000)	\$ (100,000)	\$ (100,000)		Y	
77	Reduce MCCM GC by 6 months (make 18 month schedule)	In Progress	\$ (223,800)	\$ (100,000)	\$ (100,000)		N	Construction schedule is currently 2 years. Graham still developing schedule compression methods.
79	Provide onboard paralleling gear in (2) 1000kW generators	Closed	\$ (95,000)	\$ (95,000)	\$ (95,000)		Y	
80	Lighting VE Possibilities (Alternate equivalent to specified)	In Progress	\$ (147,000)	\$ (147,000)	\$ (147,000)		N	Valley is currently developing an alternate lighting package with associated pricing.
81	Lighting Controls VE Possibilities - Wattstopper vs. DALI	Closed	\$ (108,000)	\$ (108,000)	\$ (108,000)		Y	
84	1600A output CBs on 1MW gensets...update feeders	In Progress	\$ (21,000)	\$ (21,000)			N	Henderson can evaluate the feasibility of this once the drawings are close to completion and they have confirmed all electrical loads in the building.
85	Reduce switchboard EMPG to 3000A	In Progress	\$ (11,000)	\$ (11,000)			N	Henderson can evaluate the feasibility of this once the drawings are close to completion and they have confirmed all electrical loads in the building.
86	Reduce switchboard EMSB to 3000A	In Progress	\$ (21,000)	\$ (21,000)			N	Henderson can evaluate the feasibility of this once the drawings are close to completion and they have confirmed all electrical loads in the building.
87	Reduce switchboard EQDP1 to 2500A	In Progress	\$ (5,000)	\$ (5,000)			N	Henderson can evaluate the feasibility of this once the drawings are close to completion and they have confirmed all electrical loads in the building.
88	Eliminate Public DAS	Closed	\$ (33,469)	\$ (33,469)	\$ (33,469)		Y	
90	Change MOB RTU to a package DX/electric rooftop unit	Closed	\$ 6,000	\$ 6,000	\$ 6,000		Y	
94	Pattons Medical for Med Gas equipment and outlets	In Progress	\$ (72,298)	\$ (72,298)	\$ (72,298)		N	Henderson to update specs to include this manufacturer.
97	Combined roof drain and roof overflow piping.	Closed	\$ (46,378)	\$ (46,378)	\$ (46,378)		Y	
98	Basket tray ILO aluminum ladder tray	Closed	\$ (31,000)	\$ (31,000)	\$ (31,000)		Y	
99	Change MOB ATU's to electric re-heat	Closed	\$ 55,000	\$ 55,000	\$ 55,000		Y	
			\$ (4,746,553)	\$ (3,082,167)	\$ (3,017,913)	\$ (6,200)		

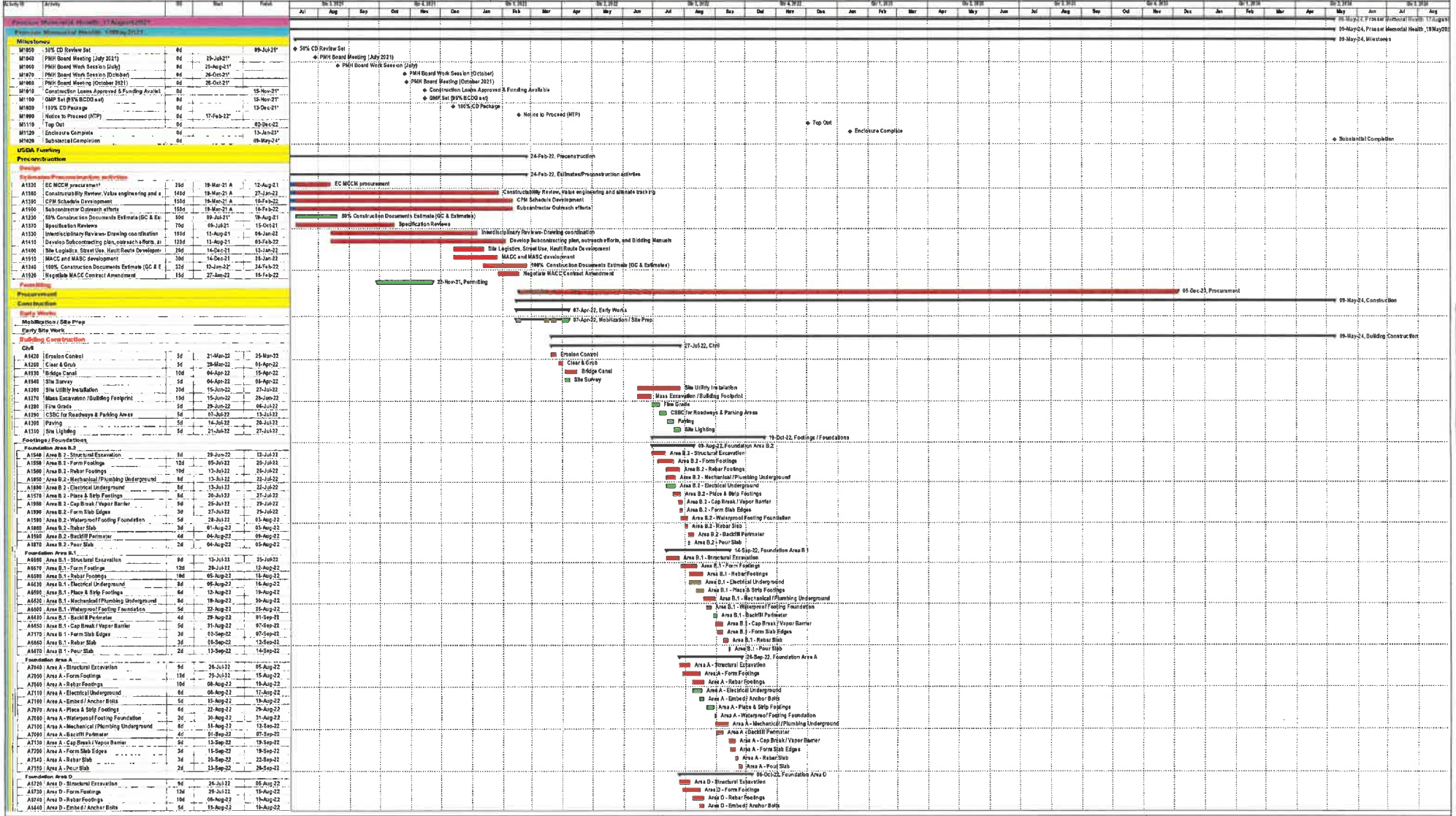
This total includes items that are currently in development or have been previously rejected by the team

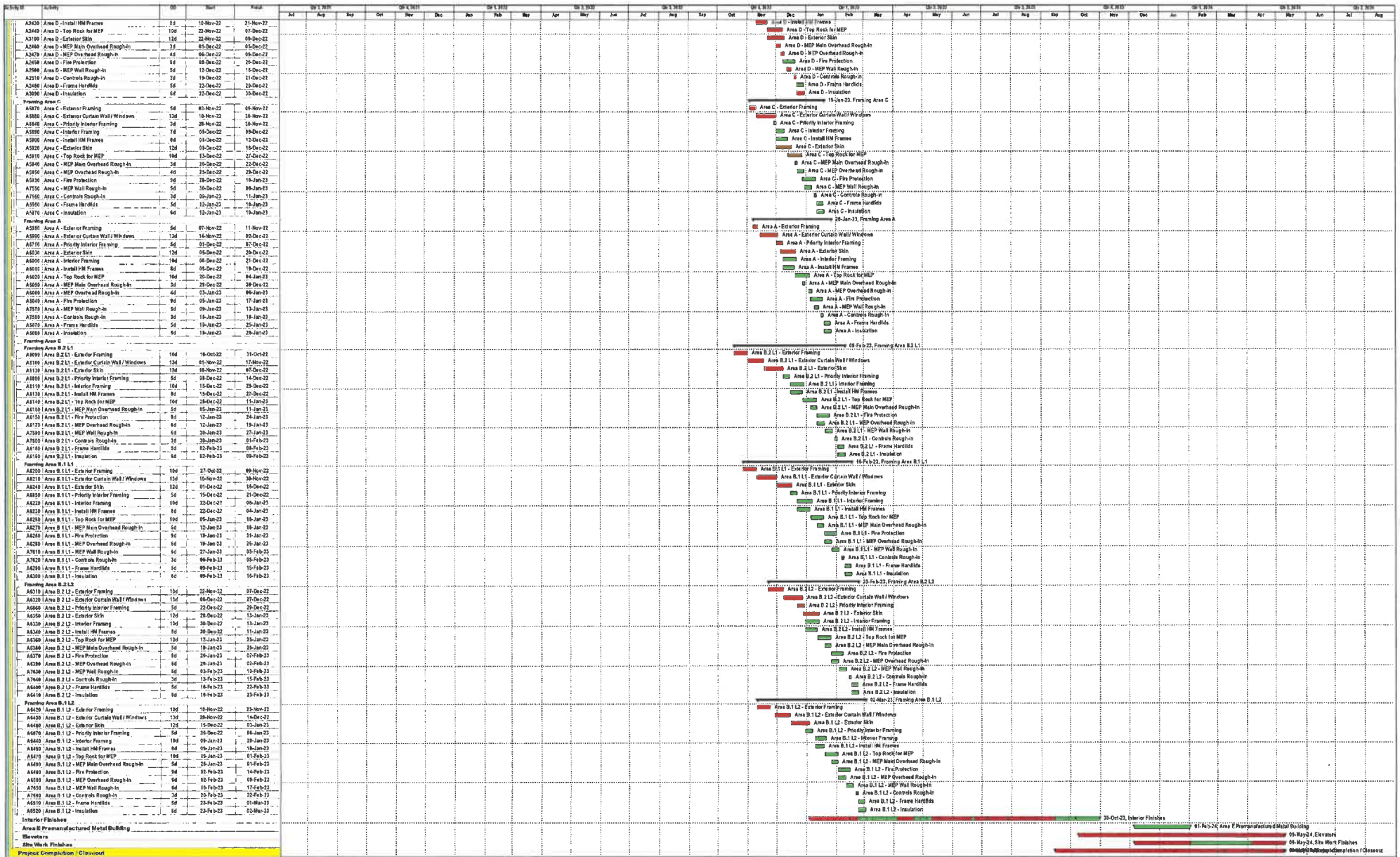
These totals include only the costs shown in the rows above.

"Y" = Yes, item is currently reflected in the drawings and specifications. Current (50% CD Estimate) pricing includes this item.
 "N" = No, item is not currently reflected in the drawings and specifications, as it is currently in progress. Estimates to be updated to include this item once drawings and specs have been updated.
 "N/A" = Not Applicable, item has been rejected.

Prosser Memorial Health_17August2021

DRAFT







CITY OF PROSSER

Washington

601 7th Street
Prosser, WA 99350
(509)786-2332
Fax (509)786-3717
www.cityofprosser.com

August 11, 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 a 2021 Prosser Youth Baseball team. Your donation has provided a shirt with your company's logo on it, a hat, and a medal for each youth.

This year we had a total of 175 kids participate in the 2021 Prosser Youth Baseball League. Your sponsorship has also provided the youth of Prosser a fun learning environment this summer. We, as well as the participants, are sincerely appreciative of the support you have provided and without the help of supportive business owners like you we would not be able to provide recreation functions to the youth.

Please enjoy the plaque and photograph of the team you sponsored and once again many thanks and we hope you will join us again next year!

Sincerely,

A handwritten signature in blue ink that reads "Kathya Martinez-Quijano". The signature is fluid and cursive.

Kathya Martinez-Quijano
Parks & Recreation Manager



SPONSOR APPRECIATION
PRESENTED TO
Prosser Memorial Health



PROSSER LITTLE LEAGUE
2021

PMH Medical Staff Committees Report 2nd Quarter - 2021

Medical Executive Committee: Dr. Clifford, Chair

- The Committee met three times in the 2nd quarter.
- Quality reports included the 2021 Patient Scorecard, Community Benefit Report and a Utilization Review update.
- COVID-19 updates were provided at each meeting, and a revised Visitor Policy was approved.
- Hospital Security options were reviewed and a contract was pending at the time of the July meeting.
- There were 5 New Appointments and 27 Reappointments to the Medical Staff approved and recommended to the Board during the 2nd quarter.
- The PMH Medical Staff Bylaws and Rules & Regulations continued through the review/revision process.

Medical Staff Quality Improvement Committee: Dr. Martin, Chair

- The Committee met three times in the 2nd quarter.
- Chart reviews were conducted on 115 patient records during the quarter, including provider FPPE reviews.
- A Clinic Chart Review Policy that aligns with PMH OPPE/FPPE and RHC regulations was approved.
- The 2020 Telestroke case reviews were completed with no identified concerns.

Credentialing Committee: Dr. Martin, Chair

- The Credentialing Committee met three times in the 2nd quarter.
- The Committee reviewed, approved and submitted a Non-affiliated Physician as Assistant or Proctor Policy for approval.
- PMH Dermatology privileges were reviewed, approved and advanced to the Medical Executive Committee.
- There were 30 New Appointment/Reappointment applications reviewed by the Committee in the quarter.

Emergency Department Committee: Dr. Wenger, Chair

- The Committee met two times during the 2nd quarter.
- Covid-19 updates were provided at each meeting of the Committee.
- Emergency Medical Services were discussed and remain a topic for this Committee.
- Arrival to Discharge time and DI reads, and Admit to Floor Times metrics are receiving focus.
- New orthopedic, low profile beds are now available and training for their use is underway.
- High ED volumes and available staffing have been discussed and plans have been initiated.

Medicine / Pharmacy and Therapeutics Committees: Dr. Hashmi, Chair

- The Committee(s) met 1 time in the 2nd quarter.
- Acute Care Services Report, Infection Control/Exposure Report, Reportable Diseases and Covid-19 updates were reviewed/discussed by the Committee.
- The Medication Back-Order list was reviewed and subsequently made available on Sharepoint.

Perinatal / Pediatric Committee: Dr. Carl, Chair

- The Committee met two time during the 2nd quarter and stayed current with a COVID report at each meeting.
- Family Birth Center monthly statistics reported from Press Gainey were reviewed by the Committee.
- The PMH Cord Gas policy was approved and OB patients with BMI +50 require anesthesia consult.
- Pediatric call expectations were reviewed with the members.
- There were 14 High Risk cases presented for review by the Committee.

Surgery Committee: Dr. Sollers, Chair

- The Committee met in May during the 2nd quarter.
- The 2021 Surgical Services Dashboard was presented with continuing high volumes in the department, prompting approval of a new staffing plan.
- The Anesthesia interface project with Epic continued and issues with the PACS system were being investigated.
- Management report prompts surgical services providers to develop a detailed list with Sara Dawson, to identify opportunities to upgrade equipment that may be outdated by the time we transition to a new facility in 2024.

Community Clinics Committee: Dr. Santa-Cruz, Chair

- The Community Clinics Committee met one time in the 2nd quarter.
- Dr. Min and Dr. Zhmurovski presented Choosing Wisely Campaign topics in Pediatrics and Internal Medicine.
- Dr. Coral Tieu gave a presentation to the Committee on ENT services that she provides, and shared helpful reference materials with the members.
- Dr. Thomas Tieu also presented on the available urology services he provides at PMH currently, and how he hopes to expand when PMH can add a robot to the department.

PROSSER MEMORIAL HEALTH

SUBJECT:	Students Seeking Clinical Experience	NO:	345-0005
<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Protocol/Pre-Printed Order <input type="checkbox"/> Other:			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Supersedes # _____ ;		Effective Date	08/04/2021
Author	L. Smith	Date of Electronic Distribution	08/04/2021
Dept. Manager		Medical Director/ CAH Oversight	
Administrative	C. Marks, CEO	Policy Committee	
Committee	Medical Executive Committee	Other	
Audit Review:	Initials:		
	Date:		

PURPOSE:

To provide a framework for acceptance and organization of clinical experiences at Prosser Memorial Health (PMH) facilities for healthcare practitioner students seeking clinical skills practice; i.e. students enrolled in Physician Assistant, Advanced Registered Nurse Practitioner, or Medical School Programs.

STUDENT PROGRAM ACCESS:

Prosser Memorial Health is a Critical Access Hospital that supports continuing medical education and training of future healthcare practitioners. To ensure an excellent teaching experience with PMH Medical Staff and appropriate administrative support, student and resident clinical rotations are limited to 30 new students/residents per calendar year across local and regional higher education programs that have a current Affiliation Agreement with PMH (Attachment A). Exceptions may be granted on a case-by-case basis after review by PMH Administration.

LEVEL OF PARTICIPATION:**Observational "Job Shadow" Student Experience:**

A member of the Medical Staff or designee may request in writing, (at least 14 business days prior to start date) through PMH Human Resources for a student to accompany him/her in his/her daily work. Observation within restricted areas of the Hospital shall be at the request of the medical staff member, with approval of the Department Manager. An observational student shall not be allowed to have any conversation with the patient about patient's medical status or care, or have physical contact with the patient. A student shall not be involved in the performance of any procedures and shall not have access to any patient record.

Pre-Clinical Patient Evaluation Experience:

A member of the Medical Staff or designee may request in writing, (at least 30 business days prior to start date) through Medical Staff Services for a Pre-Clinical Medical Student (typically in 1st or 2nd year of training) to perform medical history and physical examinations as a learning experience, under the supervision of the preceptor provider. Patients must give consent to the interview and examination. No part of the pre-clinical student's history or physical may be entered into the medical record or be used in patient management. Student may be granted "view only" access to the electronic health record system for rotations that exceed 30 business days. There will be no remote access to the medical record approved for students.

