

Prosser Memorial Health Board of Commissioners

Board Packet June 30, 2022



Patients Employees Medical Staff Quality Services Financial



Values

Accountability Service Promote Teamwork Integrity Respect Excellence

Mission: To improve the health of our community.

BOARD OF COMMISSIONERS – WORK SESSION TUESDAY, June 28, 2022 6:00 PM - WHITEHEAD CONFERENCE ROOM AGENDA

COMMISSIONERS:

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

STAFF:

- Craig Marks, CEO Merry Fuller, CNO/COO David Rollins, CFO Shannon Hitchcock, CCO Kristi Mellema, CQO Bryon Dirkes, CHRO Dr. Brian Sollers, CMO
- **GUESTS:** Adam Trumbour, Senior Project Manager, NV5 Paul Kramer, Project Director, NV5 Kurt Broeckelmann, Architect, bcDG Gary Hicks, Financial Advisor Brandon Potts, Bouten Construction Nick Gonzalez, Bouten Construction

I. CALL TO ORDER

II. SERVICES

A. Replacement Facility Update

1. Design Updates

a. VE Update (Attachment D) (Attachment E)	bcDG
b. SEPA/Traffic Study/CON (Attachment F) (Attachment G)	NV5
c. DOH/USDA/City of Prosser Reviews	bcDG
d. SVID	NV5

2. GC/CM Update

a. Bouten Construction (Attachment J)	Bouten
b. GC/CM Proposal	NV5

3. Draft Schedule Update (Attachment M)

NV5/bcDG/Bouten

4. Financinga. USDAb. Construction Loan	Gary
 B. Capital Equipment/Renovation Requests 1. GE Wireless Electronic Fetal Monitor (Attachment N) 2. Supplemental OR AC System (Attachment O) 	Merry Craig
III. FINANCIAL STEWARDSHIP A. PMH Foundation Update B. 2021 PMH Medicare Cost Report (Attachment V)	Shannon David
IV. QUALITY A. CAH Annual Program Review (Attachment Y) B. Board Policies (Attachment AA) (Attachment BB) (Attachment CC)	Kristi Craig

V. ADJOURN



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BOARD OF COMMISSIONERS THURSDAY, June 30, 2022 6:00 PM, WHITEHEAD CONFERENCE ROOM AGENDA

COMMISSIONERS:

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

STAFF:

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

GUEST: Dr. Syed Hashmi

I. CALL TO ORDER

A. Pledge of Allegiance

II. PUBLIC COMMENT

III. APPROVE AGENDA Action Requested – Agenda

IV. CONSENT AGENDA

<u> Action Requested</u> – Consent Agenda

- A. Board of Commissioners Meeting Minutes for May 26, 2022.
- B. <u>Payroll and AP Vouchers</u> #165154 through #165937 dated 05-19-22 through 06-22-22 in the amount of \$8,428,025.47. <u>Board Policies</u> #100.0029 #100.0030 #100.0032.

V. MEDICAL STAFF DEVELOPMENT

A. Medical Staff Report and Credentialing
 Action Requested - Advancement from Provisional
 1. Advancement from Provisional

Alex Arnold, ARNP – Advanced Practice Clinician Hospital privileges in Family Medicine effective July 1, 2022 through February 1, 2024.

Stephen McPhee, PA-C – Advanced Practice Clinician Hospital privileges in Family Medicine effective July 1, 2022 through February 1, 2024.

Dr. Hashmi

2. New Appointment

Action Requested – New Appointment and Requested Clinic Privileges

Jacob Braun, DO – Provisional/Locum Tenens staff with requested privileges in Emergency Medicine effective July 1, 2022 through December 31, 2022.

Jacob Ernst, DO – Provisional/Locum Tenens staff with requested privileges in Emergency Medicine effective July 1, 2022 through December 31, 2022.

Jonathan Kim, MD – Provisional/Locum Tenens staff with requested privileges in Emergency Medicine effective July 1, 2022 through December 31, 2022.

Eric Thomas, MD – Provisional/Locum Tenens staff with requested privileges in General Surgery effective July 1, 2022 through December 31, 2022.

Feras Jalab, MD – Provisional/Telemedicine staff with requested privileges in Diagnostic Radiology effective July 1, 2022 through December 31, 2022.

3. Reappointment

Action Requested – Reappointment and Requested Clinical Privileges

Jose Santa-Cruz, MD – Reappointment to Active staff with requested privileges in Family Medicine effective July 1, 2022 through June 30, 2024.

Coral Tieu, MD – Reappointment to Active staff with requested privileges in Otolaryngology effective July 1, 2022 through June 30, 2024.

Thomas Tieu, MD- Reappointment to Active staff with requested privileges in Urology effective July 1, 2022 through June 30, 2024.

Robert Wenger, DO- Reappointment to Active staff with requested privileges in Emergency Medicine effective July 1, 2022 through June 30, 2024.

Brian Staley, MD - Reappointment to Consulting staff with requested privileges in Pathology effective July 1,2022 through June 30, 2024.

Danielle Whitley, MD- Reappointment to Locum Tenens staff with requested privileges in Emergency Medicine effective July 1, 2022 through June 30, 2024

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

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

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

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

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

June 30, 2022, Board of Commissioners Meeting Agenda

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

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

James Wang, MD- Reappointment to Telemedicine staff with requested privileges in Neurology effective July 1, 2022 through June 30, 2024.

VI. FINANCIAL STEWARDSHIP

 A. Review Financial Reports for May 2022 (Attachment U) <u>Action Requested</u> – Financial Reports 	David
B. PMH Foundation New Board Member-Alan Steen Action Requested Alan Steen	Shannon
C. Capital Equipment	
1. GE Wireless Electronic Fetal Monitor at a cost not to exceed \$30,584.14. (Attach Action Requested - GE Wireless Fetal Monitor	ment N) Merry
2. Air Handling Unit-OR at a cost not to exceed \$16,678.00. (Attachment O) Action Requested -Air Handling Unit OR	Merry/Craig
D. 2021 Medicare Cost Report Review and Approval (Attachment V) Action Requested-2021 Medicare Cost Report	David
VII. QUALITY	
A. PMH CAH Annual Program Review (Attachment Y) <u>Action Requested</u> -PMH CAH Annual Review	Kristi
B. COVID-19 Update/COVID-19 Financial Plan	Merry / David
C. Legislative and Political Updates	Commissioner Bestebreur
D. CEO/Operations Report	Craig

VIII. ADJOURN

PMH Board of Commissioners Work Plan – FY2022

Vision

Patients

Quality

Services

Employees

Medical Staff



Values

Accountability Service Promote Teamwork Integrity Respect Excellence

Financial Mission: To improve the health of our community. **E**xc

Month	Goals & Objectives	Education
Month January	 QUALITY: Review/Approve 2022 Strategic Plan and 2022 Patient Care Scorecards Sign Financial Disclosure and Conflict of Interest Statements Approve 2022 Risk Management and 	Education EMPLOYEE DEVELOPMENT: • Review 2021 Employee Engagement Survey Results • Review 2021 Medical Staff Engagement Survey Results QUALITY:
	 Quality Assurance Plans Select and Approve Board Officers Review Board Committee structure and membership 	 Review Board Self-Evaluation FINANCIAL STEWARDSHIP: Review semi-annual financial
	 SERVICES: Approve acquisition of surgical equipment Approve radiologist contracts Approve Construction Loan 	performance report for PMH Clinics SERVICES: Replacement Facility Update Construction Loan Schedule Update

Month	Goals & Objectives	Education				
February	SERVICES:	EMPLOYEE DEVELOPMENT:				
	 Approve construction mini-MACC Approve construction documents 	Attend AHA Governance Conference				
		PATIENT LOYALTY:				
	QUALITY:	Patient Loyalty Summary report				
	Approve 2022 Board Action Plan	Review Patient Engagement Plan				
	EMPLOYEE DEVELOPMENT:	SERVICES:				
	Review and Approve 2022 Leadership	Replacement Facility Update:				
	Incentive Compensation Program	Construction Documents				
		Mini-MACC				
		Schedule				
March	QUALITY:	PATIENT LOYALTY:				
	Review/Approve Board Polices	Review 2021 Utilization Review				
	Approve 2022 Corporate Compliance Plan	Performance				
	Approve 2022 Infection Prevention	QUALITY:				
	Control Plan	Review 2021 Corporate Compliance				
	EMPLOYEE DEVELOPMENT	Report				
	Review and Approve 2022 Leadership Incentive Compensation Program	Review 2021 Infection Prevention Summary				
	MEDICAL STAFF DEVELOPMENT:					
	Support Providers' Day Celebration	EMPLOYEE DEVELOPMENT:Review Employee Performance				
	FINANCIAL STEWARDSHIP:	Report				
	Accept 2021 Audit Report	Review the Communications				
		Calendar				
	SERVICES:					
	Approve the MACC / GMP for the	FINANCIAL STEWARDSHIP:				
	new facility	Presentation of the 2021 Audit				
	· ·	Report by Auditors				
		Capital Campaign Update				

Month	Goals & Objectives	Education
April	PATIENT LOYALTY Approve the 2022 Utilization Review Plan QUALITY: Approve 2022 Community Benefits Report 	SERVICES: Replacement Facility Update MCAA / GMP USDA Update Budget SERVICES: Replacement Facility Update MCAA / GMP USDA Update
	EMPLOYEE DEVELOPMENT • Conduct CEO Evaluation SERVICES: • Approve the MACC / GMP for the new facility	 Budget QUALITY: Strategic & Patient Care Score Cards Review 2021 Community Benefits Report EMPLOYEE DEVELOPMENT: Review 2021 Leadership Performance (LEM) Review Employee Engagement Plan Review the Communications Calendar MEDICAL STAFF DEVELOPMENT: Review 2021 FPPE/OPPE Summary PATIENT LOYALTY: Review Interpreter Services Plan Call Center Update

Month	Goals & Objectives	Education
May	EMPLOYEE DEVELOPMENT:	SERVICES:
	Support Hospital Week	Replacement Facility Update
		MEDICAL STAFF
		Medical Staff Engagement Plan
		EMPLOYEE DEVELOPMENT:
		Employee Retirement Update
		PATIENT LOYALTY:
		Review Customer Service Program
June	QUALITY:	QUALITY:
	 Review/Approve Board Polices Approve 2021 CAH Annual Report 	Report 2022 Q1 Utilization Review
		EMPLOYEE DEVELOPMENT:
	FINANCIAL STEWARDSHIP:	Review Leader Assessment and
	Approve 2022 Cost Report	Development Program
		SERVICES:
		Marketing Update
		PMH Telehealth Update
		FINANCIAL STEWARDSHIP:
		Accounting Software Update
July	MEDICAL STAFF DEVELOPMENT:	SERVICES:
	Attend BOC, Medical Staff and	Replacement Facility Update
	Leadership Engagement Activity	MEDICAL STAFF
	FINANCIAL STEWARDSHIP:	Review PMH Clinic productivity
	Approve Single Audit	
		QUALITY:

Month	Goals & Objectives	Education
		 Quality Committee Report Strategic & Patient Care Score Cards Board Judiciary Responsibilities EMPLOYEE DEVELOPMENT:
		 Human Resources Update Review Leadership and Exempt Wage Scales
		 FINANCIAL STEWARDSHIP: Review Semi-Annual Financial Performance Report for PMH Clinics Foundation Update
August	 EMPLOYEE DEVELOPMENT: Attend end of summer Engagement Activity for BOC, Medical Staff, and all staff FINANCIAL STEWARDSHIP: Banking relationship Selection 	No Board Work Session
September	QUALITY: • Review/Approve Board Polices	 EMPLOYEE DEVELOPMENT: Review Employee Benefit Changes Review Leadership Development Activities
		SERVICES: • Replacement Facility update PATIENT LOYALTY:
October		Nurse Educator Update QUALITY: Conduct 2023 Strategic Planning

Month	Goals & Objectives	Education
		Strategic & Patient Care Score Cards
		EMPLOYMENT DEVELOPMENT:
		 Review Leadership Accountability Resource Tools
		PATIENT LOYALTY:
		Patient Loyalty Summary
November	FINANCIAL STEWARDSHIP:	QUALITY:
	Approve Property Tax Request for County Commissioners	 iVantage Update
		SERVICES:
		Review draft 2023 Strategic Plan;
		2023 Marketing and IT Plans; and
		Medical Staff Model/2023 Provider
		Recruitment Plan
		Replacement Facility Update
		EMPLOYEE DEVELOPMENT:
		Review Non-exempt (union)
		performance evaluation template
		FINANCIAL STEWARDSHIP:
		Review draft 2023 Budget
December	QUALITY:	QUALITY:
	Complete Board Self-Evaluations	Review the 2022 Environment of
	Review/Approve Board Polices	Care Plan
	Approve the 2023 Environment of Care Plan	
	SERVICES:	
	Approve 2023 Strategic Plan; 2023	
	Marketing and IT Plans; and Medical	

Month	Goals & Objectives	Education
	Staff Model/2023 Provider	
	Recruitment Plan	
	FINANCIAL STEWARDSHIP: • Approve 2023 Operating and Capital Budgets	
	EMPLOYEE DEVELOPMENT: • Attend holiday celebration	

Prosser Memorial Health				2	2022	- Pa	tien	t Car	e Sco	oreca	Ird					
Major Goal Areas & Indicators	2022 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2022 YTD	2021	2020
Quality																
Left Without Being Seen	<0.80%	2.02%	1.47%	0.88%	2.25%	2.97%								1.99%	1.47%	0.80%
Median Admit Decision Time to ED Departure Time for Admitted Patients	<44 min	53	56	51	51	45								51	60	70
Median Time from ED Arrival to Departure for Discharged ED Patients	<107 min	109	115	114	114	110								112	117	128
Severe Preeclamptic Mothers: Timely Treatment Rate	>90.00%	42.86%	57.14%	86.21%	60.00%	84.62%								65.17%	N/A	N/A
All-Cause Unplanned 30 Day Inpatient Readmissions	<2.70%	9.59%	3.28%	5.66%	3.64%	6.82%								5.94%	5.80%	3.80%
Sepsis - Early Management Bundle	>94.40%	100.00%	0.00%	100.00%	100.00%	100.00%								90.91%	94.40%	72.73%
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.07%	0.00%	0.00%	0.00%	0.00%	0.00%								0.00%	0%	0.29%
Diabetes Management - Outpatient A1C>9 or missing result	<21.89%	22.40%	24.19%	24.53%	21.32%	22.32%								22.95%	21.89%	27.61%
Medication Reconciliation Completed	>90.00%	96.30%	94.74%	90.74%	92.00%	88.00%								92.23%	46%	47.15%
Turnaround time of 30 minutes or less for STAT testing	<30 min	22.0	21.0	21.0	21.0	19.0								20.8	38	37.5
Median Time to ECG for Patients Presenting to the ED with Chest Pain	< 6.3 min	5.0	3.0	5.0	5.0	4.0								4.4	6.3	7
Surgical Site Infection	<0.19%	0.00%	0.59%	0.00%	0.00%	0.00%								0.09%	0.19%	0.25%
Bar Code Scanning: Medication Compliance	>93.50%	94.91%	95.77%	95.43%	95.00%	94.54%								95.13%	93.50%	98.90%
Bar Code Scanning: Patient Compliance	>94.70%	96.42%	95.81%	96.17%	96.16%	95.95%								96.10%	94.70%	N/A
*Overall Quality Performance Benchmark (iVantage)	>61	61	61	36	36	36								31	61	53
*Falls with Injury	<2		-	-	-	-									3	2

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

Prosser																
Memorial Health		2022 - Strategic Plan Scorecard														
Major Goal Areas & Indicators	2022 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2022 YTD	2021 Avg	2020 Avg
Patient Lovalty	2022 G0ai	Jan	reb	IVIALCI	April	ividy	Julie	July	Auy	Sept	ULI	NUV	Dec	2022 110	ZUZTAVY	2020 AVy
IP - "Would Recommend"	>93.1%	94.8%	92.4%	91.7%	92.9%	90.5%								92.8%	93.1%	87.9%
ED - "Would Recommend"	>84.0%	83.9%	81.7%	76.4%	88.0%	88.8%								83.1%	84.0%	81.4%
Acute Care - "Would Recommend"	>91.8%	90.9%	94.4%	87.5%	94.4%	87.5%								91.7%	91.8%	84.1%
OB - "Would Recommend"	>93.6%	99.0%	100.0%	97.7%	100.0%	88.9%								96.4%	93.6%	92.3%
Outpatient Surgery - "Would Recommend"	>96.6%	100.0%	100.0%	97.2%	97.7%	94.4%								96.4%	96.6%	89.8%
Clinic - "Would Recommend"	>91.0%	92.8%	97.5%	91.7%	97.6%	91.8%								9417.0%	91.0%	87.3%
Outpatient - "Would Recommend"	>94.1%	98.1%	96.1%	93.5%	96.0%	96.0%								96.1%	94.1%	88.1%
Composite Score	>92.9%	95.7%	95.2%	94.4%	94.1%	93.8%								93.8%	92.9%	N/A
Medical Staff Development																
Medical Staff Turnover	<10%	0%	0%	0%	0%	0%								0%	12%	0.2%
Prosser Specialty Clinic Visits	1,352	1,386	1,429	1,617	1,428	1,366								1,445	1,318	954
Benton City Clinic Visits	868	775	650	822	657	870								755	732	837
Prosser RHC Clinic Visits	1,291	1,063	1,111	1,206	1,106	1,211								1,139	1,227	1,226
Grandview Clinic Visits	969	1,055	833	1,021	873	986								954	778	589
Women's Health Center	679	508	600	660	533	611								582	602	601
*# of Active Medical Staff	>51	52	53	53	54	55								53	51	45
Employee Development																
403(B) Participation Rate	>98%	98%	98%	98%	98%	98%								98%	98%	46%
Average Recruitment Time (days)	<21	19	26	40	11	15								22	21	32
# of Open Positions (Vacancies)	<23	32	28	35	31	32								32	32	29
Hours of Overtime - Overtime/Total Hours Worked	<4.5%	6.8%	5.3%	4.9%	6.0%	6.3%								5.9%	6.1%	5.9%
Agency - Cost/Total Labor	<7.7%	6.2%	10.6%	6.9%	6.9%	5.7%								7.3%	7.7%	7.6%
Turnover Rate	<0.6%	0.6%	1.2%	0.9%	0.9%	0.9%								0.9%	0.9%	0.6%
Timely Evaluations	>71.8%	95.1%	85.0%	84.2%	93.0%	79.0%								87.3%	71.8%	70.2%
Education Hours/FTE	>2.15	0.64	1.33	1.39	0.95	0.68								1.00	1.05	1.22
New Hire (Tenure) < 1 year	<10%	0.6%	0.6%	0%	0.6%	0.3%								0.4%	10%	0%
* Lost Workdays due to On-the-Job Injuries	<10.25	11	7	7	0	0								5	19.49	10.25
Quality																
ED Encounters - Left Without Being Seen	<0.8%	2.0%	1.5%	0.9%	2.3%	3.0%								1.9%	1.4%	0.8%
*Falls with Injury	<2	0	0	0	0	0								0	3	_
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.1%	0.00%	0.00%	0.00%	0.00%	0.00%								0.00%	0.0%	0.3%
All-Cause Unplanned Readmissions within 30 Days	<2.7%	9.6%	3.3%	5.7%	3.6%	6.8%								5.8%	6.1%	3.8%
Diabetes Management - Outpatient A1C>9 or missing result	<21.88%	22.40%	24.19%	24.53%	21.32%	22.32%								22.95%	21.88%	27.61%
Services																
ED Visits	1,083	1,287	949	1,138	1,246	1,448		ļ		ļ	ļ	 		1,214	1,105	805
Inpatient Admissions	96	123	98	115	102	89		ļ		ļ	ļ	 		105	116	83
OB Deliveries	50	47	41	61	46	41								47	49	
Surgeries and Endoscopies	187	162	170	268	274	288			<u> </u>			-	<u> </u>	232	179	101
Diagnostic Imaging Procedures	2,851	2,462	2,619	3,134	2,915	2,981			<u> </u>			-	<u> </u>	2,822	2,992	2,280
Lab Procedures	14,000	14,139	13,806	14,818	13,359	15,075						ļ		14,239	14,327	11,768
Adjusted Patient Days	1,900	1,627	1,819	2,016	1,838	2,127						ļ		1,885	1,697	1,393
Therapy Visits	1,651	1,225	1,391	1,542	1,339	1,420						ļ		1,383	1,453	1,314
Outpatient Special Procedures Visits	325	241	221	332	249	277								264	324	247
Financial Performance	50		- 50-												F 4	10
Net Days in Accounts Receivable	50	55 50(58	55	56	55 52%	ļ					 		55	51	63
*Total Margin	6.90%	5.2%	13.6%	13.3%	11.2%	5.2%								10.0%	18.40%	4.50%
Net Operating Revenue/FTE	\$ 19,431	\$ 17,959	\$ 18,695	\$ 21,800	\$ 19,651	\$ 20,465								\$ 19,714	\$ 20,682	\$ 17,191
Labor as % of net Revenue	56.30%	63.18%	52.36%	48.39%	62.85%	60.40%								\$ 17.754	57.00%	61.30%
Operating Expense/FTE	\$ 18,177	\$ 17,959	\$ 16,155	\$ 17,591	\$ 17,598	\$ 19,469	ļ					 		\$ 17,754	\$ 16,940	
*Days Cash on Hand	109	142	150	154	150	148	ļ					 		148	155	183
Commercial %	28.60% 60.20%	29.90% 60.73%	30.90%	31.80%	31.70% 62.99%	31.40% 62.87%								31.40%	29.00%	29.00%
Total Labor Expense/Total Expense	00.20%	00.73%	00.33%	59.41%	02.99%	02.87%				1	1	1		01.27%	61.00%	61.30%

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

Vision Patients Employees Medical Staff Quality Services Financial	Memorial Health of a	IIth Promote Teau Integrity Respect	
BOARD WORK SESSION	May 24, 2022	WHITEHEAD CONFE	RENCE ROOM
COMMISSIONERS PRESENT	STAFF PRESENT	GUESTS	COMMUNITY MEMBERS
 Dr. Steve Kenny Keith Sattler Glenn Bestebreur Susan Reams Brandon Bowden Sharon Dietrich, M.D. Neilan McPartland 	 Craig Marks, CEO Merry Fuller, CNO/COO David Rollins, CFO Shannon Hitchcock, CCO Kristi Mellema, CCO Bryon Dirkes, CHRO Dr. Brian Sollers 	Paul Kramer, NV5 Kurt Broeckelmann, bcDG Adam Trumbour, Senior Project Manager, NV5	None
AGENDA	DISCUSSION	ACTION	FOLLOW-UP
I. CALL TO ORDER	Meeting was called to order by Commissioner Kenny at 6:00 p.m.	None.	None.
II. Public Comment		None.	None.
III. SERVICES	DISCUSSION	ACTION	FOLLOW-UP
A. Replacement Facility Update			
1. Bid Update a. Where are we today? 1. GC/CM Update (Attachment D) (Attachment E)	Representatives from NV5 presented, an GC/CM Update for the PMH Replacement Facility Project. The Team plans to present a GC/CM contract for review and approval in June.	None.	None.

b. Next Steps/Schedule	The project team outlined the next steps being considered due to the budget variance including: value engineering and a targeted bid/negotiation approach. These steps will change the project schedule depending upon which options are selected for implementation. The team plans to present an updated Project Schedule to the Board in June.		
2. VE Update (Attachment H)	Kurt Broeckelmann bgDG, reviewed the items being investigated on the VE log	None.	None.
	(Attachment H). Each item was discussed, and Kurt will update the Board regarding the proposed changes and their impact on the schedule and budget in June.		
3. Other Design Updates	Project Team members updated the Board on: our SEPA/ Traffic Study/CON issues;	None.	None.
υρυαιες	regulatory (DOH/USDA/City) reviews and		
a. SEPA/Traffic	our progress on them; and our plan to		
Study/CON	work with SVID (Sunnyside Valley		
	Irrigation District) on burying the overflow		

b. DOH/USDA/City of Prosser Reviews c. SVID			
4. Financing (Attachment I) a. USDA b. Construction Loan	Financing of the project was briefly discussed including potential options for additional financing if needed. It was noted that no financing decisions can be made until we have a GMP (Guaranteed Maximum Price) for the project.	None.	None.
B. Capital Equipment 1. Blood Perfusion Tool (Attachment J) 2. IT Firewall (Attachment K)	Merry Fuller and Craig reviewed several requests for capital equipment including: a blood perfusion tool; an IT firewall; an Omni Hysteroscopy Light and instrument set; (2) Hamilton Ventilators; and 16 interpreter carts.	None.	The Board will be asked to approve these acquisitions at the May Board Meeting.
 Omni Hysteroscopy Light and Instrument Set (Attachment L) 			
 4. Hamilton Ventilators (Attachment M) 5. Interpreter iPads, Carts and Speakers (Attachment N) 			

VI. QUALITY	DISCUSSION	ACTION	FOLLOW-UP		
1. Department of Health Survey	Merry presented the Department of Health Survey results from a recent survey.	None.	None.		
VII. ADJOURN					
There being no further regular busi	ness to attend to, Commissioner Kenny adjour	ned the meeting at 8:12 p.m.			

Vision Patients Employees Medical Staff Quality Services Financial	Prosse Memorial Health Mission: To improve the health of our c	S ervice P romote Teamwork Integrity R espect	
BOARD MEETING	May 26, 2022	WHITEHEAD CONFERENCE	
COMMISSIONERS PRESENT	STAFF PRESENT	MEDICAL STAFF	GUESTS
 Steve Kenny Ph.D. Glenn Bestebreur Susan Reams Keith Sattler Sharon Dietrich, M.D. Neilan McPartland Brandon Bowden 	 Craig Marks, CEO Merry Fuller, CNO/COO David Rollins, CFO Shannon Hitchcock, CCO Kristi Mellema, CCQO Bryon Dirkes, CHRO 	• Dr. Terry Murphy	
AGENDA	DISCUSSION	ACTION	FOLLOW-UP
	Meeting was called to order by Commissioner		
I. Call to Order	Kenny at 6:01 p.m.		
A. Pledge of Allegiance			
		None.	None.
A. Pledge of Allegiance	Kenny at 6:01 p.m.	None. Commissioner Dietrich made a Motion to approve the revised April 28, 2022, Agenda. The Motion was seconded by Commissioner Sattler and passed with 5 in favor, 0 opposed.	None. None.

C. Payroll & AP Vouchers #164562 through #165153 dated 04.21.22. through 05.18.22 in the amount of \$7,105,325.70; and Surplus Items: #1068: (1) Isotemp Laboratory Freezer; (4) Respironics V30 BiPAP Systems; and (2) Respironics V60 BiPAP Systems.			
V. MEDICAL STAFF DEVELOPME	NT DISCUSSION	ACTION	FOLLOW-UP
A. Medical Staff Report and Credentialing			None.
1. Advancement from Provisional	 Dr. Terry Murphy presented the following providers for Advancement from Provisional: Blake Roy, CRNA – Advanced Practice Clinician privileges in Anesthesia effective June 1, 2022 through December 1, 2023. Michael McCarthy, MD- Consulting privileges in Pediatric Pulmonology effective June 1, 2022 through December 1, 2023. Robert Jackson, MD- Telemedicine privileges in Neurology effective June 1, 2022 through December 1, 2023. 	A Motion to approve the Advancement from Provisional Appointment and requested Clinical Privileges that were reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee for the following providers was made by Commissioner Sattler and seconded by Commissioner Reams. The Motion passed with 6 in favor, 0 opposed. Blake Roy, CRNA Michael McCarthy, MD Robert Jackson, MD	None.

2. New Appointments	Dr. Terry Murphy presented the following New Appointments:	A Motion to approve the New Appointments and requested Clinical Privileges that were reviewed and recommended by the	None.
	Jennifer Brindle, MD – Active Staff with requested	Department Chair, the Credentialing	
	privileges in Family Medicine effective June 1, 2022	Committee and Medical Executive	
	through November 30, 2022.	Committee for the following providers was made by Commissioner Reams and	
	Caleb Haws, DO – Active Staff with requested	seconded by Commissioner Dietrich. The	
	privileges in Internal Medicine/Hospitalist effective	Motion passed with 6 in favor, 0 opposed.	
	June 1, 2022 through November 30, 2022.	Jennifer Brindle, MD	
		Caleb Haws, DO	
3. Reappointment	Dr. Terry Murphy presented the following providers	A Motion to approve the reappointment and	
	for Reappointment:	requested Clinical Privileges that were	
		reviewed and recommended by the	
	Lindsey Smith, DO – Reappointment to Active Staff	Department Chair, the Credentialing	
	with requested privileges in Emergency Medicine	Committee and Medical Executive	
	effective June 1, 2022 through May 31, 2024.	Committee for the following provider was	
		made by Commissioner Reams and	
	Jeffrey Zuckerman, MD- Reappointment to Active	seconded by Commissioner Sattler. The	
	Staff with requested privileges in Diagnostic	Motion passed with 6 in favor, 0 opposed.	
	Radiology effective June 1, 2022 through May 31,		
	2024.	Lindsey Smith, DO	
		 Jeffrey Zuckerman, MD 	
	Ryan McDonald, CRNA- Reappointment to	Ryan McDonald, CRNA	
	Advanced Practice Clinician Staff with requested	 Brandon Peterson, MD 	
	privileges in Anesthesia effective June 1, 2022	James Giles, MD	
	through May 31, 2024.	Elizabeth Walz, MD	
		Shannon Calhoun, MD	
	Brandon Peterson, MD- Reappointment to	Kathryn Cambron, MD	
	Consulting Staff with requested privileges in	Jason Grennan, MD	
	Pathology effective June 1, 2022 through May 31,	David Henley, MD	
	2024.	 Jonathan Jaksha, MD 	
		Steven McCormack, MD	
		Matthew Mendlick, MD	
		Mohammed Quraishi, MD	

James Giles, MD - Reappointment to Telemedicine	
Staff with requested privileges in Neurology	
effective June 1,2022 through May 31, 2024.	
Elizabeth Walz, MD- Reappointment to	
Telemedicine Staff with requested privileges in	
Diagnostic Radiology effective June 1, 2022 through	
May 31, 2024	
Shannon Calhoun, MD- Reappointment to	
Telemedicine Staff with requested privileges in	
Diagnostic Radiology effective June 1, 2022 through	
May 31, 2024.	
, .	
Kathryn Cambron, MD- Reappointment to	
Telemedicine Staff with requested privileges in	
Diagnostic Radiology effective June 1, 2022 through	
May 31, 2024.	
, .	
Jason Grennan, MD- Reappointment to	
Telemedicine Staff with requested privileges in	
Diagnostic Radiology effective June 1, 2022 through	
May 31, 2024.	
David Henley, MD- Reappointment to	
Telemedicine Staff with requested privileges in	
Diagnostic Radiology effective June 1, 2022 through	
May 31, 2024.	
Jonathan Jaksha, MD- Reappointment to	
Telemedicine Staff with requested privileges in	
Diagnostic Radiology effective June 1, 2022 through	
May 31, 2024.	
Steven McCormack, MD- Reappointment to	
Telemedicine Staff with requested privileges in	
Diagnostic Radiology effective June 1, 2022 through	
May 31, 2024.	

	 Matthew Mendlick, MD- Reappointment to Telemedicine Staff with requested privileges in Diagnostic Radiology effective June 1, 2022 through May 31, 2024. Mohammed Quraishi, MD- Reappointment to Telemedicine Staff with requested privileges in Diagnostic Radiology effective June 1, 2022 through May 31, 2024. 		
VI. FINANCIAL STEWARDSHIP	DISCUSSION	ACTION FOLLOW	-UP
A. Review Financial Reports for April 2022 (Attachment U)	David Rollins presented the April 2022 Financial Reports.	A Motion to accept the Financial Reports for April 2022, was made by Commissioner Sattler, and seconded by Commissioner Reams. The Motion passed with 7 in favor, 0 opposed.	None.
 B. Capital Equipment Acquisitions 1. (1) Blood Perfusion Tool at a cost not to exceed <u>\$138,888.42</u> (Attachment J). 	Merry Fuller and Craig Marks presented (1) Blood Perfusion Tool cost and benefit report.	A Motion to approve the acquisition of (1) Blood Perfusion Tool at a cost not to exceed \$138,888.42, was made by Commissioner Sattler, and seconded by Commissioner Reams. The Motion passed with 7 in favor, 0 opposed.	None.
2. (1) IT Firewall at a cost not to exceed <u>\$42,765.27</u> (Attachment K).	Merry Fuller and Craig Marks presented (1) IT Firewall cost and benefit report.	A Motion to approve the acquisition of (1) IT Firewall at a cost not to exceed \$42,765.27 was made by Commissioner Bestebreur and seconded by Commissioner Dietrich. The Motion passed with 7 in favor, 0 opposed.	

3. (1) Omni Hysteroscopy Light and Instrument Set at a cost not to exceed <u>\$9,771.82</u> (Attachment L).	Merry Fuller and Craig Marks presented (1) Omni Hysteroscopy Light and instrument set cost and benefit report.	A Motion to approve acquisition of (1) Omni Hysteroscopy Light and Instrument Set at a cost not to exceed \$9,771.82 was made by Commissioner Reams and seconded by Commissioner Bestebreur. The Motion passed with 7 in favor, 0 opposed.	
4. (2) Hamilton Ventilators at a cost not to exceed <u>\$23,892</u> (Attachment M).	Merry Fuller and Craig Marks presented (2) Hamilton Ventilators cost and benefit report.	A Motion to approve the acquisition of (2) Hamilton Ventilators at a cost not to exceed \$23,892 was made by Commissioner Bestebreur and seconded by Commissioner Sattler. The Motion passed with 7 in favor, 0 opposed.	
5. (16) Interpreter iPads, Carts, and Speakers at a cost not to exceed <u>\$25,068.01</u> (Attachment N).	Merry Fuller and Craig Marks presented (16) Interpreter iPads, Carts, and Speakers costs and benefit report.	A Motion to approve the acquisition of (16) Interpreter iPads, Carts, and Speakers at a cost not to exceed \$25,068.01 was made by Commissioner Dietrich and seconded by Commissioner Reams. The Motion passed with 7 in favor, 0 opposed.	
VII. QUALITY	DISCUSSION	ACTION	FOLLOW-UP
A. COVID-19 Update/Covid 19 Financial Plan (Attachment X)	Merry Fuller and David provided a COVID-19 Update and reviewed the COVID-19 Financial Plan.	None.	None.
B. Legislative and Political Updates	Commissioner Bestebreur gave a legislative and political update.	None.	None.
C. CEO/Operations Report	Craig provided a brief Operations Report based upon his written report included in the May Board Packet.	None.	None.

Executive Session at 7:29 p.m. which VIII. EXECUTIVE SESSION	ness to attend to, Commissioner Kenny a h was expected to last approximately 1 h he qualifications of an applicant for publi	our.	
5. new 42.50.110 (g) 10 evaluate th		in employment of to review the perior	
IX. RESUME SESSION			
Open session resumed at 8:25p.m.		A Motion was made by Commissioner Sattler to approve a salary increase for the CEO based upon the 2021 Incentive Compensation Program. The Motion was seconded by Commissioner Reams. The Motion passed with 7 in favor, 0 opposed.	None.
		A second Motion was made by Commissioner Dietrich to provide a Bonus Payment for the CEO according to the 2021 Incentive Compensation Program. The Motion was seconded by Commissioner Sattler. The Motion passed with 7 in favor, 0 opposed.	None.
XII. ADJOURN			
There being no further business to a	attend to, Commissioner Kenny adjourne	d the meeting at 8:30 p.m.	

Vision Patients Employee Medical S Quality Services Financial	Memorial Health	Values Accountability Service Promote Teamwo Integrity Respect Y. Excellence	rk
JOINT CONFERENCE COM	June 22, 2022	VINEYARD CONFERE	NCE ROOM
	COMMITTEE MEMBERS PRESENT	NON-MEMBERS	
 Commissioner S. Ream Commissioner S. Dietri Commissioner S. Kenny C. Marks, CEO Dr. B. Sollers 	ch	 M. Fuller, CNO, C K. Mellema, CQO Dr. S. Hashmi 	
AGENDA ITEM	DISCUSSION	RECOMMENDATION	FOLLOW-UP
CALL TO ORDER	Meeting was called to order by Commissioner Reams at 7:01 am	1	
APPROVAL OF MINUTES	April 2022 minutes were reviewed and approved by the Committee.	For informational purposes only.	Standing agenda item.
	QUALITY		
2021 Critical Access Hospital Annual Report	 K. Mellema reported on the Annual CAH Program Review which is a document representing compliance with Federal regulations and Critical Access Hospital Condition of Participation. The Program Review includes: The utilization of CAH services, including at least the number of patients served and the volume of services. A representative sample of both active and closed clinical records. The CAH's health care policies. The determine if utilization of services were appropriate to meet the community needs. To determine compliance with established policies and procedures. Identify changes, if needed, in the program services and/or 	For informational purposes only.	No necessary follow up.

Clinic Risk Assessment	K. Mellema reported that on June 14 th and 15 th there were two risk consultants here from Physicians Insurance to conduct a risk assessment on the three primary care clinics and the specialty clinic. This was a voluntary assessment and is non-punitive. The assessment resulted in several findings such as: the need for standardization across the clinics, emergency medical kits, mock emergency medical drills, triage protocols, etc. There will be four final reports, one for each clinic assessed, that will be sent to us within the month.	For informational purposes only.	No necessary follow up.
Policy Manager	K. Mellema reported that the new policy system will go live for all staff on July 1 st . Maryann Hildebrant has done a huge amount of work by formatting every policy from every department. The upload of the policies to the new system has started. The contract with our current policy system, Policy Tech, expires on 7/31/22.	For informational purposes only.	No necessary follow up.
	PATIENT LOYALTY		
Patient Experience Results	 M. Fuller reported on the Patient Loyalty Summary Report. May results: ED 88.75% Inpatient 90.48% Acute Care 87.5% Family Birthplace 88.89% Out-Patient Surgery 94.4% Clinic Network 91.83% Out-Patient Services 96% Emergency Department is of significant concern due to the increased patient volumes. To help with this extra demand, we have increased our core staffing by adding a mid shift RN and a tech, cross training RNs from other departments to help when necessary, adding 10 hours of APC support during the surge hours and implementing nurse driven protocols. Currently, OSP is not utilized after hours so it would not take a lot to overflow there. Looking at how to optimize that area. 	For informational purposes only.	Standing agenda item.
	SERVICES		
Replacement Facility Update	C. Marks shared images of the new facility. One was the previously approved design with a higher roof and a second image of a newly proposed design with a lower roof which is six feet lower than the original design. This height difference gets us below the height restriction of the city.	For informational purposes only.	Standing agenda item.