Active-Clinical Medical Student Patient Management Experience:

A member of the Medical Staff or designee may request in writing, (at least 60 business days prior to start date) through Medical Staff Services a for-credit clinical rotation, typically in the 3rd or 4th year of

PROSSER MEMORIAL HEALTH

training, sponsored by the student's medical school as a formal teaching/learning experience. The student may be granted limited access to the electronic health record system for clinical rotations >30 business days. There will be no remote access to the medical record approved for students. An actively participating student is authorized to:

1. Have unattended contact with the patient for the sole purpose of obtaining a history and performing a physical;
2. Dictate/enter into the electronic medical record, histories and physicals in combination with a history and physical examination performed by their preceptor with the preceptor's counter signature;
3. Enter chart notes and orders which must be reviewed and counter-signed by the precepting provider prior to being carried out by the nursing staff;
4. Perform and/or assist with procedures only under direct supervision of his/her preceptor.
5. Second assist only, at surgery. **The preceptor will be responsible for the student's actions**

Anesthesia Active-Clinical Medical Student Patient Management Experience:

A member of the Medical Staff or designee may request in writing, (at least 30 business days prior to start date) through Medical Staff Services a for-credit clinical rotation, typically in the 2nd or 3rd year of training, sponsored by the student's medical school as a formal teaching/learning experience. Student may be granted Epic access for clinical rotations >30 business days. There will be no remote access approved for students. An actively participating student is authorized to:

1. Have unattended contact with the patient for the sole purpose of obtaining a history and performing a physical;
2. Dictate histories and physicals in combination with a history and physical examination performed by their preceptor with the preceptor's counter signature;
3. Enter chart notes and orders which must be reviewed and counter-signed by the preceptor provider prior to being carried out by the nursing staff;
4. Perform and/or assist with anesthesia and related services only under direct supervision of his/her preceptor. **The preceptor will be responsible for the student's actions.**

Additional requirements for students in clinical rotations include:

- a. A contract/affiliation agreement between Prosser Memorial Health and the school will be signed by the Hospital CEO or his/her designee. Original contracts/affiliation agreements will be kept in the Administration Office, and a copy provided to the Medical Staff Office.
- b. Proof of liability insurance in the amount required by the Board.
- c. Students, with the assistance of their school, will supply the following documentation prior to starting clinical experiences:
 - i) Letter from the school identifying student and their preceptor. Preceptor must be an Active or Courtesy member of the Medical Staff (which includes Advanced Practice Clinicians), in good standing.
 - ii) Starting and ending date of clinical experience
 - iii) Student CV
 - iv) Evidence of instruction in all applicable state or federal mandated topics affecting healthcare providers, including, but not necessarily limited to, hazardous materials handling and disposal, as well as bloodborne pathogens
 - v) Overview of objectives pertaining to clinical experience/type of experience desired
 - vi) Evidence of malpractice insurance
 - vii) Washington State Patrol Criminal History Background Check
 - viii) Completed Confidentiality Agreement
 - ix) Proof of negative TB (tuberculin or chest X-ray) status within last 90 days
 - x) Proof of Hepatitis B immunity or immunization series started
 - xi) Proof of MMR immunity or immunization
 - xii) Proof of Varicella immunity or immunization

PROSSER MEMORIAL HEALTH

- d. Prosser Memorial Health maintains the right to remove a student from clinical experience whose performance is detrimental to the well being of any patient or the achievement of the school's or hospital's objectives.
- e. Students are required to comply with all policies and procedures of Prosser Memorial Health during their clinical experiences. Students will review and sign the Confidentiality Agreement (Attachment B).
- f. Prosser Memorial Health retains full administrative and clinical responsibility for the care of its patients. Students, as participants in this education program, shall not replace staff.

APPROVAL PROCESS:

The Human Resources Department will verify **observational (job shadow) student experience** availability directly with the provider. Job shadow students do not count toward the student maximums (Attachment A). HR will maintain job shadow student files.

The Medical Staff Office will verify **Pre-Clinical and Active Clinical** rotation availability under student program limits (Attachment A), confirm approval of precepting provider, then obtain the required documents for these clinical rotations and record them on the Student Request Review Form (Attachment C). These student files will be maintained in the Medical Staff Office for a period of one year from the date that the student rotation began.

TRACKING STUDENT VOLUMES:

The Medical Staff Office will maintain a record of students accepted for clinical rotations per the student program numbers outlined in Attachment A. Clinical rotation requests that exceed the program limits (Attachment A), must be approved by Administration, the precepting provider and the medical staff office.

STUDENT ONBOARDING:

The Medical Staff Office will obtain required documents and verifications. Once completed, the student is scheduled with HR for badging, Employee Health as needed, Electronic Health Record access/training if applicable, then directed to their preceptor/site.

Attachment A

SCHOOL	PROGRAM FOCUS	MAXIMUM # OF STUDENTS*
Gonzaga University	Nurse Practitioner	2
Oregon Health Sciences University	CRNA	4
Pacific Northwest University	Medical Students	4
University of Washington	Physician Assistant	4
Washington State University	Medical Students	4
Washington State University	Nurse Practitioner	2
Sollus Northwest Family Medicine Residency Program	PGY1, PGY2, PGY3	4
**Other Programs: Determined on a case-by-case basis.	Medical, Nurse Practitioner, Midwifery and Physician Assistant Students	4

* **Student maximums** are per calendar year. If a student has a clinical rotation in 1 calendar year, and requests another clinical rotation in the following year, the student request will be considered if other student commitments have not exceeded the schools' allowable number of students for that year.

** **Other Programs** must be approved by PMH Administration, the proposed precepting provider and the Medical Staff Coordinator.

THE PULSE

PROSSER MEMORIAL HEALTH EMPLOYEE NEWSLETTER

AUGUST 2021

Last Months Events

Leadership Carwash & BBQ

Thank you to the Administration and Leadership team for washing employee vehicles and having BBQ lunch catered!





Last Months Events Cont.

Summer Social

The Medical Staff, Leadership Team and Board Members enjoyed an evening of dinner, drinks and music on July 16th.





Summer Social



Last Months Events Cont.



Facebook Live Events

Thank you Dr. Santa-Cruz for providing excellent information to our community by hosting July 14th's Facebook live event! The discussion on UV Safety was meant to raise awareness on skin cancer and healthy sun habits. Over 750 people were reached in the English and Spanish events.

ASPIRE Awards



Accountability
Service
Promote Teamwork
Integrity
Respect
Excellence

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

The Rewards & Recognition Team did not meet in June but did meet in July! Stay tuned for the July and August reward recipients!

Welcome New Providers!



Welcome
Steve Peters
MS, MHP, FS, LMHCA
Licensed
Mental Health
Therapist
Benton City Clinic
Prosser HealthCare
509.588.4075 | ProsserHealth.org

Steve Peters, Licensed Mental Health Therapist, is now at the Benton City Clinic and is seeing patients.


Please call 509.588.4075 to schedule an appointment.



Welcome
Nicola Nylander, MD
Board Certified
Dermatologist
Dermatology Center
Prosser HealthCare
701 Dale Ave., Suite B | Benton City
509.588.4555 | ProsserHealth.org

Nicola Nylander, Board Certified Dermatologist, is now at the Dermatology Center in Benton City and is seeing patients.

Please call 509.588.4555 to schedule an appointment.



Welcome
Zach Garland, ARNP
Family Medicine
Prosser Clinic
Prosser HealthCare
336 Chardonnay Ave., Ste A | Prosser
509.786.1576 | ProsserHealth.org

Zach Garland, Nurse Practitioner, will soon be seeing patients at the Prosser Clinic.

Please call 509.786.1576 to schedule an appointment.

Meet Dr. Coral Tieu as a Cartoon!

Meet Dr. Tieu

Dr. Coral Tieu is board-certified and has nearly a decade of experience in pediatric ENT & Allergy care.

Call 509.786.5599 to schedule an appointment for your child.

Pediatric Services

- ✓ Tonsillectomy
- ✓ Ear Tubes
- ✓ Hearing Evaluations
- ✓ Allergy Testing & More!

Ask your pediatrician if you would like to see Dr. Tieu!

Experts in *caring*



PixelSoft Films did an amazing job transforming Dr. Coral Tieu into a cartoon! We are so excited to use this new animation as a way to get the attention of pediatric patients and their parents! Stay tuned for the video!

New Hospital Capital Campaign

PLEASE JOIN US

DONOR APPRECIATION EVENT

September 15, 4:00–7:00 PM
New Hospital Property
Donor & Guest

Prosser Memorial Health Foundation is inviting you to this private donor-only event to show appreciation for the support you have demonstrated to the new hospital capital campaign.

Enjoy a food truck rally provided by The Ciao Wagon, Garcias, Cascade Crust, Fast & Curryous, and Neighbors BBQ. Adult beverages.

Live music by The Knutzen Brothers.

Please RSVP to Community Relations at 509.786.6601
or email connect@prosserhealth.org.



This is how we grow.

Get your tickets to this donor-only event by signing up or updating your donation to the Foundation's Capital Fund. These donations can be done through payroll deduct. Contact Annie Tiemersma or Shannon Hitchcock for the payroll deduct form.

Welcome to the Team!



Left to Right: Michelle Arciga - Nutrition Services Cook, Rylee Sears - Supply Chain Courier, Isabel Diaz - Emergency Department Technician, Christina Gonzalez - Cardiopulmonary Respiratory Therapist, Perla Salmeron - Medical/Surgical RN, and Katie Beevers - Patient Financial Services Manager

What have you most enjoyed about PMH so far?

Michelle Arciga - Nutrition Services Cook: "Coming to work, helping others."

Rylee Sears - Supply Chain Courier: "The people!"

Christina Gonzalez - Cardiopulmonary Respiratory Therapist: "I enjoy how everyone is so friendly!"

Perla Salmeron - Medical/Surgical RN: "I enjoy how everyone is so friendly!"

Katie Beevers - Patient Financial Services Manager: "Meeting the Prosser team."

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

Michelle Arciga - Nutrition Services Cook: "Playing with my 2 year old daughter and feeding our animals."

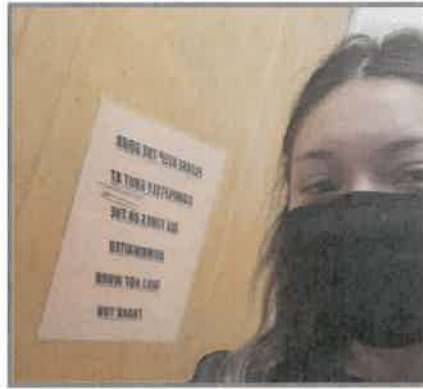
Rylee Sears - Supply Chain Courier: "I like to fish and crochet."

Christina Gonzalez - Cardiopulmonary Respiratory Therapist: "Writing, exploring Washington with my daughter."

Perla Salmeron - Medical/Surgical RN: "Spending time with my family."

Katie Beevers - Patient Financial Services Manager: "Spending time with family and traveling."

Scavenger Hunt



Anniversaries



Happy 1 Year

- **Dr. Coral Tieu**
Prosser ENT/Allergy Center
- **Dr. Thomas Tieu**
Prosser Urology Center
- **Magdalena Fernandez**
Environmental Services
Housekeeper
- **Victoria Torrico**
Family Birthplace RN
- **Tabitha Troutman**
Medical/Surgical Technician

Happy 2 Years

- **Stephanie Honey-Morrow**
Emergency Department RN
- **Rocio Moran**
Emergency Department Technician
- **Ronda Boulds**
Medical/Surgical RN
- **Dr. Sam Strebel**
Prosser Orthopedic Center
- **Dr. Karan Bhatti**
Prosser Heart Center
- **Lorie Serl**
Family Birthplace RN
- **Darla Don**
Supply Chain Courier

Happy 3 Years

- **Cassandra Ambriz**
Prosser Clinic CMA
- **Jacquelyn Rodriguez**
Grandview Clinic
Patient Services Representative
- **Dr. Jose Santa-Cruz**
Grandview Clinic

- **Dr. Robert Wenger**
Emergency Department
- **Dr. Suzanne Staudinger**
Benton City Clinic

Happy 4 Years

- **Brandon Bowden**
Board Member
- **Dr. Carolyn O'Connor**
Prosser Clinic
- **Angela Carey**
Pharmacy Technician II
- **Annabelle Hansen**
Medical/Surgical RN
- **Dr. David Carl**
Benton City Clinic

Happy 5 Years

- **Craig Marks**
Chief Executive Officer
- **Jennifer Hare**
Emergency Department RN
- **Amanda Benton**
Emergency Department RN

Happy 6 Years

- **Maria Persinger**
Medical/Surgical RN
- **Summer Landa**
Cardiopulmonary Respiratory
Therapist

Happy 8 Years

- **Rosemary Mendoza**
Grandview Clinic
Patient Services Representative

Happy 9 Years

- **Clara Bucio-Martinez**
Emergency Department RN

Happy 11 Years

- **Kimberly Winters**
Health Information Management
Certified Coder
- **Terri McNeilly**
Cardiopulmonary Respiratory
Therapist

Happy 17 Years

- **Jay Boyle**
Outpatient Special Procedures
Lead LPN

Happy 19 Years

- **Dorene Jones**
Environmental Services
Housekeeper

Happy 21 Years

- **Jim Schab**
Diagnostic Imaging
CT Technologist

Happy 23 Years

- **Maria Cardenas**
Health Information Management
Technician

Happy 25 Years

- **Paul Wiesz**
Maintenance Mechanic

Birthdays

- **Casey Hollenbeck**
RN Resource Nurse
- **Josue Martinez**
MRI Tech
- **Maricela Galvez**
Patient Registrar
- **Christina Gonzalez**
Respiratory Therapist
- **Daisy Magana**
Prosser Clinic CMA
- **Craig Marks**
Chief Executive Officer
- **Alexia Verduzco**
Certified Medical Assistant
- **Merry Fuller**
Chief Nursing Officer
- **Amy Enriquez**
Housekeeper
- **Jacquelyn Rodriguez**
Patient Services Representative
- **Nigel Day**
Emergency Department RN
- **Cassandra Ambriz**
Prosser Clinic CMA
- **Lindsay McKie**
Pharmacist
- **Corryn Coopmans**
Medical/Surgical RN
- **Jaron Raymond**
Emergency Department RN
- **Justin Herzog**
CT Technologist - R
- **Elizabeth Macias**
Emergency Department Technician
- **Sheryl Ricard**
Outpatient Special Procedures RN
- **Donna Williams**
Patient Registration Manager
- **Irish Zulita**
Medical Technologist
- **Corina Montelongo**
CNA/Unit Secretary
- **Molly Schutt**
Grandview Clinic Director
- **Javier Gonzalez**
Surgical Services Technician
- **Imelda Herrera**
Patient Services Representative
- **Troy Bretthauer**
Maintenance Mechanic
- **Allison Young**
Medical/Surgical RN
- **Shantel McGarvey**
Emergency Department RN
- **David Moon**
Emergency Medical Services EMT
- **Meagan Bronkhorst**
Supply Chain OR Buyer
- **Kimberly Crosby-Orosco**
Emergency Medical Services
Paramedic
- **Sierra Goble**
Cook
- **Maria Madrigal**
Prosser Specialty Clinic CMA
- **Dr. Karan Bhatti**
Prosser Heart Center
- **Joshua Higgins**
Lab Assistant
- **Michelle Risk**
Accounting Technician
- **Iniguez Ivan Castellanos**
Medical/Surgical Nurse Technician
- **Araceli Morfin**
Emergency Department Technician
- **Veronica Bonilla**
Patient Financial Services Collector

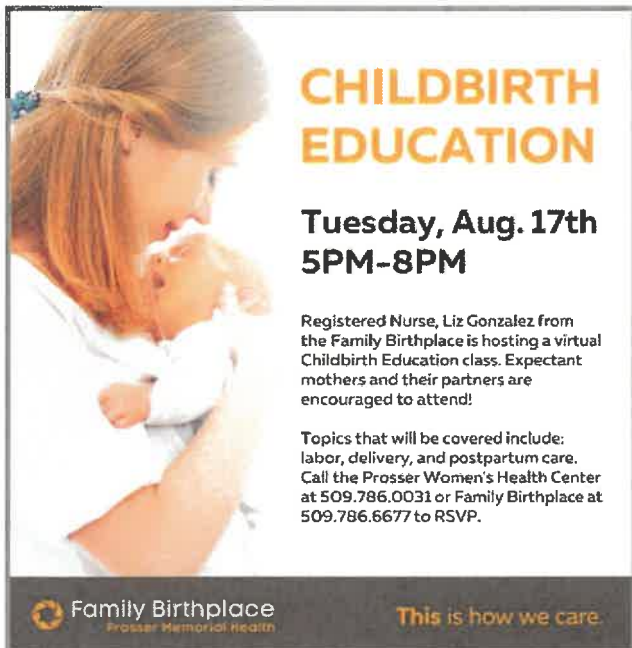
Free 20oz
Busy Bean Coffee
on your birthday!

Upcoming Events



Employee Annual Pool Party at EJ Miller Park August 13

RSVP to Annie Tiemersma by August 4. Bring your lawn chairs, towels and favorite pool toy.



Childbirth Education August 17

Registered Nurse, Liz Gonzalez from the Family Birthplace is hosting a virtual Childbirth Education classes. Expectant mothers and their partners are encouraged to attend!

Call the Prosser Women's Health Center at 509.786.0031 or Family Birthplace at 509.786.6677 to RSVP.

**EMPLOYEE
BLOOD
DRIVE**

Give the gift of life.

Employee Blood Drive September 3

Make your appointment by visiting redcrossblood.org and enter sponsor code "PMH".

**WINE
COUNTRY
Classic**
presented by
Prosser
Memorial Health Foundation

**Friday, September 10, 2021
Black Rock Creek Golf Course
Start Time: 9:00 AM**

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

Register online at prosserhealth.foundation.