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	We are currently in negotiations with Bouten Construction. Meetings with Bouten have gone well and we have reached an agreement on pre-construction services, which includes services through the presentation of a MACC. The cost of these services was already approved in the original GC/CM contract. It is our intent to have the Board approve a GC/CM contract with Bouten Construction at the June Board Meeting. Based on the current size of our project, every 1% increase in interest rates increases our cost to finance our construction loan and any additional debt (estimated to be \$10 million) by over \$1 million dollars.		
	MEDICAL STAFF DEVELOPMENT		
Medical Staff Recruitment	Dr. Sollers reported that we are recruiting an orthopedic physician who is currently doing a sports medicine fellowship. He will complete his fellowship in 2023. We continue to recruit for a pain doctor. We have had a number of interviews but have not found the right fit.	For informational purposes only.	Standing agenda item.
Medical Staff Engagement (Summer Social – July 22 nd)	C. Marks reported that the Summer Social with all Leadership, Board of Commissioners and Providers is scheduled for Friday, July 22 nd 5-9pm at WIT Cellars.	For informational purposes only.	No follow up necessary.
Committee Member Replacement	C. Marks stated that Dr. Murphy will be done in June. We need to think about who will replace her on this committee. It was suggested that Dr. Carl be invited to this committee as a replacement for Dr. Murphy. Dr. Sollers offered to extend the invite to Dr. Carl.	For informational purposes only.	No follow up necessary.
	EMPLOYEE DEVELOPMENT		
Employee Engagement Activities	C. Marks reported that we will be doing the Leadership Car Wash and Tailgate BBQ Lunch on June 29 th from 11am – 1:30pm in the ENT/Allergy Clinic Parking lot.	For informational purposes only.	No follow up necessary.
	FINANCIAL STEWARDSHIP		1
Financial Performance – May 2022	C. Marks reported that despite strong volumes and gross revenue in May, we did not achieve our budgeted net income for the month. Unfortunately, most of this revenue was offset by high contractual allowances. As a result, our net revenue was only \$123,843 (2%) better than our budget. Our net income year-to-date is \$3.7 million compared to our budget of \$2.2 million for a positive variance of \$1.5 million (68%).	For informational purposes only.	Standing agenda item.
COVID-19 Financial Plan	C. Marks reported that since 2020, we have recognized over \$15.9 million in COVID-19 Relief Funds on our income statements and	For informational purposes only.	Standing agenda item.

	currently have \$395,163 of unused Relief Funds remaining. We plan to use the remaining funds before the end of 2022.		
PMH Foundation Update	C. Marks reported that there were three hundred guests Friday night for Bottles, Brews and BBQ and 2500 guests on Saturday which is twice as many as the last event. We also sold twenty-six bricks. We do not yet have the total revenue and expenses from the event but will have those numbers for the Board work session. The Foundation Board has unanimously approved Alan Steen joining their board. Alan is a long time Prosser resident who retired from PMH as a CRNA a little over a year ago.	For informational purposes only.	No follow up necessary.
	ADJOURNMENT & NEXT SCHEDULED MEETING		
Meeting adjourned at 084			
Next scheduled meeting 6/	20/2022		

K. Mellema 6/22/2022



Patients Employees Medical Staff Quality Services Financial



Values

Accountability Service Promote Teamwork Integrity Respect Excellence

Mission: To improve the health of our community.

FINANCE COMMITTEE MEETING Monday – June 27, 2022, 7:00 a.m. – Vineyard Conference Room AGENDA

MEMBERS:

Keith Sattler Neilan McPartland Brandon Bowden STAFF: Craig Marks David Rollins Stephanie Titus

CALL TO ORDER

I. APPROVE MINUTES

Action Requested – May 23, 2022, Minutes

١١.	FINANCIAL STEWARDSHIP	
	A. Review Financials – May 2022 (Attachment U)	David
	<mark>Action Requested</mark> – May 2022 Financial Statements	
	B. Review Accounts Receivable and Cash Goal	Stephanie
	C. Voucher Lists	
	Action Requested – Voucher List - Payroll and AP Vouchers # 165154 through #165937	David
	Dated 05-19-22 through 06-22-22 in the amount of \$8,428,025.47.	
	D. Capital Equipment	David
	 GE Wireless Electronic Fetal Monitor at a cost not to exceed \$30,584.14 (Attachment N) <u>Action Requested</u>-GE Wireless Fetal Monitor 	David
	2. Air Handling Unit- OR at a cost not to exceed \$16,678.00 (Attachment 0) <u>Action Requested</u> -Air Handling Unit- OR	David

III. ADJOURN

Vision Patients Employees Medical Staff Quality Services Financial	Prosser Memorial Health Mission: To improve the health of our community	Values Accountability Service Promote Teamwork Integrity Respect Y. Excellence	
FINANCE COMMITTEE MEETIN	G May 23, 2022 VINE	YARD CONFERENCE ROOM	-
			GUESTS
 Keith Sattler Neilan McPartland Brandon Bowden 	 Craig Marks, CEO David Rollins, CFO Stephanie Titus, Director of Finance Operations 		
AGENDA	DISCUSSION	ACTION	FOLLOW-UP
I. CALL TO ORDER	Keith Sattler called the meeting to order at 7:07 a.m.		
II. APPROVE MINUTES		A motion to approve the Finance Committee Meeting Minutes for April 25, 2022, as presented was made by Brandon Bowden. The motion was seconded by Neilan McPartland and approved.	None.
III. FINANCIAL STEWARDSHIP	David Rollins reported Net Income of \$833,229 in April	A motion to recommend	None.

(Attachment U)	 than the prior year. Net Operating Revenue came in at \$7,441,865 (1% over budget). Expenses were \$6,664,238 in April and (4%) under budget driven by lower supply costs. Surgeries were 274 vs 185 budget was the big driver as Clinic visits were 4,597 vs 5,089 budget and ER visits were 1,246 vs 1,068 budget. Cash Flow was a negative (\$1,104,777) for the month and (\$650,345) YTD. AR increased to a net 56 days overall. Benton City building lease to KiBe School District was briefly discussed. PMH to inquire as to intention of KiBe to either purchase or increase lease. 	presented to the PMH Board of Commissioners was made by Neilan McPartland. The motion was seconded by Brandon Bowden and approved.	
B. Review Accounts Receivable and Cash Goal	AR increased to 56 net days overall as Collections were \$6,827,317 versus a goal of \$7,083,436. POS collections were \$38,469 exceeding a budget of \$15,000 and prior year \$15,475.	None.	None.
C. Voucher Lists Payroll and AP Vouchers #164562 through #165153 Dated 04.21.22 through 05.18.22 in the amount of \$7,105,325.70.		A motion to recommend acceptance of the April 2022 Financial Statements as presented to the PMH Board of Commissioners was made by Neilan McPartland. The motion was seconded by Brandon Bowden and approved.	None.
D. Capital Equipment		Capital Equipment will be reviewed at Board Meeting.	None.

 E. Surplus Items: #1068 1. (1) Isotemp Laboratory Freezer 2. (4) Respironics V30 BiPAP system 3. (2) Respironics V60 BiPAP System 	Surplus items will be reviewed at Board Meeting.	None.
5. (16) Interpreter iPads, Carts, and Speakers at a cost not to exceed <u>\$25,068.01</u> (Attachment N)		
4. (2) Hamilton Ventilators at a cost not to exceed <u>\$23,892</u> (Attachment M)		
3. (1) Omni Hysteroscopy Light and Instrument Set at a cost not to exceed <u>\$9,771.82</u> (Attachment L)		
 (1) Blood Perfusion Tool at a cost not to exceed <u>\$138,888.42</u> (Attachment J) (1) IT Firewall at a cost not to exceed <u>\$42,765.27</u> (Attachment K) 		

III. ADJOURN			
Having declared no further business, the meeting was adjourned at 7:44 am.			

MEMORANDUM

то:	BOARD OF COMMISSIONERS
	PROSSER MEMORIAL HEALTH
FROM:	CRAIG J. MARKS, CEO
DATE:	June 2022
RE:	CEO REPORT

SERVICES

1. Replacement Facility Update

We continue to aggressively pursue the construction of a replacement facility despite the setbacks we experienced in May. The cost to construct the replacement facility came in approximately \$10 million over our budget and the total cost of the project is now estimated to be \$103.3 million compared to our original estimate of \$78.4 million. As a result of being over budget, we are changing our General Contractor/Construction Manager and are pursuing value engineering ideas that will reduce our construction cost, without reducing the quality of the facility. These are very challenging times as we see inflation and interest rates continuing to increase, both negatively impacting our project. While this has slowed us down, we are still committed to breaking ground on the project in late 2022 or early 2023. To get an overview of the progress being made on the project, I have included the June Monthly Progress Report from our Owner's Representatives- NV5 (Attachment A); minutes from our last Project Team Meeting (Attachment B); and the project schedule for the next four months (Attachment C). In June, we will utilize the Board Work Session to update the Board about all significant aspects of the project including Design; Construction/ Schedule/ Budget; and financing.

A. Design

With the projected increased costs to construct our replacement facility, our design team (bcDG) immediately began to identify possible design changes, including construction material changes- glass vs. EFIS, that would lower the costs. The preliminary list **(Attachment D)** was reviewed with the Board in May and the design team has continued to refine the list and will discuss the list and changes that will change the look of the building **(Attachment E)** in June. The design team plans to have revised construction documents incorporating the VE changes completed by the end of July. These revised documents will be used to rebid the project in August. The design team, Owners' Representatives, and our legal counsel (Andrew Green-Perkins Coie) continue to assist us in our pursuit of a State Environmental Protection Agency (SEPA) approval from the City of Prosser, which is the final requirement to receive our Certificate of Need (CON) from the Department of Health. After we submitted a Traffic Study to the City, they sent us a draft letter detailing their expectations of us,

including upgrades to Gap Road which they call a Mitigated Determination of Non-Significance (MDNS) (Attachment F). In response, our team led by our attorney, drafted, and sent a reply to the City addressing their requests (Attachment G). The City would now like to sit down and negotiate an agreement so that we can continue to move forward with our project. We plan to meet with the City of Prosser before the June Board Work Session and will update the Board on our progress at that time. The original construction documents for the project were submitted to all required regulatory agencies (DOH, City of Prosser, USDA, etc.) several months ago and the design team is currently in the process of responding to their written questions. They expect this process to be complete by the end of July and do not expect any additional questions because of the VE changes being made. Finally, we continue to work with Sunnyside Valley Irrigation District (SVID) on plans to bury the existing overflow canal on our property, relocating that buried canal to the western and southern borders of our property. Once approved by SVID, this would probably take place this fall, after the irrigation season. Two other minor actions we are working on include the eradication of noxious weeds (Scotch Thistle) on our property (Attachment H) and combining our three individual lots into one as required by the City of Prosser in the draft MDNS. These items will be completed by the end of July.

B. Construction/Schedule/Budget

In May we made the decision to terminate our contract with Graham Construction, our GC/CM, because we could not negotiate an acceptable Maximum Allowable Construction Cost (MACC). After discussions with the Board, we then chose to begin discussions/negotiations with the second place GC/CM bidder (Attachment I) Bouten Construction (Attachment J) as directed by Washington State law. Meetings with Bouten have gone well and we have reached an agreement on pre-construction services, which includes services through the presentation of a MACC (Attachment K). The cost of these services was already approved in the original GC/CM contract. We are now in the process of negotiating a full GC/CM contract with Bouten which will include their fee percent and lump sum specified conditions. When our project was originally bid, Bouten was over \$1 million more expensive than Graham. It is unlikely we will have a draft contract for your review prior to the June Board Work Session, but if we do, we will e-mail it out under a separate cover. It is our intent to have the Board approve a GC/CM contract with Bouten Construction at the June Board Meeting. If we are unable to negotiate a GC/CM contract that is acceptable to the Board, we will then proceed to lump sum bidding the entire project. In the meantime, we have begun working with Bouten on the preconstruction services and they have begun developing bid packages (Attachment L) and a rough draft schedule to begin the project (Attachment M). This schedule, which has not been coordinated with our financing schedule, would have us breaking ground before the end of 2022. Realistically, until we have a Guaranteed Maximum Price (GMP), we cannot complete a schedule because of the potential need for additional financing. There is also no work being done on the budget until we have completed the bid process in late August or early September. These issues will be discussed in more detail at the June Board Work Session.

C. Financing

Financing construction projects in healthcare is becoming more challenging every day. Inflation has caused construction costs to increase 15-20%, and interest rates have and are projected to continue increasing for some time. Fortunately, most of our long-term financing is locked in at very low rates, but our construction loan and any additional financing we may need, are subject to these increases. Based on the current size of our project, every 1% increase in interest rates increases our cost to finance our construction loan and any additional debt (estimated to be \$10 million) by over \$1 million dollars. This adds additional incentive to begin the project as soon as possible. As stated last month, until we know the Guaranteed Maximum Price (GMP) in late August, here is little we can do from a financing perspective. We are keeping all options open for obtaining additional financing including savings from value engineering; delayed capital purchases; the use of equity; pursuing additional debt from the USDA or other sources such as bonds; increasing our use of operating leases; etc. Once we have a GMP, we will present the Board with a recommendation that will probably include several of these options. Gary Hicks, Financial Consultant, recently heard that USDA is now requiring Build America, Buy America Act (BABA) for any funds they make available moving forward. We are currently trying to confirm this with our USDA representatives, but if this is true, we may not want to pursue additional funds from USDA because it would significantly delay our project (the design team did not specify BABA in the construction documents, and it would take a great deal of time to bring them into compliance with the BABA). Gary Hicks will be at the June Board Work Session to discuss this and other financing concerns

2. PMH Emergency Department Plan

The Emergency Department continues to have record volumes month-over-month, with 1,448 ED visits in May. Over the last nine months, we have been able to right-size RN staffing with the addition of a mid-shift RN and support from the Resource nursing staff. We have added additional ED Tech support during high volume periods, extended admitting hours, and added security. These actions have proven effective, and sustained volumes have supported the extra expense.

In addition, we have been utilizing per-diem Advanced Practice Clinicians (APCs; Nurse Practitioners and Physician Assistants) during high volume periods (11an- 10 pm). The APCs have been beneficial, but per-diem providers do not have enough availability to meet our needs consistently. We are currently attempting to recruit two full-time APCs who will provide 10 hours of mid-shift coverage seven days a week. We will then utilize our per-diem providers to support vacation days so there is no lapse in coverage.

To support patient flow while the APC is working, we are looking at how we can utilize the Wound Care/Infusion Center when not used. We will add privacy cubicles, expand medications available in the wound care pyxis, and launch an ED supply cart process. The ED supply cart is a workflow we are planning to utilize in the new hospital facility, allowing us to optimize the process before launching it on a larger scale in the new hospital. Other initiatives include Nurse Driven protocols and a more

defined ED triage process. Now, process improvement is driven by increased volumes with significant space constraints. However, everything we perfect in our current facility will put us a step ahead when we move into the future ED.

Last but not least, Dr. Whitaker and Dr. Murphy have completed their time with us in May and June. We cannot express enough gratitude for their years of service on behalf of our community and our organization. It is impossible to quantify the lives they have saved, the people they have touched, or the excellence they have helped us achieve. Both physicians are moving to new roles utilizing their expertise and experience, and we wish them well with much gratitude. We are recruiting new ED providers (full-time and per-diem) to support our growing volumes.

3. Capital Acquisitions

In June, we have two unexpected capital acquisition requests which will be discussed at the June Finance Committee and June Board Work Session. The Board will be asked to approve them at the June Board Meeting. The first item is a wireless electronic fetal monitor **(Attachment N)** at a cost not to exceed \$30,584.12. We have struggled with the connectivity on our current monitor system for some time and no longer want to pay for repairs to an antiquated system. The new system will increase our flexibility with its use, and we plan to use COVID-19 Relief Funds for this purchase. The second item is the installation of a supplemental air conditioning system in our procedure room in the Operating Room at a cost not to exceed \$16,678 **(Attachment 0)**. We are currently on pace to provide over 1,000 GI procedures in our procedure room in 2022. Because of the high volume of cases and equipment in the room, our current cooling system cannot keep up, especially on warm days. To correct this, we are planning to add a supplemental air conditioning system that will keep our patients and staff comfortable, even on our hottest days.

EMPLOYEE DEVELOPMENT

1. Employee Engagement

While the weather has not really warmed-up like most summers, it is time to celebrate summer! To get us started, we celebrated National Donut Day on June 3rd **(Attachment P)**. Blissful Bites, a local donut truck, provided fresh donuts to our staff at the Hospital and Benton City Clinic, and donuts were also delivered to our other clinics and Therapy / Rehab Center. On June 29th, we will be celebrating the 4th of July at PMH **(Attachment Q)**. The Leadership Team will once again be washing the cars of our staff, Board and Medical Staff, and providing an old-fashioned picnic lunch (provided by AC'S Barbeque) with Shorties Italian Sodas. I encourage everyone to come to the Hospital and have your vehicle professionally(?) washed while you enjoy a BBQ lunch wearing your favorite team's colors. Included in your packet is the June Employee Newsletter **(Attachment R)** which highlights some of the May activities including our Hospital Week Festivities.

2. Leadership Change

Terra Palomarez has accepted the role of Interim Acute Care Director along with her current role as the Director of the Family Birthplace (FBP). Terra is excited by this opportunity as it allows her to understand Acute Care Operations, develop relationships, and support the Acute Care staff. These busy departments' fluctuating census and acuity mean departmental collaboration and communication are critical to ensure we can effectively meet our inpatients' needs. One of Terra's strengths is staff development and process improvement, which she has already demonstrated in her short time as the FBP Director. She intends to bring the same energy, engagement, and skill to Acute Care while continuing the momentum in the FBP. Cindy Raymond and Maryann Hildebrant will support her as resources nurses, and she will leverage the insight she has already been gleaning from meeting with the members of the Acute Care team.

3. Leader Assessment and Development Program

Each member of the Prosser Memorial Health Leadership Team will be preparing personal development plans, focused on two mission-critical leadership competencies, over the next 12 months. At our next LDI (July 15), each leader will work through a self-assessment process focused on 38 internationally research-based leadership competencies. From those 38 competencies, with the assistance of their one-up leader, they will distill the list of 38 down to the two most important skill sets that will support their success at work over the next 12 months. Once the two skill sets have been identified, leaders will be provided resources to identify the elements to develop their own personal development plan that consists of experiential learning, learning from others, and external learning opportunities. See the development template and timeline below:

2022 Development Plan:

Development Focus: _____

Learning Category	Activity / Time Frame / Feedback Method
Experience / Assignments: 70% of development happens here	
Learning from People: 20% of development; most useful when combined with experience	
Coaching:	
Courses & Conferences: 5% of development	
Books / Readings / Videos: 5% of development	

2022 - LEADERSHIP DEVELOPMENT PLANNING	SCHEDULE
LDI Development Planning Session	July 15, 2022
Meet with One-up leader and finalize development plan	7/16 - 7/29/2022
Send finalized development plan to CHRO	8/5/2022
Monthly Check-ins with One-up leader	8/6 – 6/15/2023

4. Uniform Policy Update:

Effective July 1, 2022, the long-anticipated Unform Policy will go-live. PMH employees have been ordering and wearing their new scrubs/uniforms from our Vendor, SmartScubs for several months in a soft roll-out. Most orders have been fulfilled as requested, while some are partially backordered due to supply issues. While employees wait for their orders to be fulfilled, we will allow those employees to continue to wear their existing scrubs/uniforms. You will notice the following departments with their new, approved scrubs/uniforms in the following style/colors:

Uniform Color Coding

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

A special 'Thank you" is due to Rusti Wilson, Director of Cardiopulmonary who led the initial Unform Committee that developed the policy and selected the vendor.

5. PMH Security Update

One year ago, PMH made the decision to add security guards to the PMH campus Adding Security after hours and on weekends has been a huge success and benefited PMH in tangible and intangible ways. The Security staff is courteous, professional, and collaborative. They have proven themselves effective in handling combative patients and dealing with mental health situations. Many PMH staff have expressed gratitude for the sense of physical security from their presence, staff escorts, and building patrols. They are regarded as part of the PMH Team and appear to reciprocate that sentiment through their willingness to assume additional responsibilities to support the team while on duty.

PATIENT LOYALTY

1. Patient Engagement

Patient engagement continues to be a top priority throughout Prosser Memorial Health as evidenced by our latest Patient Loyalty Summer Report **(Attachment S)**. Our overall patient satisfaction score is 93.8% compared to our 2022 goal of 92.6%. Our ultimate goal is to exceed 95% satisfaction and maintain it. Our score is a collection of how each of our departments is performing, and most are near or exceeding their goal. More importantly, this score is a summation of the thousands of encounters our staff have with our patients and visitors. They are doing an outstanding job as described in the patient comments. A big "Thank You!" goes out to all our staff that continually exceed the expectations of those they serve in their provision of kind and compassionate care!

Medical Staff Development

1. Medical Staff Recruitment

For the past several years we have been hearing about a shortage of providers interested in pursuing careers in rural areas, but we have been very successful with recruitment efforts despite this. It does appear, however, that we too are beginning to see fewer candidates for our opportunities. Based on our 2022 Provider Recruitment Model, we have been successful in recruiting a gastroenterologist, two family physicians, and several per diem emergency medicine physicians. In addition, we have a contract extended to an orthopedic surgeon who plans to make a decision by the end of the summer (he is completing a sports fellowship 2022- 23). The physiatrist we offered a contract to recently notified us he has accepted a position in Boise, Idaho, primarily because he felt it was in his and his family's best interest to leave the political climate in Washington. We continue to recruit physiatrists and endocrinologists, but do not currently have any active candidates. We also continue to work with Dr. Wenger to recruit additional emergency medicine providers, both physicians and advanced practice clinicians. Because the provider market is getting tighter, we are beginning to have discussions about the possibility of using a recruitment firm for our most challenging opportunities.

2. Medical Staff Engagement

One of our most significant engagement activities in our 2022 Medical Staff Engagement Plan is just around the corner. The Annual Medical Staff/ Board/ Leadership Team Social will be held on Friday, July 22nd at WIT Cellars **(Attachment T)**. The event will include dinner, music, and the opportunity to socialize with PMH Teammates, with no formal program and an opportunity to wear your favorite Hawaiian luau outfit. The entire event will have a luau theme, so come ready to party!

FINANCIAL STEWARDSHIP

1. Financial Performance-May

While we continue to have strong volumes and gross revenue in May, for the first time in many months, we did not achieve our budgeted net income for the month **(Attachment U)**. Our gross revenue was \$20.8 million (one of our highest months ever!), exceeding budget by \$1.5 million (8%) and last May by \$4 million (24%). Unfortunately, most of this revenue was offset by high contractual allowances. As a result, our net revenue was only \$123,843 (2%) better than our budget. In addition, our expenses in total were 5% (\$336,125) over budget, primarily because of higher salary and supply expenses. This resulted in an operating income of \$384,683 compared to our budgeted net income of \$596,965 for a negative variance of \$212,282 (36%). After adding in non-operating income, our net income for May was \$408,167 or (35%) below expectations. While we did not achieve our budget, we had a positive margin. Most hospitals across the country have been losing money in 2022, with no relief in sight as they experience declining volumes and increased costs. Thankfully, we are not in that position!

Year-to-date all our metrics (gross revenue, net revenue, operating expenses, operating income and net income) remain very positive. Our net income year-to-date is \$3.7 million compared to our budget of \$2.2 million for a positive variance of \$1.5 million (68%). In addition, all our metrics are exceeding last year. We did have a positive cash flow in May of \$210,278, which helps our balance sheet. However, our days in net accounts receivable (57.61) increased slightly and is our largest opportunity for improvement. We continue to have a very strong payor mix equally split between Medicare (31.3%), Medicaid (30.9%) and Commercial (31.7%) patients. Overall, the financial health of Prosser Memorial Health remains very strong.

2. Medicare Cost Report

PMH completed and submitted the final 2021 Medicare Cost Report on May 31 for a receivable of \$69,146 as compared to a payable already posted at prior year-end for (\$34,213). This report is in the Board packet and requires formal approval at the June Board Meeting **(Attachment V)**. This receivable was a result of a net payable on Inpatient services of (\$122,636) offset by a receivable on outpatient services of \$191,782, driven by our clinics due to the CMS COVID productivity waiver giving us the ability to claim full productivity while COVID and state regulations limited our services at times. Our 2021 Medicaid Cost Report resulted in an estimated payable of (\$158,000) as compared to net payable of (\$233,980) already posted at prior year-end. The total in reserves at year-end are a net reserve payable of (\$268,193). Combining the Medicare receivable \$69,146 with the estimated Medicaid payable of (\$158,000) results in a net payable of (\$88,854) or an improvement of \$179,339 which will be posted to our balance sheet reserves on the financial statements in anticipation of additional payable amounts due back to Medicare and Medicaid upon completion of the Final Desk Review by the auditors. As a result, this currently will have a neutral effect to Net Income.

3. Accounting Software Update

The ERP selection (Enterprise Resource Planning: Accounting and Supply Chain software) has been narrowed down to Premier, MultiView, and Oracle's NetSuite. We have had initial demonstrations of all but Oracle, which is scheduled for this month. We have a scheduled on-site visit for Premier scheduled for the beginning of August and an on-site visit with MultiView scheduled for the beginning of October. Our current contract is with (Providence) Engage Lawson which renews every year at the end of May and has been utilized since 2016 (conversion from CPSI). The selection of a new ERP has been delayed initially due to COVID and now staffing issues as Accounting continues to operate without a Senior Accountant/Financial Analyst since last August. A positive development is that on-site vendor implementation teams will convert from mostly virtual to on-site beginning in 2023 and we are not anticipating proceeding with an ERP implementation until the Premiere Benchmarking and Productivity tool is fully implemented, which is currently in-process.

4. PMH Foundation Update

Bottles, Brews and Barbecues 2022 was held June 10 & 11 at Vintner's Village. The feedback we have received from our vendors, barbecues teams, volunteers, and guests has been extremely positive! A huge thank you to Evan Tidball and his dad Todd for emceeing the Friday Night Festival Dinner and the Saturday event. We already have vendors and barbecue teams securing their space for 2023! While attendance was up and people spent more money, the cost of our Friday Night Festival Dinner was double what it was in 2019. This is in large part due to food costs and staffing shortage that the caterer faced. After reconciling the profit and loss this year's event broke even. We will have a BBB debrief before the July Foundation Board meeting to discuss areas of improvement for 2023 and the team has already produced some great ideas. We are not the only non-profiting feeling the effects of inflation on fundraising efforts through events and the Washington State Department of Commerce has opened \$3.5 million in grant money for non-profits to apply for to offset the additional costs incurred due to inflation. Shannon Hitchcock has applied for this grant with a \$50,000 ask to recoup money lost in 2020 and 2021 as well as the offset of additional expenses for 2022.

Here is a breakdown of the event by the numbers:

Volunteers:	100+
Guests Friday Night:	300
Guests Saturday:	Approximately 2,500 based on ticket sales and a crowd estimate from
Prosser PD and Watchl	Dog Security
Sponsors:	39
Food Trucks:	8 (includes Prosser House)
Barbecue Teams:	11
Bands:	3
Total Bubbles & Bauble	es Raffle Tickets Sold: \$1,500
Total Bricks Sold:	14 @ \$100 and 12 @ \$250: for a total of: \$4,400

The Foundation Board has unanimously approved Alan Steen joining their board. Alan is a long time Prosser resident who retired from PMH as a CRNA a little over a year ago. Alan came out of retirement to assist us with our COVID vaccine clinics in 2021. The Board of Commissioners will be asked to vote to approve Alan joining the Foundation Board at the June meeting

The 2nd Annual Wine Country Classic is just around the corner! It will be held Friday, September 10 at Canyon Lakes Golf Club in Richland. Save the date to golf or to volunteer to help at this fun event.

The new hospital capital campaign officially kicked off the commemorative brick fundraising campaign at Bottles, Brews, Barbecues. Bricks can be purchased for \$100 and \$250 and will include a personalized message from you. Contact Shannon Hitchcock for more information.

Prosser Memorial Health was recognized by the Thrive Coalition as their 2022 Community Partner of the Year! We are honored to receive this recognition and support Thrive's important Mission. Special thank you to Heather Morse and Steve Peters for volunteering their time to provide behavioral / mental health resources and attend speaking engagements for Thrive.

QUALITY

1. COVID-19 Update

I am pleased to report that we have now taken routine COVID-19 Update reports off all Medical Staff Committee agendas and this will be my last routine COVID-19 Update to the Board. The reason for this is that the number of cases at PMH, and in our community, continue to remain low and there are no indications of increases in the near future. We will continue to monitor this closely and report any changes. We will also continue to promote vaccinations and provide them in our clinics, including to pediatric patients. In addition, we will continue to follow all CDC guidelines as they relate to COVID-19 in the hospital and in our clinics.

2. COVID-19 Financial Plan

This will also be the last routine COVID-19 Financial Plan I will include routinely in the Board Packet **(Attachment X)**. Since 2020, we have recognized over \$15.9 million in COVID-19 Relief Funds on our income statements and currently have \$395,163 of unused Relief Funds remaining. We plan to use the remaining funds before the end of 2022. While there are not any additional funds on the horizon, the American Hospital Association is lobbying Congress aggressively for additional funds because of the poor financial performance of the healthcare industry in 2022. While we would accept additional funds, fortunately, we are not dependent on them for our survival like some hospitals.

3. 2021 PMH Critical Access Hospital (CAH) Annual Program Review

As a condition of participation with Medicare and Medicaid, all Critical Access Hospitals must prepare an Annual Program Review **(Attachment Y)** and have it reviewed and approved by their Board per CMS guidelines. The report is an overview of the services we provide at Prosser Memorial Health, our volumes, community benefit, etc. Kristi Mellema will review the 2021 PMH Annual Program Review with the Board at the June Board Work Session and the Board will be asked to approve it at their June Meeting.

4. Board Policies

Per our Board Policy, we must review all policies every three years. The Board will be asked to review and approve the following three policies in June: Patient Satisfaction (Attachment AA); Sentinel Event and Root Cause Analysis (Attachment BB) and Patient Safety Plan (Attachment CC). There are no significant changes to the policies other than title/name changes, typos, grammar, etc. The policies will be placed on the Consent Agenda for approval. If the Board would like to make more significant changes or discuss the proposed policies, any Commissioner may remove a policy from the Consent Agenda and place it on the regular Board Agenda or discuss it at the June Board Work Session.

5. June Board Meetings

The June work session will primarily be used to update the Board about significant activities related to the replacement facility projects including a: design update addressing value engineering (VE) ideas and regulatory issues; GC/CM contract review and discussion, and schedule update; and financing update. We will also allocate time to review: several capital requests; a PMH Foundation update; the 2022 PMH Cost Report; the PMH CAH Annual Program; and Board Policies. The June Board Meeting will be used to seek Board approval for: Board Policies a GC/CM contract; the addition of a new PMH Foundation Board Member; two capital requests; the 2021 Medicare Cost Report; and the 2021 PMH CAH Annual Program.

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: June 21, 2022

I. PROJECT TEAM:

II. PROGRESS:

- A. Contracts The following is a status of professional services agreements:
 - Agreements, contracts and/or amendments being finalized this period:
 i. Bouten Construction
- B. Site Development and Coordination Utilities
 - a. Water & Sewer Service These utilities are currently under construction by the City of Prosser, and the work was previously scheduled to be complete by this time.
 - i. Construction work is complete. Water system testing is underway, with the final project walk through scheduled for Tuesday, June 21, and a pressure test scheduled for Wednesday, June 22. The sewer system expansion work is accepted and functional.
 - b. PMH executed an easement for water and sewer utilities on the site, which formally documents the area set aside for the City's water and sewer laterals on the south and west side of the property. The easement was recorded at the County on June 16, 2022.
- C. Design Building
 - a. bcDG is incorporating the Value Engineering items that were approved by PMH in April. They have also revisited the height of the building on the west and east façades, and they will present these proposed revisions to the board in June.

D. Permitting

- a. Certificate of Need (CoN)
 - i. CoN Application While the Department of Health agreed an Intent to Issue a Certificate of Need on November 4, 2021, they require an approved State Environmental Protection Agency (SEPA) application prior to issuing the actual Certificate of Need. The SEPA application was submitted to the City of Prosser on February 9, 2022 and was thereafter forwarded to the State for a mandatory Public Review period. The City is now working with PMH to negotiate the terms of mitigation required for development, as noted in item ii as follows.
 - ii. On April 4, the City issued their draft "Mitigated Determination of Non-significance (MDNS)," which is a result of the SEPA application, associated traffic studies, and





Prosser Municipal Code. The team is negotiating the terms of the mitigation, and to that end, met with the City on April 13. The team is also working with Perkins Coie for a legal review of any site development requirements listed in the MDNS, who drafted a letter in response to the MDNS. NV5 incorporated comments from the design team and Perkins Coie, and sent this response to the City on June 1, 2022. Subsequently, the City attorney indicated that they would like to review the Hospital Team's responses with PMH and Perkins Coie. The team intends to meet during the week of June 20 to discuss, and come to a resolution if possible.

- b. State
 - i. The State Department of Health (DoH) reviewed the 100% Construction Documents and distributed their comments to the team on April 4. The design team is working to respond to each of the comments received from the Department of Health, some of which cannot be resolved until final inspections are complete after construction. The design team will resolve all comments that are critical to obtaining a building permit and resolve the remainder thereafter as appropriate.
 - ii. The DoH did assure PMH, however, that their review process should not preclude the Team from breaking ground on the project. All comments must be resolved prior to receiving a license to operate as a healthcare facility.
 - iii. Henderson Engineers submitted the 100% Construction Documents to the Department of Labor and Industries for a technical review of the electrical systems. They intend to issue responses to the Department of Labor and Industries by the end of June.
- c. City
 - i. On April 20, the City building inspector indicated that they would issue a building permit once the State Department of Health (see item II.D.b, above) issued their concurrence for construction and the aforementioned comments are resolved.
- E. USDA Approval
 - a. PMH issued a Right of Way Certificate (USDA form RD442-21) on June 16, 2022. This certificate is currently being reviewed by a legal consultant, Scott Smith, who will then issue an Opinion of Counsel Relative to Rights-Of-Way (USDA form RD442-22) in accordance with the USDA letter of conditions. The team understands that USDA is requiring this document prior to completing their review of the project design documents.
- F. Pre-Construction
 - a. The team is working to restart the General Contractor (GC) procurement process in order to retain a new GC for the construction phase. Over the past few weeks, the team has met several times with Bouten Construction to review the status of the project, the current design, and determine what services are required to bring the project to fruition.
 - b. Bouten has submitted a pre-construction scope and authorization for the Hospital's review.
 - c. NV5 and Bouten are currently reviewing the contract for construction for comments or proposed revisions that Bouten may have. This is the same contract that was sent out to all the potential CM's during the GC/CM selection process. If possible, the team intends to finalize the contract for potential approval by the Board at the June 30th meeting.
- G. Operations / Activation
 - a. The project team intends to reconvene monthly operations meetings later in 2022. The meetings are intended to plan and strategize for the operational shift that will occur when PMH moves from their existing facility to the new facility in 2024.
 - b. NV5 and PMH are working on a structure and objectives for these operations meetings prior to commencing the meeting cadence.

III. PROCUREMENT:





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

IV. SCHEDULE:

- A. Major milestones will be revised subsequent to resolving the MACC process.
- B. Procurement of Project Team Ongoing thru 2022
- C. Design Bidding Phase Ongoing thru fall 2022
- D. CoN process Ongoing thru Summer 2022
- E. USDA Contracts and Design Review Ongoing thru Summer 2022
- F. Construction TBD based on GC procurement; proposed fall 2022 start.

V. BUDGET

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

VI. PROJECT CHALLENGES / RISKS:

- A. USDA As noted in previous reports, Gary Hicks Financial and Health Facilities Planning & Development are providing guidance to the project team for the USDA application process. The project is currently in contract review and design review with local and regional USDA representatives, which is a necessary step in order for USDA to provide final funding approval and concurrence for construction. Despite a concerted effort to provide USDA with information in an organized fashion and in a timely manner, it has been a challenge to understand USDA's expectation of timing needed to complete their review. The team continues to check in with USDA regularly and remind them of PMH's need to move forward expeditiously.
- B. Construction Cost(s) As noted in previous reports, the project team continues to experience volatile cost variability and increases in the market for materials and labor. The team is working to mitigate this risk by conducting a thorough value engineering effort and reconsidering the options for general contracting.
- C. Traffic Study The City of Prosser indicated that per their development regulations PMH may be required to improve Gap Road in the immediate vicinity of the property in order to accommodate future traffic loads. The extents and scale of the improvements were determined by the outcomes of the City's and PMH's traffic studies. On behalf of PMH, the Project Team continues to advocate that any road improvements due to the Hospital construction, and therefore paid for by the project, should be minimal. As noted above, Perkins Coie is reviewing the matter and will advise PMH. In addition, the Town indicated on May 2 that PMH will need to comply with WSDOT's requirement that an Intersection Control Evaluation (ICE) study be completed. bcDG is leading this effort with their subconsultant, Transpo Group. While the study itself will take a month to complete, WSDOT could take 4 months or more to complete their review of the study. This is now driving the Town's ability to issue a building permit. PMH's traffic engineer, Transpo Group, intends to issue a draft ICE for the team to review the week of June 20, 2022.

VII. NEXT STEPS:

A. Select a new General Contractor (May – July 2022)

VIII. ATTACHMENTS:

A. GCCM Realignment Schedule

Prosser Memorial Health Replacement Hospital



Owner Team Meeting Minutes

Meeting #	20220617 9:00amCT/8:00amMT/7:00amPT MS Teams Video Call		Date: Is		Meeting: Friday, June 17, 2022 Issued: Tuesday, June 21, 2022		
Time & Location:					Adam Trur	Adam Trumbour - NV5	
	PMH Craig Marks ✓ Bryon Dirkes	David Rollins Steve Broussa			Fuller ✓ an Sollers	Phillip Braem	
Attendees: X = Attended Meeting	<u>NV5</u> Paul Kramer ✓ Adam Trumbour ✓ Braden Demmerly ✓	BCDG Kurt Broeckel Brooke Cinalli Hilary Beasho Lance White	re		<u>ce Consult.</u> licks ✓	Bouten Brandon Potts ✓ Mac McGrath ✓ Sean Gossett Nick Gonzales ✓	
	Attendees			-			

PMN = Post Meeting Note

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

No	Item	Date Due By	Ball in Court
1.	GENERAL / ADMINISTRATION	3 3 5 5 5	
1.1.	 Project Goals, Objectives, & Strategies 14Jan22 - Next review is at 100% CDs; board meeting in February. 04Mar22 - NV5 to send to PMH and project team. Team to review comments and correspond as necessary to resolve them. 18Mar22 - NV5 sent to PMH on March 11. 8Apr22 - NV5 to make sure open items are resolved (e.g. ATM and bill pay). 6May22 - Team to resolve any remaining items from this list during May design review meeting. 3Jun22 - bcDG and NV5 to resolve offline. 	IN PROGRESS	Team
1.2.	5Mar21 – Graham Team	CLOSED	
1.3.	5Mar21 – NV5 Transition	CLOSED	
1.4.	 Contracting Realignment 6May22 - Team to meet on Monday, May 9 to work on contracting strategy moving forward. 13May22 - Perkins Coie advises that, if the press inquires about our project, that PMH may formulate a response. Otherwise, PMH may opt to issue a press release after Graham's contract is closed out on 5/14/22. Team will evaluate the value that other CMGC firms may provide this project. If PMH is unable to reach an agreement with other CMGC firms, PMH may elect to bid the project as a stipulated sum. USDA emphasized that PMH should not assume any risk for inflation with respect to the construction costs. 3Jun22 - Team met with Bouten on 5/27 and will meet again today to review the project. Bouten to finalize review of their fee, stipulated general conditions, etc. NV5 is leading this conversation, especially concerning breadth and depth of preconstruction services. 17Jun22 - NV5 received comments from Bouten. Both parties are working to reach an agreement. PMH would like a completed contract to recommend to the board at the June work session, for approval at the June 30 board meeting. 	IN PROGRESS	
2.	SCHEDULE		Maria Sala
2.1.	4 Month Look-Ahead Schedule	INFO	



2.2.	In-Person Meetings	INFO	
	As noted at the end of meeting minutes.		
2.3.	Overall Project Schedule13May22 - NV5 to prepare revised project schedule forpresentation to the Board, for team review on 5/20/22. Whatmakes sense for a construction start date, to avoid winter weathercosts (e.g. temporary heat)? Team to review with forthcomingreplacement general contractor. ICE may hold up CoN issuance,which may hold up building permit issuance, which could pushconstruction start to the fall.20May22 - NV5 to provide two schedule possibilities: proceedingwith a GCCM, or re-bidding as a stipulated sum project.PMN: schedule will be updated subsequent to negotiations.	IN PROGRESS	NV5
3.	BUDGET		
3.1.	Budget Development	INFO	
3.2.	Medical Equipment (Major and Minor) (moved to item 4.12)	INFO	
3.3.	DZA Feasibility Study	CLOSED	
3.4.	 Financing 6May22 - Gary will continue working with PMH to identify financing options, however, final financing should not occur until the firm, fixed price construction cost is identified. 20May22 - Team is still working on the letter of conditions for USDA. 3Jun22 - USDA wants the Attorney's Opinion of RoW prior to proceeding. Need the easements to be recorded prior to this happening. Water and sewer easement should be on the June 7 council meeting agenda for signature. Team aims to finalize these by June 10. 17Jun22 - Gary feels USDA will need minimum 2-4 weeks for additional financing approval, with an additional 2-4 weeks for DZA to update the feasibility study (total of 4-6 weeks). 	IN PROGRESS	
4.	PROCUREMENT / OWNER-LED ACTIVITIES		1.0
4.1.	GC/CM RFP	CLOSED	
4.2.	 Furniture & Demonstration Furniture 8Apr22 - NV5 to get date from OS on revised package. 15Apr22 - OS is working through some details and questions prior to updating the furniture package. 22Apr22 - NV5 to check on this. 6May22 - Adam to speak with OS regarding project status. 13May22 - OS to prepare final package for next week. OS is also researching the most reasonable procurement timeline (buy furniture upon construction commencement and pay for warehousing vs. risk of inflation year-to-year when purchasing later in the project timeline). Merry and Brian to discuss method for collecting information and feedback on additional demo furniture. Craig requests that Brian be the lead on feedback. Best approach would be a Furniture Fair Friday in a conference room to engage staff. NV5 to facilitate this. 3Jun22 - OpenSquare will present their furniture proposal to the team; need to determine a day/time. Need to include PMH Admin team—30 minutes during Thursday at 2PM - 4PM PT is preferable. PMN: Canceled. NV5 to reschedule with PMH and OpenSquare. 17Jun22 - PMH to provide an alternative meeting date/time. 	INFO	NV5, OpenSquare



4.5. C 4.6. S 4.7. N 0 m 4.8. b 4.9. L 1 p cc d . 2 . 1 . 2 . 1 . 2 . 1 . 2 . 1 . 2 . 1 . 2 . 1 . 2 . 1 . 2 . 1 . 3 . 5 . 1 . 1 . 1 . 1 . 1	Geotechnical Engineer Commissioning Agent Security Design Consultant New Facility Operational Meetings O4Mar22 - Team to commence meetings within the coming months. bcDG Contract Landscape Consultant 11Mar22 - The Foundation would like to incorporate a donor patio/bricks, etc., and would like to know when the landscape contractor will be engaged. As of now, plan is to contract with them during April MACC process. Team to involve the Foundation thereafter. 22Apr22 - Graham received one bid for this work. (PMN) Graham indicates the bid was not compliant and therefore they did not accept it. 6May22 - Close out pending new contractor. 13May22 - PMH requests wildflower planting on fallow parts of the property, as part of the final site landscaping. 17Jun22 - Adam to send plan to Bouten. PMH needs a reasonably landscaped site but understands there might be potential to continue to enhance the landscaping once construction is complete. Telecommunications Provider 8Apr22 - PMH is finalizing the contract with LS Networks. 6May22 - PMH working on existing facility contract. USAC funding cannot apply until a facility is constructed, so PMH will proceed without USAC financing. Flooding from Neighbor Medical Equipment (Major and Minor)	CLOSED CLOSED INFO CLOSED CLOSED CLOSED	PMH
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4.12. M (I b a s 0 1 1		I CLOSED	NIX (C
1 (b a s 0 1 1	Medical Equipment (Major and Minor)	-	NV5
m 1 \$ 2 3 s n 1	14Jan22 - We need to competitively bid all new equipment (lights/booms (Stryker), imaging). Note: lights from current ORs will be moved to new Procedure Rooms, for example. RBA advises against bidding the Steris system and Pyxis system. Need to provide specific dates for "required on site" for all equipment. 04Mar22 - NV5 to check in with RBA for next steps. 11Mar22 - NV5 is conducting a meeting with RBA on 3/17. 18Mar22 - Meeting was moved to 3/18. 8Apr22 - Meeting was moved to 3/18. 6May22 - Adam to check with RBA on updated budget pricing. PMH may increase leased equipment by an additional \$1.4MM. 13May22 - RBA will revisit their cost estimate and send to team for review. They will also review lease options to capture the additional \$1.4MM in leasing PMH would like to pursue. 20May22 - R&B sent a list of proposed leased equipment. NV5 to send to Steve, Dave, Merry, Craig. PMH is also working on reusing more imaging equipment vs. buying or leasing new.		
tl	17Jun22 – Adam to send to Gary. PMH team to review internally and determine which items are appropriate. NV5 to add this review to		
D	17Jun22 - Adam to send to Gary. PMH team to review internally and determine which items are appropriate. NV5 to add this review to the on-site agenda for board week.		



F O	Outlifests of Need		
5.2.	Certificate of NeedPMN: SEPA comment period begins Wednesday, February 23. Therewill be a 30-day comment period. Once all of the agencies havesubmitted their comments, Steve will route them to PMH so thatthey can respond. Then Steve will issue a determination, likely anMDNS. The building plans are currently being reviewed which willsave a lot of time. A building permit can be issued after adetermination has been issued AND the water and sewer have beenconnected.11Mar22 - NV5 to add quarterly milestones for CoN reportingrequirements.18Mar22 - Master schedule now includes CoN reportingmilestones.6May22 - CoN will be issued once SEPA/MDNS is resolved. Adam toforward Perkins Coie comments to Craig re MDNS.13May22 - NV5 to ask PC to draft a letter with their comments.20May22 - bcDG is at work with Transpo Group and will meet today(May 20) to commence the study and expectations with WSDOT.3Jun22 - ICE is in progress, likely complete for WSDAT review end ufJune or beginning of July. NV5 sent the city a letter response to thedraft MDNS on June 2.	IN PROGRESS	NV5, ECE, HFI
	17Jun22 – Transpo group will have draft ready next week for team.		
5.3.	 Water & Sewer (City) 8Apr22 – NV5 to coordinate with City concerning water and sewer needs ahead of building permit. This is currently driving schedule. 22Apr22 – The City indicates work will be complete in May, which should work with groundbreaking. 6May22 – Adam to check on status. 13May22 – Per Marty on 5/12, work to be complete in May. 17Jun22 – PMN water and sewer are complete. Water is undergoing final testing for acceptance. 	IN PROGRESS	NV5; City of Prosser;
5.4.	 City Permit Review 21Jan22 - Graham will apply for a building permit, and PMH will pay the permit fee to the City directly. Graham to tell PMH what the total fee is. 11Feb22 - Chris to check with Bret on how the City review process is going. 04Mar22 - Graham states the City's review process is proceeding normally, as far as they know. 18Mar22 - NV5 to aggregate permit review comments in a spreadsheet (maybe a shared document). 22Apr22 - (PMN) NV5 sent link to bcDG after meeting. 6May22 - Adam to have Graham removed from building permit app. 13May22 - NV5 emailed the City on 5/12 requesting this. 	IN PROGRESS	NV5, PMH



5.5.	State Permit Review	IN PROGRESS	bcDG, DoH,
	03Dec21 - bcDG will host bi-weekly reviews with the DoH in order to		PMH
	break the project down into more manageable areas for review.		
	Merry Fuller working on updating procedure matrix (exhibit to		
	functional program).		
	10Dec21 – NV5 and bcDG to confirm with DoH: can we commence		
	sitework ahead of formal DoH approval? What happens if DoH		
	review goes beyond 3/21/21? Need to ask this. Hilary to check with		
	DoH.		
	14Jan22 – Need to meet with DoH on requirements for the move		
	process-transitioning from one building to another in compliance		
	with the CoN. DoH indicates sitework may proceed ahead of formal		
	DoH approval.		
	21Jan22 – bcDG will transmit the 100% CDs to the DoH for their		
	review.		
	04Feb22 – 100% CDs must be submitted to the state no later than		
	10 days after submission to the City; bcDG to submit CDs to DoH by		
	Monday (Tuesday at absolute latest, which is the 10-day mark).		
	11Feb22 – bcDG submitted drawings and specifications to the DoH		
	on 2/8. Hilary to check what to expect next from the DoH. PMN:		
	bcDG emailed Matthew on Friday, 2/11, but have not heard		
	anything back.		
	PMN: what is the designation for the clinic? DoH needs to know.		
	04Mar22 – no update from State; bcDG to check in. Clinic is not a		
	RHCit is an outpatient dept of PMH.		
	11Mar22 – DoH appears to be currently reviewing the project. We		
	could expect comments back in the next few weeks.		
	18Mar22 – bcDG will submit to L&I this week.		
	8Apr22 – DoH has a handful of comments that must be addressed		
	ahead of construction, but the remainder may be addressed		
	concurrent with construction. WA DOE returned comments		
	concerning the site (wetlands and stormwater discharge); Civil is		
	reviewing.		
	15Apr22 – Merry to attend DoH call on Tuesday.		
	22Apr22 – DoH call went well. bcDG is working to resolve the		
	"critical" comments needed for a building permit. The majority of		
	comments may be resolved during construction. bcDG aims to issue		
	revised drawings and a response letter in two weeks' time.		
	6May22 – Design team was paused on comment response, but will		
	reconvene on the comment review and provide a response to the		
	AHJs this month (May).		
	13May22 – Team is working on responses this month.		
	20May22 - The design team intends to issue drawings associated		
	with the comment responses. The comment responses should be		
	ready within ~2 weeks, drawings will be forthcoming thereafter. The		
	DoH comments are the most substantial and the team intends to		
	respond to those in June(?). bcDG to meet with team to finalize		
	timing on this.		



5.6.	Electric Service	CLOSED	
	6May22 – BPUD completed overhead work to serve the site and is		
	awaiting call for final service connections.		
	13May22 – BPUD indicated they have our transformer in their yard.		
	NV5 to check on this on a regular basis. PMH asks if they need to or		
	should pay for the transformer to hold it in the yard.		
	PMN: BPUD confirmed the transformer is tagged in their yard for		
	PMH.		
5.7.	Program Review	CLOSED	
5.8.	Nurse Server Mockup	CLOSED	
5.9.	NV5 DD Review	CLOSED	
5.10.	Design Progress Update	IN PROGRESS	bcDG, Grahar
	6May22 - Team to address any design changes once the VE details		· ·
	are received from Graham.		
	13May22 – Graham will send VE log by next week.		
	20May22 - Team to review what Graham sent.		
	3Jun22 – bcDG is working on renderings of the revised roof options,		
	for PMH to review the week of June 6. Once the roof line is approved		
	by PMH, bcDG will determine what their remaining design schedule		
	looks like. PMH needs drawings completed by July so that the GC		
	can provide a GMP by mid-August.		
	17Jun22 – bcDG is working with subconsultants to establish a		
	shorter schedule. What could be very critical is the Buy America(n)		
	requirement. Design team will need additional time to revise their		
	bid documents so that it is based on Buy America(n). See item 5.16		
	below in these meeting minutes.		
5.11.	SVID coordination	IN PROGRESS	NV5
5.11.			
	11Feb22 – NV5 to request SVID to complete all work, lateral and		
	culverts included.		
	11Mar22 – Design for using irrigation water? Hilary to ask ECE.		
	PMN: ECE can't provide this service. Graham will investigate working		
	with the landscape contractor to provide this.		
	18Mar22 – SVID proposes to bury the ditch on PMH property as		
	their preferred option. If SVID is going to underground the entire		
	ditch, which is not PMH's preference, then PMH will not contribute to		
	costs to underground the ditch.		
	8Apr22 – PMH wants at least a letter from PC to SVID. If the pipe is		
	buried, can it be placed at perimeter and not through the middle of		
	the site?		
	22Apr22 – Given the cost is less than installing concrete culverts,		
	we should proceed with undergrounding; is along the perimeter		
	better than diagonally through site? NV5 to work with SVID on this		
	and the location of manholes.		
	6May22 – Adam to send Craig cost info and timing.		
	13May22 – SVID would charge an additional \$30k for a perimeter		
	routing. Team is leaning toward this option, as it clears the center of		
	the site. NV5 to work with ECE and SVID on what this will entail		
	(easement, especially).		
	3Jun22 – NV5 to maintain progress with SVID on rerouting. bcDG is		
	working with ECE to address the neighboring subdivision's request		
	to tap into the SVID overflow. NV5 to respond to the neighbor to let		
	them know that we are likely rerouting the overflow.		
	PAR Process	CLOSED	

Prosser Memorial Health Replacement Hospital



5.13.	Traffic Study 8Apr22 – Team to coordinate Transpo Group, ECE, bcDG etc. to create a rebuttal to the draft mitigation measures. Is there a "form" that the City/State requested in the draft mitigation? 15Apr22 – Team met with the City on 4/13/22. Team will draft a response letter for the City by 4/20/22. 22Apr22 – PC reviewing; aim for a letter early the week of April 25. 6May22 – Transpo group has a proposal for the ICE study; Kurt to fwd. The study will take several (6) months. ICE should be ready 4-6 weeks from NTP to Transpo; it's up to WASDOT & their review timeline thereafter (anticipate 3-4 months). 13May22 – Kurt to forward the proposal to the team in order to proceed with the ICE. 20May22 – Team to proceed with ICE ASAP. 3Jun22 – See item 5.2 above. 17Jun22 – Draft of ICE should be ready the week of June 20.	IN PROGRESS	ECE/bcDG
5.14. 5.15.	HelipadPneumatic Tube System18Mar22 - NV5 will coordinate a design review meeting with PMHdept heads to sign off on station locations and features.8Apr22 - Team to work together next week to resolve 2 nd floorstation locations.15Apr22 - Team to review on site week of board work session.6May22 - Adam to review notes from previous meetings and workto resolve the final location on the 2 nd floor.13May22 - NV5 to investigate assuming P-tube contract or GCCMassuming it.3Jun22 - NV5 to work with Swisslog and new GC to renew contractfor system. Need to ask PC-do we need to rebid?17Jun22 - NV5 to share contact info and Bouten to reach out tothem.	IN PROGRESS	NV5



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5.16.	USDA Review	IN PROGRESS	NV5
	15Apr22 – USDA indicated that they recommended approval		
	internally, but that they have not received final concurrence from		
(their team. Adam to follow up with USDA on Monday, April 18.		
	22Apr22 – USDA sent their concurrence on the GC contract on April		
	21. NV5 sent email to USDA on 4/22 inquiring as to status of the		
	Architect's contract.		
	6May22 – USDA sent their concurrence on the Architect's contract		
	on May 4, 2022.		
	13May22 – NV5 to check on USDA review of drawings.		
	20May22 – USDA sent a summary of their status via email. They		
	indicated they need the following prior to concurrence for		
	construction: I show the following is needed prior to		
	construction/bid:		
	 Evidence of the BofA equipment lease \$3.6MM secured 		
	Evidence of Applicant contribution \$17,300,000 deposited		
	in the construction account. (\$2.6 of the funds will be		
	identified in the Out Lay Report as interim financing)		
	 Submittal of evidence of required permits. 		
	 Approval by USDA of plans and drawings 100% 		
	R-O-W documents need updated and submitted after		
	permits are received.		
	 Project Manager Resume (already submitted) 		
	 RFQ, RFQ short list, request for proposal, recommendation 		
	of Award, Executed Contract		
	Final Plans and specification for the project.		
	AlA contracts: USDA to complete review and approval of		
	new contractor		
	Civil Rights Compliance Review and Limited English		
	Proficiency review.		
	 Non-Discrimination statement to be added as outlined in 		
	the Letter of Conditions		
	 Posters to be posted and pictures submitted to USDA for 		
	concurrence		
	 Certificate of Need to be submitted to USDA 		
	17Jun22 – Gary understands we may need to convert to "Buy/Build		
	America Act" should we appeal to USDA for additional funding. As of		
	now, this is not part of the design docs/specs, and converting to the		
	Act would incur additional time and cost. Gary to check with Anita		
	(USDA) to understand the risk of this applying to our project.		
5.17.	Bulk Oxygen System		
	21Jan22 – Team to review options presented by Oxarc on 1/17/22.		
	NV5 to check budget and review w/PMH on Tuesday.		
	04Feb22 – NV5 to follow up on what PMH would like to do.		
	04Mar22 – NV5 to work with Oxarc on a new contract.		
	18Mar22 – NV5 coordinating a meeting date/time.		
	8Apr22 – NV5 to share the latest addendum with Oxarc.		
	22Apr22 – Team to forward bulk farm comments from DoH to Oxarc,		
	same with the latest drawings.		
	6May22 – Adam to forward drawings as noted above.		
	20May22 – Oxygen farm is not likely to change due to VE.		
	17Jun22 ~ NV5 to facilitate meeting with Oxarc and design team.		
5.18.	New Address	CLOSED	



5.19.	Lot Consolidation of Site 20May22 - The City added another comment to the MDNS on May 2, 2022, which stipulates the building may not cross parcel lines. NV5 to work with civil engineer and surveyor to resolve this issue, and re-plat the property if needed. 17Jun22 - City has the application, they just need payment from PMH. David to coordinate payment. Consolidation deed is being reviewed by City legal team and will then be forwarded to the team. Once the new parcel number is created, someone from PMH team will need to record it at the County.	IN PROGRESS	bcDG, ECE, NVS
6.	PRE-CONSTRUCTION	1. M26 5 45 5	
6.1.	 Value Engineering (VE) Process 80ct21 - Next VE phase would make substantial changes to aesthetics and function. This step will only be pursued if needed in the future. Moving forward, the team continues to work to identify opportunities for value engineering within the current design. 6May22 - Graham offered final ROM for VE as part of wind-down. Team to follow up on this. 13May22 - Graham noted on 5/13 that they would send the current VE log ASAP. 3Jun22 - Team reviewed latest VE items with the board at the May work session and is proceeding with incorporating these items into the design. 17Jun22 - bcDG is incorporating previously approved VE items. Subsequent to page turn meeting and team meetings, Bouten is working with ECCM/MCCM team to vet any other VE items. 	INFO	
6.2.	ECCM/MCCM Procurement	CLOSED	
6.3.	Preconstruction Contract Amendment	CLOSED	
6.4.	CM Estimating	CLOSED	
6.5.	Early Procurement	CLOSED	
6.6.	MACC prep	CLOSED	
6.7.	Construction Commencement	CLOSED	
6.8.	Building Permit 21Jan22 – Graham is responsible for coordinating the building permit per contract section 7.6.3. 6May22 – See item 5.4 above.	CLOSED	
6.9.	Graham Wind-Down	IN PROGRESS	

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

Next Online Meeting

 Date:
 Friday, June 24, 2022, at 10:00am CT / 9:00am MT / 8:00am PT; TEAMS

Upcoming In-Person Meetings

Tuesday, 6/28 – Board Work Session Thursday, 6/30 – Board Meeting

Attachment C

Tas Mo	k Task Name	Duration	Start	Finish	% Complete	Predecessors	May	June	July	eus Ieus Ieus	August	September	/i.e., ika-
WIC		2 d vs	THUS/SU22	513/45/22	15290	4/	/24 5/1 5/8 5/15 5	22 3/29 6/5 6/12	2 6/19 6/26 //3	1/10 //1/ //2	1 7/31 8/7 8/14	8/21 8/28 9/4 9/1	1 9/18 9/25
-													
	Begin Process to Engage new CM	28 days	Mon 5/23/2	2Thu 6/30/22	2 58%		r						
-	Confirm Process w/Legal Counsel	3 days	Mon 5/23/2	2Wed 5/25/2	2100%								
0 🖈	Begin Negotiations on Services	0 days	:Mon 6/6/22	Mon 6/6/22	100%	9		6/6					
1 🖈	Review / Confirm Contract Terms	15 days	Mon 6/6/22	Fri 6/24/22	50%	10							
12 🖈	Confirm Direction w/Board	0 days		Tue 6/28/22					6/28				
13 🖈	New CM On-Board	0 days	Thu 6/30/22	Thu 6/30/22	.0%				• 6/30				
14 -	Value Engineering Development	61 davs		Man 7/25/2	1.400/								
16	Receive Final list from past CM	O days		Mon 7/25/2 Fri 5/13/22			• 5/13						
17	Add to / develop Alternates	16 days		Mon 5/23/2									
18		D days		2Mon 5/23/2		17		5/23					
19 🖈	Confirm Direction	0 days		Thu 5/26/22		17		5/26					
20	Continue Development	23 days		Mon 6/27/2		19		1					
21	Update Board on Progress on roof			Tue 6/28/22					▲ 6/28				
22	Present / Review w/CM	0 days		Thu 6/30/22		13			6/30				
23	, ,	10 days		Wed 7/13/2		22							
24				Mon 7/25/2		21			+				
25	, ,	0 days		2Mon 7/25/2		24					7/25		
26 🖏		,	1	, ,									
27 🔩	AHJ Response Document Developme	er 55 days	Mon 5/16/2	2Fri 7/29/22	54%						1		
28 🖈	Incorporate Local AHJ Comments	35 days	Mon 5/16/2	2 Fri 7/1/22	75%		1		1				
29 🔩	Confirm Local AHJ Comments	10 days	Mon 7/4/22	Fri 7/15/22	:0%	28			1	-			
30 📌	Incorporate / Review DOH Comme	n155 days	Mon 5/16/2	2 Fri 7/29/22	50%		The second se				4 j		
31 🚽	Submit Revised Drawings to DOH	0 days	Fri 7/29/22	Fri 7/29/22	0%	30					7/29		
32 🛶		0 days	Fri 7/29/22	Fri 7/29/22	0%	30					7/29		
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36				Tue 8/2/22		35							
37	Questions / Addenda	10 days		Tue 8/16/22							*		
38	•	15 days		Tue 8/23/22		36					1 <u>0</u>	8/23	
39 🖏	Bids Received / Opened	0 days	1 ue 8/23/22	Tue 8/23/22	2 0%	38						0/23	
			Task			Inactive Task		Manual Summary Rollu	ip	External Mileston	e 🔷		
			Split	6515494		Inactive Milestone		Manual Summary	· · · · · ·	Deadline	+		
	MH Replacement Hospital - GCCM Realign 6/21/22	nment	Milestone	٠		Inactive Summary	8 8	Start-only	E	Progress	-		
Jate: TUE	0/21/22		Summary	-		Manual Task	1	Finish-only	3	Manual Progress			
			Project Summar	rv —		Duration-only	-	External Tasks	_				

	Task Name	Duration	Start	Finish	% Complete	Predecessors	May	June	July		August	September	Octo
40 Mode	Review / Recommendations on Bids	10 days	Mind 8/74/7	2Tue 9/6/22	09/	39	4/24 5/1 5/8 5/15 5	6/22 5/29 6/5 6/12	6/19 6/26 7/3	7/10 7/17 7/24 7	7/31 8/7 8/14 8/2	1 8/28 9/4 9/11	9/18 9/25 10
40 3	Propossed MACC Amendment	0 days		Tue 9/6/22		40						\$ 9/6	
42	Propossed MACC Amenument	0 uays	100 9/0/22	Tue 9/0/22	0%	40						• 5/0	
43	SEPA / CON / USDA Processes	95 days	Mon 5/23/2	2Fri 9/30/22			-						
44	Complete MDNS w/City	90 days		2 Fri 9/23/22									
15 📌	PC Letter to City	7 days		2Thu 6/2/22				B					
46 式	Review & Negotiation	10 days	1	Thu 6/16/22		45		-					
47 🖈	ICE Study	4 mons		2 Fri 9/9/22									
48	Final Direction	10 days		2 Fri 9/23/22		47							
49 🛶	SEPA Issued	0 days		Fri 9/23/22		48							<mark>₹ 9/2</mark> 3
50 🛶	CON Issued	0 days	Fri 9/30/22	Fri 9/30/22	0%	49FS+5 days							A 2
51 🖏	USDA Tasks	80 days	Mon 6/13/2	2 Fri 9/30/22	0%								
52 🖈	RoW Certs Received	0 days	Mon 6/13/2	2 Mon 6/13/2	20%			♦ 6/	13				
53 🌉	Final Drawing Review	2 mons	Tue 7/26/22	Mon 9/19/2	20%	24							
54 🖏	Issue OK To Proceed	0 days		Fri 9/30/22		53,50							*
54													**
54 - , roject: PM ate: Tue 6	Issue OK To Proceed	0 days		Fri 9/30/22	0%			Manual Summary Rollup Manual Summary Start-only Finish-only		External Milestone Deadline Progress Manual Progress	¢		*

Attachment D

Prosser Memorial Hospital

Recommended N

Not Recommended Deduct Alt Blds

Value Engineering Log GMP

VE #	VE Description	VE Notes	Construction Cost	FFE Cost	Design Cost	Design Team Comments
A1	Storage in lieu of Cancer Center as Alternate Bid, not true VE	Need FFE Costs run down	(753,300.00)	(50,000.00)	0.00	2511 SF
A2	Switch out Armstrong ceilings for regular ACT inside MOB Clinics (not public corridor)	assume \$15/sf	(5,175.00)	0.00	0.00	345 SF (Sheet A214)
A3	Eliminate wallcovering in Waiting Rooms, Mt. Adams	assume \$9/sf	(11,520.00)	0.00	550.00	approx. 1,280 SF (Finish Sheets)
A4	Eliminate Tackable panels at Caregiver Stations	RS Means (assume \$6/sf Graham had \$20/sf in 50% CD Estimate. lassumed \$10 for this)	(17,100.00)	0.00	330.00	
A5	Change AF1 resin to glass with film in room dividers (Lobby and Surgery Waiting)	Negligable Cost	0.00	0.00	0.00	202 SF
A6	Eliminate Acoustical Baffles in Education Center	×.×.	(7,500.00)	0.00	220.00	16 baffles
A7	Eliminate Resin band above ED reception, replace with gyp soffit		(12,500.00)	0.00	0.00	14 SF
A8	Eliminate WP2, high-impact gyp in Exam rooms	Wall covering =22.50/sf = 17100 impact resistant gyp 2.50 + 1.10 for paint 3.50/sf = 2660	(14,440.00)	0.00	0.00	approx. 760 SF (WP Sheet A944)
A9	Eliminate Metal panels around column in ED waiting, replace with accent paint		(12,000.00)	0.00	220.00	
A10	Eliminate WT3 behind banquette in Dietary - NW wall	remove cost of tile (+1.10 for paint)	(900.00)	0.00	0.00	78 SF (Finish sheet A912)
A11	Change Operable Partitions	assumed \$170/sf = 136,000 (skyfold quote is 363925	(227,925.00)	0.00	20,000.00	
A12	Change the curtain track from On the Right Track to- traditional roller track	\$1/LF-savings	(721.00)	0.00	0.00	
A13	Change roofing from mechanically fastened to ballasted	Bad Idea	0.00	0.00	0.00	
A14	Reduce gyp ceiling elements down MOB corridor	Not-worth it.	0.00	0.00	0.00	(Sheet A214)
A15 A16	Eliminate gyp ceiling elements down MOB corridor Change Laminam panels to paint at elevator lobby and waiting rooms	assumed \$50/sf	(50,000.00)	0.00	5,000.00	(Sheet A214) 190 SF (Finish sheets)
A17	Change window sills from solid surface to plam	55.5 If plam 125 If ss (figure out sf of window sills (1000 If window sills) Plam 17/sf ss 32/sf (500sf)	(7,500.00)	0.00	2,500.00	
A18	Shell out OR 3	по до	0.00	0.00	0.00	Don't know if that is an option for PMH, but let's get a value
A19	Eliminate lit cove base, replace C3 with accent wallcovering or paint	Covered in Item E1	0.00	0.00	0.00	
	Eliminate (4) P7A linear fixtures from ED waiting	Included in Elec Below	0.00	0.00	0.00	
A21	Take C5 back to a tape light (Lobby and ED Waiting)	Included in Elec Below	0.00	0.00	0.00	

Prosser Memorial Hospital

Recommended Not Recommended

Deduct Alt Bids

Value Engineering Log GMP

		traction 146500, hydrolic 131400				
A22	Holeless Hydraulic Elevator in lieu of traction	(90%)	(42,600.00)	0.00	5,000.00	
C1	Delete eyebrow at lobby/entrance		(70,000.00)	0.00	15,000.00	
	Reduce spandrel glass and replace with EIFS along back					
C2	elevations	\$40/sf difference	(33,220.00)	0.00	2,500.00	
C3	Reduce spandrel glass and replace with EIFS along front elevations	\$40/sf difference	1404 040 001	0.00	7 500 00	
C3	Reduce parapet height at upper roof	\$40/st difference	(104,240.00)	0.00	7,500.00	
_			(566,520.00)	0.00	120,000.00	
C4a	Reduce parapet height +/- 2' to meet City Req's	and an in the second	(75,000.00)	0.00	15,000.00	
C5	Delete 2nd floor patio		(25,000.00)	(2,500.00)	10,000.00	
C6	Prefab canopies at surgery pick-up and dock areas	no-idea	0.00	0.00	0.00	
	Eliminate interior hallway between ED lobby and main-		NAM 1957537107 - 581301			
C7	Lobby	no go	(349,600.00)	0.00	35,000.00	
C8	Change double faux columns to single at eyebrow	no-go, not-decorative	0.00	0.00	0.00	
C8a	Painted columns in lieu of clad columns?	Design team to research exterior grade faux wood paint options	?	?	?	Design team to research exterior grade faux wood paint options
E1	Lighting Value Engineering Package (excludes fixture S2)		(195,887.00)	0.00	0.00	
E2	Eliminate Lighting Fixture type WG1		(16,261.00)	0.00	0.00	
E3	Audio - Video system reduced features		(72,000.00)	0.00	2,500.00	
E4 E5	PA System control via OFOI phone system in lieu of standalone master controls Sound Masking over PA Systems at hospital area		(11,200.00)	0.00	0.00	Review with Phillip and UPS in data closets
E6	Nurse Call reduced duty stations and software		(22,400.00)	0.00	0.00	
E7	Nurse Call change to Responder 5000 in lieu of Responder 5		(89,600.00)	0.00	0.00	
E8	TV Distribution over Coax vs CAT6		(50,400.00)	0.00	0.00	
M1	Scope deducts based on headwall add	Not an option without profab- headwalls	(55,509.00)	0.00	0.00	
S1	Alt bid to deduct Helipad - Provide some pathway for future		(21,600.00)	0.00	1,500.00	
S2	Alt bid to deduct Pre-Eng. Storage Building		(134,000.00)	0.00	2,500.00	
\$3	Delete Walking Trail	no go	0.00	0.00	0.00	

Totals, exlcuding sales tax and GC/CM Fee	Recommended	(977,253.00)	0.00	58,820.00	(918,433.00)
	Not Recommended	(897,855.00)	(2,500.00)	150,000.00	(750,355.00)
	Deduct Alt Bids	(774,900.00)	(50,000.00)	1,500.00	(823,400.00)

Attachment E

Previously Approved Design with Higher Roof



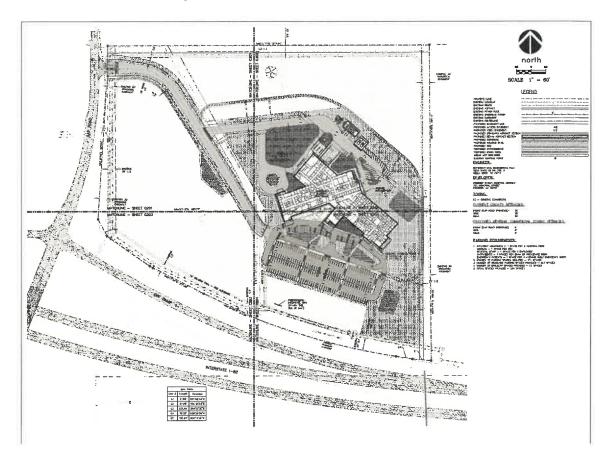
Proposed Design with Lower Roof





City of Prosser Washington Mitigated Determination of Non-significance (MDNS). DRAFT

Type of Application: SEPA Checklist Date of Application: February 15, 2022 Name of Applicant: Prosser Memorial Hospital Location of Project: Parcel Numbers 135942000010000, 135942000011000, 135942000012000 having a common address of 200 Prosser Health Drive (private road).



Description of proposed project: Construction of a new 25 bed critical access hospital in Prosser, Washington. The hospital will be roughly 101,000 sf in size with a building footprint of approximately 75,0000 sf. The hospital will be situated on a 31.9 acre greenfield site that is located north of I-82 and west of Gap Road.

The lead agency for this proposal has determined that it does not have a probable significant adverse impact on the environment. An environmental impact statement (EIS) is not required under RCW $\underline{43.21C.030}$ (2)(c). This decision was made after review of a completed environmental checklist and other information on file with the lead agency.

This MDNS is issued after using the optional DNS process in WAC <u>197-11-355</u>. There is no further comment period on the MDNS.

Responsible Official: Steve Zetz Position/Title: City Planner Address: 601 7th Street, Prosser, WA 99350 Date:

The City of Prosser Washington, the lead agency for the proposal and is issuing a final Mitigated Determination of Non-Significance (MDNS) under the Washington State Environmental Policy Act Rules (Chapter 197 -11 (WAC) Washington Administrative Code). After review of a completed environmental checklist and other information on file, the City of Prosser, Washington has determined this proposal will not have a probable significant adverse impact on the environment provided the identified mitigation measures are complete prior to the issuance of the final occupancy certificate. An environmental impact statement (EIS) is not required under Revised Code Of Washington (RCW) 43.21C.030 (2)(c).

The environmental review and related documents pertaining to this project are available to the public upon request at the City of Prosser Planning Department and are available for review on the City of Prosser Website www.cityofprosser.com and include the following:

SEPA Checklist Site Plan Application

MITIGATION REQUIREMENTS

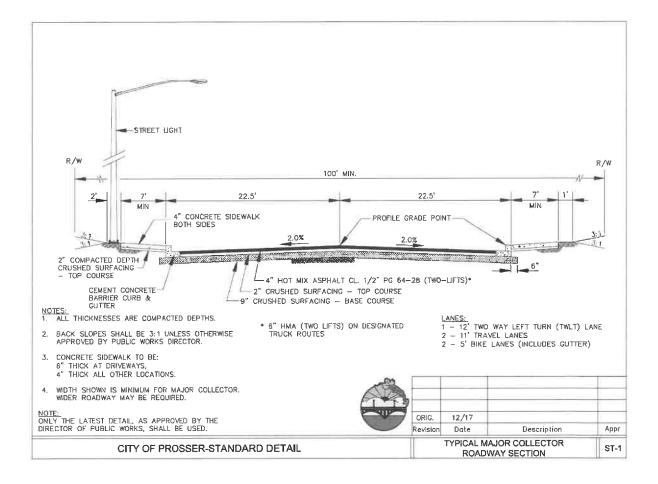
The identified mitigation measures include mitigation for potential impacts to the following:

Earth, air, environmental health, land and shoreline uses, light and glare, transportation, and utilities.

The full text of the identified mitigation measures are set forth below and are available for review at the City of Prosser Planning Department and are also available on the City of Prosser Website <u>www.cityofprosser.com</u>

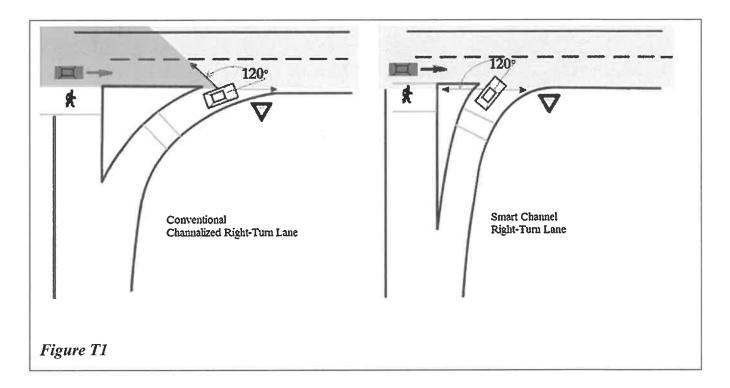
1. A Storm Water Drainage Retention Plan (Erosion Sediment control Plan) is needed for all construction sites as required by the State Department of Ecology. A City approved storm drain plan should retain storm water on site. Erosion control measures must be in place prior to any clearing, grading or construction. These control measures must be able to prevent soil from being carried into surface water (this includes storm drains) by storm water runoff. Said retention and disposal may require the installation and maintenance of oil/water separators. Storm water runoff calculations and drainage facilities sizing calculations must be prepared by a Washington Registered Professional Engineer and be submitted to the City for review and approval prior to construction. A National Pollutant Discharge Elimination System (NPDES) Construction Storm Water General Permit may be required if there is a potential for storm water discharges from a construction site larger than one acre. Obtaining a permit is at least a 38 day process. Please submit a permit application to the State Department of Ecology at (509) 575-2807. Please provide the City with a copy of the State permit if required.

2. Gap Road fronting the applicants development must be improved to City of Prosser standards for major collectors, ST-1.



Applicant will be required to construct half street road improvements along the frontage of Gap road abutting applicants property. Improvements include sidewalk, curb, gutter, street lighting, storm drainage, and will also include a "smart right turn slip lane" (Example: Figure T1) lane for northbound traffic to make free yielded right turns eastbound into the applicants project. Applicant will submit road improvement plans to the City of Prosser for review prior to

construction. Dedication of Right of Way may be required in order to accommodate the road widths and slip lane. This mitigation measure is required to ensure that emergency vehicles and future traffic can safely enter the site with minimal delays at the controlled intersection.



Applicant will construct all required intersection improvements as identified in the TIA and approved by the City of Prosser.

ALTERNATIVE: Applicant may propose an alternate design to the slip lane requirement and submit to the City of Prosser for review.

In lieu of sidewalk improvements the Applicant may enter into a use agreement to allow for the public use of the walking trail adjacent to Gap road. Such an agreement must allow for the connection of future pedestrian improvements which would accommodate travel from the south of the project.

3. The property shall submit plans for lighting fixtures that will reduce glare and light onto neighboring properties. All lighting must be directed away from adjoining properties and be installed in such a manner as to minimize light scatter onto adjacent properties and roadways. Lighting plans must meet Prosser Municipal Code.

4. Applicant will provide all necessary easements for public utilities on the applicants property. This includes water, sewer, power, irrigation, and communication.

5. Any and all signage on the property will need to comply with the State Scenic Vistas Act of 1971 and the Prosser Municipal Code.

6. All permits required by Benton County Clean Air Authority and the Washington State Department of Ecology shall be acquired prior to issuance of the building permit.

7. Noise impacts to adjacent properties must be reasonably mitigated. Mitigation may include the addition of landscaping features that will reduce the impacts of noise and provide an environmentally friendly addition to the landscape. Poplars, Arborvitaes or similar site and noise screening vegetation may be used.