Wine Country Golf Tournament September 10

Register your team today! Visit Contact Annie Tiemersma or Shannon Hitchcock for more information. <https://www.prosserhealth.foundation/book-online>

**\$5
SPORTS
PHYSICALS**

Prosser Clinic <small>Prosser Memorial Health</small>	509.786.1576 336 Chardonay Ave. Suite A Prosser
Benton City Clinic <small>Prosser Memorial Health</small>	509.588.4075 701 Dale Ave. Benton City
Grandview Clinic <small>Prosser Memorial Health</small>	509.203.1080 1003 Wallace Way Grandview

\$5 Sports Physicals

\$5 Sports Physicals are good through the end of August! Schedule your appointment by calling the Grandview Clinic, Prosser Clinic and Benton City Clinic.

Includes established & new patients.



RETIREMENT SAVINGS TIPS FOR MILLENNIALS

If you're a millennial, retirement may barely register in your consciousness. Between paying down student loans, trying to take that first step on the housing ladder, or other financial priorities, you may have little time to think much about your life 35 years from now.

However, you shouldn't wait until later to start planning for retirement. Retirement success can depend greatly on getting an early start on saving for your future. Here are some basic tips that can help put you on the path to retirement security.

Live Within Your Means

Tip number one is to spend less than you make. That way, you will have some money left over from your paychecks for other purposes, such as saving and investing.

Be a Disciplined Saver

Save as much as you can as early as possible. Give yourself a savings target and stick to it. Decide, for example, to save 3% of your income for retirement and increase that percentage every year. It won't be long before you are contributing the maximum allowed for an employer-provided retirement plan. Set aside some or all of any tax refunds, bonuses, and pay raises for an emergency fund and your retirement savings account.

Understand the Time Value of Money

Compounding* is the magic ingredient when it comes to building your retirement nest egg. It is simply the process of earning money on your savings and then earning money on your earnings as well as your savings. The longer your money is invested, the greater the potential benefit from compounding.

Learn About Investments and Investing

Knowledge is power when it comes to investing. If you feel you lack the patience to study investing, see if your employer's plan has a target date retirement fund** you can consider.

Focus on Your Goal

Remember, saving and investing for retirement is a long-term goal. Have a plan and stick with it. Stay focused on your long-term goal of retirement security and don't let short-term market changes knock you off course.

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

**Target date funds are intended as long-term investments which involve risk, including the possible loss of principal. The principal value of the fund(s) is not guaranteed at any time, including at the target date.

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.

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Health and Wellness

Strawberry Pineapple Salsa



Ingredients:

- Whole pineapple (to use as the bowl)
- 1 cup fresh pineapple, diced
- 1 cup fresh strawberries, diced
- 1 cup red bell peppers, diced
- 1 jalapeno, seeded and diced
- 1/4 cup red onion, minced
- 1/3 cup cilantro, chopped
- 4 tbsp lime juice
(about 2 limes or use bottled lime juice)
- 1/4 tsp black pepper
- 1/8 tsp salt
- Multigrain tortilla chips

Instructions:

1. To make the pineapple bowl, cut about 1/3 of the pineapple off, leaving the stem intact to the larger section of the pineapple. Set the small pineapple section aside.
2. Lay the large section of pineapple on its side and cut around the outer edge of the pineapple fruit and make cuts across the middle too. Use a large metal spoon to loosen and scoop out the pineapple chunks. Save the pineapple chunks in a bowl. Pour the extra juice out of the pineapple bowl so that it is empty. Set aside.
3. Dice enough of the pineapple chunks to make one cup of diced pineapple to be used for the salsa. Save the rest of the pineapple chunks for another use.
4. Prepare strawberries, peppers, jalapeno, red onion, and cilantro as directed.
5. In a separate bowl, combine lime juice, salt, and pepper. Stir.
6. In a small bowl, combine together diced pineapple, diced strawberries, diced peppers, diced jalapeno, minced red onion, and chopped cilantro. Pour liquid over diced fruits and gently stir to combine.
7. Transfer the strawberry pineapple salsa to the pineapple bowl for serving.
8. Refrigerate for 1/2 hour. Serve with your favorite tortilla chips.



Prosser
Memorial Health

Craig Marks

From: Craig Marks
Sent: Tuesday, August 10, 2021 4:27 PM
To: !All Staff; !Board Members
Subject: With Sincere Gratitude

Follow Up Flag: Follow up
Flag Status: Completed

Dear Prosser Memorial Health Team,

To say that this has been a challenging time would not do justice to what each of you face every day, as we continue our battle against COVID-19 and growing patient volumes.

We are working more hours, caring for sicker patients, and still worried about the “unknown” factor, that is very foreign to those of us in the healthcare profession.

Our team continues to meet adversity head on. You continue to share your opinions and fears as we learn from each other and get through another day.

We know that you are tired and have been pushed to your limits some days. As a small gesture of our appreciation for everything you have sacrificed to keep our doors open so that we can take care of our community you will notice extra vacation hours on your August 23 paycheck.

Full-time employees (>832 hours paid through 7/2/21) will receive 8 hours of paid time off and part-time employees (416 – 832 hours paid through 7/2/21) will receive 4 hours of paid time off. Per Diem employees will receive an Amazon gift card.

Each one of you should be proud of yourselves and your PMH family. We are still in this together.

With sincere gratitude,

Craig J. Marks

P.S. We also have a beach ball for each of you (in lieu of the pool party), which can be picked up in the Marketing Office at any time. Enjoy!

Craig J. Marks

CEO

PROSSER MEMORIAL HEALTH

723 MEMORIAL ST | PROSSER, WA 99350

o: (509) 786 6695 | c: (269) 214-8185

cmarks@prosserhealth.org | www.prosserhealth.org



Better benefits at work.



Prosser Public Hospital District

Your voluntary benefits proposal

Presented by: Kibble & Prentice Holding Co.

UNUM Sales Team:

Address: 800 Bellevue Way NE
Suite #500
Bellevue, WA
98004

Telephone: (206) 442-0270

Fax: (206) 442-0366

Sales Team: Scott D Shoultz, Senior Account Executive
Tanya Lei Lemelle, Quote Specialist



Benefits Summary: Whole Life

Prosser Public Hospital District

For Broker Use Only*

Whole Life Insurance

Unum's Whole Life insurance offers protection beyond an individual's working years, potentially for your lifetime. With a guaranteed death benefit that will never decrease, level premiums that will never increase, cash value accumulation, living benefits and other options, Whole Life goes beyond typical term life insurance.

Proposed coverage effective date: September 1, 2021
Number of eligible employees: 295
Eligibility class descriptions: Class 1: All Employees

Plan Description	Class 1
Family Coverage Options	Employee, Spouse and Child
Purchase Option Type	Volume Purchase
Purchase Option Type Child	Volume Purchase
Paid Up Option	Payable to Age 120 *Child always Paid Up at Age 70
Benefit Amounts	Employee - \$2,000 - \$150,000 in increments of \$5,000 Spouse - \$2,000 - \$35,000 in increments of \$5,000 Child - \$5,000 - \$50,000 in increments of \$1,000 *All Policies issued are subject to minimum premium limits*
Issue Ages	15-80 - Employee and Spouse 14 days to 26 years - Juvenile
Rates	Employee and Spouse - Age last birthday, unisex, tobacco distinct Juvenile - Unisex
Coverage Effective Date	The first day of the month in which payroll deductions begin
Minimum Number of Applications Required for Policy to Issue	75 approved adult applications
Participation Basis	Guaranteed Issue: Guaranteed Issue is available from application one. Should participation at the initial enrollment event not meet the expected participation level, the Underwriting Offer may be changed for future enrollments.
Evidence of Insurability (Health Questions)	See grid below for details
Guaranteed Renewable	To age 120 - as long as the required premiums are paid
<u>Employer Elected Options</u>	
- Long Term Care (LTC) Rider	Included *Exclusions and limitations apply for some states and product combinations.
<u>Employee Elected Options</u>	
- Long Term Care (LTC) Rider	Included *Exclusions and limitations apply for some states and product combinations.
Enrollment Frequency	All Scheduled
Primary Enrollment Method	Employee self service



Benefits Summary: Whole Life

Prosser Public Hospital District

For Broker Use Only*

New Employee Waiting Period	30 days* *For new employees who complete their waiting period on or after the plan effective date, coverage will begin on the first of the month following the date they are approved by Unum which is the first of the month payroll deductions begin.
Present Employee Waiting Period	0 days* *This is the period of time that current employees must be actively employed before they are eligible for coverage .
Minimum Hours for Eligibility	20 hours per week
<u>Reenrollment Information</u>	
Increase Coverage Levels for Currently Enrolled Employees	Currently enrolled employees may purchase an increase in coverage to the maximum Guaranteed Issue amount without health questions.
Coverage Levels for Previously Eligible Employees Not Currently Enrolled	Previously eligible employees not currently enrolled may qualify for coverage at any level subject to health questions.
Increase Coverage Levels for Currently Enrolled Spouses	Currently enrolled spouses may purchase an increase in coverage to any level subject to health questions.
Coverage Levels for Previously Eligible Spouses Not Currently Enrolled	Previously eligible spouses not currently enrolled may qualify for coverage at any level subject to health questions.



For Broker Use Only*

States where enrollment will take place: WA, OR
 (Actual enrollment states will depend on product availability.)

Class 1

Evidence of Insurability (Health Questions)	
Tier I Amounts	Tier II Amounts
<p>Employee ages 15-50 (Volume Purchase) Health questions are not required for amounts up to \$50,000 benefit amount.</p>	<p>Employee ages 15-50 (Volume Purchase) Tier I and Tier II health questions are required for amounts over \$50,000 benefit amount, up to \$150,000 benefit amount.</p>
<p>Employee ages 51-80 (Volume Purchase) Health questions are not required for amounts up to \$50,000 benefit amount.</p>	<p>Employee ages 51-80 (Volume Purchase) Tier I and Tier II health questions are required for amounts over \$50,000 benefit amount, up to \$150,000 benefit amount.</p>
<p>Spouse ages 15-50 (Volume Purchase) One qualifying question is always required. Spouse may receive up to \$10,000 benefit amount Conditional Guaranteed Issue.</p>	<p>Spouse ages 15-50 (Volume Purchase) Tier I and Tier II health questions are required for amounts over \$10,000 benefit amount, up to \$35,000 benefit amount.</p>
<p>Spouse ages 51-80 (Volume Purchase) One qualifying question is always required. Spouse may receive up to \$10,000 benefit amount Conditional Guaranteed Issue.</p>	<p>Spouse ages 51-80 (Volume Purchase) Tier I and Tier II health questions are required for amounts over \$10,000 benefit amount, up to \$35,000 benefit amount.</p>
<p>Child (Volume Purchase) Health questions are not required for amounts up to \$25,000 benefit amount.</p>	<p>Child (Volume Purchase) Not Applicable</p>

Rates and Cost Information

See Rate Sheets section below

LTC coverage is not included on policies with a face amount less than \$10,000. LTC coverage is not available in HI, NY and UT. Only base LTC coverage is offered in CA, CT, FL, NC, NH, PA, TX and WA. LTC is available to employees and spouses for issue ages up to 70.

The determination of what LTC coverage qualifies an insured for exemption from the payroll deduction will ultimately be made by the Washington Employment Security Department, and not by the Insurer or the policyholder. Prior to finalizing any decisions around Unum LTC coverage and the Washington LTC Trust, it is important that producers and policyholders understand that the current Washington legislature is considering amendments to the Washington LTC Trust law which may impact which policies will ultimately qualify as "long term care insurance" under the law, and which may also impact the deadline to purchase qualifying "long term care insurance coverage" to be exempt from the payroll deduction.



Rates and Cost Information: Whole Life

Prosser Public Hospital District

For Broker Use Only*

Rates and Cost Information

Whole Life

Some rates and costs listed below may be applicable only to certain quotes and/or classes. Please see the "Plan Description" section of your Benefits Summary for specific plan details.

Premium illustrates base product premium only; optional rider premium is in addition to base premium.

The guaranteed interest rate is 4.5%. Surrender value will be reduced by any outstanding loans.

Rates and cash values shown apply to policies effective from 1/1/2020 through 12/31/2021. Policies effective 1/1/2022 and later will have different rates and cash values.

Employee and Spouse Volume Purchase				
Paid Up Age 120				
Cash Value at 65				
For use in all states except New York				
Monthly premiums based on a volume purchase of \$25,000				
	Non-Tobacco		Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
20	\$15.52	\$8,966	\$26.96	\$11,146
25	\$18.16	\$8,676	\$31.64	\$10,786
30	\$22.28	\$8,290	\$36.84	\$10,315
35	\$27.91	\$7,790	\$45.98	\$9,694
40	\$35.84	\$7,168	\$59.80	\$8,899
45	\$46.80	\$6,359	\$79.26	\$7,870
50	\$63.10	\$5,264	\$104.48	\$6,479
55	\$89.31	\$3,780	\$148.98	\$4,578
60	\$124.59	\$4,782	\$202.72	\$5,241
Monthly premiums based on a volume purchase of \$50,000				
	Non-Tobacco		Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
20	\$30.99	\$17,932	\$53.91	\$22,293
25	\$36.32	\$17,352	\$63.27	\$21,572
30	\$44.55	\$16,580	\$73.67	\$20,630
35	\$55.82	\$15,579	\$91.96	\$19,388
40	\$71.63	\$14,336	\$119.60	\$17,799
45	\$93.56	\$12,718	\$158.52	\$15,740
50	\$126.15	\$10,528	\$208.96	\$12,959
55	\$178.62	\$7,560	\$297.92	\$9,156
60	\$249.17	\$9,564	\$405.43	\$10,482

Child Volume Purchase		
Child Maximum Amount is \$7,000 in Washington		
Paid Up Age 70		
Cash Value at 65		
Child monthly premiums based on a volume purchase of \$10,000		
	Uni-Tobacco	
Issue Age	Premium	Cash Value
0	\$5.81	\$4,338
1	\$5.85	\$4,334
2	\$5.85	\$4,330
3	\$5.94	\$4,326
4	\$6.03	\$4,322



Rates and Cost Information: Whole Life

Prosser Public Hospital District

For Broker Use Only*

Child monthly premiums based on a volume purchase of \$10,000		
Uni-Tobacco		
Issue Age	Premium	Cash Value
5	\$6.16	\$4,318
10	\$7.02	\$4,292
15	\$8.24	\$4,258
25	\$10.88	\$4,168
Child monthly premiums based on a volume purchase of \$20,000		
Uni-Tobacco		
Issue Age	Premium	Cash Value
0	\$11.62	\$8,675
1	\$11.66	\$8,668
2	\$11.70	\$8,661
3	\$11.83	\$8,653
4	\$12.01	\$8,644
5	\$12.27	\$8,635
10	\$14.00	\$8,583
15	\$16.47	\$8,516
25	\$21.71	\$8,335

Long Term Care Rider		
Paid Up Age 120		
For use in CT, FL, NC, NH, PA, TX and WA only		
Rest'n, Cont, Combo benefits are not available in these states		
Monthly premiums based on a volume purchase of \$25,000		
	Non-Tobacco	Tobacco
Issue Age	Base	Base
20	\$0.25	\$0.25
25	\$0.25	\$0.25
30	\$0.25	\$0.25
35	\$0.50	\$0.50
40	\$0.50	\$0.50
45	\$0.75	\$0.75
50	\$1.00	\$1.00
55	\$1.50	\$1.75
60	\$2.75	\$3.00
Monthly premiums based on a volume purchase of \$50,000		
	Non-Tobacco	Tobacco
Issue Age	Base	Base
20	\$0.50	\$0.50
25	\$0.50	\$0.50
30	\$0.50	\$0.50
35	\$1.00	\$1.00
40	\$1.00	\$1.00
45	\$1.50	\$1.50
50	\$2.00	\$2.00
55	\$3.00	\$3.50
60	\$5.50	\$6.00



Rates and Cost Information: Whole Life

Prosser Public Hospital District

For Broker Use Only*

Long Term Care Rider Paid Up Age 120 For use in Oregon only							
Monthly premiums based on a volume purchase of \$25,000							
Issue Age	Non-Tobacco			Tobacco			
	Base	Cont		Base	Cont		
20	\$0.25	\$0.73		\$0.25	\$1.08		
25	\$0.25	\$0.73		\$0.25	\$1.08		
30	\$0.25	\$0.81		\$0.25	\$1.21		
35	\$0.50	\$0.92		\$0.50	\$1.35		
40	\$0.50	\$1.10		\$0.50	\$1.60		
45	\$0.75	\$1.42		\$0.75	\$2.00		
50	\$1.00	\$2.06		\$1.00	\$2.79		
55	\$1.50	\$3.29		\$1.75	\$4.33		
60	\$2.75	\$6.29		\$3.00	\$8.13		
Monthly premiums based on a volume purchase of \$50,000							
Issue Age	Non-Tobacco			Tobacco			
	Base	Cont		Base	Cont		
20	\$0.50	\$1.46		\$0.50	\$2.17		
25	\$0.50	\$1.46		\$0.50	\$2.17		
30	\$0.50	\$1.63		\$0.50	\$2.42		
35	\$1.00	\$1.83		\$1.00	\$2.71		
40	\$1.00	\$2.21		\$1.00	\$3.21		
45	\$1.50	\$2.83		\$1.50	\$4.00		
50	\$2.00	\$4.13		\$2.00	\$5.58		
55	\$3.00	\$6.58		\$3.50	\$8.67		
60	\$5.50	\$12.58		\$6.00	\$16.25		

Long Term Care Rider (LTC) coverage is not included on policies with Face Amounts less than \$10,000 (\$18,000 in Oregon). Coverage is not available in HI, NY and UT. For new coverage (not increased/stacked), employee may choose the LTC Restoration Rider (subject to availability). LTC Continuation is required in Oregon.

*Unless accompanied by the full proposal (Benefits Summary, Product Highlights and Proposal Conditions), the Rates and Cost information is not a complete description of the Unum products or services. Agreement to the terms of the full proposal is required before any coverage will take effect. Contact your Unum Representative for more details. **This quote will remain open until August 18, 2021 after which time it will automatically expire without notice or further action.**

Underwritten by the following subsidiary of Unum Group:

Provident Life and Accident Insurance Company
1 Fountain Square, Chattanooga, TN 37402

In New York, coverage is underwritten by:

First Unum Life Insurance Company
666 3rd Avenue, Suite 301, New York, NY 10017

WA Cares Fund & Private LTCI Comparison

Carrier	WA Cares Fund	Unum
Maximum Lifetime Benefit	\$36,500	\$50,000
Minimum Plan Design		
Monthly Benefit	\$100 / Day Approx. \$3,000 / Month	6% of the death benefit up to \$3,000 for facility care 4% of death benefit up to \$1,500 for home health care / adult day care
Inflation Plan Design	Nominal value of benefit will change over time	None

Carrier	WA Cares Fund	Unum
Age 30 with \$50k income	\$290	\$540.60
Age 40 with \$50k income	\$290	\$871.56
Age 50 with \$50k income	\$290	\$1,537.80
Age 60 with \$50k income	\$290	\$3,056.04
Age 30 with \$150k income	\$870	\$540.60
Age 40 with \$150k income	\$870	\$871.56
Age 50 with \$150k income	\$870	\$1,537.80
Age 60 with \$150k income	\$870	\$3,056.04

* Information provided by: USI Insurance Services on August 11, 2021



Prosser Memorial Health

Balance Sheet July 31, 2021

	Assets				Liabilities & Fund Balance				
	7/31/2021	6/30/2021	7/31/2020	12/31/2020	7/31/2021	6/30/2021	7/31/2020	12/31/2020	
Cash & Temporary Investments	5,569,052	6,174,622	2,937,576	5,666,965	Current Portion of Bonds Payable	845,060	845,060	722,782	927,492
COVID Cash Holding	2,758,111	2,773,753	14,668,395	3,166,415	Current Portion Capital Leases	246,331	245,793	478,193	242,588
Gross Patient Accounts Receivable	33,378,223	33,577,529	26,004,854	27,102,308	Accounts Payable	1,560,804	1,990,663	1,130,153	1,390,403
Less Allowances for Uncollectible	(20,744,000)	(20,823,000)	(16,050,000)	(16,699,000)	Payroll & Related Liabilities	2,934,516	2,741,175	2,335,989	2,463,441
Net Patient Receivables	12,634,223	12,754,529	9,954,854	10,403,308	Cost Report Payable	1,312,265	1,634,100	11,061,659	521,596
Taxes Receivable	393,995	400,958	388,464	31,706	Other Payables to 3rd Parties	969,467	969,467	465,709	777,000
Receivable from 3rd Party Payor	1,007,154	1,007,154	1,526,858	397,478	Deferred Tax Revenue	359,155	430,986	347,329	-
Inventory	425,609	399,245	611,594	484,142	Deferred EHR Medicare Revenue	-	-	137,583	-
Prepaid Expenses	973,081	858,778	1,182,029	1,208,748	Deferred COVID Revenue	9,396,613	9,412,255	4,498,782	9,516,650
Other Current Assets	(1,115)	4,693	6,989	118,401	Accrued Interest Payable	38,665	19,670	39,340	19,670
Total Current Assets	23,760,110	24,373,732	31,276,759	21,477,163	Other Current Liabilities	-	-	-	-
Whitehead Fund - LGIP	1,214,411	1,214,227	1,212,602	1,213,585	Total Current Liabilities	17,662,876	18,289,169	21,217,519	15,858,840
Funded Depreciation - Cash	904,032	718,109	837,428	1,020,257	Non Current Liabilities				
Funded Depreciation - TVI	16,791,856	16,791,856	14,362,714	15,448,177	Bonds Payable net of CP	9,979,105	10,026,809	10,967,351	10,311,216
Bond Obligation Cash Reserve	767,504	767,501	-	767,478	Capital Leases net of CP	689,383	710,158	1,096,379	833,861
Tax Exempt Lease Funds	53	26,022	1,769,545	893,149	Total Non Current Liabilities	10,668,488	10,736,967	12,063,730	11,145,077
Board Designated Assets	19,677,856	19,517,715	18,182,289	19,342,646	Total Liabilities	28,331,364	29,026,136	33,281,249	27,003,917
Land	478,396	478,396	478,396	478,396	Fund Balance				
Property Plant & Equipment	43,924,214	43,851,458	41,822,847	42,040,809	Current YR Unrestricted Fund Balance	4,387,375	3,812,354	4,434,161	3,290,127
Construction In Progress	4,372,981	3,935,973	267,364	1,906,093	Prior YR Unrestricted Fund Balance	32,577,984	32,587,984	29,626,958	27,293,932
Accumulated Depreciation	(29,694,033)	(29,509,589)	(27,481,574)	(28,455,218)	Restricted Fund Balance	-	-	-	-
Net Property Plant & Equipment	19,081,558	18,756,238	15,087,033	15,970,079	Total Fund Balance	36,965,359	36,400,338	34,061,119	32,574,304
Investment & Other Non Current Assets	1,031,759	1,033,349	1,050,847	1,042,893	Total Liabilities & Fund Balance	\$ 65,296,723	\$ 65,426,474	\$ 67,342,368	\$ 59,578,221
Land - Gap Road	1,745,440	1,745,440	1,745,440	1,745,440					
Net Investments & Other Non Current Asset:	2,777,199	2,778,789	2,796,287	2,788,333					
Total Assets	\$ 65,296,723	\$ 65,426,474	\$ 67,342,368	\$ 59,578,221					



**Prosser
Memorial Health**
Statement of Operations
July 31, 2021

Actual	Month Ending			Prior		Actual	Year to Date			Prior	
	Budget	Variance	%	Year	%		Budget	Variance	%	Year	%
\$ 3,689,003	\$ 2,899,713	\$ 789,290	27%	\$ 3,178,603	16%	\$ 23,591,978	\$ 20,634,085	\$ 2,957,893	14%	\$ 19,457,939	21%
13,202,982	10,630,415	2,572,567	24%	9,501,319	39%	87,695,491	75,645,036	12,050,455	16%	59,111,862	48%
16,891,985	13,530,128	3,361,857	25%	12,679,922	33%	111,287,469	96,279,121	15,008,348	16%	78,569,801	42%
Gross Patient Services Revenue						Gross Patient Services Revenue					
Inpatient						Inpatient					
Outpatient						Outpatient					
Total Gross Patient Services Revenue						Total Gross Patient Services Revenue					
Deductions from Revenue						Deductions from Revenue					
Contractual Allowances						Contractual Allowances					
3,421,358	2,515,047	(906,311)	-36%	2,123,486	61%	23,471,268	17,896,842	(5,574,426)	-31%	13,874,937	69%
3,771,972	2,866,735	(905,237)	-32%	3,115,446	21%	24,055,685	20,399,415	(3,656,270)	-18%	17,277,971	39%
2,132,345	1,662,401	(469,944)	-28%	1,625,968	31%	13,905,708	11,829,493	(2,076,215)	-18%	9,941,092	40%
177,968	174,517	(3,451)	-2%	291,657	-39%	1,801,978	1,241,848	(560,130)	-45%	1,339,005	35%
9,503,643	7,218,700	(2,284,943)	-32%	7,156,557	33%	63,234,639	51,367,598	(11,867,041)	-23%	42,433,005	49%
237,782	162,309	(75,473)	-46%	337,712	-30%	1,501,235	1,154,974	(346,261)	-30%	1,003,185	50%
575,286	316,474	(258,812)	-82%	138,652	315%	2,841,648	2,251,997	(589,651)	-26%	1,835,654	55%
10,316,711	7,697,483	(2,619,228)	-34%	7,632,921	35%	67,577,522	54,774,569	(12,802,953)	-23%	45,271,844	49%
6,575,274	5,832,645	742,629	13%	5,047,001	30%	43,709,947	41,504,552	2,205,395	5%	33,297,957	31%
85,966	-	85,966	0%	205,582	-58%	629,168	-	629,168	0%	5,222,543	-88%
(52,827)	28,611	(81,438)	-285%	61,424	-186%	125,880	200,280	(74,400)	-37%	414,642	-70%
6,608,413	5,861,256	747,157	13%	5,314,007	24%	44,464,995	41,704,832	2,760,163	7%	38,935,142	14%
Net Patient Services Revenue						Net Patient Services Revenue					
COVID Net Revenue						COVID Net Revenue					
Other Operating Revenue						Other Operating Revenue					
Net Revenue						Net Revenue					
Operating Expenses						Operating Expenses					
2,774,116	2,525,597	(248,519)	-10%	2,472,695	12%	18,361,259	17,837,910	(523,349)	-3%	16,515,767	11%
713,049	620,797	(92,252)	-15%	578,549	23%	4,752,571	4,238,715	(513,856)	-12%	3,917,930	21%
384,634	203,109	(181,525)	-89%	169,347	127%	1,975,353	1,445,307	(530,046)	-37%	1,595,424	24%
3,871,799	3,349,503	(522,296)	-16%	3,220,591	20%	25,089,183	23,521,932	(1,567,251)	-7%	22,029,121	14%
326,073	340,992	14,919	4%	320,182	2%	2,530,211	2,424,534	(105,677)	-4%	2,291,511	10%
45,335	41,867	(3,468)	-8%	37,919	20%	419,869	293,067	(126,802)	-43%	367,493	14%
951,041	889,978	(61,063)	-7%	689,329	38%	6,464,958	6,213,551	(251,407)	-4%	4,167,230	55%
57,017	43,825	(13,192)	-30%	59,031	-3%	310,090	310,310	220	0%	310,982	0%
249,401	325,315	75,914	23%	279,915	-11%	1,977,031	2,277,203	300,172	13%	1,837,468	8%
202,763	176,630	(26,133)	-15%	176,162	15%	1,238,226	1,236,410	(1,816)	0%	1,196,563	3%
81,479	85,533	4,054	5%	39,883	104%	568,484	598,733	30,249	5%	457,276	24%
186,035	246,996	60,961	25%	232,391	-20%	1,259,670	1,728,969	469,299	27%	1,595,578	-21%
101,802	131,711	29,909	23%	114,301	-11%	460,849	921,983	461,134	50%	587,311	-22%
2,200,946	2,282,847	81,901	4%	1,949,113	13%	15,229,388	16,004,760	775,372	5%	12,811,412	19%
6,072,745	5,632,350	(440,395)	-8%	5,169,704	17%	40,318,571	39,526,692	(791,879)	-2%	34,840,533	16%
535,668	228,906	306,762	134%	144,303	271%	4,146,424	2,178,140	1,968,284	90%	4,094,609	1%
Operating Income (Loss)						Operating Income (Loss)					
Non Operating Income						Non Operating Income					
70,182	71,831	(1,649)	-2%	72,711	-3%	511,232	502,817	8,415	2%	501,365	2%
575	2,935	(2,360)	-80%	3,385	-83%	(28,324)	20,542	(48,866)	-238%	110,358	-126%
(31,404)	(44,920)	13,516	-30%	(37,969)	-17%	(255,044)	(314,437)	59,393	-19%	(228,440)	12%
-	347	(347)	-100%	-	0%	13,087	2,431	10,656	438%	(43,731)	-130%
39,353	30,193	9,160	30%	38,127	3%	240,951	211,353	29,598	14%	339,552	-29%
\$ 575,021	\$ 259,099	\$ 315,922	122%	\$ 182,430	215%	\$ 4,387,375	\$ 2,389,493	\$ 1,997,882	84%	\$ 4,434,161	-1%



Prosser Memorial Health

Statement of Operations 13-month Trend

	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Gross Patient Services Revenue													
Inpatient	\$ 3,178,603	\$ 2,759,767	\$ 2,669,699	\$ 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
Outpatient	9,501,319	10,082,833	9,721,811	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
Total Gross Patient Services Revenue	12,679,922	12,842,600	12,391,510	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
Deductions from Revenue	60%	62%	54%	57%	63%	65%	58%	59%	60%	61%	64%	62%	61%
Contractual Allowances													
Medicare	2,123,486	2,764,334	1,817,288	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
Medicaid	3,115,446	2,843,908	2,528,387	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
Negotiated Rates	1,625,968	1,471,853	1,799,267	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
Other Adjustments	291,657	496,025	(362,398)	161,413	109,178	(2,652)	274,835	116,649	312,747	273,486	222,032	424,260	177,968
Gross Contractual Allowances	7,156,557	7,576,120	5,782,544	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
Charity Care	337,712	77,110	79,533	208,648	141,999	271,526	190,576	141,077	219,351	114,639	129,428	468,382	237,782
Bad Debt	138,652	256,521	836,019	(270,517)	537,735	128,519	185,454	340,068	219,607	99,368	712,965	708,901	575,286
Total Deductions From Revenue	7,632,921	7,909,751	6,698,096	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
Net Patient Services Revenue	5,047,001	4,932,849	5,693,414	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
COVID Grant Revenue	205,582	(1,407,088)	1,300,000	-	(3,369,462)	2,373,621	-	161,836	89,084	47,730	18,121	226,430	85,966
Other Operating Revenue	61,424	125,401	132,732	55,526	124,915	436,245	21,974	13,672	18,640	19,190	18,564	86,667	(52,827)
Net Revenue	5,314,007	3,651,162	3,651,162	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
Operating Expenses							0.61	0.58	0.55	0.59	0.58	0.52	0.59
Salaries	2,472,695	2,378,145	2,802,563	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
Benefits	578,549	396,087	632,020	426,890	653,867	453,990	490,325	507,964	718,586	913,241	539,945	624,077	713,049
Purchased Labor	169,347	176,412	277,138	208,521	221,005	235,353	212,649	230,916	247,831	314,944	315,380	268,999	384,634
Sub-Total Labor Costs	3,220,591	2,950,644	3,711,721	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
Professional Fees - Physicians	320,182	393,900	356,882	299,010	371,858	501,285	273,508	495,322	355,103	332,374	383,187	364,644	326,073
Professional Fees - Other	37,919	(112,693)	17,314	32,791	49,263	67,851	51,994	94,774	68,280	72,770	50,694	34,416	45,335
Supplies	689,329	720,675	901,242	774,372	689,856	1,364,029	716,484	952,455	1,115,149	876,603	1,024,690	828,536	951,041
Purchased Services - Utilities	59,031	52,110	57,118	42,281	36,935	46,473	46,429	34,826	56,996	23,711	70,281	20,830	57,017
Purchased Services - Other	279,915	352,210	166,143	347,336	375,342	405,316	227,910	354,939	345,552	311,705	121,196	367,935	249,401
Rentals & Leases	176,162	168,937	172,722	180,140	154,333	202,520	173,355	159,750	174,470	203,040	143,671	181,177	202,763
Insurance License & Taxes	39,883	91,582	77,705	116,220	74,031	75,758	79,892	78,355	82,687	95,752	84,950	81,728	81,479
Depreciation & Amortization	232,391	232,273	232,977	232,435	232,571	229,038	176,902	176,683	178,204	178,006	178,508	185,332	186,035
Other Operating Expenses	114,301	56,152	128,247	38,681	212,650	76,335	(98,093)	73,014	97,152	86,594	77,368	106,650	101,802
Sub-Total Non-Labor Expenses	1,949,113	1,955,146	2,110,350	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
Total Operating Expenses	5,169,704	4,905,790	5,822,071	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
Operating Income (Loss)	144,303	(1,254,628)	1,304,075	660,089	(3,781,056)	1,264,355	642,965	(12,061)	599,970	533,823	470,278	1,375,777	535,668
Non Operating Income													
Tax Revenue	72,711	71,007	69,246	68,109	75,013	71,484	73,234	70,460	72,128	75,078	74,481	75,669	70,182
Investment Income	3,385	2,600	2,542	55,157	687	54,825	365	516	(68,403)	483	51,445	(13,526)	575
Interest Expense	(37,969)	(42,518)	(22,420)	(43,094)	(32,052)	(22,203)	(45,683)	(33,588)	(33,419)	(33,288)	(44,564)	(32,877)	(31,404)
Other Non Operating Income (Expense)	-	4,200	-	-	-	10,831	-	-	13,087	-	-	-	-
Total Non Operating Income	38,127	35,289	49,368	80,172	43,648	114,937	27,916	37,388	(16,607)	42,273	81,362	29,266	39,353
Net Income (Loss)	\$ 182,430	\$ (1,219,339)	\$ 1,353,443	\$ 740,261	\$ (3,737,408)	\$ 1,379,292	\$ 670,881	\$ 25,327	\$ 583,363	\$ 576,096	\$ 551,640	\$ 1,405,043	\$ 575,021
Total Margin	3.4%	-33.1%	36.6%	12.5%	-210.9%	18.0%	11.3%	0.5%	8.7%	8.8%	8.9%	19.8%	8.6%
Margin (Non Operating Income)	2.7%	-34.4%	35.7%	11.3%	-218.7%	16.7%	10.9%	-0.2%	8.9%	8.2%	7.7%	19.5%	8.1%
Salaries as a % of Net Revenue	46.5%	65.1%	76.8%	42.4%	141.0%	34.8%	49.2%	43.2%	39.7%	39.6%	43.7%	37.0%	42.0%
Labor as a % of Net Revenue	60.6%	80.8%	101.7%	53.3%	191.6%	43.9%	61.1%	56.5%	54.2%	58.4%	57.6%	49.7%	58.6%
Operating Expense change from prior month	13%	-5%	13%	0%	7%	22%	2%	7%	18%	16%	16%	16%	24%
Gross Revenue change from prior month	4%	1%	-2%	5%	5%	7%	11%	2%	28%	31%	30%	38%	32%
Net Revenue change from prior month	-22%	-31%	-31%	10%	-67%	42%	11%	4%	26%	23%	68%	93%	81%