8. Applicant must allow for a pedestrian access connection to its pathway from the residential development to the east of the applicants project site consistent with the goals and policies of the Prosser Comprehensive Plan.

9. Applicant must comply with the requirements identified in the Washington State Department of Transportation comment letter dated March 18, 2022, specifically to submit an Intersection Control Analysis (ICE) prior to approval of final civil designs.

10. Applicant may be required to consolidate parcels to ensure that no proposed structure crosses boundary lines.

There is no agency appeal

Final MDNS Issuance Date:

STEVE ZETZ PROSSER COMMUNITY DEVELOPMENT DIRECTOR

Attachment G



June 1, 2022

Steve Zetz City Planner Construction Review Services City of Prosser

Re: Draft Mitigated Determination of Non-significance (MDNS), received May 2, 2022

Dear Mr. Zetz,

We have reviewed the Mitigated Determination of Non-Significance (MDNS) for Prosser Memorial Health (PMH) and have developed the following responses. Please see responses below for each item. Thank you.

1. A Storm Water Drainage Retention Plan (Erosion Sediment control Plan) is needed for all construction sites as required by the State Department of Ecology. A City approved storm drain plan should retain storm water on site. Erosion control measures must be in place prior to any clearing, grading or construction. These control measures must be able to prevent soil from being carried into surface water (this includes storm drains) by storm water runoff. Said retention and disposal may require the installation and maintenance of oil/water separators. Storm water runoff calculations and drainage facilities sizing calculations must be prepared by a Washington Registered Professional Engineer and be submitted to the City for review and approval prior to construction. A National Pollutant Discharge Elimination System (NPDES) Construction Storm Water General Permit may be required if there is a potential for storm water discharges from a construction site larger than one acre. Obtaining a permit is at least a 38-day process. Please submit a permit application to the State Department of Ecology at (509) 575-2807. Please provide the city with a copy of the State permit if required.

PMH Response: Please see attached letter (Exhibit A) from PMH's counsel, Perkins Coie.

2. Gap Road fronting the applicant's development must be improved to City of Prosser standards for major collectors, ST-1. Applicant will be required to construct half street road improvements along the frontage of Gap Road abutting applicant's property. Improvements include sidewalk, curb, gutter, street lighting, storm drainage, and will also include a "smart right turn slip lane" (Example: Figure T1) lane for northbound traffic to make free yielded right turns eastbound into the applicant's project. Applicant will submit road improvement plans to the City of Prosser for review prior to construction. Dedication of Right of Way may be required in order to accommodate the road widths and slip lane. This mitigation measure is required to ensure that emergency vehicles and future traffic can safely enter the site with minimal delays at the controlled intersection. Applicant will construct all required intersection improvements as identified in the TIA and approved by the City of Prosser.

723 Memorial Avenue, Prosser WA 99350 | 509.786.2222 | prosserhealth.org

ALTERNATIVE: Applicant may propose an alternate design to the slip lane requirement and submit to the City of Prosser for review.

In lieu of sidewalk improvements the Applicant may enter into a use agreement to allow for the public use of the walking trail adjacent to Gap Road. Such an agreement must allow for the connection of future pedestrian improvements which would accommodate travel from the south of the project.

PMH's Response: PMH's transportation consultant, Transpo Group, has reviewed this requirement and developed the following response:

The Prosser Memorial Hospital Traffic Impact Analysis, January 2022 showed with the proposed project the site access at N Gap Rd is anticipated to operate at LOS B with 13 or less seconds of delay per vehicle during the weekday AM and PM peak hours in 2025. The analysis did not show the need for a northbound right-turn lane to meet LOS standards and shows that delays and vehicle queues are anticipated to be minimal along N Gap Road. Limited delays are anticipated for emergency vehicle access given the projected LOS B operations and the use of emergency sirens and lights. The proposed right-turn slip lane will increase the distance pedestrian crossings within the street and results in additional conflicts points for pedestrians with vehicles. Given this data, PMH respectfully requests this mitigation measure be removed from the project.

3. The property shall submit plans for lighting fixtures that will reduce glare and light onto neighboring properties. All lighting must be directed away from adjoining properties and be installed in such a manner as to minimize light scatter onto adjacent properties and roadways. Lighting plans must meet Prosser Municipal Code.

PMH Response: Refer to attached (Exhibit B) light fixture specification sheets for the proposed light fixtures. The fixtures are full cutoff, and the layout of them on the site attempts to avoid all light trespass onto adjacent properties.

4. Applicant will provide all necessary easements for public utilities on the applicant's property. This includes water, sewer, power, irrigation, and communication.

PMH Response: The City water and sewer easement is in process and PMH will record this easement once it has been executed by all parties. See attached fiber communications right of entry agreement, as well as Benton Power Utility District easement for new service (Exhibit C).

5. Any and all signage on the property will need to comply with the State Scenic Vistas Act of 1971 and the Prosser Municipal Code.

PMH Response: Understood.

6. All permits required by Benton County Clean Air Authority and the Washington State Department of Ecology shall be acquired prior to issuance of the building permit.

PMH Response: Understood.

7. Noise impacts to adjacent properties must be reasonably mitigated. Mitigation may include the addition of landscaping features that will reduce the impacts of noise and provide an environmentally friendly addition to the landscape. Poplars, Arborvitaes or similar site and noise screening vegetation may be used.

PMH Response: The proposed project does not inherently create new noise pollution sources. All mechanical equipment is screened or otherwise behind a parapet wall. If there are specific noise pollution sources with which the City is concerned, please identify them and PMH will investigate mitigation measures.

8. Applicant must allow for a pedestrian access connection to its pathway from the residential development to the east of the applicant's project site consistent with the goals and policies of the Prosser Comprehensive Plan.

PMH Response: Please see pedestrian access marked on the attached site plan, drawing C200 (Exhibit D) and C204 (Exhibit E) dated May 4, 2022.

9. Applicant must comply with the requirements identified in the Washington State Department of Transportation comment letter dated March 18, 2022, specifically to submit an Intersection Control Analysis (ICE) prior to approval of final civil designs.

PMH Response: PMH is in the process of completing the ICE and will respond to any comments revealed by the study.

10. Applicant may be required to consolidate parcels to ensure that no proposed structure crosses boundary lines.

PMH Response: The proposed building would reside on multiple parcels. PMH intends to complete a lot consolidation process with the city prior to commencing construction.

Sincerely,

Craig J. Marks Chief Executive Office, Prosser Memorial Health

Attachment H





Benton County Noxious Weed Control Board

509-943-6005 <u>bcnwcb@frontier.com</u> 1841 Terminal Drive Richland, WA 99354

June 9, 2022

Prosser Public Hospital District 723 Memorial St Prosser, WA 99350

Dear Prosser Public Hospital District,

The purpose of this letter is to inform you about noxious weed issues on your property in Prosser, Washington. Located North of I 82 at the Gap Rd exit ramp and East of N Gap Rd, Property ID: 66226, Geo ID: 135942000012000. Property ID: 66225, Geo ID: 135942000010000 Property ID: 66224, Geo ID: 135942000010000 The Benton County Weed Board surveys all areas of the county for noxious weeds. RCW 17.10 has three categories of noxious weeds in Washington State, they are Class A, Class B and Class C.

In recent a survey we have seen Class B weeds on your property. Scotch Thistle --- Onopordum acanthium

These plants require immediate attention so we are requesting action within 10 days of this notice, please contact the weed board office when you receive this letter. We would like to work with you to help determine the best management practice in your particular situation to acquire the desired results at the lowest cost.

The Office Phone Number is 509-943-6005 and is open from 8:00 to 4:00 week days.

Thank you for your attention,

Konrad Kauer: Coordinator



Scorecard for GC/CM Selection for Replacement Hospital

Proposing	g Company:	Bouten Construction	Graham Construction	Jackson Contractor Group	Kiewit	Layton Construction	Lease Crutcher Lewis	Swinerton Construction
Qualification Scoring								
Workload & Project Understanding	5	5	5	5	5	4	5	4
Background & Values	5	5	5	5	4	4	5	3
Company Experience	10	9	9	3	8	10	6	3
Project Personnel	15	15	15	5	8	9	7	5
Regional Experience, Knowledge, Proximity	10	10	10	6	3	10	6	3
Budget/Contingency	10	9	10	9	9	10	9	9
Project Schedule	10	10	10	9	9	9	9	9
Estimating Method	10	9	6	6	6	6	6	3
USDA Experience	5	5	4	4	4	4	5	4
Documentation Management	5	4	4	3	3	4	5	3
Project Approach	10	9	10	6	5	10	9	9
Accident Prevention	5	4	5	4	4	5	5	6
Total SOQ Points:	100	94	93	65	68	85	77	61

SOQ scoring does not contribute to final selection score.

Interview Scoring		BOUTER Construction	Granam Construction	Layton Construction
Presentation	100	95	79	86
Question & Answer	100	93	82	84
Total Interview Points:	200	188	161	170

Fee Scoring

Point Reduction: Fee Points:	100	50.42 49.58	0.00	34.29
% Above Lowest Fee:		50.42%	0.00%	34.29%
Lowest Fee:		\$2,624,500.00	\$2,624,500.00	\$2,624,50
Subtotal:		\$3,947,874.00	\$2,624,500.00	\$3,524,32
Lump Sum Specified General Conditions		\$1,918,574.00	\$952,000.00	\$1,294,32
Fee based on estimated MACC of:	\$44,600,000	\$2,029,300.00	\$1,672,500.00	\$2,230,000
Fee %		4.55%	3.75%	5.00%

STATEMENT OF QUALIFICATIONS

GENERAL CONTRACTOR / CONSTRUCTION MANAGER (GC/CM) SERVICES

Attachment J

PROSSER MEMORIAL HEALTH HOSP/ITAL REPLACEMENT FACILIT

Submitted by:

CONSTRUCTION COMPANY

1

anuary 29, 2021





TABLE OF CONTENTS

Bookmark 1 | Cover LetterBookmark 2 | Company Background and ValuesBookmark 3 | Company ExperienceBookmark 4 | Project PersonnelBookmark 5 | Regional Experience and KnowledgeBookmark 6 | Budget ControlBookmark 7 | Schedule ControlBookmark 8 | Estimating MethodBookmark 9 | USDA ExperienceBookmark 10 | Documentation MethodologyBookmark 11 | Project ApproachBookmark 12 | Accident Prevention Program

Front Cover Image: Kootenai Health Expansion Completed in 2016





January 29, 2021

Craig Marks, Chief Executive Officer **PROSSER MEMORIAL HEALTH**

Paul Kramer, Project Director **NV5**

Dear Craig, Paul and Members of the Selection Committee,

A replacement hospital such as this is a milestone that embodies the success of the past while transforming the place with which Prosser Memorial Health will expand its Mission and Vision in the Prosser community for years to come. Similar to PMH, Bouten has been a trusted partner in the Eastern Washington healthcare community for over 76 years and we are grateful for the opportunity to partner with you to deliver a project that truly matters.

As you review our qualifications, you will find that we are the only GC/CM who is capable of providing the following:

- An unmatched healthcare resume that alone includes delivering over 500,000 square feet of acute care hospital and medical office building space within 60 miles of Prosser in recent years. We will leverage this experience to deliver fully integrated preconstruction services for PMH that focus on driving value, engaging local trade partners, and delivering exceptional quality.
- A competitive price advantage that results from long-term relationships with local trade partners, our stable local work force which allow us to self-perform certain project elements, and because our dedicated project team all live within 30 miles of the PMH project site. These factors will enable us to deliver more scope within your budget.
- This project will be our #1 priority. We have reviewed the schedule and evaluated all preconstruction
 and construction obligations prior to assembling the proposed team. We have the financial and bonding
 capacity to take this on, and we are prepared to dedicate our best resources to ensure a successful
 outcome.
- We have broad experience with Washington State GC/CM projects including a current \$20.0 million expansion and renovation of nearby Southridge High School in Kennewick. Our team understands this project delivery method; therefore, our experience will help you effectively navigate the process to achieve full compliance and an issue-free audit upon project completion.
- This is **our community** which means this is our hospital. Having worked with PMH in the past, we look forward to continuing our relationship while serving as your GC/CM. We believe you will benefit in many ways by adding to your current team a GC/CM who knows the market and has deep ties to local and regional companies who will partner with us to build your new facility.

While studying your project and getting to know members of your team, it appears you are looking for a partner as much as you are a GC/CM. Be assured we are prepared to fill that role while fully embracing the immense responsibility that comes with such an important undertaking. We look forward to the next step in the selection process.

Sincerely and with great interest,

Brandon Potts, Vice President

We hereby acknowledge receipt of RFQ Clarifications Addendum #3 dated January 20, 2021





Provide a brief history of your company.

COMPANY HISTORY

Founded in 1944, Bouten Construction Company (Bouten) is a privately-held corporation with our main office in Spokane, WA and a branch office in the Tri-Cities, WA. Our history is deeply rooted in delivering excellent quality and developing and maintaining strong relationships with clients and business partners who share similar values of honesty, fairness, and teamwork. Today, approximately 75 percent of our client relationships are repeat clients, some of whom we've partnered with since our founding years.

Bouten has always pursued clients who desire a team approach and where integrated construction services are necessary to produce the desired outcome. We thrive



on complex projects that face a tight budget, require robust preconstruction services, and are of great importance to our communities. Because innovation has always been a part of our DNA, it was a natural move for Bouten to incorporate Lean principles into our processes beginning nine years ago. Since then, we have been transforming the way we deliver projects with a focus on streamlining every facet of planning, design and construction activities. Today, our efforts are lowering costs, reducing waste, shortening schedules and improving quality.

HEALTHCARE EXPERTISE

For over seven decades, Bouten has been the region's leading healthcare contractor. Today, a majority of our work involves building outpatient facilities, clinics and medical office buildings, ambulatory surgery centers, acute care hospitals and skilled nursing homes. Our healthcare experts possess specialized skills to undertake projects ranging in size from minor remodeling to new construction on green field sites, similar to the Prosser Memorial Health Replacement Facility. Using a highly integrated team approach, we focus on streamlining every facet of the planning, design and construction process with a deep commitment to driving value through innovation.

OUR CURRENT WORK

Our annual volume in recent years has averaged \$110.0 million while the size of individual projects has ranged upward to \$60.0 million. While 75 percent of our work volume is healthcare, other projects we undertake include: civic/community, higher education, K-12 schools, and commercial. All of our work involves partnering with clients where we provide integrated construction services including general contractor/construction manager (GC/CM), design/build, construction manager at risk (CMAR), construction manager advisor (CMA), and integrated project delivery (IPD).



© 2021 Bouten Construction Company | PMH Replacement Facility - Company Background and Values



Provide information on your company's values and role in the local community. Provide the address of your company's office that will support this project.

BOUTEN VALUES



COMMUNITY COMMITMENT

We take a very active role in the communities we help build. In the Tri-Cities, our community involvement has included board participation in organizations such as TRIDEC, Tri-Cities Chamber, Kadlec Foundation and Pasco School District's Pasco Team Building. Other organizations we support in the area include Young Life, youth sports teams, Grace Clinic, Tri-Cities Cancer Center, Rotary, and school career days to name a few. We also believe our role in any community is to hire and support local businesses. We will extend the same level of commitment to the Prosser community.

OFFICE ADDRESS

The Bouten office address that will support the PMH project is: 1060 Jadwin Avenue, Suite 300, Richland, WA, 99352. Our office is located approximately 30-minutes from the project site.

Provide information on any disputes, including lawsuits, your company has been involved in during the past 10 years.

DISPUTE SUMMARY

Over the past ten years, we have had two legal matters brought against our company. A claim was filed against us in 2017 by a worker who alleged he was exposed to asbestos materials on a Bouten project site in 1969. The claim was settled out-of-court by insurance carriers. We have a current injury claim that was filed against us by a trade partner employee for an injury involving a slip/fall accident on a Bouten job site in 2018. Our insurance company is handling this claim. We have not had any other claims, litigation or arbitration matters filed against us nor have we filed any claims against another party.



"Bouten's preconstruction involvement was outstanding. Their real-time cost estimating allowed us to constantly make informed decision which kept us on budget throughout the entire design process."

> Kent Gregory, AIA TGB Architects Edmonds, WA Kadlec Healthplex





Provide project information for between three (3) and five (5) healthcare projects of similar type, size, and complexity as this project.

RIVER PAVILION: ORIGINAL + EXPANSION

888 Swift Blvd. | Richland, WA

Owner: Kadlec Regional Medical Center Size: 170,000 SF *original* and 100,000 SF *expansion*



The original six-story River Pavilion includes a 36-bed clinical decision unit, 10 state-of-the-art operating rooms with two additional shelled ORs for future use, central processing and distribution, and 84 private patient rooms. Construction of this project, located in the heart of Kadlec's bustling campus, required intense planning and coordination efforts due to its close proximity to the existing open heart surgery operating rooms, the intensive care unit and emergency department, and the adjacent central utility plant. The 2016 expansion project included adding a central plant, four floors and 96 beds to the existing building. This project recently received the ASHE 2020 Vista Award.



OWNER CONTACT

Andrew Martonick, Project Manager Kadlec Regional Medical Center 509.876.1963 andrew.martonick@providence.org

ARCHITECT CONTACT ORIGINAL CONSTRUCTION

James Spencer, Principal Curtis Group Architects 214.378.9810 **EXPANSION**

JD Dryer, AlA, Architect Davis Partnership Architects 303.861.8555

PROJECT DELIVERY METHOD

Construction Manager at Risk (CMAR)

PROJECT BUDGET ORIGINAL CONSTRUCTION

Original Estimate: \$ 50.0 M Original Contract Cost: \$48.7 M Final Contract Cost: \$44.1 M EXPANSION

Original Estimate: \$50.6 M Original Contract Cost: \$50.4 M Final Contract Cost: \$50.4 M

PROJECT SCHEDULE ORIGINAL CONSTRUCTION

Est. Completion: June 2008 Actual Completion: June 2008 **EXPANSION** Est. Completion: Jan. 2017

Actual Completion: Dec. 2016

KEY TEAM MEMBERS ORIGINAL CONSTRUCTION

Reuben Clouse **EXPANSION** Matt Spurgeon Austyn Smith Josh Belt Brandon Nilsson



SACRED HEART MEDICAL CENTER WEST TOWER

101 W. 8th Ave. | Spokane, WA **Owner: Providence St. Joseph Health** Size: 290,000 SF *new* 57,000 SF *remodeled*



Serving as the Construction Manager at Risk (CMAR), Bouten assisted the team to scope the project and help establish budgets that were used to gain health system approval. Extensive value engineering was performed including evaluating alternative structural, building envelope and mechanical systems. Bouten lead the effort to secure all necessary permits and mange a trade partner bid process that resulted in the project GMP coming in below budget. The facility includes: 26 operating rooms, central processing/distribution, women's health center, NICU, and one shelled floor.

OWNER CONTACT

Mike Kelly, former Facility Director Sacred Heart Medical Center 509.939.4852 msnbr5@comcast.net

ARCHITECT CONTACT

David Perzik, Principal Mahlum Architects 503.548.2250 dperzek@mahlum.com

PROJECT DELIVERY METHOD

Construction Manager at Risk (CMAR)

PROJECT BUDGET

Original Estimate: \$70.6 M Original Contract Cost: \$68.4 M Final Contract Cost: \$65.6 M

PROJECT SCHEDULE

Est. Completion: Apr. 2006 Actual Completion: Dec. 2005



- Extensive
 preconstruction services
- Comprehensive phasing and site logistic issues
- DOH coordination



KOOTENAI HEALTH EAST EXPANSION

2003 Kootenai Health Way | Couer d'Alene, ID **Owner: Kootenai Health** Size: 100,000 SF



Bouten served as the Construction Manager Advisor (CMA) on what was the largest project undertaken at Kootenai Health in over 40 years. Bouten provided comprehensive preconstruction services and managed a strict public bid process focused on engaging local trade partners. The design and construction team used Lean pull planning to keep the preconstruction process on schedule while Target Value Delivery proved vital in managing the budget as the project was designed. During construction, various Lean techniques were used, including Last Planner System®, off-site prefabrication, BIM, weekly work plan meetings, and detailed work flow planning which helped the team complete construction three months early and nine percent below budget.



OWNER CONTACT

Derek Miller, Kootenai Health 208.755.1819 dmiller@kh.org

ARCHITECT CONTACT

Michael O'Malley, AlA Principal NAC Architecture 509.838.8240 momalley@nacarchitecture.com

PROJECT DELIVERY METHOD

Construction Manager Advisor (CMA)

PROJECT BUDGET

Original Estimate: \$41.5 M Original Contract Cost: \$40.5 M Final Contract Cost: \$38.2 M

PROJECT SCHEDULE

Est. Completion: Apr. 2016 Actual Completion: Jan. 2016

KEY TEAM MEMBERS Rueben Clouse Weldon Barker

- Fully integrated team approach
- High profile community undertaking
- · Lean project delivery
- Strong local trade partner involvement



PROVIDENCE MEDICAL PARK 16528 E. Desmet Ave. | Spokane Valley, WA Owner: Providence St. Joseph Health Size: 132,000 SF



This is the first project in eastern Washington that incorporated Lean principles during the planning, design, and construction phases. From project inception, the team identified ways to deliver a high level of integration using Lean tools including pull planning, co-location, Last Planner System®, BIM, and constraint management logs. Target Value Delivery (TVD) was used to guide every decision involving building system alternatives, materials, and methods. Cluster work groups were established for the building envelope and structure, mechanical and electrical systems and interior finishes. The TVD process helped the team deliver a guaranteed maximum price five percent below the owner's budget.

OWNER CONTACT

Mike Kelly, former Facility Director Sacred Heart Medical Center 509.939.4852 msnbr5@comcast.net

ARCHITECT CONTACT

Dwayne Epp, AIA, Project Architect Mahlum Architects 206.441.4151

PROJECT DELIVERY METHOD

Construction Manager at Risk (CMAR)

PROJECT BUDGET

Original Estimate: \$32.9 M Original Contract Cost: \$31.9 M Final Contract Cost: \$29.5 M

PROJECT SCHEDULE

Est. Completion: Feb. 2014 Actual Completion: Jan. 2014

KEY TEAM MEMBER Weldon Barker



- Greenfield site
- Lean project delivery
- Medical Office Building
- Highly collaborative team approach



PROVIDENCE MOUNT CARMEL HOSPITAL

982 E. Columbia Ave. | Colville, WA **Owner: Providence St. Joseph Health** Size: 70,000 SF



Bouten was retained during the initial campus master planning effort to provide budgeting and cost estimating services for various facility expansion and replacement scenarios. Once the preferred option was selected, which involved building a replacement hospital, Bouten served as the Construction Manager at Risk (CMAR) to provide comprehensive preconstruction and construction services. This two-story critical access hospital includes semi-private and private rooms to accommodate 25 inpatients, a full-service laboratory, emergency department, diagnostic imaging (including CT and MRI), kitchen and dining room, pre and postoperative holding areas, an outpatient procedure department, and a rooftop helipad.

OWNER CONTACT

Mike Kelly, former Facility Director Sacred Heart Medical Center 509.939.4852 msnbr5@comcast.net

ARCHITECT CONTACT

Brian Andringa, Principal KDA Architects 509.575.5408 brian.andringa@kdaarchitecture.com

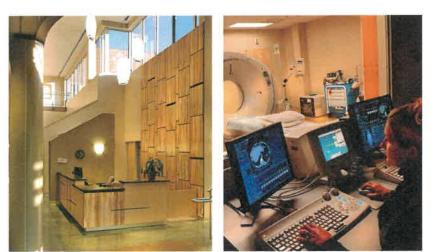
PROJECT DELIVERY METHOD

Construction Manager at Risk (CMAR)

PROJECT BUDGET

Original Estimate: \$23.7 M Original Contract Cost: \$22.9 M Final Contract Cost: \$22.8 M

PROJECT SCHEDULE Est. Completion: Aug. 2008 Actual Completion: Aug. 2008



- Integrated preconstruction services
- Rural community
- Tight budget
- Critical Access Hospital



Provide an additional 1-2 pages listing other relevant healthcare projects. Do not include nonhealthcare projects. Highlight any Washington State GC/CM healthcare projects.



KENNEWICK PRIMARY CARE CLINIC Kadlec Regional Medical Center, Kennewick, WA

In an effort to bring primary care health services to this growing area of Kennewick, WA, Kadlec retained Bouten to build this new 16,000 SF clinic on a greenfield site. After an October ground breaking, it was not long before the construction team found themselves behind schedule due to the onset of an early winter that adversely impacted the site and foundation work. The construction team rallied by using Lean practices to optimize work flow and ultimately delivered this project two weeks early regardless of the delay.

Owner: Kyle Gray, 509.528.4988 Architect: Gina Dais, TGB Architects, 425.599.4463 Contract: CMAR Amount: \$4.13 Million



OMAK FAMILY HEALTH CENTER St. James Healthcare, Butte, MT

Every area within this six-story community hospital was extensively renovated over a period of four years and major infrastructure improvements were performed to the central plant as a part of this complex project. In addition, the building was expanded in multiple areas and several of the hospital parking lots were configured. Throughout the entire construction process, on-site Bouten staff met weekly with St. James Healthcare leaders to coordinate work plans and carefully schedule activities. In the end, the project was completed three months early and below the Guaranteed Maximum Price.

Owner: Dave Fawcett, 208.625.6259 Architect: Gary Adams, 303.861.8555 Contract: Design-Build Amount: \$32.3 Million



WEST RICHLAND CLINIC Kadlec Regional Medical Center, Kennewick, WA

This two-story, 20,000 SF clinic was built to serve the growing community of West Richland, WA. Bouten provided comprehensive preconstruction services, including value engineering, cost estimating, schedule development, and overall project budgeting and tracking. The project scope also included the development of seven acres on this healthcare campus, which will eventually include several additional medical and professional buildings. Major project components included family practice physician suites, a laboratory, and a disaster recovery center.

Owner: Kyle Gray, 509.528.4988 Architect: Gary Signs, AIA, Mahlum Architects, 206.441.4151 Contract: CMAR **Amount**: \$5.2 Million



GOOD SHEPHERD MEDICAL OFFICE BUILDING Good Shepherd Medical Center, Hermiston, OR

This three-story expansion to an existing medical office building is less than 100 feet from the hospital. Bouten worked closely with the owner to develop a detailed site phasing plan that identified how construction activity would interface with patient and vehicle access on the campus. During construction, careful coordination with the owner and emergency responders occurred to maintain the ambulance route and ensure helicopter landings could occur 24/7/365. The construction schedule was also built around maximizing the work that could be completed before the onset of winner.

Owner: Jim Schlenker, MBA, 541.667.3412, jschlenker@gshealth.org Architect: Thane Eddington, PKA Architects, 503.213.1073 Contract: CMAR **Amount**: \$9.1 Million





UNIVERSAL HEALTH SERVICES Inland Northwest Behavioral Health, Spokane, WA

This 100-bed inpatient psychiatric hospital includes 67,000 SF on three floors. Bouten was retained early as part of the Integrated Project Delivery (IPD) process that brought together several team members working under a multi-party contract to deliver this highly collaborative project. The preconstruction effort used Target Value Delivery (TVD) to drive all decisions involving building systems and quality with a focus on achieving the owner's target budget.

Owner: Ron Escarda, 206.351.3082, ron.escarda@uhsinc.com Architect: Stacey Root, AIA, Cannon Design, 303.499.7795 Contract: IPD Amount: \$26.2 Million



FREE STANDING EMERGENCY DEPARTMENT Kadlec Regional Medical Center, Kennewick, WA

Bouten was retained during the conceptual planning stage to serve as the design-builder for Kadlec Regional Medical Center's new free standing emergency department. The building features a central staff core surrounded by 15 exam rooms, a laboratory, an imaging department with X-ray and CT scan, ultrasound equipment, and an entry pavilion topped with an inverted pyramid that extends down into the lobby. This highly integrated design-build project allowed the owner to acquire the land, design the building, secure all required city and state permits, and construct the facility all within 17 months.

Owner: Jason Rose, 509.727.1999 Architect: Kent Gregory, TGB Architects, 425.778.1530 Contract: Design-Build Amount: \$7.2 Million



CHILDREN'S HOSPITAL Sacred Heart Medical Center, Spokane, WA

This two-floor vertical expansion added 85,000 SF to the existing nine-story east patient tower. Bouten provided extensive preconstruction services which involved carefully planning this complex project that occurred above the medical center's inpatient psychiatric unit. An existing roof top mechanical unit that served occupied floors below had to remain in-place and built around until a new unit was installed above the added two floor.

Owner: Mike Kelly, 509.939.4852, msnbr5@comcast.net Architect: David Perzik, AIA, Mahlum Architects, 503.224.4032 Contract: AIA A133, GMP **Amount**: \$18.1 Million



PROSSER OBSTETRICS DEPARTMENT REMODEL Prosser Memorial Hospital, Prosser, WA

Bouten renovated 6,035 SF of the existing birthing unit creating four full LDRP rooms, three postpartum rooms, and a nursery. There was also additional renovation to acute care suites to make a new dialysis room and corridor finish upgrades. We worked closely with the hospital staff to minimize impacts to the facility and allow for alternate acute care services to be provided.

Owner: Steve Broussard, 509.786.2222, sbroussard@pphdwa.org Architect: Brian Andringa, KDF Architecture, 509.575.5408 Contract: Design-Bid-Build Amount: \$1.1 Million





BRANDON POTTS *Project Executive* **RESPONSIBILITIES** As the project executive, Brandon will be the point-of-contact for the owner. He will collaborate with PMH and the design team throughout the preconstruction and construction phases. Areas of oversight include: assisting with scope and budget management, risk assessment, construction execution, disruption planning and overall leadership for the team and trade partners.

QUALIFICATIONS Brandon has spent much of his career leading complex projects for multiple healthcare clients including: Lake Chelan Community Health, Good Shepherd Medical Center, HCA, CHS, Scripps Health, Sharp HealthCare, Phoenix Children's Hospital, and Kadlec Regional Medical Center. Brandon has a solid understanding of hospital operations allowing him to **help teams effectively plan and execute** projects similar to the Prosser Memorial Health Replacement Facility.

REFERENCE Dick Bratton, DB Project Management, LCCH 425.894.4591

EDUCATION

B.S. Construction Management Purdue University

PROFESSIONAL LICENSES & CERTIFICATIONS

DBIA Professional LEED AP OSHA 10 & 30 Hour

INDUSTRY EXPERIENCE

Bouten years: 2 Industry years: 22

RELEVANT EXPERIENCE Lake Chelan Community Hospital Owner: Lake Chelan Community Health

Owner: Lake Chelan Community Health Chelan, WA Architect: Collins Woerman \$30.0 Million | 52,000 SF

Southridge High School

Owner: Kennewick School District Kennewick, WA Architect: ALSC \$20.9 Million | 29,500 SF

UC San Diego Jacobs Medical Center * Owner: UC San Diego Health, San Diego, CA Architect: Cannon Design \$500.0 Million | 509,000 SF Riverside Community Hospital* Owner: HCA, Nashville, TN Architect: Carter Burgess \$13.3 Million | 35.000 SF

Tower Expansion * Owner: Phoenix Children's Hospital Phoenix, AZ Architect: HKS \$356.0 Million | 760,000 SF

* Projects completed prior to joining Bouten



MAC McGRATH Project Manager **RESPONSIBILITIES** As project manager, Mac will be the **daily point-person** for the owner and design team throughout construction. Mac will facilitate effective communication and information flow among all team members while providing strong on-site leadership.

QUALIFICATIONS His recent experience on one of our large, highly-collaborative healthcare projects, coupled with this current involvement in a GC/CM project, makes him a solid fit for the Prosser Memorial Health Replacement Facility project.

REFERENCE Kyle Gray, Providence Health & Services, 509.942.2014

EDUCATION B.S. Construction Management Central Washington University

INDUSTRY EXPERIENCE Bouten years: 6 Industry years: 17

RELEVANT EXPERIENCE

Lake Chelan Community Hospital Owner: Lake Chelan Community Health Chelan, WA Architect: Collins Woerman \$30.0 Million | 52,000 SF

River Pavilion Expansion Owner: Kadlec Regional Medical Center, Richland, WA Architect: Davis Partnership Architects \$50.4 Million | 100,000 SF Southridge High School

Owner: Kennewick School District Kennewick, WA Architect: ALSC \$20.9 Million | 29,500 SF

Multiple Projects Owner: Good Shepherd Medical Center Hermiston, OR Architect: PKA Architects \$2 Million | 50,000 SF





CRAIG NIEMELA *Sr. Superintendent*

PROFESSIONAL LICENSES & CERTIFICATIONS

OSHA 30 Procore Superintendent Certification

INDUSTRY EXPERIENCE Bouten years: 5 Industry years: 22

RESPONSIBILITIES Reuben will provide daily job site leadership for trade partners and Bouten field crews while interfacing with the owner and design team. He will also manage the schedule, oversee quality control and safety, and lead our Lean initiatives which focus on eliminating waste and optimizing field productivity.

QUALIFICATIONS Craig's exceptional ability to efficiently organize and executive a complex project is attributed to his planning. Through his over 25 years of experience, he's able to see both the long-term vision and develop a six-week work plan that will have all stakeholders headed in the right direction.

REFERENCE Jake Fisher, McKinstry, 509.625.3152

RELEVANT EXPERIENCE Contract Manufacturing Facility Owner: Selkirk Pharma Spokane, WA Architect: Bernardo Wills Architecture Confidential Cost | 145,000 SF

GU-UW Medical School Health Science Building Owner: Emerald Initiative Spokane, WA Architect: Collins Woerman \$25.9 Million | 105,000 SF

MultiCare Deaconnes Hospital Sustaining Projects Owner: MultiCare Health System Spokane, WA Architect: NAC Architecture \$8.0+ Million | 25,000 SF

UW Medicine South Lake Union Phase 3.2* Owner: University of Washington Seattle, WA Architect: Perkins + Will \$68.0 Million | 168,000 SF

*Project completed prior to Bouten



JOSH BELT Superintendent

RESPONSIBILITIES While working closely with Craig Niemela, Josh will provide daily on site leadership for the MOB component of this project. Josh will interact with all trade partners, Bouten field staff and the design team.

QUALIFICATIONS When Bouten began implementing Lean processes into our construction projects Josh was one of our early adopters which is apparent in how he leads his projects today. As a stickler for creating **detailed schedules and action plans**, Josh will leverage his 12-plus years of healthcare experience to carefully plan and execute each phase of the Prosser Memorial Health Replacement Facility project.

REFERENCE Dick Bratton, DB Project Management, LCCH 425.894.4591

EDUCATION

Graduate & Mentor Carpenters International Training Fund's Superintendent Career Training (SCT) Program

PROFESSIONAL LICENSES & CERTIFICATIONS ASHE CHC

INDUSTRY EXPERIENCE

Bouten years: 13 Industry years: 25 RELEVANT EXPERIENCE

Lake Chelan Community Hospital Owner: Lake Chelan Community Health Chelan, WA Architect: Collins Woerman \$30.0 Million | 52,000 SF

Multiple Projects 2017-2019

Owner: Kadlec Regional Medical Center Richland, WA Architect: Various \$20.5 Million | Various departments

Windsong at Southridge Owner: Kennewick Memory Care, LLC-Kennewick, WA Architect: Lenity Architecture, Inc. \$8.4 Million | 36,202 SF

Kennewick Primary Care Clinic

When Kadlec Regional Medical Center Kennewick, WA Architect: Gina Dais, TGB Architects, 425.599.4463 \$4.13 Million | 13,000 SF

Obstetrics Department Remodel Owner: Prosser Memorial Hospital Prosser, WA Architect: KDF Architects \$1.1 Million | 6,100 SF





BRANDON NILSSON Asst. Superintendent **RESPONSIBILITIES** Brandon will focus on the structural scopes of work. Should Bouten be awarded self-performed bid packages, Brandon will lead all Bouten field crews. He will take part in weekly meetings and daily huddles with Craig Niemela and Josh Belt ensuring effective communication.

QUALIFICATIONS Brandon, **a Prosser resident**, is passionate about this important community project. His relationship with the local work force will help us draw highly qualified trades people to the project. Additionally, Brandon will be available 24/7 to address any after-hour issues that may arise throughout construction.

REFERENCE Kyle Gray, Providence Health & Services, 509.942.2014

EDUCATION

B.S. Project Management Columbia Basin College

PROFESSIONAL LICENSES & CERTIFICATIONS ASHE CHC

INDUSTRY EXPERIENCE

Bouten years: 4 Industry years: 16

RELEVANT EXPERIENCE Multiple Projects 2017-2019 Owner: Kadlec Regional Medical Center

Richland, WA Architect: Various \$20.5 Million | Various departments

River Pavilion Expansion Owner: Kadlec Regional Medical Center Richland, WA Architect: Davis Partnership Architects \$50.4 Million | 98,000 SF

Southridge High School Owner: Kennewick School District Kennewick, WA Architect: ALSC \$20.9 Million | 29,500 SF



CODY SHEPHERD Sr. Project Engineer

McGrath while facilitating information flow among the owner, design team and trade partners. Working closely with Craig and Josh, Cody will serve as the point-person for quality control and safety procedures, site logistics, and coordinating owner-furnished equipment.

RESPONSIBILITIES Cody will provide direct on-site support to Craig Niemela, Josh Belt, and Mac

QUALIFICATIONS Cody has worked on a variety of complex projects, including the current \$30M Lake Chelan Community Hospital. Through this experience, he has gained valuable knowledge regarding the importance of coordinating **owner supplied equipment** and Department of Health standards.

REFERENCE Dick Bratton, DB Project Management, LCCH 425.894.4591

EDUCATION B.S. Construction Management Brigham Young University, Provo

PROFESSIONAL LICENSES & CERTIFICATIONS OSHA 30

INDUSTRY EXPERIENCE Bouten years: 1 Industry years: 4

RELEVANT EXPERIENCE Lake Chelan Community Hospital Owner: Lake Chelan Community Health Chelan, WA Architect: Collins Woerman \$30.0 Million | 52,000 SF

HonorHealth Observation Unit Addition/Renovation* Owner: HonorHealth Phoenix, AZ Architect: Orcutt Winslow \$16.0 Million | 18,000 SF HonorHealth EPOR and CVOR Operating Room Owner: HonorHealth Scottsdale, AZ Architect: Archsol \$13.0 Million | 2,600 SF

Orchard Point at Terrazza Assisted Living Facility Owner: Heritage Communities Peoria, AZ Architect: Reece and Rowe Architects \$25.0 Million | 135,000 SF

*Project completed prior to Bouten





BLAKE ELLINGSON *Project Engineer*

EDUCATION

B.S. Construction Management Washington State University

INDUSTRY EXPERIENCE

Bouten years: 2 Industry years: 4

RELEVANT EXPERIENCE

Denny Yasuhara Middle School Owner: Spokane Public Schools Spokane, WA Architect: MMEC \$52.0 Million | 141,000 SF

Water Department Office Remodel* Owner: City of Spokane Spokane, WA \$2.0 Million | 10,000 SF 2+U Tower* Owner: Hines Seattle, WA Architect: Kendall/Heaton Associates \$252.0 Million | 703,003 SF

*Project completed prior to Bouten



WELDON BARKER Safety Director **RESPONSIBILITIES** Weldon will work collaboratively with Prosser representatives and our team to create a comprehensive Site Specific Safety Plan that identifies all risks and hazards. This plan will be implemented throughout the project as site conditions evolve to ensure that **safety is the number one priority** for everyone involved.