Prosser
Memorial Health
Statement of Cash Flows
July 31, 2021

CURRENT MONTH		YEAR TO DATE
Actual		Actual
	NET INCOME TO NET CASH BY OPERATIONS	
575,021	NET INCOME (LOSS)	4,387,375
186,035	Depreciation Expense	1,259,670
-	Amortization	-
-	Loss (Gain) on Sale of Assets	(13,087)
761,056	TOTAL	5,633,958
	WORKING CAPITAL	
(7,590)	Decrease (Increase) in Assets	(2,450,552)
(626,293)	Increase (Decrease) in Liabilities	1,547,559
127,173	NET CASH PROVIDED BY OPERATIONS	4,730,965
	CASH FLOWS FROM INVESTING ACTIVITIES	
(509,764)	Capital Purchasing	(4,350,293)
-	Proceeds on Capital Assets Sold	-
(78,480)	Investment Activity	(551,679)
(588,244)	NET CASH USED BY INVESTING ACTIVITIES	(4,901,972)
(461,071)	NET CHANGE IN CASH	(171,007)
	CASH BALANCE	
28,466,090	BEGINNING	28,176,026
28,005,019	ENDING	28,005,019
(461,071)	NET CASH FLOW	(171,007)



Direct Cash Flow Statement
July 31, 2021

	<u>August</u> <u>2020</u>	<u>September</u> <u>2020</u>	<u>October</u> <u>2020</u>	<u>November</u> <u>2020</u>	<u>December</u> <u>2020</u>	<u>January</u> <u>2021</u>	<u>February</u> <u>2021</u>	<u>March</u> <u>2021</u>	<u>April</u> <u>2021</u>	<u>May</u> <u>2021</u>	<u>June</u> <u>2021</u>	<u>July</u> <u>2021</u>
CASH FLOWS FROM OPERATING												
PAYMENTS RECEIVED												
Commercial	2,328,603	1,932,284	2,057,192	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
Medicaid	1,371,106	1,358,423	1,429,474	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
Medicare	1,178,489	1,325,118	1,344,604	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
VA	118,354	85,351	70,487	42,931	56,106	65,677	22,295	31,789	20,376	57,256	18,589	64,834
Worker's Comp	126,561	155,717	206,217	132,385	111,946	88,129	114,184	160,025	137,947	128,164	148,895	146,239
Self Pay	107,395	191,284	89,981	143,017	92,175	123,234	97,626	140,201	120,912	141,867	149,680	168,795
Other Non Patient Payments	246,772	169,631	273,224	1,081,347	260,618	677,789	233,837	252,420	520,727	465,324	425,634	53,644
Cash Received (Patients, Insurance, Other)	5,477,280	5,217,808	5,471,179	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
Patient Refunds	(249,345)	(2,394)	(10,779)	(1,149)	(2,846)	(523)	(3,050)	(2,783)	(20,303)	(10,582)	(19,388)	(21,959)
AP Expenses	(2,539,456)	(2,647,582)	(2,919,906)	(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)
Settlement LumpSum Payments	-	(195,696)	-	(6,591,980)	-	(149,326)	-	-	-	-	-	-
Payroll Expenses	(2,374,466)	(2,751,586)	(2,434,147)	(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)
Loan/Interest Expense	(57,467)	(57,467)	(57,467)	(57,467)	(388,019)	(114,934)	(57,467)	(57,467)	(57,467)	(57,467)	(171,436)	(57,467)
NET CASH PROVIDED BY OPERATING	256,546	(436,917)	48,880	(5,120,349)	(778,422)	(62,522)	(235,475)	942,260	770,088	462,109	2,241,046	48,693
CASH FLOWS FROM INVESTING ACTIVITIES												
Capital Purchasing	(95,029)	(170,231)	(441,591)	(416,382)	(458,739)	(436,683)	(457,012)	(1,404,848)	(272,317)	(500,472)	(756,111)	(509,764)
NET CASH USED BY INVESTING ACTIVITIES	(95,029)	(170,231)	(441,591)	(416,382)	(458,739)	(436,683)	(457,012)	(1,404,848)	(272,317)	(500,472)	(756,111)	(509,764)
NET CHANGE IN CASH	161,517	(607,148)	(392,711)	(5,536,731)	(1,237,161)	(499,205)	(692,487)	(462,588)	497,771	(38,363)	1,484,935	(461,071)
CASH BALANCE												
BEGINNING	35,788,260	35,949,777	35,342,629	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
ENDING	35,949,777	35,342,629	34,949,918	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
NET CASH FLOW	161,517	(607,148)	(392,711)	(5,536,731)	(1,237,161)	(499,205)	(692,487)	(462,588)	497,771	(38,363)	1,484,935	(461,071)



Prosser Memorial Health

Key Operating Statistics July 31, 2021

Month Ending				Key Volumes	Year to Date				Prior Year	Change
Actual	Budget	Variance	%		Actual	Budget	Variance	%		
310	188	122	64%	Inpatient Acute Days	1,897	1,289	608	47%	1,340	42%
51	178	(127)	-71%	Inpatient Swing Days	637	1,216	(579)	-48%	966	-34%
361	366	(5)	-1%	Total Inpatient Days	2,534	2,505	29	1%	2,306	10%
145	87	58	66%	Inpatient Admissions	791	598	193	32%	551	44%
145	87	58	66%	Inpatient Discharges	793	598	195	33%	569	39%
6	13	(7)	-55%	Swing Bed Discharges	55	92	(37)	-40%	68	-19%
1,653	1,709	(56)	-3%	Adjusted Patient Days	11,953	11,686	267	2%	9,311	28%
11.65	11.81	(0.17)	-1%	Average Daily Census	11.95	11.81	0.14	1%	10.83	10%
664	408	256	63%	Adjusted Discharges	3,741	2,789	952	34%	2,298	63%
2.14	2.16	(0.02)	-1%	Average Length of Stay - Hospital	2.39	2.16	0.24	11%	2.36	2%
8.50	13.25	(4.75)	-36%	Average Length of Stay - Swing Bed	11.58	13.25	(1.67)	-13%	14.21	-18%
47%	47%	-1%	-1%	Acute Care Occupancy (25)	48%	47%	1%	1%	43%	10%
70	46	24	53%	Deliveries	343	314	29	9%	272	26%
171	140	31	22%	Surgical Procedures	1,144	956	188	20%	613	87%
1,317	933	384	41%	Emergency Dept Visits	7,118	6,382	736	12%	5,773	23%
15,174	12,611	2,563	20%	Laboratory Tests	101,205	86,242	14,963	17%	77,320	31%
3,067	2,087	980	47%	Radiology Exams	20,971	14,275	6,696	47%	14,378	46%
1,199	1,082	117	11%	PMH Specialty Clinic	8,711	7,402	1,309	18%	6,485	34%
724	1,024	(300)	-29%	PMH - Benton City Clinic Visits	5,507	7,006	(1,499)	-21%	6,237	-12%
1,236	1,072	164	15%	PMH - Prosser Clinic Visits	9,346	7,333	2,013	27%	7,196	30%
729	756	(27)	-4%	PMH - Grandview Clinic Visits	4,567	5,170	(603)	-12%	4,345	5%
530	641	(111)	-17%	PMH - Women's Health Clinic Visits	4,424	4,385	39	1%	4,058	9%
LABOR FULL-TIME EQUIVALENT										
287.10	306.25	19.15	6%	Employed Staff FTE's	279.66	306.25	26.59	9%	262.77	6%
31.71	30.50	(1.21)	-4%	Employed Provider FTE	30.74	30.50	(0.24)	-1%	29.51	4%
318.81	336.75	17.94	5%	All Employee FTE's	310.40	336.75	26.35	8%	292.28	6%
273.25	252.56	(20.69)	-8%	Productive FTE's	275.56	252.56	(23.00)	-9%	256.06	8%
14.59	20.00	5.41	27%	Outsourced Therapy FTE's	15.39	20.00	4.61	23%	13.75	12%
8.06	2.81	(5.25)	-187%	Contracted Staff FTE's	7.32	2.81	(4.51)	-160%	4.54	61%
22.65	22.81	0.16		All Purchased Staff FTE's	22.71	22.81	0.10	0%	18.29	24%
7.16	5.00	(2.16)	-43%	Contracted Provider FTE's	7.47	5.00	(2.47)	-49%	6.72	11%
348.62	364.56	15.94	4%	All Labor FTE's	340.58	364.56	23.98	7%	317.29	7%



Prosser

Memorial Health

Financial Operations

July 31, 2021

	YTD 2020	YTD 2021	YTD Budget 2021
Utilization			
Admissions	551	791	598
Adjusted Admissions	2,225	3,731	2,789
Average Daily Census	6.3	8.9	6.1
Adjusted Occupied Beds	25.5	42.2	28.4
Average Length of Stay (days)	2.4	2.4	2.2
Outpatient Revenue %	75.2%	78.8%	78.6%
Total Yield (net patient revenue)	14.3%	20.3%	22.4%
Hospital Case Mix Index	0.99	0.99	1.00
Average Charge Per Patient Day	8,438	9,310	8,239
Financial Performance (\$000)			
Net Patient Revenue	33,298	43,710	41,505
Total Operating Revenue	38,935	44,465	41,705
Total Operating Expense	34,841	40,319	39,527
Income (Loss) from Operations	4,095	4,146	2,178
Excess of Revenue Over Expenses	4,434	4,387	2,389
EBIDA (Operating Cash Flow)	5,690	5,406	3,907
Additions to Property, Plant, and Equipment	1,031	4,350	433
Balance Sheet (\$000)			
Unrestricted Cash and Investments	17,606	8,327	7,445
Accounts Receivable (gross)	26,005	33,378	26,121
Net Fixed Assets	15,087	19,082	14,590
Current and Long-Term Liabilities (excluding LT debt)	21,218	17,663	6,863
Long-Term Debt	10,967	9,979	10,113
Total Liabilities	32,185	27,642	16,976
Net Worth	34,061	36,965	41,965

	YTD 2020	YTD 2021	YTD Budget 2021
Key Ratios			
Operating Margin (%)	10.5%	9.3%	5.2%
Excess Margin (%)	13.2%	10.0%	5.7%
Operating EBIDA Margin (Operating Cash Flow)	14.6%	12.2%	9.4%
Average Expense per Adjusted Patient Days	3,742	3,373	3,382
Average Net Revenue per Adjusted Patient Days	3,576	3,657	3,552
Net Accounts Receivable (days)	61.35	58.56	50.85
Current Ratio (x)	1.47	1.35	2.93
Cash on Hand (days)	228	152	156
Cushion Ratio (x)	156.66	109.80	53.64
Return on Equity (%)	13.02%	11.87%	25.52%
Capital Spending Ratio	3.11	1.30	7.58
Average Age of Plant (Years)	10.05	13.75	10.52
Debt Service	3.69	4.02	11.83
Debt-to-Capitalization (%)	28%	24%	20.75%
Patient Revenue Sources by Gross Revenue (%)			
Medicare	29.8%	33.3%	29.8%
Medicaid	31.9%	30.0%	31.9%
Commercial Insurance	29.4%	28.1%	29.4%
Self-pay and Other	8.9%	8.6%	8.9%
Labor Metrics			
Productive FTE's (incl contract labor)	281.07	305.74	280.37
Total FTE's (incl contract labor)	317.29	340.58	364.56
Labor Cost (incl benefits) per FTE - Annualized	119,021	126,285	110,608
Labor Cost (incl benefits) as a % of Net Operating Revenue	56.6%	56.4%	56.4%
Net Operating Revenue per FTE - Annualized	210,363	223,811	196,110
Operating Expense per FTE - Annualized	188,240	202,941	185,868

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



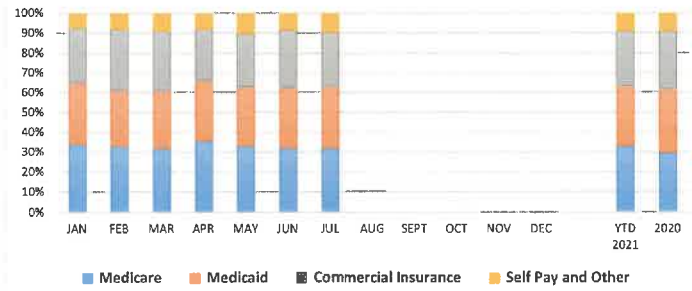
**Revenue by Financial Class
July 31, 2021**

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					
SEPT					
OCT					
NOV					
DEC					
YTD 2021	33.3%	30.0%	28.1%	8.6%	100.0%
2020	29.8%	31.9%	29.4%	8.9%	100.0%

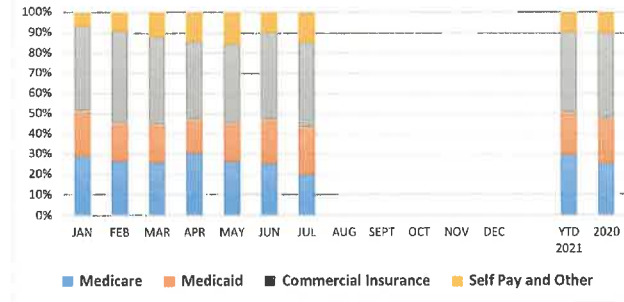
**Net Revenue by Financial Class
July 31, 2021**

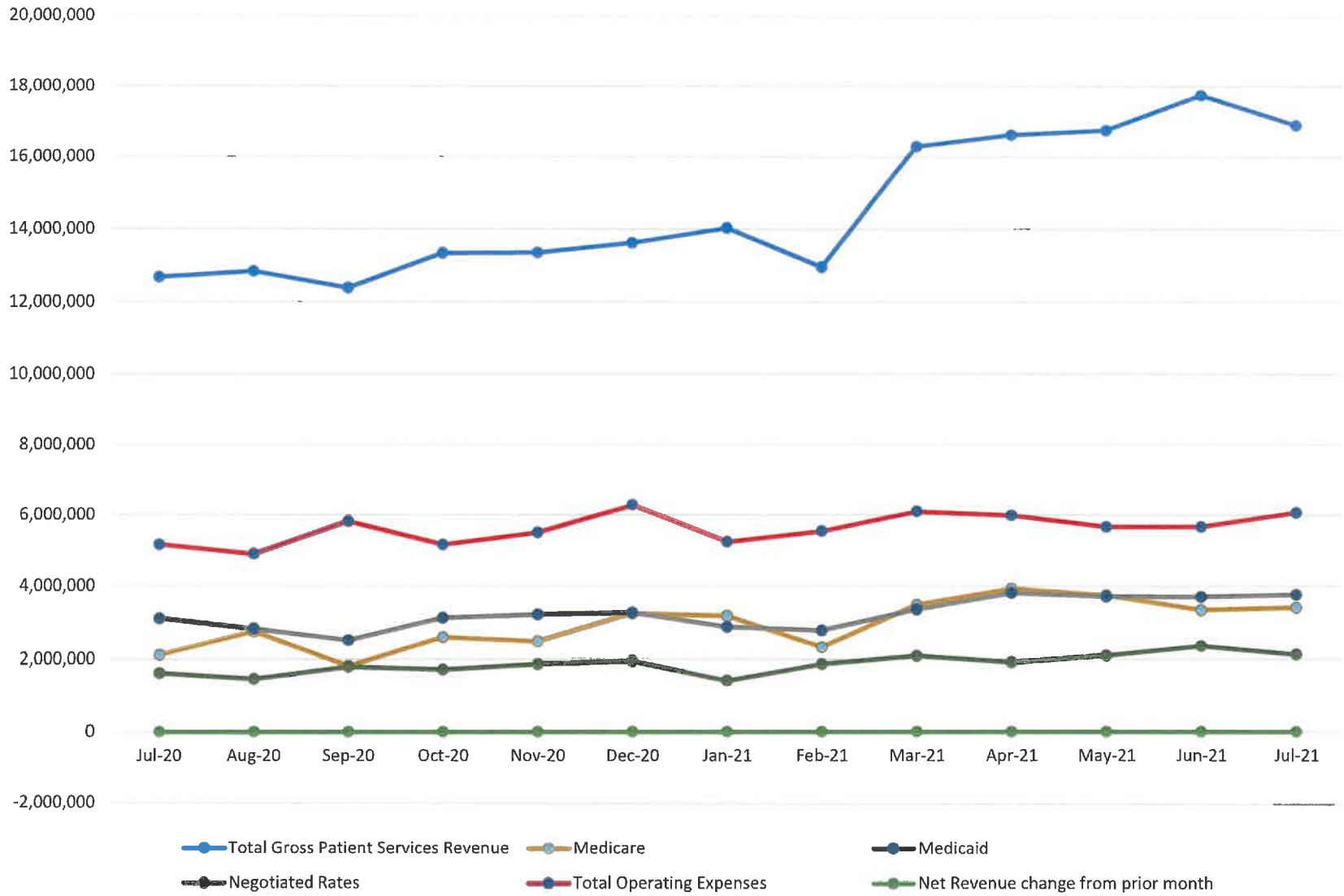
Month	Medicare	Medicaid	Commercial Insurance	Self Pay and Other	Total
JAN	29.3%	22.8%	41.6%	6.3%	100.0%
FEB	27.0%	19.0%	45.0%	9.1%	100.0%
MAR	26.2%	18.9%	43.2%	11.7%	100.0%
APR	30.8%	16.8%	38.5%	14.0%	100.0%
MAY	26.7%	19.1%	38.8%	15.3%	100.0%
JUN	25.6%	22.1%	42.7%	9.7%	100.0%
JUL	20.2%	23.2%	42.1%	14.4%	100.0%
AUG					
SEPT					
OCT					
NOV					
DEC					
YTD 2021	29.9%	21.1%	39.6%	9.4%	100.0%
2020	25.6%	22.6%	41.9%	9.9%	100.0%