RESPONSIBILITIES Blake will provide direct on-site support to Craig Niemela, Josh Belt, and Mac McGrath while facilitating information flow among the owner, design team and trade partners. Working closely with Craig, Josh, and Cody, Blake will play a key role in executing our quality control

QUALIFICATIONS After four internships with two large Seattle-area general contractors, Blake joined Bouten two years ago. His internships exposed Blake to large, complex projects, as well as his recent experience on the Denny Yasuhara Middle School project. Through his experience, Blake

and safety programs, coordinating site logistics and owner-furnished equipment.

understands the importance of managing a strict quality control and safety program.

QUALIFICATIONS Weldon is a seasoned safety professional who has spent his career helping others safely execute complex projects on healthcare, higher education, and K-12 campuses. His strong people-skills combined with his deep knowledge of safety practices have earned him the respect of colleagues, trade partners, and our clients. He has been a driving force behind Bouten achieving our current EMR which is the lowest in our company's history.

REFERENCE Alex Herr, Executive Director, Providence Health & Services, 678.787.6270

EDUCATION

B.S. Environmental Science (IP) Eastern Washington University

PROFESSIONAL LICENSES & CERTIFICATIONS

SMS (Safety Management Specialist) CHST (Construction Health & Safety Technician) CCHM (CICI Certified Healthcare Manager

INDUSTRY EXPERIENCE

Bouten years: 7 Industry years: 16 **RELEVANT EXPERIENCE**

Lake Chelan Community Hospital Owner: Lake Chelan Community Health Chelan, WA Architect: Collins Woerman \$30.0 Million | 52,000 SF

East Wing Expansion

Owner: Kootenai Health Coeur d'Alene, ID Architect: NAC Architecture \$38.2 Million | 100,000 SF

River Pavilion Expansion

Owner: Kadlec Regional Medical Center Richland, WA Architect: Davis Partnership Architects \$50.4 Million | 100,000 SF **Medical Office Building**

Owner: Good Shepherd Medical Center Hermiston, OR Architect: PKA Architects \$9.1 Million | 33,000 SF

ED & OR Expansion and Renovation

Owner: Kootenai Health Coeur d'Alene, ID Architect: NAC Architecture \$29.6 Million | 20,000 SF expansion,



Building Excellence Since 1944

June 17, 2022 (revised)

Craig Marks, CEO Prosser Memorial Health 723 Memorial Street Prosser, WA 99350

> RE: PRE-CONSTRUCTION PROPOSAL REPLACEMENT HOSPITAL Prosser, WA Proposal No: 2020-169

Dear Craig:

We are excited about partnering with you on this important project for the Prosser community. In our preconstruction role, we will assist you in coordinating the pre-construction process by providing cost estimating, schedule coordination, and a robust bidding process within the guidelines of the RCW 39.10.

Below you will find a description of the services we offer in our role as general contractor/construction manager:

Pre-Construction Services

- 1. Value engineering estimating: Provide cost estimating services on items that have already been identified. It is anticipated that no additional value engineering effort is needed by Bouten at this time.
- 2. Alternate assistance: Identify additional alternates for the team to consider for the bidding process that will require limited to no redesign effort.
- 3. Entitlement assistance: Lead the effort with the City of Prosser to secure all necessary approvals and permits.
- 4. **Design team interface:** Collaborate with the design team on design components and details where contractor input is needed.
- 5. Schedule development and management: Create an overall schedule and provide regular updates.
- 6. Early trade partner engagement: Vet the existing MCCM and ECCM contractors bid packages and pricing. Upon approval, coordinate the subcontracting negotiations and early procurement.
- 7. **Bidding:** Develop a subcontracting plan and associated bid packages per the RCW requirements. Market the project, including public advertising, and secure competitive bids from local trade partners and surrounding areas that serve the Prosser area.
- 8. Maximum Allowable Construction Cost (MACC): Establish and present the final MACC. This may include presenting to the commissioners if requested.

Proposed Fees

1. **Pre-Construction Fee:** Provide pre-construction services above for a lump sum fee of **\$99,612**. Pre-construction services to be billed monthly on a percent complete basis. See breakdown on the next page for additional detail.

These preconstruction services will be provided in accordance with the pending AIA A133 contract and A201 General Conditions.

Because we lead the region in healthcare construction, our GC/CM expertise, and our long-term relationships with local trade partners, we are well positioned to lead a robust and successful bidding process. It would be a pleasure partnering with you and your team. Our purpose at Bouten Construction is to "Build places that matter, and relationships that last." This project and your team certainly check all those boxes.

Sincerely,

BOUTEN CONSTRUCTION COMPANY

Wich Gazala

Nick Gonzales, Vice President

Accepted:	1
Craig	J. Marks
Signature	K \
6/22/22	Us
Date	

NAG: nag J:PROJECT PURSUIT FILES (2020):2020-169 (Prosser Memorial Health Replacement Facility)\Estimate\Precon Fee\2022.6.17_Precon Svcs Proposal.docx

Attachment L

SUBCONTRACTING PLAN - DRAFT

Bid Set to Post on 7/29/22



Prosser Memorial Health | Hospital Replacement Facility

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Bid Package	Description	Specification Section	Estimated Cost	Early Bid	Prequalification Required	GC/CM Bidding	Advertisement & Release	Pre-Bid Meeting	Questions Due	Bid Date	Opening Time	Opening Location	Notes
BP-01	Earthwork & Site Utilities	-		No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022 8/25/2022	TBD	Bouten Tri- Cities Office	
BP-02	Building Concrete		E	No	No	Yes	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022 8/25/2022	TBD	Bouten Tri- Cities Office	
BP-03	Structural Steel (Supply Only)			No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022- 8/25/2022	TBD	Bouten Tri- Cities Office	
BP-04	Structural Steel (Erect Only)			No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022- 8/25/2022	TBD	Bouten Tri- Cities Office	
BP-05	Metal Building			No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022- 8/25/2022	TBD	Bouten Tri- Cities Office	
BP-06	Applied Fireproofing			No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022- 8/25/2022	TBD	Bouten Tri- Cities Office	1.1
BP-07	Masonry	T		No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022- 8/25/2022	TBD	Bouten Tri- Cities Office	
BP-08	Exterior insulation & Finish System (EIFS)			No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022 8/25/2022	TBD	Bouten Tri- Citles Office	
BP-09	Roofing & Sheetmetal Flashings	*1		No	TBD	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022- 8/25/2022	TBD	Bouten Tri- Cities Office	,-
BP-10	Metal Panels	1		No	TBD	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022- 8/25/2022	TBD	Bouten Tri- Cities Office	
BP-11	Aluminum Frames, ICU Doors & Glazing			No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022- 8/25/2022	TBD	Bouten Tri- Cities Office	nn-li
8P-12	General Works Package	2		No	No	thes	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022 8/25/2022	TBD	Bouten Tri- Cities Office	
BP-13	Casework & Millwork			No	TBD	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022 B/25/2022	TBD	Bouten Tri- Cities Office	
8P-14	Door Hardware Supply			No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022- 8/25/2022	TBD	Bouten Tri- Cities Office	
BP-15	Door Hardware Install			No	No	Yes	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022- 8/25/2022	TBD	Bouten Tri- Cities Office	1.1.1
BP-16	Overhead Coiling Doors			No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022- 8/25/2022	TBD	Bouten Tri- Cities Office	
BP-17	Framing, Drywall, & Insulation			No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022- 8/25/2022	TBD	Bouten Tri- Cities Office	
BP-18	Floorcoverings	*		No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022- 8/25/2022	TBD	Bouten Tri- Cities Office	
BP-19	Terrazzo Flooring			No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022- 8/25/2022	TBD	Bouten Tri- Cities Office	
BP-20	Tilling	- 1 ****		No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022- 8/25/2022	TBD	Bouten Tri- Cities Office	
BP-21	Acoustical Ceilings & Treatments			No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022- B/25/2022	TBD	Bouten Tri- Cities Office	

K-825 Subcontracting Plan

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SUBCONTRACTING PLAN - DRAFT

Bid Set to Post on 7/29/22



Prosser Memorial Health | Hospital Replacement Facility

16.

Bid Package	Description	Specification Section	Estimated Cost	Early Bid	Prequalification Required	GC/CM Bidding	Advertisement & Release	Pre-Bid Meeting	Questions Due	Bid Date	Opening Time	Opening Location	Notes
BP-22	Paints & Coatings			No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022- 8/25/2022	TBD	Bouten Tri- Cities Office	
BP-23	Wallcoverings			No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022- 8/25/2022	TBD	Bouten Tri- Cities Office	
BP-24	Interior Specialties	•		No	No	Yes :	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022- 8/25/2022	TBD	Bouten Tri- Cities Office	
BP-25	Window Coverings			No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022 8/25/2022	TBD	Bouten Tri- Cities Office	
BP-26	Elevators			No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022 8/25/2022	TBD	Bouten Tri- Cities Office	
BP-27	Pneumatic Tube System			No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022- 8/25/2022	TBD	Bouten Tri- Cities Office	
BP-28	Fire Suppression			No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022- 8/25/2022	TBD	Bouten Tri- Cities Office	
BP-29	HVAC & Plumbing			No	Yes	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/25/2022	TBD	Bouten Tri- Cities Office	Apollo MCCM Contract
BP-30	Electrical & Systems	*		No	Y/S	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/25/2022	TBD	Bouten Tri- Cities Office	Garrett Electric ECCM Contract
BP-31	Asphalt Paving & Markings			No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022- 8/25/2022	TBD	Bouten Tri- Cities Office	
BP-32	Site Concrete			No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022- 8/75/2022	TBD	Bouten Tri- Cities Office	
BP-33	Landscaping & Irrigation			No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022 8/25/2022	TBD	Bouten Tri- Cities Office	
BP-34	Fencing			No	No	No	7/6/2022 & 7/29/2022	TBD	8/12/2022	8/23/2022- 8/25/2022	TBD	Bouten Tri- Cities Office	

PMH GCCM Meeting Agenda June 9, 2022 Page 2

Project Scope

1.00

- 1. Document Review Status
 - a. Questions / Comments on content
 - b. Thoughts on Materials vis a vis Local Market Conditions
- 2. Budget Review & Breakdown

Schedule

- 1. Recommendations on Bid Package Development / Bidding Process
- 2. Date / Process for MACC

	TASK	DATE
٠	VE Review/Analysis	6/3 - 6/24
٠	MCCM/ECCM Negotiation	6/10 - 6/30
٠	Owner Contract Review/Comments	6/10-6/30
٠	Trade Partner Outreach Effort	6/30 - 7/29
٠	Trade Partner Bid Packaging	7/5-7/29
٠	Schedule Development	7/5-7/29
٠	Logistics Plan	7/5-7/29
٠	Constructability Review	7/5-8/26
٠	Concrete Estimate Takeoff	7/29-8/22
٠	Specialties/DFH Bid Packaging	7/29-8/24
٠	General Work Package Pricing	7/29-8/26
٠	GC/NSS Pricing	7/29-8/26
•	Bid Support/RFI/Addendums	7/29-8/26
٠	Bid Day	8/26
•	Finalize GMP	8/29 - 9/23
•	GMP Approval with PMH/	9/26-9/30
•	NTP	9/30
•	BIM Coordination/Clash Detection	8/29-11/1
٠	Mobilize	10/3-12/3

Questions / Comments





COVID CAPITAL REQUEST FORM

Requesting Department: Family Birthplace Cost Center: 70100 Covid expense- 87550-41620

Project Lead: Terra Palomarez

Brief Description: (Product pictures, specifications, or description can be attached).

Electronic Fetal Monitor, wireless cart with docking capability for computer and dual screens for documentation in the EMR.

Statement of Need:

Providing safe, quality care for COVID patients requires mobile, wireless solutions that facilitate the delivery of care to patients in a variety of locations. Currently we do not have a wireless fetal monitoring solution. The mobile, wired monitor we do have is obsolete and requires regular repair to maintain system connectivity with limitations. This wireless cart solution will allow for care of COVID positive obstetric patients in isolation, in negative air patient rooms, in the ER setting when patients require emergent care, and in the Operating Room in the event of cesarean delivery. The wireless cart allows for connectivity with our EPIC EMR and the OBIX Fetal Central Monitoring System. This allows for continuous monitoring of patients outside of the isolation room thus limiting the time a staff member spends in the isolation room. It also allows for monitoring to occur by OB nurses in the Family Birthplace rather than requiring nurse to be off the unit for prolonged periods of time as is currently required.

Is this a Budgeted item? (If yes, how much was budget. If no, why was it not an anticipated expenditure?)

No. This is a newly discovered monitoring option that was researched after repeated need for repairs to the connectivity of our wired mobile cart.

Priority: (Urgent, essential, desirable, or replacement? Is this request time sensitive and why?)

Urgent due the need for better ability to monitor Covid positive obstetric patients.

Utilization Comments: (How when and by whom will this item be utilized).

This will be utilized daily by the obstetric nurses in the care of patients who present in a variety of care settings throughout the hospital.

Supply Chain Review: (Hαs the Director of Materials management reviewed and advised on vendor selection, negotiated price, supply availability and access, etc. Attach a list of new disposable products needed for this purchase

The monitor GE Fetal Monitor solution chosen is the same type of fetal monitor used in our Family Birthplace patient rooms, thus there is no change to the disposable products utilized.

Equipment environmental Needs or construction needs :(Humidity, temperature, ventilation, electricity, plumbing, space, staging area for assembly or distribution. Work requiring outside construction vendors need to have a cost estimate below).

N/A

Biomedical and Periodic Maintenance: (Who will provide &/or what is the availability of support; what is the estimated useful life of the item).

Support already in place for other fetal monitors in the Family Birthplace.

IT Support Required: (Epic interface, system support, IT assistance with implementation.)

An Epic and Obix ticket will need to be placed for EPIC and Obix build and connectivity.

Type of purchase: Capital, Capital lease, or Other

Capital

Please explain estimated revenue and/or savings: (Or attach proforma)

Savings are realized with better utilization of L&D trained nurses and decrease cost of repairs associated with the current monitoring system.

Explanation of cost associated with the capital item, where applicable: (training, disposable supplies, etc.)

Startup costs are \$30,584.14. Total to GE and CGX is \$27,584.14. An estimated allowance for the Epic and OBIX build and integration of \$3,000 is included for a total cost of \$30,584.14.

We currently use the GE Fetal Monitor in all of our LDRP Rooms. No additional training will be required for the monitor itself and no new supplies will be necessary as we already stock the needed items. The monitor will be fully functional for utilization in our new facility as well.

Proposed financing: (Work with CFO/Finance for direction and preliminary approval of cost estimates and best financing option. Summary here of how final decision was made).

Company	GE/CGX	OBIX/CGX	
Contract ID			
Cost of capital item(s)		\$21,534.00	
Removal of old equipment	N/A	N/A	
Maintenance contracts # of months of fiscal year not covered By warranty x monthly \$ of contract	N/A	N/A	
Start-up supplies + 1 year	Hardware (EFM monitor & Cart) \$25,329.79 Monitor	Hardware (EFM monitor, cart, cable) \$21,534 + Project	
	Supplies already stocked for this equipment.	Management OBIX \$850 + Remote OBIX Clinical SME \$200 Total = \$22,584	
Training Costs	Integrated into regularly scheduled hours	\$868 for staff training	
Installation	Estimate of \$3,000 for EPIC integration and OBIX build	No additional cost	
Site Preparation/Construction	N/A	N/A	
Shipping			
Tax (8.9%)	\$2,254.35	\$2,010.00	
Sub Totals			
TOTAL PURCHASE PRICE	\$30,584.14	\$25,462.00	

Additional FTE's needed to operate equipment- None

Reduction in FTE's or time saved by operation of equipment- We have a limited supply of labor trained nurses and are staffed such that these nurses are needed in the OB unit most of their scheduled time. The wireless functionality of this cart allows for safe, effective central monitoring of fetal status from the Family Birthplace regardless of the patient's location. This allows for better utilization of our skilled OB workforce.

Impact	Departments impacted by this purchase	Departmental Collaboration: (Are the Departments with Max or Min impact supportive and prepared for this purchase? What actions are planned for successful implementation across all impacted departments?)
Max	Family Birthplace	The Family Birthplace L&D trained nurses will gain flexibility in care delivery and patient monitoring.
Mod	IT	IT will facilitate the build and implementation working with EPIC and Obix. Once the new wireless system is in place, less time will be required by RT for repair of the existing monitor.
Min	Biomed	Annual PM will be required in alignment with other fetal monitors on the unit.

	Staff Training Plan
Who needs training?	FBP Nurses already utilize the fetal monitor that will be housed in this wireless cart system. Minimal education will be needed to ensure understanding of cart functionality.
Who will provide training?	FBP Director and Lead Nurse
How will training be implemented?	Staff Meeting and Change of shift safety huddles.
How will training be tracked?	By Director via spreadsheet.
Will this be added to new hire orientation?	This will be included in coverage of the fetal monitors in place in FBP.
Is a competency assessment indicated?	no
What current P&P will require revision or development?	None
Where will equipment manuals/instructions be kept for easy access 24/7?	FBP
Other	

SIGNATURE PAGE: Please make sure all signatures are obtained before submitting for CEO/CFO for approval. Please ensure all documents are complete, signed, and ready for review the Monday of Board Packet Week (3rd Monday of the Month).

SIGNATURES:	
Department Director:	Date:
Supply Chain Director:	Date: 05-18-22
Maintenance Director:	Date:J3-22

Chief Information Officer: Man Jan	Date: 5-17-22
Chief Nursing Officer: Marther	_Date:
Approved for Purchase: Chief Financial Officer:	,
Chief Financial Officer:	_Date:
Chief Executive Officer:	_Date:

To the Board of Commissioners for Approval (if applicable) Date of Board Approval:_____

Attachment O



- MECHANICAL CONTRACTORS -Facility Services PROSSER MEMORIAL HOSPITAL

Prosser Hospital Surgery Ductless

Proposed Project Agreement

Date: 6/15/2022

37

Proposal Number: FS01964

Prepared for: PROSSER MEMORIAL HOSPITAL 723 MEMORIAL ST. PROSSER, WA 99350

Prepared by: Tanner Tobin 509.586.1104 ttobin@apollosm.com





PROJECT PROPOSAL

Company Apollo Facility Services 1119 W. Columbia Dr. Kennewick, Wa 99336 Ph: 509.586.1104

Bill To Identity PROSSER MEMORIAL HOSPITAL 723 MEMORIAL ST. PROSSER, WA 99350 Remit To Apollo Mechanical Contractors PO Box 7287 Kennewick, WA 99336 Proposal Date: 6/15/2022 Proposal Number: FS01964

Agreement Location PROSSER MEMORIAL HOSPITAL 723 MEMORIAL ST. PROSSER, WA 99350

OUR PROPOSAL INCLUDES:

- Ductless Heat Pump System
- Installation Materials
- Electrical (excludes plan review)
- Start-up
- Permit

WARRANTY: Our warranty on work performed is one (1) year, parts and labor.

TOTAL COST

Upon execution as provided below, this agreement, including the following pages attached hereto (collectively, the "Agreement"), shall become a binding and enforceable agreement against both parties hereto. Customer, by execution of this Agreement, acknowledges that it has reviewed and understands the attached terms and conditions and has the authority to enter into this Agreement.

Contractor

Customer

Tanner Tohin

Signature (Authorized Repre	esentative)
Tanner Tobin	
Name (Print/ Type)	
509.586.1104	
Phone	
6/15/2022	FS01964

Signature (Authorized Representative)

Name (Print/ Type)

Title

bollo - MECHANICAL CONTRACTORS

Date

× "1

2

Proposal #

Date

PO#



Project Agreement Terms and Conditions

By accepting this proposal, Purchaser agrees to be bound by the following terms and conditions: Owner shall be identified as "Purchaser" under these terms and contractor shall be identified as "contractor".

1.SCOPE OF WORK. This proposal is based upon the use of straight time labor only. Purchaser shall not back charge contractor for any costs or expenses without contractor's written consent.

2.INVOICING & PAYMENTS. Terms are Net 30. Invoices not paid within 30 days of date of invoice are delinquent. A 2% per month fee will be added for delinquent payments.

3.MATERIALS. If the materials or equipment included in this proposal become temporarily or permanently unavailable for reasons beyond the control and without the fault of Apollo Facilities Group, then in the case of permanent unavailability, the time for performance of the work shall be extended to the extent thereof, and in the case of permanent unavailability, Apollo Facilities Group shall (a) be excused from furnishing said materials or equipment, and (b) be reimbursed for the difference between the cost of the materials or equipment permanently unavailable and the cost of a reasonably available substitute therefor.

4.WARRANTY. Contractor warrants products installed by under this contract and workmanship for a period of 90 days unless specified elsewhere.

5.LIABILITY. Contractor shall not be liable for any special, indirect or consequential damages arising in any manner from the equipment or material furnished or the work performed pursuant to this agreement.

6.TAXES. The price of this proposal does not include duties, sales, use, excise, or other similar taxes, unless required by federal, state or local law. Purchaser shall pay, in addition to the stated price; all taxes not legally required to be paid by Contractor or, alternatively, shall provide Contractor with acceptable tax exemption certificates.

7.DELAYS. Contractor shall not be liable for any delay in the performance of the work resulting from or attributed to acts or circumstances beyond Contractor's control, including, but not limited to, acts of God, fire, riots, labor disputes, conditions of the premises, acts or omissions of the Purchaser, Owner, or other Contractors or delays caused by suppliers or subcontractors of this contractor etc.

8.COMPLIANCE WITH LAWS. Contractor shall comply with all applicable federal. state and local laws and regulations and shall obtain all temporary licenses and permits required for the prosecution of the work. Licenses and permits of a permanent nature shall be procured and paid for by the Purchaser.

9.ATTORNEYS' FEES. Purchaser agrees that he will pay and reimburse Contractor for any and all reasonable attorneys' fees which are incurred by the contractor in the collection of amounts due and payable hereunder.

10.INSURANCE. Insurance coverage in excess of Contractor's standard limits will be furnished when requested and required. No credit will be given or premium paid by Contractor for insurance afforded by others.

11.INDEMNITY. The Parties hereto agree to indemnify each other from any and all liabilities, claims, expenses, losses or damages, including attorneys' fees, which may arise in connection with the execution of the work herein specified and which are caused, in whole or in part, by the negligent act or omission of the Indemnifying Party.

12.OCCUPATIONAL SAFETY AND HEALTH. The Parties hereto agree to notify each other immediately upon becoming aware of an inspection under, or any alleged violation of, the Occupational Safety and Health Act relating in any way to the project or project site.

13.ENTIRE AGREEMENT. This proposal, upon acceptance, shall constitute the entire agreement between the parties and supersedes any prior representations or understandings.

14.CHANGES. No change or modification of any of the terms and conditions stated herein shall be binding upon Contractor unless accepted by Contractor in writing.

15. MAINTENANCE AGREEMENT TERMS. Both parties can terminate agreement with thirty days of written notice.

Attachment P

Craig Marks

From:
Sent:
To:
Subject:

Annie Tiemersma Thursday, June 02, 2022 1:59 PM !All Staff Tomorrow is National Donut Day!





EMPLOYEE

In honor of National Donut Day, employees will be provided donuts from Blissful Bites!

> Hospital 6:30am - 9:00am

JUNE

Grandview Clinic Prosser Clinic Prosser Women's Health Center Therapy & Rehab Center To-Go Orders: 9:00am - 10:00am

> Benton City Clinic 11:00am - 12:00pm

LEADERSHIP GARCA WASSA & TAILGATE BBQ LUNCH



11:00am to 1:30pm ENT / Allergy Clinic Parking Lot

Wear your favorite team colors!

Enjoy AC's BBQ and Shorty's Italian Sodas for lunch in the hospital employee entrance area from 11:00am to 2:00pm.



This is how we care.

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THE PULSE



JUNE | 2022

News & Events



Hospital Week

2022 Cornhole Tournament Winners

1st Place of the Competitive Division: Bryon Dirkes and Jim Schab.

2nd Place of the Competitive Division: Gus Davila & Rey Rodriguez. **1st Place of the Recreational Division:** Darla Don & Otto Parraga.

2nd Place of the Recreational Division: Jackie Rodriguez & Kayla Campbell.



Scholarship Winners

Prosser Memorial Health Foundation and the PMH Auxiliary Volunteer group awarded three \$2,000 scholarships to one senior at each of the high schools in our primary service area, (Prosser, Grandview, and Kiona-Benton). The scholarships are funded by the net sales in the Gift Shop & Busy Bean.

We had 11 extremely qualified and outstanding students apply this year making the selection process difficult! Members of the Foundation Board and the Volunteer Auxiliary group review the application and score them in 10 different areas.

To be considered for these scholarships all applicants must be pursuing a career in healthcare, either the business side or clinical side of things.

Our Prosser High School recipient is one of our Health Occupation students, Monse Diaz. Monse is a member of the National Honor Society, a Student-Athlete in multiple sports, the ASB Treasurer, and active in multiple clubs at school. She plans to attend the University of Washington in the fall and pursue a degree in nursing or as an EMT!

Our Grandview High School recipient is Jasmin Torres. Jasmin is in the National Honor Society, on the President's List and is graduating from high school with a 3.975. Jasmin is also graduating with her AA from Yakima Valley Community College at the same time! Jasmin is planning to attend Washington State University this fall and purse a degree in nursing!

Our Kiona Benton High School recipient is Cecilia Alvarez-Alvarado. Cecilia received the Perfect Attendance Award; the Citizen Award, and the Principal's Honor Roll and she is graduating with a 3.916. Cecilia plans to attend WSU in the Tri-Cities and pursing a degree in Nursing!





THE PULSE / 3

NEWS & EVENTS



Sierra Goble Lunch Benefit

Prosser Memorial Health held a lunch benefit for the Goble Family who were tragically affected by the grain mill fire. Thanks to the Prosser community, we were able to raise more than \$10,000 for her family. #ThisIsHowWeCare







Sumer Safety Event

Prosser Memorial Health's primary care clinics in Benton City, Prosser, and Grandview held a summer safety event providing water safety tips, arts & crafts, hot dogs, refreshments, and life jackets for kids!



NEWS & EVENTS

June

6/3 - National Donut Day

Blissful Bites (Main Campus, Prosser Clinics, Grandview Clinic & Benton City Clinic)

6/10-11 - Bottles Brews Barbecues

Prosser's Vintners Village

Bottles Brews Barbecues

We have two events June 10-11 that we need volunteers to help us with. All volunteers will receive a BBB Staff T-shirt, a ticket to the Saturday event, a complimentary event wine glass, and \$10 in scrip. You can sign up friends and family you just need to be 21+ except for clean up on Sunday.

When you click on the link be sure to accept the cookies button at the bottom of the page, then select sign up and submit for the time slots available. When you sign up, please note your t-shirt size in the comments field.

Friday, June 10: Bottles, Brew, Barbecues Festival Dinner

We will need help with set up and clean up. Time slots are available at this link to sign up: All Staff: BBB Friday Event (<u>https://www.signupgenius.com/go/8050c4baba92fa4fb6-bbbfriday</u>)

Saturday, June 11: Bottles, Brews, Barbecues Main Event

We will need help delivering breakfast to BBQ teams, Set-Up, Main Gate, Foundation Booth, and Cornhole Tournament Support: All Staff: BBB Saturday Event (<u>https://www.signupgenius.com/go/8050c4baba92fa4fb6-bbbsaturday</u>)

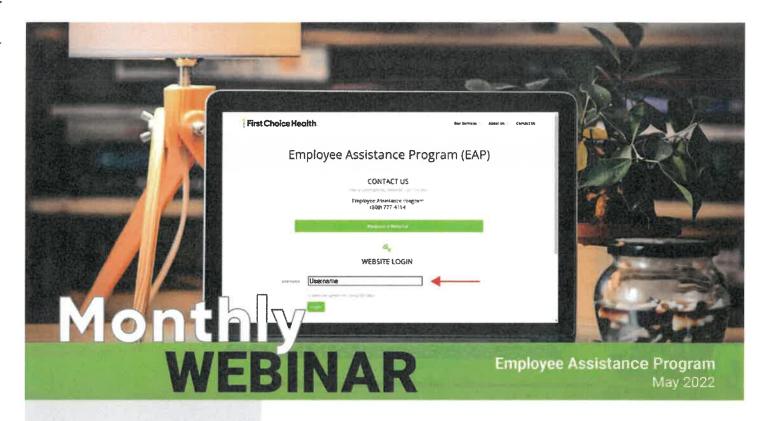
Sunday, June 12: BBB Clean Up

We will bribe all volunteers with breakfast: All Staff: BBB Clean Up (<u>https://www.signupgenius.com/go/8050c4baba92fa4fb6-bbbclean</u>)



June is Men's Health Month

Men's Health Month is a good time for all of us to remind the husbands, fathers, and brothers out there about the importance of seeing your healthcare provider regularly to prevent and detect disease and injuries.



1hr WEBINAR

Addressing the Elephant in the Room: Grief, Illness, and Family Care-Giving

EAP Webinars are available anytime on-demand via the EAP website—no need to register! Most companies scramble when they receive the most dreaded news that an employee has passed away, the CEO has been diagnosed with cancer, or an employee's family member has experienced a significant loss or setback.

While companies believe they have policies and procedures implemented to manage the situation, the real challenge is the day-to-day interaction with the employee or work group, as the needs are personal and no two situations are the same. This webinar will provide everyone with practical advice for how to communicate, manage the situation, request the support needed to balance work with home life, and provide guidance for coworkers to support and understand the challenges of both the employee and the employer.



Go to <u>www.FirstChoiceEAP.com</u> and enter your company's Username (if you don't know it, give us a call).

Click on the Webinars link to view 2022's Webinars and all archived Webinars.

First Choice Health.





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



Dr. Jared Clifford

This is how we can

Congratulations to our Chief of Staff and Podiatric Surgeon, Dr. Jared Clifford, for receiving a Gold ASPIRE Award! Dr. Clifford ALWAYS comes to work with a positive attitude. His schedule is often double and triple booked so he can see his patients in a timely manner and he's been known to come in on his days off to help out. He never turns a patient away, even if they arrive late or don't have all of their paperwork complete. Instead he promptly finds a way to help them and get them cared for. Dr. Clifford also has many responsibilities behind the scenes as our Chief of Staff that we aren't even aware of. He treats the entire team with respect and professionalism and he's a great listener! Dr. Clifford is a great example of living our Mission, Vision, and Values at PMH! Thank you for everything you do Dr. Clifford! You are greatly appreciated!



Jill Pagel

Congratulations to our Social Work Case Manager, Jill Pagel, for receiving a Gold ASPIRE Award! We recently had an inpatient who was approaching end of life care and their mother did not drive. Jill attempted to work with family members to have the patient's mom brought to the hospital but to no avail. Jill went and picked up the mother and brought her to PMH so she could be with her daughter in her final moments. On behalf of your PMH family, our patients, and their families, thank you Jill, for your caring and compassion. You are truly amazing!



Cassie Ambriz

Congratulations to Cassie Ambriz, Certified Medical Assistant at our Prosser Clinic, for receiving a Bronze ASPIRE Award! Cassie was recognized by her Clinic Director for coordinating staff engagement activities at the clinic like Secret Santa and Easter Bunny Baskets. The staff love all of the "extra" festivities Cassie organizes that make our work life fun! Thank you Cassie!

Welcome to the Team!



Left to right: Hillary Baker, Melanie McGregor, Olivia Ramos, Jessica Valdez, Anna Marie Tacadao, Vanessa Aviles, and Paul Brumfield

Scavenger Hunt



WELCOME TO THE TEAM

What have you enjoyed about Prosser Memorial Health so far?

Jessica Valdez

Laboratory Medical Technologist PMH is amazing. The environment here is wonderful. Everyone is a team player. Everyone here makes patient care their #1 priority. So glad to be part of this team!

Vanessa Aviles

Prosser Specialty Clinic Certified Medical Assistant I like that they value their employees.

Hillary Baker

Laboratory Assistant II

It has been so refreshing to feel appreciated in a hospital. Hospital Week was so fun and creative, at the other places I've worked at the Hospital Week was never close to PMH's. PMH's Hospital Week was next level. Our Lab Week was really fun too, everyone was able to participate.

Olivia Ramos

Admitting Patient Registrar Communication.

Anna Marie Tacadao

Laboratory Microbiologist The awesome people I work with...Excellent team.

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

Jessica Valdez

Laboratory Medical Technologist

Outside of work, I like to spend time with my family. Love going hiking, camping and gardening.

Vanessa Aviles

Prosser Specialty Clinic Certified Medical Assistant I like to spend family time.

Hillary Baker

Laboratory Assistant II

I love to spend time with my family, and my husband and I enjoy spending time in our kayaks, fishing and camping.

Olivia Ramos

Admitting Patient Registrar Hunting/Camping.

Anna Marie Tacadao

Laboratory Microbiologist Be with friends sometimes spend time doing activities together. Other time to spend "me time." Just to rest and relax in my home.

Anniversaries

Happy Anniversary!

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

Happy 1 Year

- Jomeca Meildred Escuyos
 Family Birthplace RN
- Michelle Arciga
 Cook
- Maria Diaz Emergency Department Technician
- Savanah McLaughlin EMS Paramedic

Happy 2 Years

- Adriana Trujillo Patient Financial Services Biller
- Melissa Jensen
 Supply Chain Courier
- Hollie Wood
 EMS Technician-B

Happy 3 Years

Andrew Wickwire
 Cardiopulmonary Respiratory
 Technician-R

Happy 4 Years

- Kristi Mellema Chief Compliance & Quality Officer
- Bailey Padilla
 Prosser Women's Health Center
 CNM

Happy 5 Years

- Sergio Merino Surgical Services RN
- Carolina Pineda-Perez
 Patient Registrar

Happy 6 Years

Esther Flores
 Surgical Services RN Lead

Happy 7 Years

- Tasha Sears
 Supply Chain Buyer
- Dr. Terry Murphy Emergency Department
- Bailey Dibbert Family Birthplace RN
- Maria Castro Grandview Clinic CMA

Happy 9 Years

Barbara Musselman
 Family Birthplace RN

Happy 10 Years

Felicia Flores
 Busy Bean/Gift Shop
 Coordinator

Happy 12 Years

 Gloria Zuniga Clinical Informatics Specialist

Happy 13 Years

Deanna Bridger Laundry Worker

Happy 15 Years

- Crystal Blanco
 Human Resources Generalist
- Cecilia Garcia
 Diagnostic Imaging MRI Tech
- Dr. Jared Clifford Prosser Orthopedic Center

Happy 20 Years

- Gaudencio Pedroza Environmental Services Technician
- Gaylin Griffitts
 EMS Paramedic

Happy 24 Years

Andrea Valle Director of Health Information Management

Happy 31 Years

Karen Legerski
 Emergency Department RN

Birthdays

Free 20oz Busy Bean Coffee on your birthday!

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

June 1

- Evilin Perez Medical/Surgical Technician
- Brianda Galarza Laboratory Assistant II
- **Ann Brunner** Surgical Services OR Technician

June 2

Aida De La Cruz Laboratory Assistant II

June 3

Bailey Dibbert Family Birthplace RN

June 4

Nancy Sanchez Admitting Patient Registrar

June 5

Gaylyn Concienne Certified Coder

June 6

Ana Medina Admitting Outpatient Hospital

June 7

- **Neil Taylor EMS Paramedic**
- Nieva Glenn Pelobello Laboratory Medical Technologist
- **Tyrell Nielson** Survial Services PA-C

June 10

Jennifer Trevino Grandview Clinic CMA

June 11

- Miriah Webb **Diagnostic Imaging Echo Tech-R**
- Julieta Martinez Benton City Clinic Patient Services Rep

June 12

Brian Fischer Director of Supply Chain

June 13

Wesley Kessinger Emergency Department RN

June 15

Angela Carey Pharmacy Technician II

June 18

- Judy McCormick **Diagnostic Imaging** Mammographer
- **Trudy Lewis** Cook
- **Eric Heinlein** Surgical Services RN

June 19

Amanda Benton Nursing Administration RN

June 20

- Christi Doornink-Osborn **Director of Emergency Department** & EMS
- Jessica Luther Benton City Clinic Nurse Practitioner
- **Rev Rodriguez** Maintenance Mechanic

June 21

- **Katie Grow** Medical/Surgical RN
- Summer Landa Cardiopulmonary Respiratory Therapist
- Leandra Chavez **Benton City Clinic Patient Services** Rep
 - Rosa Lopez-Barboza Family Birthplace Technician

John Stalder Surgical Services RN

June 22

.

- **Stephanie Honey-Morrow Emergency Department RN**
- **Gustavo Davila** Maintenance Mechanic

June 23

Samantha Garcia Admitting Patient Registrar

June 24

- Annabelle Hansen Medical/Surgical RN
- Peter Park Grandview Clinic Nurse Practitioner
- Barbara Musselman Family Birthplace RN
- **Marisol Rojas** Surgical Services RN

June 25

- Perla Salmeron Medical/Surgical RN
- Kayla Valdez Family Birthplace RN

June 28

- Hanna Wheeler Family Birthplace RN
- Susan Graf Medical/Surgical RN

June 29

Blanca Galvan Prosser Women's Health Center RN

June 30

Stephanie Garza Laboratory Assistant II



What to Know About Social Media and Mental Health

By Zia Sherrell, MPH

Many people in today's world live with their smartphones as virtual companions. These devices use electronic social media networks that alert users to updates on friends, favorite celebrities, and global events. Social media has become firmly integrated into a lot of people's daily lives. According to the Pew Research Center, 72% of people in the United States now use social media.

At its core, social media is a powerful communication tool that has changed how individuals interact with one another. It speeds up how people exchange and share information, thoughts, and ideas across virtual networks. However, social media does have downsides. Some evidence suggests that its use — in particular, its overuse — can negatively affect mental health in numerous ways.

Social media has associations with depression, anxiety, and feelings of isolation, particularly among heavy users. A 2015 Common Sense survey found that teenagers may spend as much as 9 hours of each day online. Many of these individuals are themselves concerned that they spend too much time browsing social networks. This wave of concern suggests that social media could affect the mental health of its users.

The researchers behind a 2017 Canadian study confirmed this finding. They noted that students who use social media for more than 2 hours daily are

considerably more likely to rate their mental health as fair or poor than occasional users. A 2019 study tied social media use to disrupted and delayed sleep. Regular, high quality sleep is essential for well-being, and evidence shows that sleeping problems contribute to adverse mental health effects, such as depression and memory loss.Eventually, with healthy coping skills, stress can be managed and symptoms can be reduced.

Aside from the adverse effects on sleep, social media may trigger mental health struggles by exposing individuals to cyberbullying. In a 2020 survey of more than 6,000 individuals aged 10-18 years, researchers found that about half of them had experienced cyberbullying. One of the downsides of social media platforms is that they give individuals the opportunity to start or spread harmful rumors and use abusive words that can leave people with lasting emotional scars.

Statistics

Social media has come under a lot of criticism, with many reports connecting its use with severe consequences. National surveys and population-based studies show that the world of social media can have devastating effects on users' mental health. In the U.S. alone, survey findings show a 25% increase in suicide attempts among teenagers between 2009 and 2017.

Although social media may not play a role in each of these incidences, the time frame correlates with the growing use of these platforms. A 2021 study confirms this effect. The researchers reported that while social media use had a minimal impact on boys' risk of suicide, girls who used social media for at least 2 hours each day from the age of 13 years had a higher clinical risk of suicide as adults. Furthermore, findings from a population-based study show a decline in mental health

Continued on the next page.





Employee Newsletter

in the U.S., with a 37% increase in the likelihood of major depressive episodes among adolescents. A 2019 study suggested that teenagers who use social media for more than 3 hours daily are more likely to experience mental health problems, such as depression, anxiety, aggression, and antisocial behavior.

Negative effects on health

Social media may trigger feelings of inadequacy. People may feel as though their life or appearance does not compare favorably with that of others on social media, leading to feelings of envy and dissatisfaction. A 2018 study found that high social media usage increases rather than decreases feelings of loneliness. It also reported that reducing social media use helps people feel less lonely and isolated and improves their well-being. Additionally, social media can facilitate cyberbullying and create unhealthy self-centeredness and distance from friends and family.

Positive effects

Despite its drawbacks, social media remains an efficient means of connecting communities and individuals across the world. Social media-based networking among small groups of people is beneficial for many. Through social media, youngsters who struggle with social skills and anxiety can express themselves and socialize. It can be particularly advantageous for marginalized groups, such as LGBTQIA+ communities, as it enables people to meet and interact with other like-minded individuals. Social media also serves as a platform that gives a voice to the voiceless. For example, people who have been subject to violence and abuse can use communities such as the #MeToo community to air their views, talk about what they are facing, and find support. Social media can also educate and inform and provide an outlet for creativity and self-expression.

Linked conditions

Unregulated social media leads to a constant fear of missing out, which many refer to as FOMO. People may feel as though others are having more fun than them, which can affect self-esteem and cause mental health issues. Individuals may compulsively check their phones at the cost of missing sleep or choose social media over in-person relationships or meetups. Additionally, prioritizing social media networking over physical and social interactions increases the chances of mood disorders such as anxiety and depression.

Managing the effects

An individual can make their use of social media positive by:

- Turning off a smartphone's data connectivity at certain times of the day, such as while driving, at work, or in meetings
- Turning off data connectivity while spending time with friends and family
- Leaving the smartphone out of reach while sleeping
- Turning off notifications to make it easier to resist the distracting beeps or vibrations
- Limiting social media use to a computer rather than a smartphone

Preventing negative effects

People can help themselves avoid some of the adverse effects of social media by limiting use to 30 minutes a day, in turn reducing FOMO and the associated negative consequences. By being more conscious of the amount of time they spend on social media, a person may notice improvements in their general mood, focus, and overall mental health.

References:

https://www.medicalsewateday.com/articles/social-media-andmental-health









Employee Assistance Program May 2022

The Stigma of Mental Illness and How We Can Help

FWSL

Superviso

By Jaime Carter-Seibert, MA, LMHC

Last month, our EAP Employee Newsletter shined a light on one of the most common mental illnesses in the U.S. - anxiety disorders - which affect 40 million Americans 18 and older, or 18.1% of the population every year. Anxiety and depression are often intertwined and impact every area of someone's life: family, relationships, work, financial wellbeing, education, opportunity, health, and lifespan. Diagnoses of major depression have increased an astonishing 33% since 2013, with the highest concentration in millennials (up 47%) and adolescents (up 47% for boys and 65% for girls.)

In support of Mental Health Awareness Month, this EAP Supervisor Newsletter will focus on the **stigma** attached to mental illness that keeps those suffering from reaching out for help. In fact, though 1 in 5 adults in the U.S. are diagnosed with a mental health condition, a staggering **60% of them go untreated**. It's hard to conceive that 60% of people diagnosed with diabetes or hypertension would not seek treatment, but sadly it isn't hard to see why someone with a mental illness wouldn't want to admit it and seek help.

Shame about mental illness is a painful and all too familiar barrier to getting treatment. It stems from others' misperceptions and resulting harsh judgements about it--as if the person struggling with mental illness could prevent it. Comments such as "Just snap out of it," "You're being so dramatic—just deal with it," "Everyone feels like that sometimes." "It could be worse," or "Just try thinking happier thoughts," all contribute to the idea that someone's illness is their *fault*, or a kind of *character flaw*. Because of this, people often downplay or hide their illness for fear of being labeled, rejected, or considered unstable, which prevents them from getting treatment to recover.

Education and empathetic conversation are at the heart of changing the shame-based paradigm on mental illness, so that it is regarded like any other *medical condition*. And like medical conditions, the symptoms of mental illness can be treated. Knowing that mental illness is common and real can help dissipate the misperception that it's based on personality, exaggeration, or that someone brought it upon him or herself.

Organizations like NAMI (The National Alliance on Mental Health) provide education and advocacy to reduce stigma and shape public policy to improve resources for mentally ill people and their families. The website www.makeitok.org also offers education, conversation tips, and a platform for those with a mental illness to share their stories. Before we can end the stigma, we need to know what mental illness is and is not, and what causes it. Make It Ok provides these definitions as a starting point:

Mental illness is:

- A medical condition disrupting a person's thinking, feeling, mood, ability to relate to others, and daily functioning.
- Common. One in four people will develop a mental illness in their lifetime.
- Treatable. Most mental illnesses can be treated effectively with medication, therapy, diet, exercise, and support. Recovery is possible.

Continued on the next page.

First Choice Health



Mental illness is not:

- Imaginary. Mental illnesses are very real and very common.
- Something to "get over." Mental illnesses cannot be willed away.
- A character flaw. Mental illnesses are medical conditions that do not define us.

Mental illness can be caused by:

- Trauma. Sometimes traumatic events can play a role in triggering a mental illness.
- **Chemical imbalance.** Chemical or biochemical changes in the brain can be factors.
- **Genetics.** Some mental illnesses get passed along from one generation to the next.
- Environment. Exposure to toxins, illnesses, drugs, or alcohol can affect the developing brain in utero.

We don't need to share our life stories at work, but it can be really helpful to follow up with a colleague who may seem down, withdrawn, and out of character. Conveying that you notice something is different with the person and that you care can go a long way, and ultimately prompt someone to get help.

Here are a few things you can say:

- "How are you feeling today?"
- "I'm sorry to hear that. It must be tough."
- "I can't imagine what you're going through."
- "Thanks for opening up to me."

Not only is it kind to connect people with mental health treatment, it makes good business sense. One study links depression to 400 million lost days of work annually in the U.S.; another estimates that depression and anxiety cost \$1 trillion to the global economy each year, due to lost productivity. We can all help improve the treatment of people with mental illness by learning to have compassionate conversations with them about it. Look to First Choice Health EAP for counseling referrals, consultation on mental health concerns, and 24/7 telephonic support available at 800-777-4114. We are here for you, your families, and your colleagues.

References:

https://www.forbes.com/sites/carleysime/2019/04/17/the-costof-ignoring-mental-health-in-the-workplace/#4bec78ce3726

https://www.webmd.com/mental-health/news/20120731/mildanxiety-may-shorten-persons-life

https://www.bcbs.com/the-health-of-america/reports/majordepression-the-impact-overall-health

https://adaa.org/about-adaa/press-room/facts-statistics

https://makeitok.org/

First Choice Health







PLAN TO WORK PAST RETIREMENT AGE?

Of the more than thirty-four million Americans age 55 and older who were employed in 2020, over nine million were individuals age 65 and older.* People continue working past the traditional retirement age for a variety of reasons. Some actually enjoy what they do for a living. Their work gives meaning to their lives and helps fill their days, and they appreciate the company of coworkers. Others have to work since they cannot afford to retire. And there are other people who choose to continue working because of employer-provided benefits or because they want extra time to build up their retirement savings.

The Financial Benefits of Working Longer

Staying longer in the workforce can yield several significant financial benefits:

- Regular paychecks
- Potential for overtime and bonuses
- Ongoing contributions to a retirement plan
- · Continued access to employer-provided benefits, such as health care coverage
- Additional payments into the Social Security system that could boost the amount of final Social Security retirement
 payments

Potential Roadblocks to Working Longer

There's no guarantee that someone who wants to stay in the workforce will be able to continue working. A person's plans could be sidelined by:

- An illness or disability
- · The need to care for a spouse or other family member
- A downturn in the economy and the job market
- A mismatch of skills and available job openings

Preparing for All Eventualities

Too many people reach retirement age, find that they can't afford retirement, and discover that there are limited opportunities for finding post-retirement-age work. You can avoid this scenario by using your earning years to set aside money for your retirement. Irrespective of how much you earn, you should focus on making regular contributions to your employer-provided retirement plan or to an individual retirement account.

The reality is that you may need an annual income in retirement that is not all that different from your current income -- especially if you anticipate an active retirement that involves frequent travel or expensive hobbies. When evaluating your potential retirement income needs, you will need to consider these factors:

- Your retirement may last well into your 90s.
- Inflation will likely occur.
- Health care costs could increase as you age.
- Payments from Social Security will only cover the basic necessities of life.

Talk With a Financial Professional

Your financial professional will examine your contribution levels and your investments to see if there are any weaknesses in your current strategies. You may need to boost your retirement plan contribution percentages and reevaluate your current investment selections and asset allocation** in order to afford the type of retirement you want.

Source/Disclaimer:

*U.S. Department of Labor, Bureau of Labor Statistics, Current Population Survey. **Diversification and asset allocation do not ensure a profit or protect against loss in a declining market.

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

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















Health & Wellness

Healthy Asian Coleslaw



Ingredients:

- 1 cup raw cashews
- 1 medium head of cabbage
- 1 red bell pepper thinly sliced
- 1 carrot shredded or grated
- 1 small onion thinly sliced
- 2 green onions chopped
- 1 tbsp toasted sesame seeds
- Sea salt to taste
- 1 bunch xilantro (garnish)

Dressing:

- 2 garlic cloves minced
- 1/2 inch fresh ginger minced
- 1/4 cup rice vinegar or apple cider vinegar
- 3 tbsp extra virgin olive oil
- 1 tbsp toasted sesame oil
- 2 tbsp coconut aminos
- 1 tbsp fish sauce or replace with coconut aminos, for vegan
- 1/4 tsp ground black pepper
- Optional: 1/4-1/2 tsp coconut sugar omit for Whole30

Instructions:

- 1. Heat a skillet over medium heat.
- 2. Add the cashews to the skillet and toast stirring for 2-3 minutes until they are golden brown and fragrant.
- 3. Remove from heat and let the cashews cool, then chop roughly into smaller pieces.
- 4. Quarter the cabbage. Remove the core and thinly slice each quarter crosswise.
- 5. Combine cabbage, bell pepper, carrot, onion, green onions, and cashews in a large mixing bowl.
- 6. Whisk together all the ingredients for the dressing.
- 7. Pour over the vegetables and mix together well until everything is coated in the dressing. Make sure to squeeze the cabbage a bit to wilt while mixing.
- 8. Taste and add salt, if needed.
- 9. Sprinkle with sesame seeds and cilantro right before serving.



ProsserHealth.org

Attachment S

Prosser Memorial Health Patient Loyalty Summary Report: "Would Recommend" Mean

								Data pulled: 6.14.22 mf			
Survey Group	2022	May	# Of		TD	# Of	% Rank	Patient Survey Comments			
	Goal	2022	Surveys	s 20	022	Surveys					
Emergency Depart.	>84.0%	88.75	65 th	83	3.13	123	44 th	"This was one of the best experiences I've ever had at a hospital in the lower valley. Truly grateful, left that Emergency Room feeling relieved."			
HCAHPS-Inpatient	>93.1%	90.48	21	92	2.83	115	86 th	"Great food." "The doctors were excellent."			
Acute Care	>91.8%	87.5	8	91	L.67	63	71 st	"So grateful for the staff and getting to come here." "Great nursing staff."			
Family Birthplace	>93.6%	88.89	9	96	5.43	35	97 th	"Our night nurses were amazing."			
Out-Patient Surgery	>96.6%	94.4	9	96	5.35	48	33 rd	"The nurse anesthetist was very helpful as well. He responded very well to my concerns." "I'm so THANKFULI was in bad shape."			
Clinic Network	>91.0%	91.83	52	94	1.17	236	36 th	"Pam Morris has been the best medical professional I've had in my life. She listens and even when you know she disagrees she is respectful of your rights."			
Out-Patient Services	>94.1%	96	50	9	6.1	232	82 nd	"Justin (the ex-ray tec) is absolutely awesome!!!!! He was by far 'THE BEST' tec I have ever had take my ex-rays. He was very compassionate and concerned about the pain I was in. He explained everything he was doing. He made sure I was comfortable after he returned me to the ER room before he left."			
	2022 Goal	YTD Score		Equa	ition		*Composit	te score based on 2020 departmental revenue contributions			
Composite Score	92.6%	93.8%	ED	0.13x	83.13	10.81	ED: 13%				
			IP	0.15x	92.83		14.85 IP: 16% (Includes AC, OB)				
			OR	0.23x	96.35						
			Clinics	0.11x	94.71	_	10.42 Clinic: 11%				
	1-1-1		OP	0.37x	96.1	35.56	Outpatient	t: 37%			

Press Ganey_Facility Scorecard_(Specific service line)_Mean (Last month or YTD)_overall assessment_Likelihood of Recommending_

Attachment T



Social

Friday, July 22 | 5-9 PM WIT Cellars

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



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Assets		Liabilities & Fund Balance							
	5/31/2022	4/30/2022	5/31/2021	12/31/2021		5/31/2022	4/30/2022	5/31/2021	12/31/2021
Cash & Temporary Investments	9,514,197	9,466,746	4,776,752	9,316,646	Current Portion of Bonds Payable	878,201	876,852	842,429	871,489
COVID Cash Holding	395,163	447,669	2,862,594	1,546,716	Current Portion of USDA	1.5		5	-
					Current Portion Capital Leases	251,228	250,679	245,256	248,495
Gross Patient Accounts Receivable	36,813,211	35,889,741	34,107,637	31,324,657	Accounts Payable	1,925,344	1,600,306	1,824,054	1,797,177
Less Allowances for Uncollectible	(22,931,000)	(22,376,000)	(20,907,000)	(19,716,000)	Payroll & Related Liabilities	3,602,754	3,587,716	2,813,487	3,410,607
Net Patient Receivables	13,882,211	13,513,741	13,200,637	11,608,657	Cost Report Payable	417,453	417,477	1,050,690	510,126
					Other Payables to 3rd Parties	1,264,048	1,254,061	894,913	969,467
Taxes Receivable	417,812	625,635	410,337	23,641	Deferred LEOFF Pension	483,233	483,233	-	483,233
Receivable from 3rd Party Payor	1,137,955	960,497	288,268	241,933	Deferred Tax Revenue	533,377	609,573	502,817	-
Inventory	502,783	571,285	417,149	570,651	Deferred EHR Medicare Revenue	12	9 9	21	-
Prepaid Expenses	921,544	986,774	1,029,854	1,152,815	Deferred COVID Revenue	395,163	447,669	9,212,829	1,546,716
Other Current Assets	11,856	9,667	56,925	4,746	Accrued Interest Payable	111,081	92,799	114,644	19,670
Total Current Assets	26,783,521	26,582,014	23,042,516	24,465,805	Other Current Liabilities	-	÷		-
					Total Current Liabilities	9,861,882	9,620,365	17,501,119	9,856,980
LEOFF Net Pension Asset	1,106,851	1,106,851		1,106,851					
Whitehead Fund - LGIP	1,216,415	1,215,283	1,214,152	1,214,855	Non Current Liabilities				
Funded Depreciation - Cash	2,097,599	1,883,401	1,961,296	1,003,653	Bonds Payable net of CP	9,239,647	9,288,353	10,121,552	9,482,042
Funded Depreciation - TVI	16,956,094	16,956,094	15,377,396	17,537,681	USDA Financing Payable net of CP		-	-	-
Bond Obligation Cash Reserve	767,536	767,533	762,944	767,520	Capital Leases net of CP	500,346	521,534	730,888	605,826
USDA Debt Reserve Fund	S	23	22	12	Total Non Current Liabilities	9,739,993	9,809,887	10,852,440	10,087,868
Tax Exempt Lease Funds		*	26,021						
Board Designated Assets	22,144,495	21,929,162	19,341,809	21,630,560	Total Liabilities	19,601,875	19,430,252	28,353,559	19,094,572
Land	478,396	478,396	478,396	478,396					
Property Plant & Equipment	47,352,220	47,287,946	43,394,469	46,165,427	Fund Balance				
Construction In Progress	4,652,324	4,345,153	3,636,851	4,226,277	Current YR Unrestricted Fund Balance	3,729,858	3,321,691	2,407,311	16,487,111
Accumulated Depreciation	(31,764,847)	(31,544,756)	(29,335,567)	(30,725,767)	Prior YR Unrestricted Fund Balance	49,065,095	49,065,095	32,577,984	32,577,984
Net Property Plant & Equipment	20,718,093	20,566,739	18,174,149	20,144,333	Restricted Fund Balance	5 m 2	74		·
					Total Fund Balance	52,794,953	52,386,786	34,985,295	49,065,095
Investment & Other Non Current Assets	1,005,279	993,683	1,034,940	1,023,805					
Land - Gap Road	1,745,440	1,745,440	1,745,440	1,745,440					
Net Investments & Other Non Current Assets	2,750,719	2,739,123	2,780,380	2,769,245					
Total Assets	\$ 72,396,828	\$ 71,817,038	\$ 63,338,854	\$ 69,009,943	Total Liabilities & Fund Balance	\$ 72,396,828	\$ 71,817,038	\$ 63,338,854	\$ 69,009,943



× 1

Statement of Operations May 31, 2022

						May 31, 2022						
	Month En	ding		Prior				Year to [Date		Prior	
Actual	Budget	Variance	%	Year	%		Actual	Budget	Variance	%	Year	%
						Gross Patient Services Revenue						
\$ 3,310,749	\$ 4,079,911		-19% \$	3,315,688	0%	Inpatient	\$ 18,069,876	\$ 18,875,958	\$ (806,082)	-4%	\$ 16,438,666	10
17,523,148	15,227,788	2,295,360	15%	13,427,053	31%	Outpatient	78,156,499	70,452,287	7,704,212	11%	60,199,528	309
20,833,897	19,307,699	1,526,198	8%	16,742,741	24%	Total Gross Patient Services Revenue	96,226,375	89,328,245	6,898,130	8%	76,638,194	269
						Deductions from Revenue Contractual Allowances						
4,308,246	3,966,087	(342,159)	-9%	3,752,035	15%	Medicare	19,941,523	18,349,343	(1,592,180)	-9%	16,704,063	199
4,548,393	4,241,326	(307,067)	-7%	3,713,132	22%	Medicaid	20,936,927	19,622,751	(1,314,176)	-7%	16,577,645	269
2,834,178	2,414,685	(419,493)	-17%	2,106,461	35%	Negotiated Rates	13,491,598	11,171,687	(2,319,911)	-21%	9,406,043	43
654,495	377,781	(276,714)	-73%	222,032	195%	Other Adjustments	3,435,243	1,747,828	(1,687,415)	-97%	1,199,749	186
12,345,312	10,999,879	(1,345,433)	-12%	9,793,660	26%	Gross Contractual Allowances	57,805,291	50,891,609	(6,913,682)	-14%	43,887,500	329
438,650	321,030	(117,620)	-37%	129,428	239%	Charity Care	1,931,186	1,485,264	(445,922)	-30%	795,071	1439
221,628	348,293	126,665	36%	712,965	-69%	Bad Debt	563,320	1,611,399	1,048,079	65%	1,557,461	-649
13,005,590	11,669,202	(1,336,388)	-11%	10,636,053	22%	Total Deductions From Revenue	60,299,797	53,988,272	(6,311,525)	-12%	46,240,032	30%
7,828,307	7,638,497	189,810	2%	6,106,688	28%	Net Patient Services Revenue	35,926,578	35,339,973	586,605	2%	30,398,162	189
52,506	126,814	(74,308)	-59%	18,120	190%	COVID Net Revenue	1,389,873	634,070	755,803	119%	316,770	339%
23,821	15,480	8,341	54%	18,565	28%	Other Operating Revenue	129,880	114,900	14,980	13%	92,041	419
7,904,634	7,780,791	123,843	2%	6,143,373	29%	Net Revenue	37,446,331	36,088,943	1,357,388	4%	30,806,973	229
						Operating Expenses						
3,595,919	3,251,384	(344,535)	-11%	2,683,225	34%	Salaries	15,024,702	15,042,726	18,024	0%	12,977,638	169
864,394	840,785	(23,609)	-3%	539,945	60%	Benefits	4,028,869	3,889,944	(138,925)	-4%	3,415,445	18%
267,672	301,787	34,115	11%	315,380	-15%	Purchased Labor	1,461,846	1,396,236	(65,610)	-5%	1,321,719	119
4,727,985	4,393,956	(334,029)	-8%	3,538,550	34%	Sub-Total Labor Costs	20,515,417	20,328,906	(186,511)	-1%	17,714,802	169
391,045	348,831	(42,214)	-12%	383,187	2%	Professional Fees - Physicians	1,901,668	1,744,156	(157,512)	-9%	1,839,494	39
(26,169)	79,744	105,913	133%	50,694	-152%	Professional Fees - Other	243,905	387,207	143,302	37%	338,512	-289
1,416,520	1,257,817	(158,703)	-13%	1,024,690	38%	Supplies	5,616,835	6,054,806	437,971	7%	4,685,382	20%
33,429	47,475	14,046	30%	70,281	-52%	Purchased Services - Utilities	194,078	237,377	43,299	18%	232,243	-169
477,295	452,325	(24,970)	-6%	121,196	294%	Purchased Services - Other	1,942,263	2,261,627	319,364	14%	1,361,302	439
119,924	161,302	41,378	26%	143,671	-17%	Rentals & Leases	945,791	806,511	(139,280)	-17%	854,286	119
94,344	103,587	9,243	9%	84,950	11%	Insurance License & Taxes	470,879	517,938	47,059	9%	405,276	169
207,039	196,422	(10,617)	-5%	178,508	16%	Depreciation & Amortization	1,066,539	982,110	(84,429)	-9%	888,303	209
78,539	142,367	63,828	45%	77,368	2%	Other Operating Expenses	553,323	706,634	153,311	22%	252,395	119%
2,791,966	2,789,870	(2,096)	0%	2,134,545	31%	Sub-Total Non-Labor Expenses	12,935,281	13,698,366	763,085	6%	10,857,193	199
7,519,951	7,183,826	(336,125)	-5%	5,673,095	33%	Total Operating Expenses	33,450,698	34,027,272	576,574	2%	28,571,995	179
384,683	596,965	(212,282)	-36%	470,278	-18%	Operating Income (Loss)	3,995,633	2,061,671	1,933,962	94%	2,234,978	79%
						Non Operating Income						
74,594	76,314	(1,720)	-2%	74,481	0%	Tax Revenue	395,198	381,568	13,630	4%	365,382	8%
8,769	2,935	5,834	199%	51,445	-83%	Investment Income	(550,496)	14,673	(565,169)	-3852%	(15,373)	34819
(39,532)	(46,681)	7,149	-15%	(44,564)	-11%	Interest Expense	(183,815)	(233,405)	49,590	-21%	(190,763)	-49
(20,347)	347	(20,694)	-5964%		0%	Other Non Operating Income (Expense)	73,338	1,736	71,602	4125%	13,087	460%
23,484	32,915	(9,431)	-29%	81,362	-71%	Total Non Operating Income	(265,775)	164,572	(430,347)	-261%	172,333	-254%
\$ 408,167	\$ 629,880	\$ (221,713)	-35% \$	551,640	-26%	Net Income (Loss)	\$ 3,729,858	\$ 2,226,243	\$ 1,503,615	68%	\$ 2,407,311	55%



Statement of Operations 13-month Trend

	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Gross Patient Services Revenue													
Inpatient	\$ 3,315,688			\$ 4,327,455	\$ 3,536,125	\$ 3,463,893	\$ 3,043,354		\$ 3,605,247	\$ 3,288,747	. , ,		\$ 3,310,749
Outpatient	13,427,053	14,292,979	13,202,982	14,529,135	13,294,650	12,964,572	13,593,213	14,195,193	13,346,293	14,047,763	17,199,727	16,039,568	17,523,148
Total Gross Patient Services Revenue	16,742,741	17,757,288	16,891,985	18,856,590	16,830,775	16,428,465	16,636,567	17,601,759	16,951,540	17,336,510	20,926,097	20,178,331	20,833,897
Deductions from Revenue Contractual Allowances	36%	38%	39%	39%	38%	41%	<i>39</i> %	40%	38%	40%	38%	33%	38%
Medicare	3,752,035	3,345,847	3,421,358	3,603,120	3,526,574	3,000,655	3,266,390	3,200,913	3,393,158	3,902,405	3,785,864	4,551,851	4,308,246
Medicaid	3,713,132	3,706,068	3,771,972	4,364,148	3,880,351	3,619,215	3,668,725	3,909,940	4,012,377	2,920,563	4,802,755	4,652,839	4,548,393
Negotiated Rates	2,106,461	2,367,321	2,132,345	2,645,102	2,028,743	2,278,447	2,412,022	2,549,312	2,379,307	2,584,862	2,978,601	2,714,651	2,834,178
Other Adjustments	222,032	424,260	177,968	308,420	442,001	648,306	368,145	398,392	199,926	624,993	626,880	1,328,948	654,495
Gross Contractual Allowances	9,793,660	9,843,496	9,503,643	10,920,790	9,877,669	9,546,623	9,715,282	10,058,557	9,984,768	10,032,823	12,194,100	13,248,289	12,345,312
Charity Care	129,428	468,382	237,782	303,523	375,097	285,889	296,306	599,602	341,961	354,814	452,226	343,536	438,650
Bad Debt	712,965	708,901	575,286	287,566	114,155	(144,638)	103,191	(114,798)	214,560	(24,155)	243,688	(92,400)	221,628
Total Deductions From Revenue	10,636,053	11,020,779	10,316,711	11,511,879	10,366,921	9,687,874	10,114,779	10,543,361	10,541,289	10,363,482	12,890,014	13,499,425	13,005,590
Net Patient Services Revenue	6,106,688	6,736,509	6,575,274	7,344,711	6,463,854	6,740,591	6,521,788	7,058,398	6,410,251	6,973,028	8,036,083	6,678,906	7,828,307
COVID Grant Revenue	18,121	226,430	85,966	6,628,311	1,106,281	337,283	1,496,853	25,046	455,985	107,900	50,843	712,772	52,506
Other Operating Revenue	18,564	86,667	(52,827)	26,327	16,804	206,955	19,922	28,650	118,972	(76,453)	23,220	50,187	23,821
Net Revenue	6,143,373	7,049,606	6,608,413	13,999,349	7,586,939	7,284,829	8,038,563	7,112,094	6,985,208	7,004,475	8,110,146	7,441,865	7,904,634
Operating Expenses	58%	52%	59%	51%	65%	55%	59%	52%	63%	52%	48%	63%	60%
Salaries	2,683,225	2,609,505	2,774,116	2,838,758	3,349,881	2,742,169	2,734,884	3,303,928	2,972,517	2,772,043	2,865,229	2,980,200	3,595,919
Benefits	539,945	624,077	713,049	573,865	578,262	832,824	685,761	68,030	827,743	492,813	753,577	929,136	864,394
Purchased Labor	315,380	268,999	384,634	308,636	270,875	152,018	427,135	310,891	250,000	386,545	269,484	288,146	267,672
Sub-Total Labor Costs	3,538,550	3,502,581	3,871,799	3,721,259	4,199,018	3,727,011	3,847,780	3,682,849	4,050,260	3,651,401	3,888,290	4,197,482	4,727,985
Professional Fees - Physicians	383,187	364,644	326,073	375,128	368,393	344,807	333,691	399,338	407,364	333,806	386,705	382,778	391,045
Professional Fees - Other	50,694	34,416	45,335	103,477	39,174	62,259	82,246	30,749	41,222	61,379	103,229	64,244	(26,169)
Supplies	1,024,690	828,536	951,041	1,328,441	1,114,451	1,255,438	877,373	1,080,455	1,134,236	1,003,996	1,100,475	961,608	1,416,520
Purchased Services - Utilities	70,281	20,830	57,017	49,501	44,629	34,396	26,701	33,590	49,802	23,513	49,904	37,431	33,429
Purchased Services - Other	121,196	367,935	249,401	365,859	400,511	277,356	423,787	458,116	335,478	381,919	365,468	382,103	477,295
Rentals & Leases	143,671	181,177	202,763	194,310	215,090	147,779	180,858	111 ,591	181,248	191,423	236,771	216,425	119,924
Insurance License & Taxes	84,950	81,728	81,479	81,749	120,304	90,770	97,105	92,103	99,053	87,858	87,811	101,813	94,344
Depreciation & Amortization	178,508	185,332	186,035	185,801	186,122	195,247	204,290	268,228	212,599	211,565	215,248	220,087	207,039
Other Operating Expenses	77,368	106,650	101,802	80,833	96,773	109,760	152,045	92,216	158,066	105,914	110,506	100,267	78,539
Sub-Total Non-Labor Expenses	2,134,545	2,171,248	2,200,946	2,765,099	2,585,447	2,517,812	2,378,096	2,566,386	2,619,068	2,401,373	2,656,117	2,466,756	2,791,966
Total Operating Expenses	5,673,095	5,673,829	6,072,745	6,486,358	6,784,465	6,244,823	6,225,876	6,249,235	6,669,328	6,052,774	6,544,407	6,664,238	7,519,951
Operating Income (Loss)	470,278	1,375,777	535,668	7,512,991	802,474	1,040,006	1,812,687	862,859	315,880	951,701	1,565,739	777,627	384,683
Non Operating Income													
Tax Revenue	74,481	75,669	70,182	75,744	71,831	73,342	71,831	73,097	74,817	80,262	88,426	77,100	74,594
Investment Income	51,445	(13,526)	575	466	2,347	11,834	(24,802)	(146,092)	476	476	(571,938)	11,722	8,769
Interest Expense	(44,564)	(32,877)	(31,404)	(32,572)	(33,739)		(32,361)	(20,143)	(31,143)	(60,844)	(21,572)	(30,723)	(39,532)
Other Non Operating Income (Expense)		(2)	2	4,200	-	2		6,000		81,261	14,920	(2,497)	(20,347)
Total Non Operating Income	81,362	29,266	39,353	47,838	40,439	52,911	14,668	(87,138)	44,150	101,155	(490,164)	55,602	23,484
Net Income (Loss)	\$ 551,640	\$ 1,405,043	\$ 575,021	\$ 7,560,829	\$ 842,913	\$ 1,092,917	\$ 1,827,355	\$ 775,721	\$ 360,030	\$ 1,052,856	\$ 1,075,575	\$ 833,229	\$ 408,167
Total Margin	8.9%	19.8%	8.6%	53.8%	11.1%	14.9%	22.7%	11.0%	5.1%	14.8%	44.404	44 447	F 464
Margin (Non Operating Income)	8.9% 7.7%	19.8%	8.5%	53.8%	11.1%		22.7% 22.5%				14.1%	11.1%	5.1%
Salaries as a % of Net Revenue	43.7%	37.0%	42.0%	20.3%	44.2%	14.3% 37.6%	22.5% 34.0%	12.1% 46.5%	4.5% 42.6%	13.6%	19.3%	10.4%	4.9%
Labor as a % of Net Revenue	43.7%	49.7%	42.0%	20.3%	44.2% 55.3%	37.6%	34.0% 47,9%	46.5% 51.8%	42.6% 58.0%	39.6% 52.1%	35.3%	40.0%	45.5%
Operating Expense change from prior month	-5%	49.7%	56.6%	20.0%	55.5%	-4%	47.9%	51.8% -4%	58.0%	-7%	47.9% 1%	56.4% 3%	59.8%
Gross Revenue change from prior month	-3%	6%	-5%	12%	-11%	-4%	-4%	-4%	-10%	-7%	1%	3% 7%	16% 10%
Net Revenue change from prior month	-6%	15%	-6%	112%	-46%	-48%	-43%	-49%	-10%	-8%	-42%	-47%	-44%



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CURRENT MONTH Actual		YEAR TO DATE Actual
	NET INCOME TO NET CASH BY OPERATIONS	5
408,167	NET INCOME (LOSS)	3,729,858
207,039	Depreciation Expense	1,066,539
-	Amortization	-
-	Loss (Gain) on Sale of Assets	-
615,206	TOTAL	4,796,397
	WORKING CAPITAL	
(206,562)	Decrease (Increase) in Assets	(3,271,718)
241,517	Increase (Decrease) in Liabilities	4,902
650,161	NET CASH PROVIDED BY OPERATIONS	1,529,581
	CASH FLOWS FROM INVESTING ACTIVITIES	
(371,445)	Capital Purchasing	(1,612,840)
-	Proceeds on Capital Assets Sold	-
(68,438)	Investment Activity	(356,808)
(439,883)	NET CASH USED BY INVESTING ACTIVITIES	(1,969,648)
210,278	NET CHANGE IN CASH	(440,067)
	CASH BALANCE	
31,843,577	BEGINNING	32,493,922
32,053,855	ENDING	32,053,855
210,278	NET CASH FLOW	(440,067)

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	<u>May</u> 2021	<u>June</u> 2021	<u>July</u> 2021	August 2021	September 2021	October	November	December	January	February	March	April	May
CASH FLOWS FROM OPERATING	2021	2021	2021	2021		2021	2021	2021	2022	2022	2022	2022	2022
·	-												
PAYMENTS RECEIVED													
Commercial	2,349,146	2,942,914	2,651,970	2,898,177	3,130,632	3,153,931	2,875,267	3,330,492	2,870,461	2,644,488	3,345,808	3,083,155	3,080,772
Medicaid	1,640,050	1,744,690	1,672,738	1,588,232	2,103,782	1,687,063	1,529,067	1,709,233	1,527,015	1,438,583	1,933,332	1,793,945	1,717,575
Medicare	1,802,039	2,032,441	1,638,886	1,879,928	1,638,399	1,603,757	1,599,329	1,813,966	1,682,223	1,406,927	1,706,618	1,682,098	1,847,438
VA	57,256	18,589	64,834	88,287	56,988	52,706	66,281	119,229	83,053	37,616	94,447	100,585	74,713
Worker's Comp	128,164	148,895	146,239	100,236	109,063	145,456	130,592	154,764	154,456	80,761	125,210	100,871	123,467
Self Pay	141,867	149,680	168,795	121,182	163,813	108,110	129,044	97,535	65,480	93,400	120,387	66,663	98,505
Other Non Patient Payments	465,324	425,634	53,644	435,091	101,670	1,465,202	2,014,478	112,073	266,052	212,934	467,464	425,160	996,244
Cash Received (Patients, Insurance, Other)	6,583,846	7,462,843	6,397,106	7,111,133	7,304,347	8,216,225	8,344,058	7,337,292	6,648,740	5,914,709	7,793,265	7,252,477	7,938,714
Patient Refunds	(10,582)	(19,388)	(21,959)	(1,590)	(35,193)	(28,515)	(30,265)	(30,265)	(37,922)	(9,381)	(52,430)	(26,079)	(30,262)
AP Expenses	(3,554,584)	(2,503,723)	(2,425,738)	(3,291,615)	(3,276,658)	(3,837,948)	(3,398,633)	(1,628,648)	(3,425,965)	(2,483,587)	(4,162,503)	(4,176,244)	(4,332,217)
Settlement LumpSum Payments	2	S	12	52	2)	12		-		υ.			
Payroll Expenses	(2,499,104)	(2,527,250)	(3,843,249)	(2,646,771)	(2,640,425)	(3,402,985)	{2,684,405}	(4,109,423)	(2,878,211)	(2,861,203)	(2,826,391)	(3,848,358)	(2,937,045)
Loan/Interest Expense	(57,467)	(171,436)	(57,467)	(57,467)	(114,934)	(57,467)	14	(456,436)	(57,467)	(57,467)	(57,467)	(57,467)	(57,467)
NET CASH PROVIDED BY OPERATING	462,109	2,241,046	48,693	1,113,690	1,237,137	889,310	2,230,755	1,112,520	249,175	503,071	694,475	(855,671)	581,723
CASH FLOWS FROM INVESTING ACTIVITIES													
Capital Purchasing	(500,472)	(756,111)	(509,764)	(337,064)	(421,857)	(175,878)	(772,834)	(386,876)	(641,743)	(216,418)	(134,128)	(249,106)	(371,445)
NET CASH USED BY INVESTING ACTIVITIES	(500,472)	(756,111)	(509,764)	(337,064)	(421,857)	(175,878)	(772,834)	(386,876)	(641,743)	(216,418)	(134,128)	(249,106)	(371,445)
NET CHANGE IN CASH	(38,363)	1,484,935	(461,071)	776,626	815,280	713,432	1,457,921	725,644	(392,568)	286,653	560,347	{1,104,777}	210,278
CASH BALANCE													
BEGINNING	27,019,518	26,981,155	28,466,090	28,005,019	28,781,645	29,596,925	30,310,357	31,768,278	32,493,922	32,101,354	32,388,007	32,948,354	31,843,577
ENDING	26,981,155	28,466,090	28,005,019	28,781,645	29,596,925	30,310,357	31,768,278	32,493,922	32,101,354	32,388,007	32,948,354	31,843,577	32,053,855
NET CASH FLOW	(38,363)	1,484,935	(461,071)	776,626	815,280	713,432	1,457,921	725,644	(392,568)	286,653	560,347	{1,104,777}	210,278



Key Operating Statistics May 31, 2022

				iviay 31, 2022						
	Month Ending					Year to C	Date		Prior	Change
Actual	Budget	Variance	%		Actual	Budget	Variance	%	Year	
				Key Volumes						
254	256	(2)	-1%	Inpatient Acute Days	1,403	1,248	155	12%	1,318	6%
84	153	(69)	-45%	Inpatient Swing Days	362	745	(383)	-51%	481	-25%
338	409	(71)	-17%	Total Inpatient Days	1,765	1,993	(228)	-11%	1,799	-2%
89	153	(64)	-42%	Inpatient Admissions	526	745	(219)	-29%	411	28%
86	153	(67)	-44%	Inpatient Discharges	516	745	(229)	-31%	408	26%
10	12	(2)	-15%	Swing Bed Discharges	21	57	(36)	-63%	38	-45%
2,127	1,936	191	10%	Adjusted Patient Days	9,399	9,431	(32)	0%	8,387	129
10.90	13.20	(2.29)	-17%	Average Daily Census	11.69	13.20	(1.51)	-11%	11.91	-29
541	723	(182)	-25%	Adjusted Discharges	2,748	3,524	(776)	-22%	1,902	449
2.95	1.68	1.28	76%	Average Length of Stay - Hospital	2.72	1.68	1.04	62%	3.23	-169
14.00	13.04	0.96	7%	Average Length of Stay - Swing Bed	14.00	13.04	0.96	7%	12.66	119
44%	53%	-9%	-17%	Acute Care Occupancy (25)	47%	53%	-6%	-11%	48%	-29
41	51	(10)	-20%	Deliveries	236	248	(12)	-5%	226	49
288	191	97	51%	Surgical Procedures	1,162	930	232	25%	783	489
1,448	1,104	344	31%	Emergency Dept Visits	6,068	5,378	690	13%	4,574	339
15,075	14,268	807	6%	Laboratory Tests	71,197	69,501	1,696	2%	71,557	-19
2,981	2,906	75	3%	Radiology Exams	14,111	14,155	(44)	0%	14,671	-49
1,366	1,378	(12)	-1%	PMH Specialty Clinic	7,226	6,713	513	8%	6,057	199
870	885	(15)	-2%	PMH - Benton City Clinic Visits	3,774	4,309	(535)	-12%	4,005	-69
1,211	1,316	(105)	-8%	PMH - Prosser Clinic Visits	5,697	6,411	(714)	-11%	6,813	-169
986	987	(1)	0%	PMH - Grandview Clinic Visits	4,768	4,809	(41)	-1%	3,049	569
611	692	(81)	-12%	PMH - Women's Health Clinic Visits	2,912	3,372	(460)	-14%	3,247	-109
222.40	245.07	22.07	70/	LABOR FULL-TIME EQUIVALENT	742.05	345.03	24.42	00/	201 42	
322.10	345.07	22.97	7%	Employed Staff FTE's	313.95	345.07	31.12	9%	291.42	89
33.69	34.75	1.06	3%	Employed Provider FTE	33.24	34.75	1.51	4%	30.23	10%
355.79	379.82	24.03	6%	All Employee FTE's	347.19	379.82	32.63	9%	321.65	89
320.99	303.86	(17.13)	-6%	Productive FTE's	307.24	303.86	(3.38)	-1%	291.84	5%
13.08	18.65	5.57	30%	Outsourced Therapy FTE's	13.30	18.65	5.35	29%	15.13	-129
8.26	11.65	3.39	29%	Contracted Staff FTE's	10.49	11.65	1.16	10%	6.58	599
21.34	30.30	8.96		All Purchased Staff FTE's	23.79	30.30	6.51	21%	21.71	109
9.12	12.00	2.88	24%	Contracted Provider FTE's	8.00	12.00	4.00	33%	8.93	-10%
386.25	422.12	35.87	8%	All Labor FTE's	378.98	422.12	43.14	10%	352.29	8