2021 Gross Revenue by Financial Class

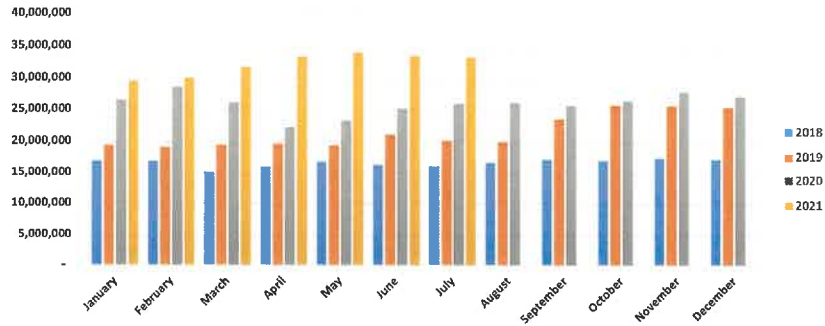


2021 Net Revenue by Financial Class

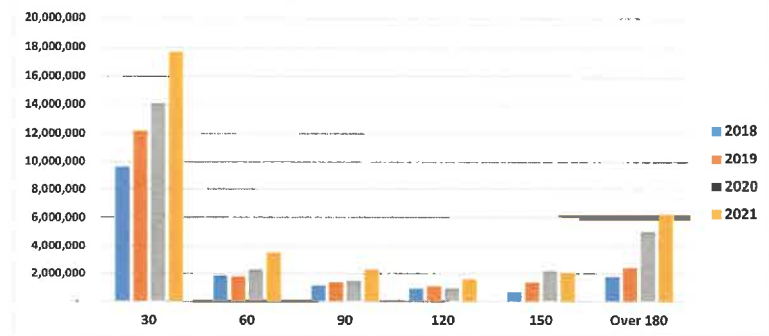




AR Balance Trend - 2018-2021



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		
September	14,455,924	17,547,651	17,129,789	23,681,156	25,640,562		
October	13,571,867	15,948,473	16,950,256	25,724,222	26,432,788		
November	13,789,248	16,292,336	17,374,013	25,655,024	27,862,474		
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	6,798,102	2,490,844	1,432,313	1,090,388	2,215,556	2,247,831	16,275,033
2017	7,419,013	2,612,465	1,185,484	909,670	965,820	2,826,506	15,918,959
2018	9,651,064	1,839,595	1,112,657	916,254	676,380	1,783,466	15,979,415
2019	12,233,743	1,775,867	1,354,447	1,069,151	1,346,721	2,426,145	20,206,074
2020	14,133,998	2,250,831	1,435,259	927,314	2,170,253	5,026,170	25,943,825
2021	17,715,057	3,500,506	2,275,159	1,579,232	2,049,892	6,258,378	33,378,224

AR Percentage of Total Balance

2016	42%	15%	9%	7%	14%	14%	100%
2017	47%	16%	7%	6%	6%	18%	100%
2018	60%	12%	7%	6%	4%	11%	100%
2019	61%	9%	7%	5%	7%	12%	100%
2020	54%	9%	6%	4%	8%	19%	100%
2021	53%	10%	7%	5%	6%	19%	100%



Prosser Memorial Health

Lease Schedule

As of:
July 31, 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
Chardonay 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												56,145	
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	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		3,600	4,800												4,800	
Flex Financial (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	93,684									336,000	
Baxter - Infusion Pumps	Aug-17	Aug-22		193.80		2,326	2,326	1,550											6,202	
Baxter - Spectrum SW	Aug-17	Aug-22		60.00		720	720	480											1,920	
GE - Mindray	May-15	May-20		1,764.22		8,821													8,821	
Quadrant	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	-	-	-	-	-	-	-	2,701,580	
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 Approved Cost	2021 Approved Cost	Actual Spend	Purchase Date	Funding Source	
60700	Med/Surg	Hospital Bed Upgrade	94,500	30,000	125,311	5/1/2021- 6/1/21	Cash
		Vein Finder		6,500			Cash
		Bladder Scanner		11,316			Cash
70100	Family Birthplace	Infant Warmer		11,714			Cash
70200	Surgical Services	Stretchers (3)		49,722			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	Cardio pulmonary	GE EKG (2)		40,039	37,267	7/1/21	Cash
		PFT Interface		15,000			Cash
		Cardiac Stretcher		12,000			Cash
		Easy Pro Lab Pulmonary Function Equipment		45,515			Cash
72000	Physical Therapy	New Carpeting	30,101		40,305	2/9/21	Cash
72700	Specialty Clinic	Trophon 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			Cash
		ED EHR Module		125,000			Cash
		Slit Lamp		21,720			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			Cash
85100	PFS	Cubicles (PFS)		28,877			Cash
85400	Info Technology	Virtual Desktop Infrastructure		350,000	325,794	Various	Cash
85200	Patient Registration	Call Center*		35,328	32,672	Various	Cash
		Call Center-Office Furniture			13,621	6/1/21	Cash
		Call Center-Monitors/RFI/Printers			11,245	6/1/21	Cash
86000	Administration	Hospital Flooring*	100,000		7,183	Various	Cash
		Patient Monitoring System*	1,122,456		844,509	Various	Lease
		TOTAL	\$ 2,144,669	\$ 1,804,052	\$ 2,172,143		
				\$ 189,621	\$ 872,090		Lease
				\$ 1,468,123	\$ 1,174,742		Cash
70200	Surgery	Orthopedic Extension Unit			41,317.00	1/11/21	Cash
70200	Surgery	LogiQ P9 Ultrasound			41,795.00	1/17/21	Cash
70200	Surgery	HD Flex Cysto Nephro Videoscope			22,298.82	7/1/21	Cash
84300	Maintenance	Top of Elevator Car Guardrail			12,923.36	2/1/21	Cash
84300	Maintenance	AC Compressor			18,912.00	6/1/21	Cash
71800	Cardio pulmonary	Echotable w/ Pediatric Adapter			8,866	4/1/21	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
72700	Specialty Clinic-ENT	ENF-V3 Video Rhino Laryngoscope			23,566	6/1/21	Cash
72700	Specialty Clinic-ENT	30" Hopkins Telescope			7,922	6/1/21	Cash
		TOTAL	\$ -	\$ -	\$ 293,688		

*Italized indicates CIP ongoing



Prosser

Memorial Health

As of:
July 31, 2021

Capital Project Expenditures

<u>Project Name</u>	<u>Budget</u>	<u>May-21</u>	<u>Jun-21</u>	<u>Jul-21</u>
CIP - New Prosser Hospital		2,418,910	2,227,890	2,418,910
CIP - Gap Rd Land Improvement		110,058	110,058	110,058
	78,400,000	2,528,968	2,337,948	2,528,968
CIP - Call Center	35,328	1,642	1,642	-
CIP - Kronos	60,000	-	-	-
CIP - Nuclear Medicine	797,612	-	-	-
CIP - Public Traffic Floor Repl	100,000	7,183	7,183	7,183
CIP - DI TEE Project	132,234	2,637	2,637	2,637
CIP - Pt Monitoring	1,122,456	1,081,273	1,055,304	1,081,273
CIP - Dermatology Clinic				8,444
CIP - Beaker Lab System				244,783
CIP - Acute Care Remodel	25,000	-	-	-
Asset Clearing:				
Compunet (Virtual Desktop)	350,000	325,794	325,794	325,794
<i>Karl Storz Instruments & Stryker</i>				
<i>Equip</i>		287,354	178,012	173,899
<i>Headsets & Monitors</i>		-	-	-
<i>Desks</i>		-	-	-
<i>Med/Surg Hospital Bed</i>		24,098	-	-
<i>GE Healthcare MAC CU360 80%</i>			27,453	
	81,022,630	4,258,949	3,935,973	4,372,981



STATE OF WASHINGTON
— OFFICE OF GOVERNOR JAY INSLEE —

**PROCLAMATION BY THE GOVERNOR
AMENDING PROCLAMATION 20-05, et seq.**

21-14

COVID-19 VACCINATION REQUIREMENT

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

WHEREAS, as a result of the continued worldwide spread of COVID-19, its significant progression in Washington State, and the high risk it poses to our most vulnerable populations and our health care system, I have subsequently issued several amendatory proclamations, exercising my emergency powers under RCW 43.06.220 by prohibiting certain activities and waiving and suspending specified laws and regulations, including issuance of Proclamations 20-25, et seq., which limit Washingtonians' ability to participate in certain activities unless certain conditions are met; and

WHEREAS, during early stages of the COVID-19 pandemic, health professionals and epidemiological modeling experts indicated that the spread of COVID-19, if left unchecked, threatened to overwhelm portions of Washington's public and private health-care system; and

WHEREAS, to protect some of our most vulnerable populations – persons in health care facilities, long-term care facilities (which includes nursing homes), and similar congregate care facilities – and to protect our health and congregate care systems themselves, I issued several proclamations imposing heightened protections on workers, residents and visitors in those facilities; and

WHEREAS, although COVID-19 continues as an ongoing and present threat in Washington State, the measures we have taken together as Washingtonians over the past 18 months, including the willingness of most Washingtonians to take advantage of the remarkable, life-saving vaccines being administered throughout the state, have made a difference and have altered the course of the pandemic in fundamental ways; and

WHEREAS, after months of improving COVID-19 epidemiological conditions in Washington State, the emergence of highly contagious COVID-19 variants, including the “delta variant” that is at least twice as transmissible as the virus that emerged in late 2019, coupled with the continued significant numbers of unvaccinated people, have caused COVID-19 cases and hospitalizations to rise sharply among unvaccinated populations and have resulted in breakthrough infections in some fully vaccinated individuals; and

WHEREAS, COVID-19 vaccines are effective in reducing infection and serious disease, widespread vaccination is the primary means we have as a state to protect everyone, including persons who cannot be vaccinated for medical reasons, youth who are not eligible to receive a vaccine, immunocompromised individuals, and vulnerable persons including persons in health care facilities, long-term care facilities and other congregate care facilities from COVID-19 infections; and

WHEREAS, widespread vaccination is also the primary means we have as a state to protect our health care system, to avoid the return of stringent public health measures, and to put the pandemic behind us; and

WHEREAS, COVID-19 vaccinations have been available in Washington State from December 2020 to the present, and since April 15, 2021, all Washingtonians over the age of 16 have been eligible to receive free COVID-19 vaccinations from a wide variety of providers at many locations; and

WHEREAS, as of August 4, 2021, nearly 4.4 million Washingtonians, about 70% of those eligible and 58% of the total population, had initiated their vaccine series, leaving 2.1 million eligible Washingtonians who were unvaccinated; and

WHEREAS, according to the CDC, as of August 1, 2021, approximately 67% of staff in Washington state nursing homes were fully vaccinated; and

WHEREAS, healthcare workers face COVID-19 exposures in a variety of healthcare settings, with those involving direct patient care likely at higher risk; and

WHEREAS, COVID-19 vaccines are safe and effective. COVID-19 vaccines were evaluated in clinical trials involving tens of thousands of participants and met the U.S. Food & Drug Administration’s rigorous scientific standards for safety, effectiveness, and manufacturing quality needed to support emergency use authorization; and, to date, more than 346 million doses of COVID-19 vaccines have been given in the United States with 8.2 million of those doses administered in Washington, and serious safety problems and long-term side effects are rare; and

WHEREAS, on July 6, 2021, the Office of Legal Counsel of the United State Department of Justice issued a legal opinion stating that federal and state governments were not prohibited by federal law

from imposing vaccination mandates, even when the only vaccines available are those authorized under U.S. Food and Drug Administration Emergency Use Authorizations; and

WHEREAS, on July 26, 2021, approximately 60 medical groups, including the American Medical Association, the American College of Physicians, the American Academy of Pediatrics, the American Academy of Family Physicians, the American Nurses Association, the American Academy of Physician Assistants, the Association of Professionals in Infection Control and Epidemiology, the American Public Health Association, the Infectious Diseases Society of America, the American Society for Infection Control, the National Hispanic Medical Association, the National Medical Association, and the Society of Infectious Disease Pharmacists, issued a memorandum supporting mandatory, universal vaccination of all public and private health care and long-term care workers, noting that such a requirement is the “fulfillment of the ethical commitment of all health care workers to put patients as well as residents of long-term care facilities first and take all steps necessary to ensure their health and well-being”; and on August 2, 2021, the Washington State Society of Post-Acute and Long-Term Care Medicine submitted a letter in support of the above noted July 26, 2021 memorandum; and

WHEREAS, on July 15, 2021, the American College of Obstetricians and Gynecologists, together with the Society for Maternal-Fetal Medicine, posted a formal opinion stating that medical professionals have an ethical obligation to be vaccinated against COVID-19 to prevent the spread of harmful infectious diseases, and that women who are or may become pregnant should be vaccinated against COVID-19; and

WHEREAS, it is the duty of every employer to protect the health and safety of employees by establishing and maintaining a healthy and safe work environment and by requiring all employees to comply with health and safety measures; and

WHEREAS, state employees live in and provide services to the public in every county in our state, and many interact with the public on a regular basis, and they all interact with some portion of the community at large to varying degrees before and/or after state work hours; and

WHEREAS, to further our individual and collective duty to reduce the spread of COVID-19 in our communities, I am requiring all employees, on-site independent contractors, volunteers, goods and services providers, and appointees of designated state agencies to be fully vaccinated against COVID-19 on or before October 18, 2021; and

WHEREAS, the worldwide COVID-19 pandemic and its persistence in Washington State continue to threaten the life and health of our people as well as the economy of Washington State, and remain a public disaster affecting life, health, property or the public peace; and

WHEREAS, the Washington State Department of Health continues to maintain a Public Health Incident Management Team in coordination with the State Emergency Operations Center and other supporting state agencies to manage the public health aspects of the incident; and

WHEREAS, the Washington State Military Department Emergency Management Division, through the State Emergency Operations Center, continues coordinating resources across state government to support the Department of Health and local health officials in alleviating the impacts to people, property, and infrastructure, and continues coordinating with the state Department of Health in assessing the impacts and long-term effects of the incident on Washington State and its people; and

NOW, THEREFORE, I, Jay Inslee, Governor of the state of Washington, as a result of the above noted situation, and under Chapters 38.08, 38.52 and 43.06 RCW, do hereby proclaim and order that a State of Emergency continues to exist in all counties of Washington State, that Proclamation 20-05, as amended, remains in effect, and that, to help preserve and maintain life, health, property or the public peace pursuant to RCW 43.06.220(1)(h), and (3), I hereby prohibit, subject to the conditions, exceptions, and circumstances set forth below, the following activities:

1. Prohibitions. This order prohibits the following:

- a. Any Worker from engaging in work for a State Agency after October 18, 2021 if the Worker has not been fully vaccinated against COVID-19;
- b. Any State Agency from permitting any Worker to engage in work for the agency after October 18, 2021 if the Worker has not been fully vaccinated against COVID-19 and provided proof thereof to the agency;
- c. Any Health Care Provider from failing to be fully vaccinated against COVID-19 after October 18, 2021; and
- d. Any individual or entity that operates a Health Care Setting from permitting a Health Care Provider to engage in work for the individual or entity as an employee, contractor, or volunteer after October 18, 2021 if the Health Care Provider has not been fully vaccinated against COVID-19 and provided proof thereof to the individual or entity. Providers who do not work in a Health Care Setting must provide proof of vaccination to the operator of the facility in which the Provider works, if any, or, if requested, to a lawful authority. A lawful authority includes, but is not limited to, law enforcement, local health jurisdictions, and the state Department of Health.

2. Exemptions from Vaccine Requirement.

- a. Health Care Providers and Workers for State Agencies are not required to get vaccinated against COVID-19 if they are entitled under the Americans With Disabilities Act (ADA), Title VII of the Civil Rights Act of 1964 (Title VII), the Washington Law Against Discrimination (WLAD), or any other applicable law to a disability-related reasonable accommodation or a sincerely held religious belief accommodation to the requirements of this order. Nothing herein precludes individuals or entities for which Health Care Providers work as employees, contractors, or volunteers and State Agencies from providing disability-related reasonable accommodations and religious accommodations to the requirements of this order as required by the laws noted above. As provided in the ADA, Title VII, and the WLAD, individuals or entities for which Health Care Providers work as

employees, contractors, or volunteers and State Agencies are not required to provide such accommodations if they would cause undue hardship.

- b. To the extent permitted by law, before providing a disability-related reasonable accommodation to the requirements of this order, individuals or entities for which Health Care Providers work as employees, contractors, or volunteers and State Agencies must obtain from the individual requesting the accommodation documentation from an appropriate health care or rehabilitation professional authorized to practice in the State of Washington stating that the individual has a disability that necessitates an accommodation and the probable duration of the need for the accommodation.
 - c. To the extent permitted by law, before providing a sincerely held religious belief accommodation to the requirements of this Order, individuals or entities for which Health Care Providers work as employees, contractors, or volunteers and State Agencies must document that the request for an accommodation has been made and the document must include a statement regarding the way in which the requirements of this order conflict with the religious observance, practice, or belief of the individual.
3. Acceptable Proof of Full Vaccination Against COVID-19: Where required above, Workers for State Agencies and Health Care Providers must provide proof of full vaccination against COVID-19 by providing one of the following:
- a. CDC COVID-19 Vaccination Record Card or photo of the card;
 - b. Documentation of vaccination from a health care provider or electronic health record; or
 - c. State immunization information system record.

Personal attestation is not an acceptable form of verification of COVID-19 vaccination.

4. Public and Private Entities and Employers May Exceed These Requirements: Nothing in this order prohibits individuals or entities employing or using the services of Health Care Providers and State Agencies from implementing requirements that exceed the requirements of this Order.

5. Definitions.

a. "Worker":

- For purposes of this order, "worker" includes:
 - A person engaged to work as an employee, independent contractor, service provider, volunteer, or through any other formal or informal agreement to provide goods or services, whether compensated or uncompensated, but does not include a visitor or patron;
 - The director, secretary, or other executive officer of a State Agency;
 - A person appointed to serve on a board, commission, or similar body that is an executive cabinet agency listed at <https://www.governor.wa.gov/office-governor/office/executive-cabinet> or

a small cabinet agency listed at <https://www.governor.wa.gov/office-governor/office/small-cabinet>.

- The following exceptions apply to the definition of “worker”:
 - Independent contractors, and any of their workers, are exempt from this order unless any provision of the contract to provide goods or services requires work to be performed in person and on site, regardless of frequency, whether other workers are present, or any contingent nature of that requirement.
 - For any State Agency that is listed as an agency under the authority of a board, council, or commission at https://ofm.wa.gov/sites/default/files/public/publications/2021_State_Org_Chart.pdf and that is not also listed as an executive cabinet agency at <https://www.governor.wa.gov/office-governor/office/executive-cabinet> or a small cabinet agency at <https://www.governor.wa.gov/office-governor/office/small-cabinet>, only the State Agency’s compensated employees are “workers” subject to the requirements of this proclamation.
- b. “Health Care Provider” includes:
- Individuals with credentials listed in the [Healthcare Professional Credentialing Requirements](#) list;
 - Individuals who are permitted by law to provide health care services in a professional capacity without holding a credential;
 - Long-term care workers unless specifically excluded in this order; and
 - Workers in any Health Care Setting, as defined herein.

“Health Care Provider” does not include, for purposes of this order:

- Individual providers, as defined in RCW 74.39A.240;
 - Providers of personal care in a person’s home, such as home care, home health or hospice care;
 - Providers who are not actively practicing or providing services; and
 - Providers who provide services only at one or more of the settings that are expressly excluded from the list of Health Care Settings under this order.
- c. “Health Care Setting” is any public or private setting that is primarily used for the delivery of in-person health care services to people, except as specifically exempted below. If located at a facility that is primarily used for the delivery of health-care services, such as a hospital, then the entire facility is a Health Care Setting. If located at a facility that is primarily used for another purpose, such as a pharmacy within a grocery store, school nurse’s office, or vaccination clinic within a business establishment, the Health Care Setting includes only the areas that are primarily used for the delivery of health care and the areas regularly occupied by Health Care Providers and people seeking care, but not the other areas of the facility.

“Health Care Setting” includes, but is not limited to:

- Acute care facilities, including, but not limited to, hospitals;
- Long-term acute care facilities;
- Inpatient rehabilitation facilities;
- Inpatient behavioral health facilities, including, but not limited to, evaluation and treatment facilities, residential treatment facilities, secure detox facilities;
- Residential long-term care facilities, including, but not limited to, nursing homes, assisted living facilities, adult family homes, settings where certified community residential services and supports are provided, and enhanced services facilities;
- Mobile clinics or other vehicles where health care is delivered;
- Outpatient facilities, including, but not limited to, dialysis centers, physician offices, and behavioral health facilities (including offices of psychiatrists, mental health counselors, and substance use disorder professionals);
- Dental and dental specialty facilities;
- Pharmacies (not including the retail areas);
- Massage therapy offices (this includes designated areas where massage is administered within non-health care settings like spas and wellness/fitness centers);
- Chiropractic offices;
- Midwifery practices and stand-alone birth centers;
- Isolation and/or quarantine facilities;
- Ambulatory surgical facilities;
- Urgent care centers; and
- Hospice care centers.

“Health Care Setting” does not include:

- Settings where sports and spectator events or other gatherings are held (including when credentialed athletic trainers are providing care to players), other than areas primarily used for the delivery of health care services, such as designated first aid areas (which are Health Care Settings);
- Department of Children, Youth & Families (DCYF)-licensed foster homes that do not primarily provide health care services;
- Research facilities where no health care is delivered to people;
- Veterinary health care settings;
- Animal control agencies; and
- Non-profit humane societies.

d. “State Agency” includes:

- Every agency listed at <https://www.governor.wa.gov/office-governor/office/executive-cabinet>;
- Every agency listed at <https://www.governor.wa.gov/office-governor/office/small-cabinet>; and

- Every agency under the authority of a board, council, or commission listed at https://ofm.wa.gov/sites/default/files/public/publications/2021_State_Org_Chart.pdf except the State Board for Community and Technical Colleges and the governing boards of four-year institutions of higher education.
- e. “Fully Vaccinated against COVID-19”: A person is fully vaccinated against COVID-19 two weeks after they have received the second dose in a two-dose series of a COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the FDA (e.g., Pfizer-BioNTech or Moderna) or two weeks after they have received a single-dose COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the FDA (e.g., Johnson & Johnson (J&J)/Janssen).

ADDITIONALLY, the specific prohibitions in this Proclamation are severable and do not apply to the extent that compliance with a prohibition would violate (1) any U.S. or Washington constitutional provision; (2) federal statutes or regulations; (3) any conditions that apply to the state’s receipt of federal funding; (4) state statutes; or (5) applicable orders from any court of competent jurisdiction.

ADDITIONALLY, nothing in this Proclamation limits otherwise applicable requirements related to personal protective equipment, personnel training, and infection control policies and procedures.

I again direct that the plans and procedures of the *Washington State Comprehensive Emergency Management Plan* be implemented throughout state government. State agencies and departments are directed to continue utilizing state resources and doing everything reasonably possible to support implementation of the *Washington State Comprehensive Emergency Management Plan* and to assist affected political subdivisions in an effort to respond to and recover from the COVID-19 pandemic.

I continue to order into active state service the organized militia of Washington State to include the National Guard and the State Guard, or such part thereof as may be necessary in the opinion of The Adjutant General to address the circumstances described above, to perform such duties as directed by competent authority of the Washington State Military Department in addressing the outbreak. Additionally, I continue to direct the Department of Health, the Washington State Military Department Emergency Management Division, and other agencies to identify and provide appropriate personnel for conducting necessary and ongoing incident related assessments.

Violators of this order may be subject to criminal penalties pursuant to RCW 43.06.220(5). Further, if people fail to comply with the required facial coverings, social distancing and other protective measures while engaging in this phased reopening, I may be forced to reinstate the prohibitions established in earlier proclamations.

This order is effective immediately. Unless extended or amended, upon expiration or termination of this amendatory proclamation the provisions of Proclamation 20-25, et seq., will continue to be in

REQUEST FOR DISABILITY-RELATED ACCOMODATION

I, _____, hereby certify that I have a disability that necessitates an accommodation that exempts me from the requirements of Governor's Proclamation 21-14 that requires Washington health care providers and workers to be fully vaccinated against COVID-19 by October 18, 2021.

The probable duration of my need for accommodation is from _____ to _____.

Attached hereto is the required documentation from my health care provider or rehabilitation professional who is authorized to practice in the State of Washington verifying my need for accommodation.

By signing below, I am attesting to the truth of the statements contained herein and understand that any misrepresentation of my need for accommodation will lead to disciplinary action, up to and including termination from employment.

Employee Signature

Date

REQUEST FOR RELIGIOUS BELIEF ACCOMODATION

I, _____, hereby certify that I have a sincerely held religious belief that necessitates an accommodation that exempts me from the requirements of Governor’s Proclamation 21-14 that requires Washington health care providers and workers to be fully vaccinated against COVID-19 by October 18, 2021.

The requirements of Governor’s Proclamation 21-14 conflict with my religious observance, practice, or belief in the following way(s): _____

_____.

By signing below, I am attesting to the truth of the statements contained herein and understand that any misrepresentation of my need for accommodation will lead to disciplinary action, up to and including termination from employment.

Employee Signature Date

COVID-19 Vaccination Requirement (Proclamation 21-14) for health care providers, workers and settings

Link to proclamation: [21-14 - COVID-19 Vax Washington](#)

General Proclamation Questions

What does Proclamation 21-14 do?

Proclamation 21-14, issued by Gov. Jay Inslee on August 9, 2021, requires health care providers, which is defined broadly to include not only licensed health care providers but also all employees, contractors, volunteers, and providers of goods and services who work in a health care setting, to be fully vaccinated against COVID-19 by October 18, 2021. It also requires operators of health care settings to verify the vaccination status of

- a) Every employee, volunteer, and contractor who works in the health care setting, whether or not they are licensed or providing health care services, and
- b) Every employee, volunteer, and contractor who provides health care services for the health care setting operator.

On what legal grounds can this be imposed?

In response to the emerging COVID-19 threat, Inslee declared a state of emergency on February 29, 2020, using his broad emergency authority under chapter 43.06 RCW. More specifically, under RCW 43.06.220, after a state of emergency has been declared, the governor may prohibit any activity that they believe should be prohibited to help preserve and maintain life, health, property or the public peace. Under an emergency such as this, the governor's paramount duty is to protect the health and safety of our communities.

Staff have been successful in keeping infection rates low with safety precautions such as social distancing, hand washing, and mask wearing; why is this needed?

While those practices are important, vaccines are the strongest tool in our toolbox to fight COVID-19. Frontline workers across the private sector have continued working since the initial "Stay home, Stay Healthy" order. They, rightfully, are becoming weary of the day-to-day stress of high and dangerous caseloads. Significant efforts have been made to address workplace safety in the face of COVID-19, a new workplace hazard. Even with all of those safety efforts,

we did not curtail all outbreaks. The threat of COVID-19 is evolving as new more easily transmitted and aggressive variants become prevalent in our state. We now have the tool of COVID-19 vaccines, which is the single most effective resource to combat spread and prevent illness and death.

When will this be in effect?

The order was effective as of August 9. The deadline to become fully vaccinated is October 18, 2021. In order to be considered fully vaccinated by October 18, you must receive your *second* dose of Pfizer-BioNTech or Moderna COVID-19 vaccine or your single dose of Johnson & Johnson (Janssen) COVID-19 vaccine on or before October 4, 2021. If you do not get your second dose by that date and provide proof to the operator of health care setting where you work, then you are not permitted to work there, unless your employer has allowed you to opt out of the requirement.

Whom does the proclamation apply to?

The proclamation requires “Health Care Providers” to get vaccinated. This term is defined broadly to include more than just licensed health care providers. It includes:

- Individuals holding a license, certification or registration from the Washington State Department of Health, listed [here](#), who are actively practicing or providing services to people
- Individuals who are permitted by law to provide health care services in a professional capacity without holding a credential from the Department of Health and are actively providing services to people
- Long-term care workers, with limited exceptions described below
- Onsite workers in any health care setting, regardless of whether they are licensed or providing health care services (for example administrative support staff who work in person in a clinic or cleaning service workers). Onsite workers include employees, independent contractors, volunteers, and providers of goods and services engaged in work in a health care setting.

Whom does the proclamation not apply to?

- Health Care Providers/Workers working only in the following settings are not required to be vaccinated under the proclamation:
 - Settings where sports and spectator events or other gatherings are held (including when credentialed athletic trainers are providing care to players), excluding areas primarily used for the delivery of health care services, such as designated first aid areas (which are Health Care Settings)
 - Department of Children, Youth & Families (DCYF)-licensed foster homes that do not primarily provide health care services
 - Research facilities where no health care is delivered to people
 - Veterinary health care settings
 - Animal control agencies
 - Non-profit humane societies

- Health care providers who are not actively practicing or providing services are not required to be vaccinated under the proclamation.
- Additionally, the proclamation does not apply to the categories of individuals who provide personal care services in a client's or patient's home. Personal care services are defined as physical or verbal assistance with activities of daily living and instrumental activities of daily living provided because of a person's functional disability ([RCW 74.39A.009\(24\)](#)).
 - Individuals with a Department of Health credential who only provide assistance with activities of daily living in a client or patient's home as part of a home care, home health or hospice agency, or as a Department of Social and Health Services individual provider, are not required to be vaccinated under the proclamation. For example, a family member working under contract as an individual provider providing personal care services to another family member is not required to be vaccinated.
 - Credentialed individuals working for home care, home health and hospice agencies who provide services beyond personal care are considered health care providers and must show their employer proof of vaccination.

How is health care setting defined?

For the purposes of the proclamation, a health care setting is any public or private place that is primarily used for the delivery of in-person health care services to people, unless specifically exempted by the proclamation.

If the location is primarily used for the delivery of health care services, such as a hospital, then the entire facility is a health care setting.

Other businesses and facilities may have a section of their location that is considered a health care setting, such as a pharmacy within a grocery store, school nurse's office, massage treatment area within a spa, or vaccination clinic within a business establishment. In this situation, the health care setting includes only the areas that are primarily used for the delivery of health care and the areas regularly occupied by health care providers and people seeking care. Other areas of the facility are not considered health care settings.

Health care settings include, but are not limited to:

- Acute care facilities, including, but not limited to, hospitals
- Long-term acute care facilities
- Inpatient rehabilitation facilities
- Inpatient behavioral health facilities, including, but not limited to, evaluation and treatment facilities, residential treatment facilities, secure detox facilities
- Residential long-term care facilities, including, but not limited to, nursing homes, assisted living facilities, adult family homes, settings where certified community residential services and supports are provided, and enhanced services facilities
- Mobile clinics or other vehicles where health care is delivered, such as ground and air ambulances
- Outpatient facilities, including, but not limited to, dialysis centers, physician offices, behavioral health facilities, behavioral health agencies and private/group practice

behavioral health settings (including offices of psychiatrists, mental health counselors, and substance use disorder professionals)

- Dental and dental specialty facilities
- Pharmacies (not including the retail areas)
- Massage therapy offices (this includes designated areas where massage is administered within non-health care settings like spas and wellness/fitness centers)
- Chiropractic offices
- Midwifery practices and stand-alone birth centers
- Isolation and/or quarantine facilities
- Ambulatory surgical facilities
- Urgent care centers
- Hospice care centers

Is a school classroom where occupational therapy or physical therapy services are provided a health care setting?

No because the classroom is not primarily used for the delivery of in-person health care. However, assuming there is an area in the school that is primarily used for delivering health care services, such as a nurse's office or school-based health center, the school is required to verify the vaccination status of the licensed occupational and physical therapists who work for the school as employees, volunteers, or contractors.

Is a school nurse's office a health care setting?

Yes because it is primarily used for the delivery of health care. Accordingly, the school is required to verify the vaccination status of every employee, volunteer, or contractor who works in the nurse's office, even the workers who are not licensed or providing health care services.

Is a local health jurisdiction/department a health care setting?

All licensed health care providers or people authorized to provide health care without a credential who work for these entities must meet the requirement regardless of whether they work in a health care setting operated by the local health jurisdiction. Other staff would need to be vaccinated if they are working in a location that is operated by the local health jurisdiction primarily for health care delivery, and therefore, would be considered a health care setting under the proclamation.

Does the proclamation apply to tribal health care settings ?

No. The proclamation extends to Washington-licensed health care providers wherever they practice since it's a state-issued credential. But the obligation for a health care setting operator to verify the vaccination status of Health Care Providers engaged in work for them doesn't apply to tribal health care settings.

Does this apply to licensed health care providers who only provide telehealth services?

Yes. All individuals who hold a health care profession credential on this [list](#) and are actively practicing or providing services to people are subject to the vaccination requirement regardless of where they work.

Health Care Providers/Workers FAQs

Proof of Vaccination Status:

What documentation do I need to provide to prove my vaccination status?

If you work in a health care setting, you must provide proof of full vaccination against COVID-19 to the operator of that health care setting. [Acceptable proof](#) includes one of the following:

- CDC COVID-19 Vaccination Record Card or photo of the card
- Documentation of vaccination from a health care provider or electronic health record
- State Immunization Information System record
- WA State Certificate of COVID-19 Vaccination from [MyIRmobile.com](https://myIRmobile.com)

Personal attestation is not an acceptable form of verification.

Can I attest to being vaccinated in lieu of showing proof?

No. Personal attestation is not an acceptable form of verification of COVID-19 vaccination.

Is there any way to opt out of vaccination?

If you are entitled under applicable law to a disability-related reasonable accommodation or sincerely held religious belief accommodation, then you are exempt from the proclamation. If you are not entitled to an accommodation, then there is no way for a Health Care Provider to opt out of the vaccination requirement in the proclamation.

I am a self-employed health care provider. How do I show I have complied with this requirement?

If you perform work in a health care setting, you are required to provide proof of your vaccination to the operator of that setting to continue working there after October 18, 2021. If you operate the health care setting in which you work or do not perform work for the operator of a health care setting, you must maintain your own proof and have it available should a lawful authority request it.

What lawful authorities may request proof of vaccination?

Lawful authorities include, but are not limited to, law enforcement, local health jurisdictions, the Washington State Department of Health, the Washington State Department of Labor & Industries, and, for long-term care settings, the Washington State Department of Social and Health Services.

I have had COVID-19 and believe I have natural immunity. Do I still have to be fully vaccinated?

Yes. The proclamation does not provide an exemption for individuals who have previously been infected with COVID-19. Experts do not yet know how long you are protected from getting sick again after recovering from COVID-19 and recommend getting vaccinated regardless of whether you already had COVID-19. People are able to get sick with COVID-19 again after they've already had it. Studies have shown that vaccination provides a strong boost in protection in people who have recovered from COVID-19.

Vaccination Status and Work

If I start work in a health care setting after October 18, 2021, will I need to be fully vaccinated before I can start work?

Yes. After October 18, 2021, an operator of a health care facility cannot allow a health care provider to start working for them as an employee, volunteer, or contractor unless they're fully vaccinated against COVID-19.

What happens if I can't get the vaccine because I was infected with COVID-19 just prior to starting work?

If you are unable to comply with the requirement to be fully vaccinated by October 18 because (a) you were infected with COVID-19 in the weeks immediately preceding the deadline or (b) you had an adverse reaction to the first dose of the vaccine, talk the operator of the health care setting where you are working about their reasonable accommodation process.

What happens if I choose not to be vaccinated and have not received an accommodation?

After October 18, 2021, if you are covered by this proclamation and you have not provided the operator of the health care setting where you work with acceptable proof of full vaccination against COVID-19 or been approved for an accommodation, then the health care setting operator can no longer legally allow you to perform work for them. Failure to comply with the proclamation is a gross misdemeanor subject to the jurisdiction of law enforcement agencies. Violations may also result in civil enforcement action.