	YTD 2021	YTD 2022	YTD Budget 2022		YTD 2021	YTD 2022	YTD Budget 2022
Utilization				Key Ratios	-		
Admissions	411	526	745	Operating Margin (%)	7.3%	10.7%	5.7%
Adjusted Admissions	1,916	2,801	3,524	Excess Margin (%)	7.8%	10.0%	6.1%
Average Daily Census	8.7	9.3	8.3	Operating EBIDA Margin (Operating Cash Flow)	10.1%	13.5%	8.4%
Adjusted Occupied Beds	40.7	49.5	39.1	Average Expense per Adjusted Patient Days	3,407	3,559	3,608
Average Length of Stay (days)	3.2	2.7	1.7	Average Net Revenue per Adjusted Patient Days	3,624	3,822	3,747
Outpatient Revenue %	78.6%	81.2%	78.9%	Net Accounts Receivable (days)	61.99	55.42	56.40
Total Yield (net patient revenue)	-11.9%	-29.1%	3.2%	Current Ratio (x)	1.32	2.72	3.80
Hospital Case Mix Index	0.99	0.99	1.00	Cash on Hand (days)	132	148	109
Average Charge Per Patient Day	9,138	10,238	9,472	Cushion Ratio (x)	141.44	174.38	43.67
Financial Performance (\$000)				Return on Equity (%)	6.88%	7.06%	11.01%
Net Patient Revenue	30,398	35,927	35,340	Capital Spending Ratio	2.38	2.97	0.61
Total Operating Revenue	30,807	37,446	36,089	Average Age of Plant (Years)	13.76	12.41	10.52
Total Operating Expense	28,572	33,451	34,027	Debt Service	2.21	3.30	6.55
Income (Loss) from Operations	2,235	3,996	2,062	Debt-to-Capitalization (%)	25%	17%	12.78%
Excess of Revenue Over Expenses	2,407	3,730	2,226	Patient Revenue Sources by Gross Revenue (%)			
EBIDA (Operating Cash Flow)	3,123	5,062	3,044	Medicare	32.2%	31.1%	32.2%
Additions to Property, Plant, and Equipment	3,084	1,613	308	Medicaid	30.8%	30.8%	30.8%
				Commercial Insurance	29.3%	31.4%	29.3%
Balance Sheet (\$000)				Self-pay and Other	4.4%	3.3%	4.4%
Unrestricted Cash and Investments	7,639	9,909	16,686	Labor Metrics			
Accounts Receivable (gross)	34,108	36,813	26,541	Productive FTE's (incl contract labor)	322.48	339.03	346.16
Net Fixed Assets	18,174	20,718	31,774	Total FTE's (incl contract labor)	352.29	378.98	422.12
Current and Long-Term Liabilities (excluding LT debt)	17,501	9,862	7,884	Labor Cost (incl benefits) per FTE - Annualized	120,683	129,920	115,582
Long-Term Debt	10,122	9,240	8,928	Labor Cost (incl benefits) as a % of Net Operating Revenue	57.5%	54.8%	56.3%
Total Liabilities	27,623	19,102	16,812	Net Operating Revenue per FTE - Annualized	209,875	237,140	205,187
Net Worth	34,985	52,795	55,460	Operating Expense per FTE - Annualized	194,649	211,836	193,465

[Contacts:			
	David Rollins	Chief Financial Officer	(509) 786-6605	drollins@prosserhealth.org
	Stephanie Titus	Director of Finance	(509) 786-5530	stitus oprosserhealth.org

O Prosser

Revenue by Financial Class May 31, 2022 Net Revenue by Financial Class May 31, 2022

Other

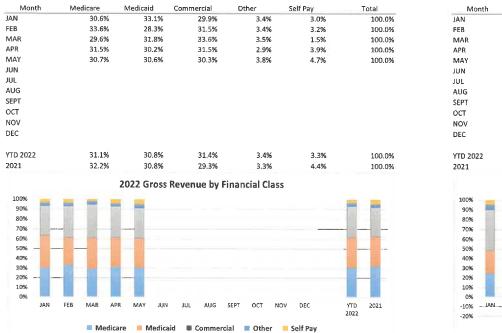
Self Pay

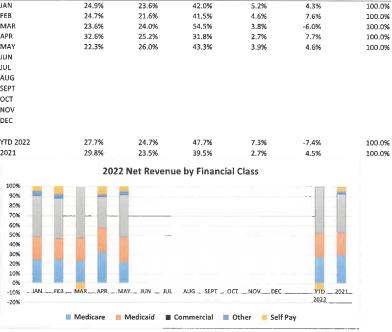
Total

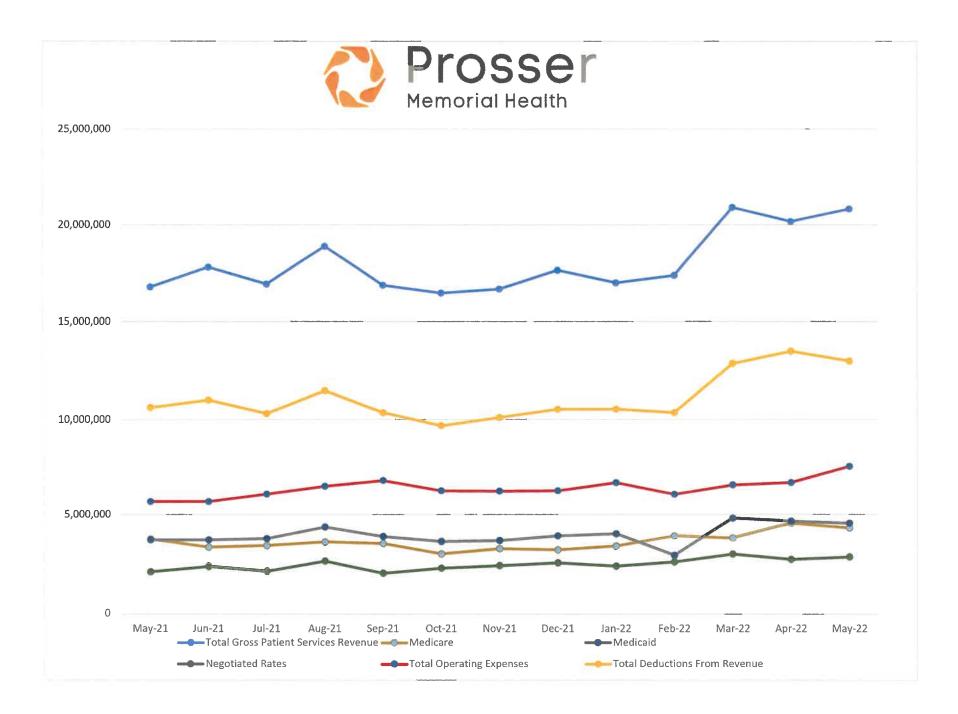
Commercial

Medicare

Medicaid





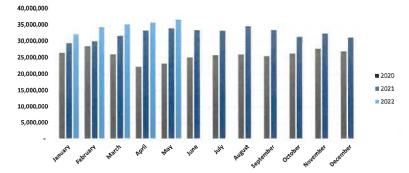




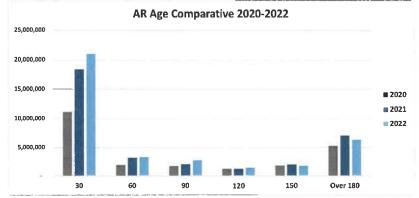
AR Balance Trend - 2020-2022

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		AR Balar	ice Trend				
	2017	2018	2019	2020	2021	2022	% Change
January	13,660,199	16,931,510	19,428,531	26,540,403	29,542,976	32,260,939	9%
February	14,529,841	16,911,324	19,146,130	28,567,785	30,120,411	34,474,143	14%
March	15,115,376	14,989,166	19,513,147	26,130,696	31,816,016	35,287,961	11%
April	15,752,955	15,852,894	19,692,139	22,350,961	33,444,324	35,889,741	7%
May	15,131,907	16,812,980	19,455,887	23,319,876	34,107,637	36.813,211	8%
June 🛛	15,446,995	16,291,895	21,223,053	25,197,275	33,577,529		
July	15,918,959	15,979,415	20,206,074	25,943,825	33,378,224		
August	17,412,422	16,633,907	20,028,246	26,144,421	34,777,364		
September	17,547,651	17,129,789	23,681,156	25,640,562	33,643,597		
October	15,948,473	16,950,256	25,724,222	26,432,788	31,514,355		
November	16,292,336	17,374,013	25,655,024	27,862,474	32,541,479		
December	16,777,361	17,137,550	25,486,600	27,102,309	31,324,657		



	AR	Age Balance	Comparativ	e		
	30	60	90	120	150	Over 180
2016	6,891,995	3,540,611	3,188,480	2,829,303	1,153,180	1,860,990
2017	7,236,284	2,323,456	946,766	796,004	1,012,074	2,817,324
2018	10,925,376	1,906,532	910,276	583,212	727,238	1,760,346
2019	12,210,896	1,941,191	1,165,992	919,475	1,047,103	2,171,230
2020	11,219,622	1,946,619	1,756,248	1,251,156	1,835,727	5,300,503
2021	18,392,733	3,263,259	2,077,771	1,265,758	2,028,850	7,079,266
2022	20,990,791	3,368,828	2,782,412	1,490,252	1,828,818	6,352,110

AR Percentage of Total Balance											
2016 💻	35%	18% 💴	16% 💻	15% 📕	6% 💻	10%					
2017 💻	48%	15% 📕	6% 📕	5%	7%	19%					
2018 💴	65%	11% 📕	5% 🖡	3% 📕	4% 🥅	10%					
2019 💴	63%	10% 📕	6% 📕	5%	5% 💻	11%					
2020 💻	48%	8% 💻	8% 📕	5% 📕	8%	23%					
2021 💻	54%	10% 📕	6% 📕	4% 📕	6%	21%					
2022 💻	5.%	9% 📕	8% 📕	4% 📕	5% 🐖	17%					



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

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

Building Rentals

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



	\$		12			
4/1/2022	78,491 \$ 192,915		COVID Business Office Remodel	2021	85300 Patient Financial Svcs	85300
3/1/2022	17,157		Neptune 3 Rover	2022	Surgery	70200
2/1/2022	70,539		WM-DP# Mobile Workstation	2022	70200 Surgery	70200
	76 70		DUP		TED CAPITAL - BOARD	NON BUDGETED CAPITAL
	CICITON &	toricrait é				
	\$ 31,480 \$ AN1 573	212,234	2021 Carryover Approved Capital Items			
		-	2022 Capital Items			
		18,500	@Net Health Agility	2022	Employee Health	87400
4/30/2022	813	30,000	Call Center Cubicle Set up	2022	Scheduling Call Center	85600 \$
		14,000 20,000	Server Storage Archiving Interpretor Compliance HW/SW	2022 2022		
		91,471 33,201	Virtual Desktop Expansion Replacement Firewall	2022 2022	Information Technology	85400
		13,000 15,000	Carpet Shampooer Floor Scrubber	2022 2022	Environmental Services	84600 1
1/31/2022	26,405	26,405 56,104	Provation Prof Fees Documenting SW Olympus Scopes	2022 2022		
1/1/2022	16,019	17,889	Medtronic Pill Capsule	2022	Specialty Clinic	72700
		5,000 5,000	Blanket Warmer Fluid Warmer	2022 2022	72640 Women's Health	72640
		444,890 15,000	Cabinet and Desk Remodel	2022	Granoview	12030
		12,000 38,622 7,020	Repainting of Building Remodel for Provider Office	2021 2022 2022	benton City	0/1027
		13 000				
		5,000 7,000	Blanket Warmer New Patient Care divider curtains	2021 2022		
		11,000	Exam Chair		OSP	72500
		50,000	Zoll Monitor			
		30,000	Altrix Unit	2022		
		10,000		2022		
		22,300	Stryker Stretchers (x3)	2022	Emergency Dept	72300
		5,736	Chattanooga Vectra GENSYS	2022	72000 Physical Therapy	72000
		15,000	Hamilton Ventilator Interface	2022		
		43,322	Philips V60 BiPAP Interface	2022	Cardiopulmonary	71800
*ongoing	31,480	132_234 11,868	IEE Service Line i-STAT blood analyzer	2021	Diagnostic Imaging	/1400
		30,000	Bugsy - EPIC module IC surveillance	2022		
		29,363	RALS middleware interface	2022		
5/1/2022	6,332	13,227 6,658	Nova Biomedical Stat Profile Chemistry Freezer	2021 2022	Laboratory	70700
		10,500	riexible uteroscope	7707		
		46,000	Gastroscopes (x2)			
		115,000	Stryker SPY-PHI (blood flow monitor) Meradyne Ace Blade			
11/24/2021	49,520 185,038	185,038	Olympus Colonoscopes (x4)	2022		
5/1/2022	86,166	80,000	Colonoscope Sterilizer	2021	Surgical Services	70200 :
		13,224	Draeger Infant Warmer	2022	70100 Family Birthplace	70100
		50,000	2011 Monitor			
		5,500	Sleeper Sofa - Room 4	2022		
		6,000	Blanket warmer Child Cribs (x2)	2022		
		10,000	Sit to Stand Chair	2022	Med/Surg	60700
Date	Date	COST	DESCRIPTION	YEAR	DEPARTMENT	GL #
3	Public Ta					



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Capital Project Expenditures

Project Name	Budget	Mar-22	<u>Apr-22</u>	May-22
CIP - New Prosser Hospital CIP - Gap Rd Land Improvement		3,790,589 118,571	3,916,344 118,571	4,268,385 118,571
	78,400,000	3,909,160	4,034,915	4,386,956
CIP - DI TEE Project	132,234	-	-	-
CIP - Dermatology Clinic	235,000	217,298	229,108	244,961
CIP - Beaker Lab System	788,596	268,139	-	-
CIP - Call Center	30,000		813	813
CIP - 1511 Meade Ave			12,378	12,378
CIP - PFS Office Remodel	35,328	79,845	-	-
Asset Clearing:				
Karl Storz Instruments & Stryker Equip		159,543	-	-
Medivators		54,785	57,107	-
Fisher Healthcare (Isotemp Freezer) Olympus Equipment		2,240	5,831	-
TD100 System Additional Cost		2,240	-	- 2,216
Stryker Ceiling Exam Lights		16,189	-	-,
Zoll Medical - Remote View X-series		5,000	5,000	5,000
GE Healthcare MAC CU360 80%		1,312	-	-
Supplyworks Carpet Wand		568	-	-
	81,093,614	4,714,079	4,345,152	4,652,324

Attachment V

Health Fina	ncial Systems	PROSSER MEMORIA	L HEALTH		In Lie	u of Form CMS-2	552-10
	is required by law (42 USC 1395g; 42 CFF de since the beginning of the cost report					FORM APPROVED OMB NO. 0938-0 EXPIRES 03-31-	
	D HOSPITAL HEALTH CARE COMPLEX COST REPOR ENT SUMMARY	RT CERTIFICATION	Provider CCN:	50-1312	Period: From 01/01/2021 To 12/31/2021		ared:
	ST REPORT STATUS						
Provider	 [X] Electronically prepared cost 				Date: 5/26/20	22 Time: 8:	16 pm
use only	2.[] Manually prepared cost report						
	3.[0]If this is an amended report 4.[F]Medicare Utilization. Enter "	enter the number F" for full or "L	of times the p " for low.	provider re	esubmitted this co	ost report	
Contractor use only	(1) As Submitted 7. Contra (2) Settled without Audit ⁸ . [N]	Received: actor No. Initial Report fo Final Report for	r this Provide this Provider	11.c er CCN 12.[or Code: Jumn 1 is 4: En Wes reopened = 0	
MISREPRESEN ADMINISTRAT PROVIDED OR	ERTIFICATION BY A CHIEF FINANCIAL OFFICE TATION OR FALSIFICATION OF ANY INFORMATIC IVE ACTION, FINE AND/OR IMPRISONMENT UNDE PROCURED THROUGH THE PAYMENT DIRECTLY OR IVE ACTION, FINES AND/OR IMPRISONMENT MAY	N CONTAINED IN T R FEDERAL LAW. R INDIRECTLY OF A	HIS COST REPOR FURTHERMORE, I	T MAY BE P F SERVICES	IDENTIFIED IN TH	IS REPORT WERE	
CER	TIFICATION BY CHIEF FINANCIAL OFFICER OR	ADMINISTRATOR OF	PROVIDER(S)				
ele Sta beg are app reg	EREBY CERTIFY that I have read the above actronically filed or manually submitted of tement of Revenue and Expenses prepared b inning 01/01/2021 and ending 12/31/2021 a true, correct, complete and prepared fro dicable instructions, except as noted. I harding the provision of health care servi- vided in compliance with such laws and re-	cost report and s by PROSSER MEMORI and to the best o om the books and further certify ices, and that th	ubmitted cost AL HEALTH (50 f my knowledge records of the that I am fami	report and)-1312) fo and belie provider liar with	I the Balance Shee or the cost report of, this report and in accordance with the laws and regu	et and ting period nd statement th ulations	
SIGNAT	FURE OF CHIEF FINANCIAL OFFICER OR ADMINI	STRATOR CHECK	BOX		ELECTRONIC		
		2		SIGN	ATURE STATEMENT		
1	David Rollins	Y	statement.	I certify	e with the above that I intend my rtification be th	/ electronic	1

Ľ		binding equivalent of my original signature.	
2 Signatory Printed N	ame David Rollins		2
3 Signatory Title	CRO		3
4 Date	(Dated when report is electronica		4

Cost Center Description			Title X	VIII			1
		Title V	Part A	Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-74,323	-14,675	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	-48,313	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RHC - BENTON CITY I	0		93,255		0	10.00
10.01	RHC - PROSSER II	0		58,981		0	10.01
10.02	RHC - GRANDVIEW III	0		54,221		0	10.02
200.00) Total	0	-122,636	191,782	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents , please contact 1-800-MEDICARE.

Attachment X



Organization	Purpose	Award	Date Rec'd	Re	Amount ecognized n FY2020	Rec	mount cognized FY2021	Amount Recognized in FY2022	-	alance maining	Re	payment	Other Notes
Greater Columbia Accountability of	Telehealth Application Funding for relief	\$ 6,000	4/3/2020	\$	6,000				\$	-	\$		net used for initial telebealth expenditure
						1							Three menths worth of Medicare payments advanced to
CMS Medicare Advanced Benefits	Advance of Medicare Payments	\$ 6,591,980	4/21/2020	\$	-	-			\$	-	\$		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	\$	8	\$	6,350,235		s	_	\$	-	SEA PPP - To be forgiven and recognized in 2021.
HHS	Provider Relief Payment	\$ 760,801	4/10/2020	\$	760,801				\$	-	\$		CARES Act, stimulus for highly effected areas
ннѕ	Provider Relief Payment	\$ 271,197	4/24/2020	\$	271,197				\$	-	\$	-	CARES Act: Stimulus for bighty effected areas
ннѕ	CARES Provider Relief Fund - Rural Allocation	6 4 170 707	5/5/2020	Ś	2 252 770		1.016.054						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 be about \$150,000. NARHCORC (National Association of
HHS		\$ 4,170,732	5/6/2020		2,353,778	\$	1,816,954		\$		\$	· ·	Roral Health Clenical
	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	-			\$	-	\$	5	CAPES Act: Safety Net Distribution
HHS	RHC COVID-19 Testing Program	\$ 49,461	5/20/2020	\$	49,461	-			\$		\$	-	HHS: RHCCOVID-19 Testing Program
WSHA	ASPR PPE purchase from WSHA	\$ 20,000	5/21/2020	\$	20,000				\$	-	\$	-	Grant funds thro W5HA for Stall PPE The SRCHE amount that is funded by the H5NA/fund is out
Medicaid SRDSH	SRDSH reallocation of addt'l funds	\$ 29,382	5/22/2020	s	29,382				\$				by RCW at \$1,909 (PM, and the federal matching hards has historically been 17%. Due to the current COVID-13 pandemic, congress passed by CARES XCT, which increase the federal matching percentage to 56-2% effective 2/1/2020.
HHS		\$ 49,461	6/9/2020	Ś	49,461	-			\$	-	Ś		(B45 Ref COVID 10 Testing Program
HHS	Provider Relief Payment	\$ 1,300,000	7/20/2020	\$		\$	1,300,000		Ś	2	1-		CARES ACT \$100,000 per EMC_\$1,000,000 for CARL
HRSA (WA DOH)		\$ 83,136	7/27/2020	Ś	83,136	1 V	1,500,000		Ś	-	ŝ		HRSA Roral Rospital SHP Grant (TVID) Lunding
Molina	PCP Stabilization Payment	\$ 25,434	8/4/2020	Ś	25,434	1			Ś		ŝ		Molma Healthcare provided COVID past to providers
HHS	RHC COVID-19 Testing Program	\$ 49,461	12/7/2020	Ś		Ś	49,461		Ś		Ś		INS: BHC COVID-19 Testing Program
WHSA	HCA CARES COVID Funding	\$ 370,982	12/31/2020	\$	370,982	+			\$	-	Ś		WSHA CARES funding distributed to bospital.
WHSA	HCA CARES COVID Funding	\$ 7,913	1/25/2021	\$		\$	7,913		Ś		Ś		WSHA - CARES funding distributed to her pit al.
HCA	HCA CARES COVID Funding - RHC	\$ 9,439	4/15/2021	\$		Ś	9,439		Ś		\$		HCA - CARES funding distributed to RHCs
HCA	HCA CARES COVID Funding - RHC	\$ 3,511	4/15/2021	\$	-	\$	3,511		\$	-	Ś		HEA CARES funding distributed to BHC
HHS Stimulus - RHC	RHC COVID-19 Testing Program	\$ 200,000	6/10/2021	\$	-	\$	200,000		\$	-	Ś	-	HHS. BHC COVID-19 Testing Program
HHS Stimulus - RHC	RHC COVID-19 Testing Program	\$ 100,000	8/17/2021	\$		\$	100,000		\$	-	\$		HHS RHC 00/00-19 Testing Program
HCA	HCA CARES COVID Funding - RHC	\$ 252,684	10/12/2021	Ś		Ś	252,684		Ś		Ś		HCA - CARES funding distributed to RHCs.
HIS	Provider Relief Payment	\$ 1,679,462	11/23/2021	Ş		\$	132,745	\$ 1,151,553	\$	395,163	S	-	Hits Phase 4 PRI Funds Distribution
HHS	Provider Relief Payment	\$ 228,453	1/26/2022	\$		\$		\$ 228,453		+	\$	•	HHS Phase 4 PRF Funds Distribution Bonus payment
Medicaid SRDSH	SRDSH reallocation of addt'l funds	\$ 35,586	3/11/2022	\$		\$		\$ 35,586		÷	5	-	SRDSH 56-2% Additional Allocation of Funds
Medicaid SRDSH	SRDSH reallocation of addt'l funds	\$ 16,674	3/11/2022	\$	-	\$		\$ 16,674			s	-	58058 55-2% Additional Allocation of Funds
	Totals	\$ 22,925,919		\$	4,283,567	\$	10,222,942	\$ 1,432,267	\$	395,163	Ś	6,591,980	



To Improve the Health of our Community!



CRITICAL ACCESS HOSPITAL (CAH) Annual Program Review 2021

Our Mission

To improve the health of our community.

Our Vision

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

Our Values

Accountability Services Promote Teamwork Integrity Respect Excellence

Pillars of Excellence

	Patient Loyalty Building lifelong relationships with the people in our community through exceptional care and outstanding customer service.
	Medical Staff Development Supporting our Medical Staff and helping them stay up to date on the latest in practice and technology through the pursuit of collaborative initiatives.
What are the 6 Pillars	Employee Development Empowering all staff members to make a difference and providing an atmosphere that promotes communication, competitive wages, banefits, continued education, and employee recognition.
of Excellence?	Quality Developing and maintaining a system of cantinuous improvement, which is incorporated into the daily work of every employee and medical staff member.
	Service Developing and maintaining appropriate facilities, technology, and services to meet the needs of those we serve.
	Financial Stewardship Strengthening our financial stewardship position to enhance the ability to develop new services, acquire new technology, modernize facilities, recruit physicians, and ensure long-term success.

Purpose:

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

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

Data Sources:

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

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

Purpose of Review:

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

2021 Utilization of Hospital Services

PMH is licensed for 25 hospital beds. Ten of those beds are licensed as swing beds and six as nursery beds. During no time in 2021 did the number of patients exceed the limits the facility is licensed to serve.

A total of 1,397 inpatients were admitted into the acute care setting and 64 swing bed patients, which accounted for a combined total of 4,278 patient days in 2021. Outpatient surgical productivity increased by 11%. There was an increase of inpatient surgical procedures by 44%. There was a 27% increase in the number of patients seen by the Emergency Department. Outpatient Special Procedures (OSP) increased by approximately 23% during this reporting period. Finally, Inpatient Billed Lab Tests increased by 21% and Outpatient Billed Lab Tests increased by 17%.

Volume of Services

			% Change
Inpatient/Outpatient Services	2020	2021	2020 to 2021
Average Length of Stay	2.35	2.48	5%
Hospital Admits	1,024	1,397	27%
Swing Bed Admits	110	64	-42%
Medicaid Admits	144	118	-18%
Medicaid HMO	263	414	36%
Medicare Admits	223	320	30%
Medicare HMO	43	111	61%
ED Visits	9,662	13,258	27%
Births	489	583	16%
Observation Admits	586	746	21%
OSP Procedures	2,966	3,883	24%
IP Surgery Procedures	281	331	15%
OP Surgery Procedures	915	1,817	50%
IP Billed Lab Tests	29,217	36,907	21%
OP Billed Lab Tests	111,999	135,011	17%
IP Diagnostic Imaging Exams	1,116	1,820	39%
OP Diagnostic Imaging Exams	26,242	34,087	23%
IP Physical Therapy Patients	122	219	44%
OP Physical Therapy Patients	7,818	7,007	-10%
Swing Bed Physical Therapy Patients	293	267	-9%
IP Speech Therapy Patients	44	54	19%
OP Speech Therapy Patients	1,762	1,456	-17%
Swing Bed Speech Patients	89	97	8%
IP Occupational Therapy Patients	91	163	44%
OP Occupational Therapy Patients	747	537	-28%
Swing Bed Occupational Therapy Patients	223	245	9%
Prosser Surgical Group Visits	11,604	15,819	27%
Benton City Clinic Visits	10,081	8,778	-13%
Prosser Clinic Visits	14,855	14,724	-1%
Grandview Clinic Visits	7,084	9,334	24%
Women's Health Center Visits	7,232	7,227	-0.07%

Average Length of Stay

The average length of stay for the inpatient unit was 2.48 days for 2021, compared to 2.35 days in 2020. This is a 5% increase. The average length of stay for the swing bed unit was 11.04 days for 2021, compared to 14.30 days in 2020. This is a 42% decrease.

Bed Limitation Compliance

PMH has been consistently compliant with the 25-bed limitation. Our capacity meets the community need. Our length of inpatient stay increased in 2021 to 2.48 days, but our swing bed stay decreased to 11.04 days. However, our mission to treat our local patients without a need for transfers is being fulfilled.

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

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

On-Call Staffing

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

Appropriate Patient Transfers

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

Inpatient & Emergency Department Record Review

Trauma, stroke, STEMI, rapid response, code blue, chest pain, sepsis, and pneumonia records are reviewed by the appropriate specialty committees. Audits of 10% of Emergency Department records are performed. Contracted providers are also included in the record reviews by the MSQIC. The Emergency Department Medical Director monitors quality of care to ensure that admission, diagnosis, and treatment meet the standard of care. **Nosocomial Infection Rate**

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

Appropriate Use of Medications

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

Provider Evaluation

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

Year in Review – A Summary

CY-2021 was yet another eventful year for PMH and our world due to the COVID-19 pandemic, as reflected in the excerpts from the January 2022 CEO Report to the Board of Commissioners (BOC):

2021 Strategic Plan Annual Report

Last year I wrote that 2020 was the most challenging year I have ever experienced leading community hospitals for the past thirty plus years. I would have to say, however, that 2021 was a close second. Not only did we have all the challenges of the pandemic, but we also experienced the highest volumes this organization has ever seen, and most were not pandemic related. The great news is that PMH responded well to every challenge, met them head-on, and experienced much success. This is demonstrated in our Pillars of Excellence where we exceeded four of our Pillar Goals in 2021. We are disappointed that two of our key people Pillars (Employee and Medical Staff Development) were below expectations, but this inspires us to do better in 2022. It's easy to blame the pandemic for these lower results, but we need to rise above the challenges we face each year and perform better. We are already working on plans to address these opportunities and will not stop until we do. I would like to thank the entire PMH Team for achieving these challenging goals and look out for what we can and will do in 2022!

Employee Engagement Survey

A key area of focus at PMH has been our Employee Development Pillar which focuses on staff satisfaction and engagement. A key to achieving high patient satisfaction scores is to have engaged staff and Medical Staff providers. The best way to objectively measure engagement/satisfaction is to conduct a survey of our staff, which we do annually. You can also look at turnover rates as a proxy for satisfaction. While our turnover rate increased to 10.8% in 2021, it is still well below the industry average of 20+% (which is increasing every day).

Our engagement survey was once again conducted by People Element during the months of October/November. Our participation level was 82.0%, which was better than our participation level last year at 75.6%. The full results of the survey, including comments will be shared with everyone at PMH on January 25th. Quinton Barrett from People Element will share the results with our staff at several sessions scheduled for employees to attend. He will not only share the results, but also seek ideas from our staff about ways to improve in the areas with the greatest concerns.

One of the key metrics in the survey, and our Employee Development Pillar Goal, is an employee's satisfaction with PMH. Unfortunately, our performance dropped from our highest satisfaction level ever at 89.2% percent to 87.8% in 2021. While this was not a huge drop, we will work even harder in 2022 to increase our score to over 90% and we will never stop trying to improve regardless of what our score is.

We also learned from People Element that while our results did not meet our goals, we outperformed most healthcare organizations that work with them. In fact, our scores were only lower on one question in the entire survey! The results of the 2021 Employee Engagement Survey will also be presented to the Board by Quinton Barrett at the January Board Work Session.

Medical Staff Engagement Survey

The Medical Staff Engagement Survey was also conducted in October/November. The participation level in 2021 was 74.0% compared to 77.6% in 2020, but still represents strong Medical Staff participation. The results of the survey, including comments, will be distributed to the Medical Staff on January 25th. Quinton Barrett from People Element will review the results and lead a discussion about opportunities for improvement.

The key metric (Pillar Goal) in the survey used to measure Medical Staff Satisfaction with PMH showed a very small decline from 85.8% in 2020 to 85.2% in 2021. We are disappointed with the decline, but a satisfaction score of 85.2% is still very good. We will work even harder in 2022 and already have some ideas about how we can improve.

I would also like to thank all our CMO's (Drs. Sollers, Murphy, Hashmi, Rivero, and Wenger) for helping to make Medical Staff Engagement a priority at PMH. Quinton Barrett will also review the

results of the Medical Staff Engagement Survey with the Board at the January Board Work Session.

Review of Services

Emergency Medical Services

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

Pharmacy

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

Diagnostic Imaging Department

- 3D/4D Ultrasound
- Computerized Tomography (CT)
- 3D Mammography
- MRI
- Digital X-Ray
- Echocardiograms
- Bone Density
- Fluoroscopy
- Nuclear Medicine
- MILD Procedure

- Kyphoplasty
- Vascular Ultrasounds

Nuclear Medicine

- Bone
 - o 3-Phase Bone
 - o Bone SPECT
 - o Whole Body Bone
- Cardiac
 - o MUGA
 - Nuclear Stress Test (MPI)
 - Thallium Viability
- Central Nervous System
 - Brain Perfusion Study
- Endocrine
 - o I 131 Thyroid Cancer Whole Body
 - o I 131 Thyroid Therapy
 - o Parathyroid
 - Thyroid Uptake and Scan
- Gastrointestinal
 - o Gastric Empty
 - o GI Bleed
 - o H Pylori Breath Test
 - o Hemangioma
 - o HIDA
 - o HIDA with EF
 - o Liver/Spleen
- Lung
 - Lung Ventilation/Perfusion
 - o Lung Quant
- Oncology
 - o MIBG 123 (AdreView)
 - o Octreotide
 - Sentinel Node Injection Only
 - Sentinel Node with Imaging
- Renal
 - o Renal
 - o Renal with Lasix

Laboratory

- Chemistry
- Hematology
- Blood Bank
- Urinalysis Coagulation
- Serology
- Microbiology
- Semen Analysis
- On-site CLIA waived laboratory services provided at Grandview, Prosser and Benton City clinics.

Accounting Office

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

Health Information Management

- Collect, maintain, and make available to authorized users, timely, accurate, and complete patient health information.
- Manage, analyze, and utilize data vital for patient care.
- Ensure consumer health information is readily available only to those who need it, when they need it.
- Ensure the appropriate and rightful access to health information only to those legally authorized to do so.

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

Patient Registration Department

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

Information Technology (IT) Services

- Provide network, hardware and software support including upgrades and installations.
- Troubleshoots computer related problems for users.

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

Care Transitions

- Discharge Planning and Social Work intervention.
- Complete the IDT (Interdisciplinary Team) CM Portion of inter-disciplinary care plan.
- Complete discharge phone calls on swing bed patients.
- Complete quarterly Time Studies and submit to controller.
- Participate in the Total Joint Program for pre-op education and discharge planning needs.
- Medicare compliance with notices as needed: Medicare Important Messages, Notices of Medicare Non-Coverage, DSHS Appeal notifications for swing beds, Leave of Absence forms completion and policy compliance.
- Assist the CPP program when Care Management needs are identified in the community.
- EPIC support regarding Care Transitions workflows.
- EDIE (Emergency Department Information Exchange) program oversite and case management.
- Complete Swing Bed in person admission evaluations at Tri-City Hospitals PRN.
- Monitor the EPIC EMR for appropriate accommodation codes.
- Complete inpatient and observation insurance notifications and clinical submissions.
- Assist PMH in Medicare compliance with Medicare Outpatient Observation Notifications.
- Maintain UR and Swing Bed Policies.
- Swing Bed Admissions facilitator including completion of Comprehensive Assessments.
- Swing Bed authorizations and complete insurance clinical submissions.
- Medicare compliance with Swing Bed Certifications, and PASRR's.
- Handle any Medicare Discharge Appeals and the administering of HINN's.
- Insurance Appeals and Denials as needed.
- Maintain UR scorecard and refer charts to MSQI as needed.
- Utilization Review and completion of InterQual.

• Collaborate with nursing, physicians, registration, compliance, coding, and billing staff to answer clinical questions related to medical necessity and patient status.

Dietary

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

Emergency Department Services

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

Perinatal Services

- Four LDRP suites, three post-partum beds, and nursery beds, staffed 24 hours a day within the Family Birthplace.
- High volume Term vaginal births.
- High risk cesarean sections, preterm labors who present in active labor.
- Births \geq 36 weeks gestation precipitous births, inductions, and augmentation of labor.
- Total care management of the woman in labor.
- Ante partum testing and screening for labor management.
- Monitoring and evaluation of the fetus during pregnancy.
- Evaluation and resuscitation of the newborn at birth and during the transitional period.
- Management of postpartum care to all delivered women.
- Management of care to well newborns.
- Emergency preparedness to handle obstetrical and neonatal emergencies.
- Credentialing and Competence Validation.
- Advocate for breastfeeding and lactation support.
- Childbirth education classes.

- Little Wings Program for pregnancy loses under 19.6/7 weeks.
- High risk- Cesarean Sections, GDM, PIH, Absent/Minimal Prenatal Care, Preterm Labors to unstable to transfer (Deliver and Stabilize).
- Gynecologic/Women Health Surgery.
- Total care Management of Antenatal and Laboring patients.
- Pain Medication Options- Nitrous Oxide, IV, Labor Epidurals.

Surgical Services

Pre-op

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

Intra-op

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

Post-op

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

Outpatient Special Procedures

- Blood Product Transfusions
- IV Medication Therapy
- Physician Driven Wound Care
- Antibiotics, Iron Infusion Therapy
- Infection Services
- Medication Injections
- IV Hydration Therapy
- PICC Line Placement
- NPWT Wound Vac Therapy
- Therapeutic Phlebotomy

Employee Health

- Meet with new hires to ensure immunization.
- Generate lab titers to assess immunity to TB, Hepatitis B, MMR, varicella.
- Administer vaccine(s) as indicated.
- Education and follow up with employees on exposures.
- Annual TB evaluation.
- Annual influenza vaccination.
- Annual respiratory protection training.
- Maintain employee health files.
- Provide education to staff as needed.
- Assist Cardiopulmonary and Safety Committee with the Respiratory Protection Plan.
- Monitor employees with COVID-19 and manage their release back to work.
- Provide COVID-19 vaccinations.

Environmental Services Department

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

Laundry Services Department

- Provide adequate supply of clean, infection and defect free linen, scrubs, towels and blankets.
- Gather soiled linen from hospital areas daily
- Weigh, sort, and launder soiled linen.
- Dry, fold and distribute processed laundry to appropriate departments.
- Inventory and maintain adequate supply levels.
- Provide laundry services to PMH Hospital eight (8) hours per day seven (7) days per week, including holidays.
- Provides laundry services within the hospital and to the Specialty Clinic, Benton City Clinic, EMS Services, Prosser Physical Therapy & Rehab, Women's Health Clinic, Prosser Clinic, ENT/Allergy Clinic, and Grandview Clinic.
- A total of 241,045 pounds of laundry was done in 2021. This indicates an increase of 13% from 2020, where a total of 208,596 pounds of laundry was done.