Will the Department of Health verify I am vaccinated when I renew my health care credential?

No. The operator of any health care setting where you work as an employee, volunteer, or contractor is responsible for verifying your vaccination status.

Will my credential be suspended or revoked if I do not receive the vaccine?

The Department of Health, along with the boards and commissions that regulate health care providers, will follow their normal complaint and investigation processes regarding legal requirements for credential holders. Depending on the circumstances, this could include taking action against a provider's credential following a complaint.

I have a credential from the Department of Health but I'm not currently working as a health care provider. Am I required to receive the vaccine?

No. If you are not currently providing services or practicing you are excluded from the vaccine requirement.

Does this Proclamation Apply to Me?

I am a health care provider or other worker in a publicly funded health care setting. Am I required to be vaccinated?

Yes. The proclamation applies to all health care providers and workers in health care settings, regardless of public or private ownership.

I am a Washington-licensed health care provider working in a tribal health care setting. Am I required to be vaccinated?

Yes.

I am a Washington-licensed health care provider working in a federal health care setting. Am I required to be vaccinated?

Yes.

I am a health care provider that works in a non-health care setting. Am I required to be vaccinated?

If you hold a health care profession credential on this [list](#), are authorized to practice in a professional capacity without a credential, or are a long-term care worker, and you are actively practicing or providing services to people, you are subject to the vaccination requirement regardless of where you work.

I provide home care, home health, or hospice care services; does this apply to me? What if I work in clients' or patients' homes?

It depends. The proclamation does not apply to the categories of individuals who provide only personal care services in a client or patient's home. The definition of personal care services is available at [RCW 74.39A.009\(24\)](#).

Individuals with a Department of Health credential who only provide assistance with activities of daily living in a client or patient's home as part of a home care, home health or hospice agency, or as a Department of Social and Health Services individual provider, are not required to be vaccinated under the proclamation. For example, a family member working under contract as an individual provider providing personal care services to another family member is not required to be vaccinated.

Credentialed individuals working for home health and hospice agencies who provide services beyond personal care are considered health care providers and must demonstrate proof of vaccination. And home care aides working in health care settings outside clients' or patients' home must meet the requirement.

I am a student in a health profession training program; does this requirement apply to me?

Yes. If you are training in a health care setting or hold a credential from the Department of Health in a type of profession listed [here](#), you must be vaccinated.

I am a physical therapist or occupational therapist working in a classroom; does this requirement apply to me?

Yes, if you are a licensed health care provider who is actively practicing or providing services, you must be vaccinated.

I work in a nurse’s office in a school, does this requirement apply to me?

Yes. A school nurse’s office is a health care setting as defined in the proclamation, so every person who works in that office must be vaccinated. This applies to licensed health care providers and any employee, volunteer, or contractor who works in the nurse’s office, even if they don’t provide health care services themselves.

Health Care Setting Operator FAQs

Verification of Vaccination Status

As a health care setting operator, what groups of people am I required to verify the vaccination status of?

An operator of a health care setting must verify the vaccination status of:

- Every employee, volunteer, or contractor who works in the health care setting, whether or not the person is licensed or provides health or long-term care services, and
- Every employee, volunteer, or contractor who provides health or long-term care services for the health care setting operator, whether in a health care setting or not

Vaccination verification is not required for visitors, patrons, clients or patients.

Do I only have to verify the vaccination status of the licensed health care providers who work for me?

No, you must verify the vaccination status of every employee, volunteer, and contractor who engages in work in your health care setting, regardless of whether the particular individual is licensed or provides health care services. You must also verify the vaccination status of every employee, volunteer, and contractor who works for you providing health or long-term care services, whether they provide those services in your health care setting or elsewhere. The proclamation uses the term “Health Care Provider,” but it is broadly defined to include more than licensed health care providers.

What documentation do my employees, volunteers, and contractors need to provide to prove their vaccination status?

[Acceptable proof of full vaccination](#) against COVID-19 includes one of the following:

- CDC COVID-19 Vaccination Record Card or photo of the card
- Documentation of vaccination from a health care provider or electronic health record
- State Immunization Information System record
- WA State Certificate of COVID-19 Vaccination from [MyLRmobile.com](https://mylrmobile.com)

Personal attestation is not an acceptable form of verification.

Valid CDC vaccination cards and WA State Certificates of COVID-19 Vaccination should include all the following information: product name, date of dose(s), vaccine lot number, patient's date of birth, the clinic/location or medical provider's name, and possibly an IIS reference number.

[DOH has guidance for how to verify CDC vaccination cards and other types of proof of vaccination available online.](#)

[DOH has resources about vaccine verification and proof of vaccine in multiple languages available online.](#)

Is frequent testing an alternative to vaccination for a Health Care Provider who works for me as an employee, volunteer, or contractor?

No. If an individual does not qualify for an accommodation, they must get vaccinated. Testing is not an allowed alternative.

If an individual qualifies for an accommodation, they are exempt from the requirement to get vaccinated. Testing may be an option for an operator of a health care setting to consider for individuals entitled to accommodations.

I have employees, volunteers, and contractors requesting exemptions. Under what circumstances may I grant those?

The proclamation permits health care setting operators to provide disability-related reasonable accommodations and sincerely held religious belief accommodations to the requirements of the proclamation as required by the Americans With Disabilities Act (ADA), Title VII of the Civil Rights Act of 1964 (Title VII), the Washington Law Against Discrimination (WLAD), and any other applicable law. Employers may follow their pre-existing accommodation processes, provided they comply with applicable law. "Disability" is defined in the laws noted above and includes certain medical conditions and other sensory, mental, and physical impairments.

For example, the CDC recommends delaying or avoiding COVID-19 vaccination due to certain [clinical considerations](#), such as ongoing recovery from COVID-19 infection or a prior severe allergic reaction after a previous dose or to a component of a COVID-19 vaccine. Those clinical considerations may be disabilities justifying an accommodation.

What documentation must I obtain when an employee, volunteer, or contractor requests a disability-related reasonable accommodation to the vaccine requirement?

The proclamation requires that, to the extent permitted by law, before providing a disability-related reasonable accommodation, a health care setting operator obtain from the individual requesting the accommodation documentation from an appropriate health care or rehabilitation professional authorized to practice in the state of Washington stating that the individual has a disability that necessitates an accommodation and the probable length of time that the accommodation will be needed.

Who is considered an appropriate health care professional for the purposes of requesting a disability-related reasonable accommodation?

The appropriate professional in any particular situation will depend on the disability and the type of functional limitation it imposes.

Health Care System Operator Responsibilities & Documentation

What documentation must I maintain when an employee, volunteer, or contractor requests a religious accommodation to the vaccine requirement?

The proclamation requires that, to the extent permitted by law, before providing a sincerely held religious belief accommodation, the health care setting operator document that the request was made. This document must include a statement regarding the way in which the requirements of this order conflict with the religious observance, practice, or belief of the individual. The statement may be provided in writing by the requestor or documented by the operator based on information provided by the requestor, in compliance with applicable law.

If an employee, volunteer, or contractor refuses to provide proof of vaccination, do I need to terminate their employment?

Under the proclamation, after October 18, 2021, you are prohibited from permitting a Health Care Provider to engage in work for you as an employee, volunteer, or contractor if the individual has not been fully vaccinated against COVID-19 and provided proof of vaccination to you or been approved for a medical or religious accommodation.

Are visitors, patients or family members required to be vaccinated?

Only if the visitor, patient, family member is a Health Care Provider who falls under the proclamation. Operators of health care settings are not required to verify the vaccination status of a visitor, patient, or family member unless the individual also happens to be a Health Care Provider working for the operator as an employee, volunteer, or contractor. Health care setting operators can set their own vaccination policies for visitors and patients.

Other Considerations for Health Care Setting Operators:

What do I do if individuals who are not my employees do not provide proof of vaccination?

A health care setting operator is prohibited from allowing an employee, volunteer, or contractor from engaging in work for them after October 18, 2021 if the individual has not been

fully vaccinated against COVID-19 and provided proof thereof to the operator, unless the individual is exempt.

What happens if an employee, volunteer, or contractor submits a CDC card that later is found to be false?

If documentation submitted by a Health Care Provider is later found to be false, the operator of the health care setting must stop permitting the individual to perform work. The employer may address this further based on their policies and any applicable collective bargaining agreements. [This guide teaches you how to verify COVID-19 vaccination record cards.](#)

Do private employers have to bargain with their unions since this is a government requirement?

Affected employers with workers represented by a union are to address the impacts of this proclamation in accordance with the provisions of any collective bargaining agreement between the parties.

Will employees who quit or are terminated related to vaccine status be eligible for unemployment benefits?

When an employee's separation is the result of failure to comply with an employer's requirement to become vaccinated, the Washington State Employment Security Department (ESD) will examine a number of factors. These factors may include when the employer adopted the requirement, whether the employee is otherwise eligible for benefits, the specific terms of the vaccine policy including allowable exemptions, and the reason why the employee did not comply with the vaccine requirement.

For example, when the employer offered religious or medical accommodations, but the employee does not qualify for an accommodation and does not comply with the vaccine requirement, a claim would likely be denied. However, some individuals may still qualify based on their own unique circumstances. ESD will evaluate each case on its own merit.

Will the state suspend a provider's credential if they do not get vaccinated?

The Department of Health, along with the professional Boards and Commissions, will follow their normal complaint and investigation processes regarding legal requirements for credential holders. Depending on the circumstances, this could include taking action against a provider's credential.

What happens if I don't follow the requirements of the proclamation as the operator of a health care setting?

The proclamation has the force and effect of law and willful violation of it is a gross misdemeanor. The Department of Health, along with the boards and commissions that regulate health care providers, will follow their normal complaint and investigation processes regarding legal requirements for credential holders. Depending on the circumstances, this could include taking action against a facility's license or provider's credential if they are in violation of the

proclamation. Employers may also be subject to action from other state agencies with jurisdiction over worker safety.

What liability protections are there for health care setting operators who are implementing this proclamation?

Health care setting operators should consult with their legal counsel about any questions they have regarding liability and any potential liability protections.

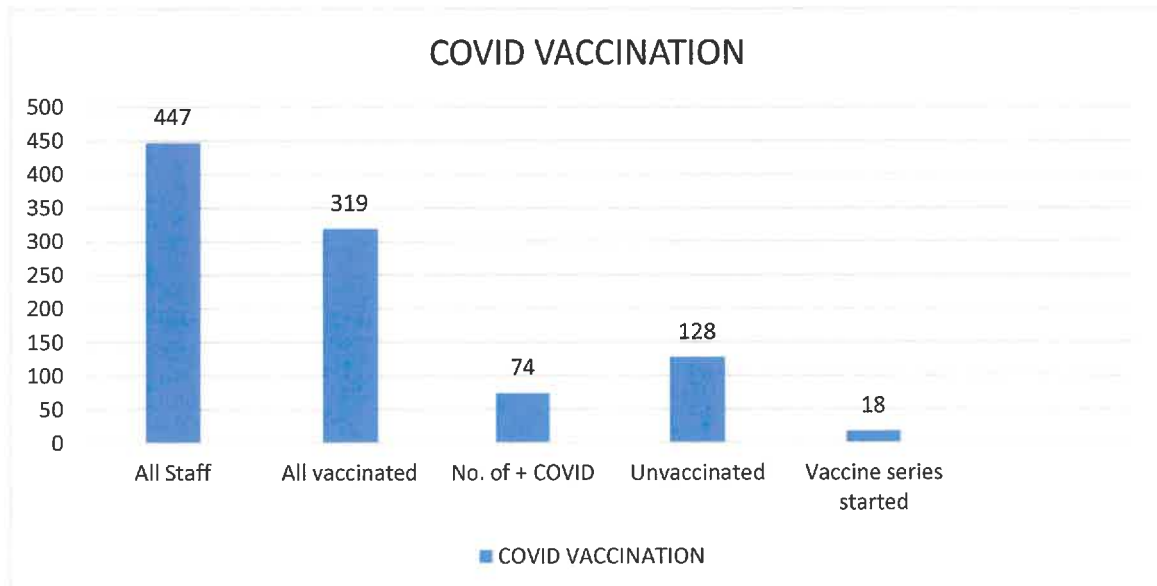
Does this proclamation require other vaccinations, such as for flu?

No.



COVID-19 Vaccination Rate

Fully vaccinated employees	252/373 = 67.6%
Unvaccinated/no documentation/1 st vaccine only	121/373 = 32.4%
Fully vaccinated Active Medical Staff	52/54 = 96.3%
Unvaccinated	2/54 = 3.7%
Fully vaccinated Contract staff	15/20 = 75%
Unvaccinated	5/20 = 25%
TOTAL FULLY VACCINATED RATE	319/447 = 71.4%
TOTAL UNVACCINATED RATE	128/447 = 28.6%



Timeline for Compliance

SEPTEMBER						
S	M	T	W	T	F	S
29	30	31	1	2	3	4
Last day for first shot of Moderna						
5	6	7	8	9	10	11
Last day for first shot of Pfizer						
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2

OCTOBER						
S	M	T	W	T	F	S
29	30	31	1	2	3	4
Last day for J&J or second shot of Pfizer or Moderna						
5	6	7	8	9	10	11
Last day for full vaccination						
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1



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 2023
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	\$ 343,201	\$ 1,473,753	\$ -	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 thro 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	\$ -	\$ 15,642	\$ 1,284,358	\$ -	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 pmf 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
HCA	HCA CARES COVID Funding - RHC	\$ 288,268	6/18/2021	\$ -	\$ -	\$ 288,268	\$ -	HCA - CARES funding distributed to RHCs
Totals		\$ 20,901,328		\$ 4,283,567	\$ 629,167	\$ 9,396,615	\$ 6,591,980	

Attachment U



**SMALL BUSINESS ADMINISTRATION
WASHINGTON, DC 20416**

**NOTICE OF PAYCHECK PROTECTION PROGRAM
FORGIVENESS PAYMENT**

**Borrower: PROSSER PUBLIC HOSPITAL DISTRICT BENTON
Lender of Record: U.S. Bank, National Association
SBA Loan No.: 8174277709
Loan Approval Date: 05/01/2020
Loan Disbursement Amount: \$ 6,350,235.00**

**Amount of Forgiveness Requested by Lender: \$ 6,350,235.00
Forgiveness Amount Remitted: \$ 6,350,235.00 in principal and \$ 82,200.26
in interest
Forgiveness Payment Date: 08/13/2021**

As authorized by Section 1106 of the CARES Act, SBA has remitted to the Lender of Record the payment listed above for forgiveness of the Borrower's Paycheck Protection Program (PPP) loan.

If any balance remains on the PPP loan after application of the forgiveness payment, the Lender must notify the Borrower of the date on which the first payment is due, and the loan must be repaid by the Borrower on or before the maturity date.

For loans of \$150,000 and less [except for those borrowers that together with their affiliates received loans of \$2 million or greater], the borrower must retain records relevant to the loan forgiveness application that prove compliance with the requirements of Section 7(a)(36) and Section 7A of the Small Business Act—with respect to employment records, for the 4-year period following submission of the loan forgiveness application, and with respect to other records, for the 3-year period following submission of the loan forgiveness application.

For loans greater than \$150,000, the Borrower must retain all records relating to the Borrower's PPP loan for six years from the date the loan is forgiven or repaid in full.

THIS DOCUMENT IS A NOTICE OF PAYMENT ONLY. ISSUANCE OF THIS NOTICE OF PAYMENT DOES NOT PROVIDE THE BORROWER WITH A RIGHT TO APPEAL TO THE SBA OFFICE OF HEARINGS AND APPEALS.

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

**RESOLUTION NO. 1056
Completion of the Nuclear Medicine Department Remodel Project**

WHEREAS, Prosser Public Hospital District, Benton County, Washington contracted with Booth and Sons Construction of Richland, Washington, for the Chardonnay Clinic Remodel project and

WHEREAS, KDF Architecture provided oversight of the mentioned project, and

WHEREAS, KDF Architecture advises that Booth and Sons Construction has completed all of the contractual requirements regarding the referenced project,

NOW, THEREFORE, BE IT RESOLVED that the Board of Commissioners of Prosser Public Hospital District declares the remodel of the Chardonnay Clinic Remodel Project complete, and directs Administration to release all retained amounts to Booth and Sons Construction after a period of thirty days, pending receipt of project completion approvals from the Washington State Department of Revenue, the Washington State Department of Labor and Industries and the Washington State Employment Security Department.

Dated this 26th Day of August, 2021.

President and Commissioner

Secretary and Commissioner

Commissioner

Commissioner

Commissioner

Commissioner

Commissioner



Principals
Rod Knipper, AIA
Dennis W. Dean, AIA
Brian J. Andringa, AIA

August 10, 2021

Board of Commissioners
Prosser Public Hospital District
723 Memorial Street
Prosser, WA 99350

Re: PMH Nuclear Medicine
Project No. 201909.00

Dear Commissioners:

We believe Booth and Sons Construction of Richland, Washington, the contractor for the subject project, has fulfilled all the requirements of the contract documents for this project.

We hereby declare this project to be complete and recommend at this time the Board pass a resolution to release all retained amounts, pending Department of Revenue, Department of Labor and Industries, and Employment Security Department approval. Should the Board agree with this recommendation and pass such a resolution, the retained amount can be released 30 days from the passage of the resolution and once the agencies noted above have approved the release of the retainage. If within this 30 day period there are claims or liens filed against the project, they will be paid from the retainage. The balance will then be paid to Booth and Sons Construction.

Sincerely,

Ken Camarata
Senior Associate

cc: Craig Marks, PMH Medical Center (*via e-mail*)
Steve Broussard, PMH Medical Center (*via e-mail*)
Brian Andringa, KDF Architecture (*via e-mail*)

V:\Projects\2019\201909 PMH Nuclear Med\9.0 Construction Administration\9.15 Close Out\Letter Of Recommendation To BOC.Docx