Maintenance Department

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

Cardiopulmonary Department

- Electrocardiograms (ECG/EKG)
- 48 plus Holter Monitor
- Cardiac Stress Test with Echo
- Cardiac Stress Test without Echo
- Chemical Stress Test
- Nuclear Stress Test
- Cardioversion Assistance
- Arterial Blood Gases
- Pulmonary Function Test
- Pulmonary Function Test Pre and Post
- Pulmonary Function Test with DLCO Single Breath
 Nitrous Oxide Therapy
- Overnight Pulse Oximetry Studies
- Home Oxygen Qualification Testing •
- High Risk Newborn Delivery Assistance
- C-Section Assistance
- Bi-Level/CPAP Therapy and Trending
- High Flow Oxygen Therapy
- Respiratory Therapy Protocols
- Respiratory Protection N95 Mask Fitting

Acute Care-Swing Bed Services

- Multiple Pulse Oximetry
- Spot Check Pulse Oximetry
- Aerosol Treatments
- Sputum Induction
- IPV Therapy
- MetaNeb Therapy
- Lung Expansion Therapy
- Chest Physiotherapy
- Out-of-Facility Transports
- Mechanical Ventilation
- Respiratory Assessment
- Respiratory Education
- Intubation Assistance
- Newborn Hearing Screenings
- Oxygen Therapy and Trending
- Airway Maintenance Suctioning
- Smoking Cessation Education
- Staffed 24 hours/day, 7 days a week, 365 days a year with a mix of Registered Nurses, Licensed Practical Nurse, and Certified Nursing Assistants according to the needs of the current patient type and the census. Cardiac arrhythmias with or without telemetry monitoring.
- Multi-system diseases such as respiratory disorders, gastrointestinal disorders, genitourinary disorders, gynecological disorders, neurological disorders, endocrine disorders, hematological disturbances, oncology complications, and infectious diseases.
- Management of the post-surgical patient.
- Extended care for those patients not well enough to be discharged to community, yet not ill enough to qualify for acute care services that may benefit from Swing Bed:
 - Rehabilitation Services (PT, OT, &/or ST)
 - Wound care that may be difficult to manage at home
 - o IV antibiotics
 - Strengthening
 - Caregiver training
 - Respiratory Adjunct Therapy
 - Automated External Cardiac Defibrillators

Women's Health Center

- Gynecology Care & Surgery
- Contraception Management
- Pregnancy Management
- Infertility Treatment
- Preventative Medicine
- Prolapse & Incontinence Treatment
- Minimally Invasive Surgery
- Routine & High-Risk Pregnancy Management

- Electronic Fetal Monitoring
- Newborn Assessments
- Labor & Delivery Management
- Prenatal & Postnatal Care
- IUD Insertion/Removal
- Annual Well Woman Exams
- Novasure Endometrial Ablation
- Family Planning
- Management of Menstrual Irregularities, Abnormal Pap Smears, STD's, and Menopause

Specialty Clinics

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

- ENT & Allergy
 - o Sinus Infections
 - Allergy Testing (Environmental & Food)
 - o Allergy Immunotherapy
 - Snoring & Sleep Apnea
 - o Dizziness
 - o Speech Problems
 - o Larynx Disorders
 - Recurrent Ear Infections
 - Hearing Diagnostics (adult and peds)
 - Tympanometry
 - o Custom Sporting and Recreational Ear Protection
 - o Occupational Hearing Protection
 - o Tinnitus Evaluation
 - o Hearing Device Evaluations
 - Hearing Devices
- General Surgery
 - o Varicose Veins
 - o Removal & Biopsy of Lumps
 - Thyroid Surgery
 - Breast Surgery
 - o Hernia Repair
 - o Gallbladder Removal

- o Colonoscopies
- Laparoscopy Cholecystectomy
- Polyp removals
- o Appendectomy
- o Splenectomy
- o Bowel Surgery (resection, and obstructions)
- o Hemorrhoids, Fissures & Fistulas
- o Endoscopy of the Colon, Esophagus & Lungs
- EMG diagnostics
- Wound Care
- Orthopedic Surgery
 - o Arthroscopic surgery of the elbow, shoulder, knee and ankle
 - o Arthroscopic rotator cuff and reconstructive shoulder stabilization
 - o Ligament reconstruction and meniscus repair of the knee
 - o General Fracture Care
 - o Total Joint Replacement, including knee, hip
 - Fracture, tendon, nerve, and ligament treatment of the hand
 - o Splinting
 - o Casting
 - o Joint Injections
- Podiatry/Foot & Ankle
 - Arthroscopic Ankle Surgery
 - Foot & Ankle Fractures
 - Bunions & Hammertoes
 - o Amputations
 - o Ankle Instability
 - Tendon and Ligament Repairs (Achilles)
 - Tendon Injections
 - o Joint Injections
 - o Implant removals
 - Planter Faucitis
 - o Debridement
 - Adult & Pediatric Flatfoot
 - Non-Healing Wounds of the Foot & Ankle
 - Allograft Treatment (none healing dm ulcers)
 - o Ingrown Toenail Procedures
 - Plantar Wart Excision
 - Custom-Molded Foot Orthotics

- o Diabetic Foot and Nail Care
- o Heel Pain
- o Splints
- o Casting
- Wound care
- Cardiology
 - ECG Diagnostic / Interpretations
 - Holter Monitor Diagnostic / Interpretations
 - o Echo Stress Test
 - o Dobutamine Stress Test
 - Management of Valvular Heart Disease
 - o Heat Failure Tx and Management
 - Preventative Cardiology
 - o Coronary Artery Disease
 - Cardiac Oncology
 - Venous Thromboembolic Disease
 - o Echocardiography and Transesophageal Echo
 - o Cardioversion
 - Pericardial Diseases
 - o Hypertension Management
 - o Hyperlipidemia Management
- Urology
 - o Kidney Stone Removal
 - Prostate Surgery
 - Minimally Invasive Surgery
 - o Vasectomy
 - o Urethral Reconstruction
 - o Bladder Botox
 - Circumcision
 - o Endoscopy

Quality Assurance

 Engaged with iVantage Health Analytics which provides comprehensive advisory services and analytics to the healthcare industry. They use a methodology called the Hospital Strength INDEX which is the industry standard for assessing and benchmarking rural and Critical Access Hospital performance. iVantage publishes the annual Top 100 Critical Access Hospital list.

- Continued collaboration with Washington State Hospital Association (WSHA) in MBQIP, which includes inpatient and outpatient reporting to CMS, Emergency Transfers, HCAHPS surveys and reporting of predefined data through the Quality Benchmarking System (QBS) which allows for comparison of like facilities in Alaska, Washington, and Oregon.
- Strategic Plan and Patient Care Scorecards are populated monthly with quality metric data and presented to the Board on a quarterly basis. The Strategic Plan Scorecard contains 47 metrics under six (6) pillars. The Patient Care Scorecard contains 15 metrics (Attachment C).
- Quality boards are used as a tool to display metrics, highlight superior patient care, and generally standardize the cultural transformation of quality improvement at PMH.
 - 0 Examples of content to display include:
 - HCAHPS scores (if applicable)
 - Quality/Process Improvement goal updates
 - Any interdepartmental quality measures that pertain to the department specifically
 - Inspirational messages or pictures
 - Completed and/or in progress quality or process improvement projects

Benton City Clinic

- Routine Preventive Care
- Pediatric Care
- Women's Health
- L&I Care
- Workers Compensation
- Lab Tests
- Immunizations
- Return to Work
- Vision Tests
- Sport Physicals
- Adult Disease Management

Grandview Clinic

- Routine Preventive Care
- Pediatric Care
- Women's Health
- L&I Care
- Workers Compensation

- Pain Management
- DOT Physicals
- Cold & Flu
- Cuts & Rashes
- Sinus Infections & Earaches
- Bumps & Bruises
- Urinary Tract Infection

- Chronic Care Management
- Pain Management
- DOT Physicals
- Cold & Flu
- Cuts & Rashes
- Sinus Infections & Earaches

- - Mental Health
 - Internal Medicine
 - After Hours Care

- Lab Tests
- Immunizations
- Return to Work
- Vision Tests
- Sport Physicals
- Adult Disease Management
- Cancer Screenings (including colonoscopies)
- Cardiovascular Disease Prevention

Prosser Clinic

- Occupational Health
- Pre-Employment Drug Screenings
- Post-Accident Drug Testing
- L&I Care
- Workers Compensation
- Lab Tests
- Immunizations
- Return to Work
- Vision Tests
- Nutritional Counseling- via our providers
- Mask Fitting- the machine is currently broken
- COVID-19 Testing

Prosser Physical Therapy and Rehab Center

 Women's Health provides one-on-one, private sessions with a women's health physical therapist to provide women's health and pelvic rehab for women struggling with pelvic issues and concerns.

 Speech Therapy helps patients achieve the highest possible functional levels when living with a chronic condition or following injury or illness, such as stroke, brain injury,

• Physical Therapy helps to relieve pain and dysfunction for people with:

• Sports Injuries

- Neurological Conditions
- Muscle & Joint Pain
- Surgery Recovery
- Repetitive Motion Injuries
- Lymphedema

- Bumps & Bruises
- Urinary Tract Infection
- Mental Health
- Internal Medicine
- After Hours Care
- Chronic Care Management
- Cuts & Rashes
- Sinus Infection & Earaches
- Bumps & Bruises
- Urinary Tract Infections
- Mental Health
- After Hours Care
- Pediatric Care
- Women's Health
- Cold & Flu
- Pulmonary Tests

- General Weakness and Risk of Falling
- Upper Lower Extremity
- Facial Strain
- Vestibular Rehab
- Concussion
- Orthopedic Therapy

Parkinson's disease, dementia, or neurological disorders. Some services provided include:

- Video Swallow Function Test
 Speech Sound Production
- Augmentative and Alternative Communication Modalities
- Occupational Therapy is committed to help restore function and/or mitigate disability in an effort to maximize independence and ability to participate in the activities of daily living, leisure and social pursuits, job functions and school.
- Aquatic Therapy helps patients improve their strength and increase flexibility through resistance and cardio-based activities.

Community Relations Department

- Facilitation of marketing efforts for appropriate departments within the Prosser Public Hospital District.
- Communicates efficiently and effectively with CEO, Administrative Team, Leadership Team, Hospital employees, Board of Commissioners, community leaders, patients, and the public at large.
- Observes and conforms to hospital policies, programs, mission, and goals. Works through appropriate channels to update or change any of the above.
- Consistently strives to enhance PMH image in all dealings with employees, external customers, physicians, Board members and the public.
- Prioritizes work to produce high quality results in a timely, reliable manner about meeting deadlines, communicating effectively, assisting departmental communication, and enhancing PMH image.
- Practices and demonstrates good judgment, tact, and diplomacy in all written and interpersonal communication.
- Demonstrates enthusiasm, integrity, and loyalty in dealings with public, employees and patients as described in PMH's Expectations for Customer Service.
- Demonstrates an understanding of inter-departmental hospital organization and assists department managers in communication efforts.
- Manage a capital campaign to raise \$2 million for the new hospital project.
- Manage all PMH Foundation business, events, donations, board activity and day to day operations of the gift shop.

Human Resources Services

- Recruiting and Employment Services
- Policy creation and compliance
- Leave Administration: (FMLA, PFMLA, etc.)
- Labor Contract Negotiations
- Employee Relations Management
- Leadership Coaching and Development
- Compensation Design and Administration

- Benefits Design & Administration
- Risk Management
- Performance Management Administration
- Labor Relations Management
- New Employee Orientation and Onboarding
- Volunteer, Student and Contractor Processing and Onboarding
- Employee Support Services
- Employee Engagement Events Development and Implementation
- Employee Health Compliance
- Contract Compliance
- Dress code / Uniform administration & compliance
- Education Assistance Administration
- Federal, State and Regulatory Agency Compliance
- Cornhole Champions & Coaching Services Competitive Division

Community Outreach/Benefit

At Prosser Memorial Health (PMH), we believe that a healthy and safe community is a strong community. Our commitment to healthier families comes to life in the programs and activities that we provide to the community. The following events were conducted in 2021 as a benefit to our community:

• Behavioral Health Challenges

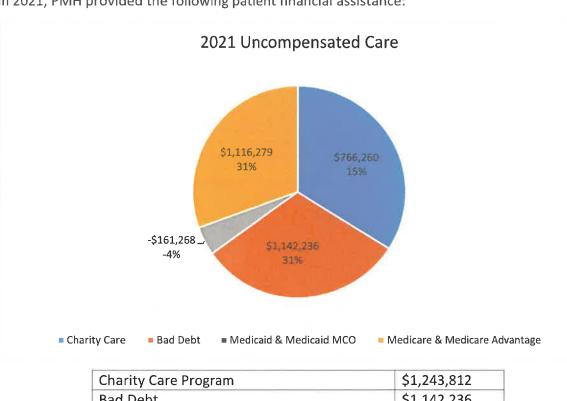
- Provide psychiatric services including tele-psychiatric services
- Partner with Prosser Thrive to focus on mental health for local youth
- Stop the Stigma (Suicide) Presentation.

• Access and Cost of all Health Care

- o Heart Health Awareness Facebook Live February 12th
- Nuclear Medicine opened in January 2021
- o Access to Women's Health in Benton City & Grandview Clinics
- o Full Lab Services in Primary Care Clinics March 2021
- o Medicare Annual Wellness Visits available at Grandview Clinic March 2021
- o Colorectal Cancer Screenings & Prevention Facebook Live March 27th
- o Chronic Back Pain Relief Facebook Live April 14th
- Foot Pain Facebook Live April 28th
- o Thyroid Nodules and Goiter, Symptoms and Treatment May 26th
- Mako Robotic Joint Replacement May 21st
- Welcomed new providers General Surgeon Dr. Unger, Peter Park ARNP, Sarah Glover ARNP, Dermatologist Dr. Nicola Nylander, Mental Health Counselor Steve Peters, Zach Garland ARNP, Pediatrician Dr. Brian Proctor, Pediatrician Dr. Tammi Cooks
- Emergency Department Marketing Experts in Caring, Open 24/7 messaging,

- o My Chart Patient Education
- o Dr. Heidi Weaver specializing in infertility treatments
- o Summer Safety Event Prosser Clinic on June 17th. Free community event promoting water safety (free lifejackets)
- UV Safety Facebook Live event hosted by Dr. Santa-Cruz, July 14th. Done in English and in Spanish
- COVID-19 Vaccine FAQ Facebook Live hosted by Dr. Wenger, August 6th
- \$5 Sports Physicals, July August
- Free Meet & Greet Visits for Expectant Parents with PMH Pediatricians
- **Social Determinants of Health**
 - Free community COVID Vaccine Events
 - o Blood drive March 12th and September 3rd
 - Virtual Childbirth Education Classes March 24, May 18th, August 17th, October 19th, and November 17th

Community Benefit



In 2021, PMH provided the following patient financial assistance:

Total 2021 Uncompensated Care	\$3,341,059
Medicare & Medicare Advantage	\$1,116,279
Medicaid & Medicaid MCO	(\$161,268)
Bad Debt	\$1,142,236
Charity Care Program	\$1,243,812

Review of Closed/Active Records

The following summarizes the number of records reviewed in 2021. All charts, that triggered according to pre-defined criteria (IP & OP General Screening, Emergency Services, Obstetrical Screening, Surgical Screening, Other [new physician proctoring, focused review]), were reviewed by the Medical Staff Quality Improvement Committee (MSQIC).

- Acute Care 34
- Emergency Department 95
- Obstetrics 26
- Surgical Cases 4
- Diagnostic Imaging 2
- PMH Clinic FPPEs 7
- Other 21

Health Care Policies – Reviewed and New in 2021

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

Department	# of Policies	Department	# of Policies
	Reviewed		Reviewed
Medical Staff Services	4	Acute Care Services	2
Family Birthplace	1	Anesthesia	1
Laboratory	66	Diagnostic Imaging	128
Pharmacy	1	Cardiopulmonary	6
Emergency Services	0	Grandview Clinic	3
Emergency Medical Services	0	Laundry Services	16
Social Services – UR	0	Materials Management	0
Environmental Services	71	Patient Registration	0
Administration & Compliance	16	Human Resources	5
HIM	3	Infection Control	0
Nursing Administration	3	Employee Health	3
Privacy	0		

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

Department	# of New Policies	Department	# of New Policies
Medical Staff Services	2	Acute Care Services	0
Family Birthplace	2	Anesthesia	0
Laboratory	25	Diagnostic Imaging	44
Pharmacy	0	Cardiopulmonary	1
Emergency Services	0	Grandview Clinic	1
Emergency Medical Services	0	Laundry Services	0
Social Services – UR	0	Materials Management	0
Environmental Services	0	Administration & Compliance	9
Human Resources	1	HIM	0
Infection Control	0	Nursing Administration	1
Employee Health	2	Privacy	0



2021 - Infection Prevention & Control Score Card

Major Goal Areas & Indicators Jan Feb March April 2021 YTD May June July Sept Oct Nov Dec 2020 Aug Goal Catheter Associated Urinary Tract Infections - # of Events n n ñ Ð <u>n</u> n Π Π Û 0 n Central Line Associated Bloodstream Infections - # of Events 0 0 0 Ũ Ō Ō Ũ Û Õ Û Π 0 0 Ū 0 Ô Ō MRSA Bacteremia - # of events Û Π Π 0 0 0 0 0 0 Hospital Onset C. Difficile - # of Events 0 0 Ο Ω 0 Ö Л 0 0 n 0 0 Π 0 Community Onset Inpatient C. Difficile - # of Events n 0 0 4 Ö 1 0 3 1 Ō 13 13 Ü Community Onset-Healthcare Associated C. Difficile - # of Ũ Ω Π 2 Π n <u>n</u> Π Π Ĥ Л 0 NHSN Reportable Surgical Site Infections - # of Events 0 0 0 0 Ũ Û 0 0 0 0 Π n 0 n Overall Surgical Site Infection Rate 1.00% 0.00% 0.00% 0.56% 0.55% 0.00% 0.58% 0.00% 0.00% 0.00% 0.00% 0.46 0.23% 0.70% <2% Healthcare Associated Infection Rate per 100 Inpatient Days 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% <1% 0 Hand Hygiene/PPE Participation Compliance Rate 81.0% 93.0% 89.00% 86.00% 79.00% 81.00% ***** 82.00% 71.00% 66.00% 53.00% 65.00% 76% 84% 90.00% Employee Exposures - # of Events 2 1 2 0 θ 0 1 1 1 13 2 0 4 1 0 Employee Influenza Vaccination Rate 90% 98% 90% >95% Uverall CUVID-19 Testing Done 985 602 669 778 845 1293 1004 866 841 1007 /14 714 76. Total Negative Results 546 766 1048 626 719 682 664 727 875 788 726 782 8949 Total Positive Results 219 56 43 59 32 50 118 245 129 34 59 1122 78 Indeterminate ONS Lost Test Ū 0 0 T 0 1 0 0 Ū 0 Employees that tested Positive 0 48 17 5 ſ 1 2 4 Total Number of Employees Tested 47 12 13 14 14 52 46 40 291 25 Employee COVID-19 exposures either to patient or coworker Ū Ũ

Measure Definitions

Catheter Associated Urinary Tract Infections - UTI occurring as a result of an indwelling urinary catheter in place for >2 calendar days prior to the UTI diagnosis. Does not include straight catheter Central Line Associated Bloodstream Infections - A laboratory confirmed bloodstream infection in which an eligible BSI organism is identified and an eligible central line has been in place for >2 consecutive calendar days. Eligible lines: Permanent central lines include tunneled catheters and implanted catheters, i.e. ports. Temporary central lines and umbilical catheters are also included. See MRSA Bacteremia - Positive blood culture growth of Methicillin-Resistant Staphylcoccus Aureus. Monitored in inpatient areas and Emergency Department.

Hospital Onset C. Difficile - C. Difficile positive stool specimen collected greater than 3 days after admission to the hospital (on or after day 4).

Community Onset Inpatient C. Difficile - C. Difficile positive stool specimen collected as an outpatient (ED patient) or an inpatient less than or equal to 3 days after admission to the facility (days 1, Community Onset-Healthcare Associated C. Difficile - C. Difficile positive stool specimen collected in a patient discharged from a facility \leq 4weeks prior to current date of stool specimen collection NHSN Reportable Surgical Site infections - Hip arthroplasty, knee arthroplasty, abdominal hysterectomy and colon surgeries with infection occurring 30 days after procedure date or up to 1 year for procedures in which an implant is used.

Overall Surgical Site Infection Rate - # of infections occuring within 30 days after procedure/total procedures.

Healthcare Associated Infection Rate per 100 Inpatient Days - Any infection occurring as a result of inpatient hospitalization (inpatient surgeries, CAUTI, CLABSI, C. Diff) calculated as a rate pe Hand Hygiene and PPE is used.

Employee Exposures - Any event in which an employee is exposed to a communicable disease, blood, bodily fluid or needlestick injury.

Employee Flu Vaccination Rate - Number of employees who provide documentation of or receive the current season Influnza vaccine total number of employees. 380/404=94% 12 declinations

Definitioner eviewed and vedeted ser CDC/NHSN Surveillance Definitioner 2019 - 3/20/2019 S. Miklar

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SOULT I	OPACE DESCRIPTION ENGINEER L	KOLA MERCE	411.01 7 15	ceapeum	PP TN #9811	PUP-IE 2.5.8										
Ref.	Metric	Goal	2020	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
1.0	and the second se				C	QUAL	ITY/SAI	FETY	21. N. 1	200	1	1111	1	6. C.	11.	
CMS	Medication Events by Ty			: UHC R	eports)							*more	than on	e contri	buting ca	use
	Ordering	0	2						1							1
	Transcription	0	1*									1				1
	Dispensing	0	5	1				1			1		1		1	5
	Administration	0	17*	2		1	2	1	1	1	2	4	3	1	4	22
	Documentation	0	5*				1	1								2
	No Error/ADR		3*	1	1	2							2			5
	Narcotic Waste Documented	95%	95.41	94.44	93.28	96.69	95.07	94.16	93.33	95.14	92.73	97.65	93.75	93.84	97.42	94.70
	Medication Events by Ha	m D	ita Sourc	e: UHC F	(eports)								same e	vent rep	orted tw	ice
	Unsafe Condition	0	2	1		1	1	1			1	1	1	1	1	7
	Near Miss	0	8	1	1	1			1				2		1	7
	No Harm	0	16	1		1	2	2			2	4	2	1	2	17
	Emotional Distress	0	2									0	1			
	Additional Treatment	0	1							1			1		1	3
	Temporary Harm	0	0				1		1							2
	Permanent Harm	0	1													
	Severe Permanent	0	0		1							1		1		
	Harm															
	Total # Med Errors	Raw #	30	3	1	3	3	3	2	1	3	5	6	1	5	36
	Medication Trend/RCA*	Raw #	2													
NPSG	Washington State Hospit	al Assor	iation M	edication	Safety Is	nitiatives	(Data Se	unce FF	IC Reno	rte)				1		
WSHA	Inpatients receiving	Raw #	19	1	2	2	3	1	1	2	1	1	2	1 1	2	19
	warfarin		1.2							1982		*	7	t.	2	19
	Patents with INR >5	Raw #	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Inpatients on hypoglycemic agents	Raw #	256	36	32	36	31	31	31	41	38	40	34	24	28	402
	BG <50 after agent admin	Raw #	4	2	4	2	1	1	0	1	2	0	0	1	0	14
	Inpatients receiving opioids		783	85	59	71	87	91	95	104	105	93	79	77	84	1030

2021 Prosser Memorial Health Pharmacy and Therapeutics Dashboard

This email may contain information related to performance improvement and peer review programs and is therefore confidential and protected under RCW4 24 250, RCW 70, 41 200 and EH81711

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2021 Prosser Memorial Health Pharmacy and Therapeutics Dashboard

Re£	Metric	Goal	2020	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
				-					1							
	Patients receiving naloxone due to over sedation		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Anticoagulant Safety		To reduce of patients													
	Hypoglycemic Agent Safety		To reduce of patients											nts.		
	Opioid Safety	Goal:	To reduce me <24 h	the incid	dence of	ADE rel	ated to h	ypoglyce	mic agen	ts (<0.56	i/100 adı	nissions)	. N=#o		nts recei	ving
NPSG	Medication Reconciliatio		a Source:	Manual	Chart Al	straction)									
	Meds reconciled in 24hr	Raw #	4498	1				1								[
	# of meds reviewed	Raw #	9051													
	Hospital Roll Up	90%	49.70													
	Med Errors related to Med Reconciliation	0	1													
CMS	Infection Control/EOC R	ounds														
C276	Remote Storage Outdates	90%	96.7%	88.89	100	100	100	100	100	100	100	100	100	98.21	100	98.9
C278	Proper Medication Storage	90%	96.7%	88.89	100	100	100	100	100	100	100	100	100	98.21	100	98.9
	Safe Medication Adminis	tration	Scanning	Complia	nce											
	Hospital Roll Up	90%	93.04	92.00	95.03	93.74	92.73	93.03	90.85	93.01	92.66	95.01	95.68	95.33	95.06	93.62
	Emergency Department	90%	85.37	88.78	91.90	90.30	83.52	84.15	82.24	86.07	91.41	87.96	90.08	89.99	88.45	87.7
	Labor and Delivery	90%	91.26	93.08	95.55	91.91	93.24	96.07	93.00	93.24	96.27	95.38	95.99	95.11	95.44	94.5
	Acute Care/Swing	90%	95.32	92.69	95.74	94.79	95.22	95.58	93.98	95.59	92.40	96.98	97.40	97.64	97.43	95.0
	Nursery	90%	91.39	92.59	95.24	97.39	91.91	96.69	92.81	95.92	96.08	97.01	99.23	96.30	97.66	95.7
	OSP	90%	95.28	93.15	98.29	95.51	95.77	95.98	93.01	91.52	95.38	98.45	93.91	93.55	97.11	95.0
	Intra-OP	90%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Post-OP	90%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	п/а
			PAT	IENT LO	DYALT	Y (Data S	Source: H	RC Dast	board fo	r HCAHI	PS)					
HCAPS	Communication about Medications-ALL	>75	74.43													
	Medication Explanation	>75	83.33													· · · · ·

This email may contain information related to performance improvement and peer review programs and is therefore confidential and protected under RCW4.24.250, RCW 70.41.200 and EHB1711

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2021 Prosser Memorial Health Pharmacy and Therapeutics Dashboard

Ref.	Metric	Goal	2020	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
	Side Effects Explained	>75	65,52			I					1		T	1		1
		-			EM	PLOYEF	DEVE	LOPME	NT			12	1.5.2			
SP	# Evaluations Due		2	0	0	0	0	2	0	0	1	0	0	0	0	
	Timely Evaluation		2	0	0	0	0	2	0	0	1	0	0	0	0	
Studer	Employee Rounding															
	Aspire Board Updated															

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

	r				A Decision Diselection		Patie	SWILLIAM .	Sec. Surf.		15 8 260 M	14.				r
Major Goal Areas & Indicators	2021 Goal	Jan	Feb	March	April	May	June	ylut	Aug	Sept	Oct	Nov	Dec	2021 YTD	2020	2019
Quality	-	_	-			_	_									
Left Without Being Seen	<0.80%	0.24%	0.98%	0.03%	11.55%	0,44%		1.62%						1.47%	0.80%	1.11%
Median Admit Decision Time to ED Departure Time for Admitted Patients	<44 min	- 15 J	400 5		- 75	51.5	56.5	45.5			- <u></u> ,			i (i)	70	N/A
Median Time from ED Arrival to Departure for Discharged ED Patients	<107 min	Lia	110	4.10	422	109	112.5	112	113	110	114	170		117	128	N/A
Venous Thromboembolism Prophylaxis	>93.1%	92.9%	86.2%	81.7%	89.4%	95.9%	90.4%	96,1%	91.8%	87.8%	90,7%	:97.4%	90,9%	91.5%	N/A	N/A
Exclusive Breast Milk Feeding Patients	>44.4%	52.6%	51.3%	56.35	50.0%	43.5%	47.9%	68:3%	62.5%	57.1%	59.6%	44.4%	46.4%	53.5%	N/A	N/A
All-Cause Unplanned 30 Day Inpatient Readmissions	<2.7%	2016	5.2%	11.1	1.2%	- faily	1.0%	5.77	5.15	4.1	415	4.1	10.5%	5.00	3.80%	5.40%
Sepsis - Early Management Bundle	>84.6%	100.0%	NA	: NA	100.0%	100,096	100.0%	55(7)	100.0%	100.0%	100.0%	100.0%	100.0%	94,4%	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%	0.0055	0.0034	0:00%	0.005	0.00%	0.29%	0.07%
Diabetes Management - Outpatient A1C>9 or missing result	<27.61%	22.87%	21.92%	20.51%	19.07	27.69%	21,74%	34.87%	20.90%	21.95%	25.50%	19,90%	25.70%	21,89%	27.61%	30.259
Medication Reconciliation Completed	>90%	D. M.	- 14"	47								100	-941)	40.6	47.15%	N/A
Turnaround time of 30 minutes or less for STAT testing	<30 min		-40		15		77	40		17	-40	17	.20	17	37.5	30
Median Time to ECG	<7min	1000	6.5	7.5	5		6	7	1	6	4	5	1	6.3	7	7
Surgical Site Infection	<0.25%	1,00%	0.00%	0.00%	0.5mh	Within	0.00%	14467	0.00m	0.00%	0.00%	0.00%	0.00%	0.19%	0.25%	0.30%
Safe Medication Scanning	>92.9%	92.0%	95.0%	93.7%	92.7%	93.0%	90.9%	93.0%	92.6%	35,0%	95.7%	95.1%	55.0m	93.7%	98.90%	90%
"Overall Quality Performance Benchmark (iVantage)	>53	51	51	51	51	61	61	61	61	61	61		61	61	53	54
*Falls with Injury	<2	G	G	1	0	0	0	1	0	1	0	0	G	1	2	3

4

Memorial Health					2	021 -	Strates	zic Pla	n Scor	ecard						
Major Goal Arear & Indicators	#21 Gual	Jan	Eab	Herch	April	Hay	June	July	Ave	Sept	Oct	Nav	Dec	021 TTI	2828 4+4	912 A
PatientLevelty								1								
P - "Would Recommend"	>\$7.9%	90.0%	90.0%	90.0%	80.6%	74.9%	93.3%	94.4%	93.4%	93.7%	92.9%	88.87.	\$9.7%	93.1%	\$7.9%	85.1%
ED-"Would Recommend"	>\$1.4%	6.57	\$3.27	63.22	70.6	6.0.87	\$5.4%	92.37	12.9%	\$3.92	\$1.3%	92.2%	\$7.5%	\$4.0%	\$1.4%	\$0.3%
Acuto Caro - "Would Rocommond"	>\$4.12	\$5.7%	\$5.7%	\$5.7%		\$5.0%	93.8%	90.02	\$0.0%	92.5%	91.72	95.8%	\$9.2%	91.8%	\$4.12	78.6%
OB - "Wauld Recommend"	>92.3%	91.72	91.72	91.72	A LOCAL DISTANCES IN CONTRACTOR OF A DESCRIPTION OF A DESCRIPANCO OF A DESCRIPTION OF A DESCRIPTION OF A DES	95.2%	\$3.9%	100.02	1 1	93.8%	93.27	91.7%	90.6%	93.6	92.3%	92.2%
Outpationt Surgery - "Would Recommend"	>91.02	71.3%	71.3%	71.32	100.02	93.8%	\$3.3%	97.2%	100.0%	94.8%	91.7%	100.02	108.0%	96.6%	89.8%	91.02
Clinic - "Wauld Recommend"	>\$7.32	71.3%	71.3%	71.3%	74.72	79.9%	92.9%	90.6%	\$8.0%	91.0%	92.5%	39.92	78.6%	91.0%	\$7.3%	\$7.1%
Outpatient - "Would Recommend"	.88.4%	77.4%	77.4%	77.4%	74.7.0	79.9%	93.0%	94.92	98.0%	93.62	94.8%	93.1Z	96.7%	94.1	\$8.1%	89.4%
Comparito Score	>\$6.2%	75.7%	75.7%	75.7%	80.6%	79.7%	\$9.3%	88.37	88.8%	92.4%	92.3%	91.72	92.9%	92.9%	N/A	N/A
Medical Staff Development	740.67	12.17.	12.12	12.12	99.92	19.17.	97.61	99.27.	00.07	26.40	76.97.	2614	76.7/	76.70	MIN	- THE
Mødical Staff Turnøvør	<102	0%	2%	2%	02	9%	0%	0%	4%	2%	2%	0%	2%	42.02	0.2%	0.2%
Prare Specialty Clinic Virite	1,062	1,051	1,023	1,401	1,301	1,281	1,455	1,443	1.388	1,368	1,346	1.534	1,228	1,318	954	950
Bonton City Clinic Viritr	1,005	1,021	1,023	1401	301	742	770	724	574	754	739	631	520	1,318	837	958
Prazzer RHC Clinic Vizitz	1,052	1,406	1,149	1,503	1,357	1,398	1,297	1,236	1,239	1,150	1,092	92.0	959	1,227	1226	960
Grandview Clinic Viritr	742	592	522	(21	644	670	789	729	960	875	972	952	1,003	778	509	568
Wamen's Hegith Center	629	604	636	727	627	653	647	530	563	565	439	610	576	602	601	469
* of Active Medical Staff	>51	49						51		52	52	52	52	50.8	45	407
Emplayee Development	121						21	51		26	36	36	36	20.0	45	-
403(B) Participation Rata	»55%	992	97%	97%	99%	99%	98%	98%	98%	98%	98%	99%	98%	98%	46%	N/A
Average Recruitment Time (days)	(28	24	18					21.8	14	18	20	14	24		32	28
# of Open Paritians (Vecencies)	<23	25						49	47		35	29	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%	6.12	28 7.4%	5.2%	5.0%	7.02	6.12	5.9%	5.7%
Agency - Cart/Total Labor	(8.72	5.9%	7.4%			8.8%	7.7%	9.9%	8.3%	6.52	4.12	11.12	7.9%	and the second s	7.6%	14.5%
Turnevor Rato	(0.6%	0.0%		0.03%		0.0%	1.0%	1.0:4	0.9%	and the second second	0.6%	0.9%	0.0%	7.7%	0.6%	0.7%
Turnavor nato Timely Evaluations	>79.6%	61.0%	67.0%	78.02	\$5.3%	55.0%	67.8%	65.5%	And in case of the local division of the loc	4	20.02			0.9%	70.2%	
Education Hours/FTE			and the second se					and the second se	73.9%	Contractory of		81,1%	70.4%	-		79.6%
	>2.15	1,14	1.03	1.26	0.99	1.15	1:12	0.33	0.51	1.12	1.50	1.69	0.76	1.05	1.22	1.55
Now Hiro (Tonuro) < 1 your	<102	02	12			0%	02	0%	30%	30%	3.0%	30%	0%	10%	0.0%	02
Last Workdays due to On-the-Jab Injuries	<10.25	.0	7	.9	4	3.5	45.2%	31.12	35.75	43.25	29	14	12	19,49	10.25	167
Quality																
ED Encountors - Loft Without Boing Soon	+0.8%	0.2/	1.02	0.7%		0.4%	2.07	1.852	2:0%	2.12	122	2,1%	4.42	1.4%	0.8%	12
Fells with Injury	-2	0	0		0	0	0		0	1	0	0	0	1.1.1.1	2	3
Hoalthcare Arraciated Infection Rate per 100 Inpatient		0.00%	0.00%		0.002	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	0.07%
All-Cauro Unplannod Roadmissions within 30 Days	<2.7%	5.9%	9,27	11.12.	3.7%	6.32	3,0%	5.7%	5,3%	4.12	4,4%	4.12	10.52	6,12	3.8%	5.4%
Diabotas Management - Outpatient A1C>9 as missing ray	<27.61×	22,\$37	21,92%	20.51%	19.072	27.70%	21.70%	14.87%	20.90%	21.95%	25,50%	19,90%	25.70%	21.88%	27.61%	30.3%
Saraicar ED Viritr	916			474	1435	4.455	4 2 2 2		1 2 2 4		442.4		4 44 8	1.445	\$05	1 4 4 4
in pationt Admirsions	916	820	712	\$74	1,035	1,133	1,227	1,317	1,376	1,268	1,134	1,167	1,195	1,105		1,016
OB Dolivorior	45	42	47	93	46	52	48	192	53	45	48	97	57	49	83 41	\$3 37
Surgerier and Endarcapier	137	100	133	187	180	183	190	171	215	185	166	220	218	179	101	118
Diagnastic Imaging Procedures	2,087	2.628	2,439	3,112	3,336	3,156	3,233	3,067	3,040	3,100	3,209	2,960	2,627	2,992	2280	
Lab Procedurer	12,374	14,626	12,570	14,659	14,800	14,902	14,474	15,174	15,064			13.566	****	14,327	11768	1,957
		and the second se								13,641	14,955	_	and the second se			11,051
Adjusted Patient Days	1,453	1,644	1,496	1,948	1,871	1,722	1,574	1,653	1,84\$	1,694	1,665	1,585	1,669	1,697	1393	1,624
Thorapy Virits	1,706	1,333	1,401	1,792	1,520	1,373	1,706	1,423	1,386	1,470	4,923	1,224	1,379	1,455	1314	1,145
Outpationt Spocial Procoduros Visits	245	213	255	256	342	354	397	393	353	340	358	274	348	324	247	224
Financial Performance		59					59		6.0	-					18	48.51
Not Days in Accounts Rocoivable	51		6.0	62	64	6.6		59	of the owner of the local	50	54	57	51.33	51	63	63.79
Tatal Margin	13.47%	41.4×	0.5%	\$.7%	\$.\$%	9.02	10.12	3.7%	54.0%	11.t.;	15.0%	22.7%	8,2%	18.4%	4.5%	5.30%
Not Operating Revenue/FTE	\$ 19,448	\$ 16,427	****	****	****	****	2882	****	****	\$455	\$\$\$\$	\$\$\$\$	****	****	\$17,191	\$15,79
Labar ar X af not Rovonuo	51.60%	61,102	56.50%	54.20%	50.40×	57.95	51.99%	58,887	50.67%	64,967	55.29%	59.00	55.52%	512	61.3%	59.6%
Operating Expense/FTE	\$ 16,894	\$ 14,635	****	****	\$\$\$\$	****	****	****	****	1111	****	****	****	****	\$15,891	\$15,190
Days Cash on Hand	156	16.9	152	146	146	147	155	152	154	156	143	158	155	155	183	120.39
Commercial X	29,10%	27.40%	29,00%	29.30%	28,40%	27.10%	28.30%	28,10%	28,40%	28,10%	28.40%	28,90%	29.30%	29%	29.0%	28.7%

Green at ur abave Gaal	
Yellow within 10% of Goal	
Red More than 10% Kelou Goal	
"Cumulative Total - apalir year end number	

Attachment AA

Prosser	Title: Patient Satisfaction
Memorial Health	Department Manual(s): Board of Commissioners
Owner: CEO Implementation date: 3/1/2022	Review date: The last review date will be automatically printed on the last page of the policy when a printed version is required.

POLICY

Prosser Memorial Health (PMH) shall provide a Patient Relations Program through which patients/families/significant others or visitors can voice complaints and/or grievances and, as a result, efforts can be made to investigate and resolve them in a timely manner. (Reference policy - Patient Satisfaction: Service Recovery, Complaints and Grievances)

PMH may also utilize a patient satisfaction survey to identify and resolve actual or perceived problems in care or communication between PMH, patients, and the community.

IMPLEMENTATION

PMH may develop and maintain patient satisfaction programs and report the results to the Board of Commissioners.

Attachment BB

Prosser	Title: Sentinel Event and Root Cause Analysis
Memorial Health	Department Manual(s): Board of Commissioners
Owner: CEO Implementation date: 3/1/2022	Review date: The last review date will be automatically printed on the last page of the policy when a printed version is required.

PURPOSE

To establish guidelines for identifying, reporting, and internally investigating occurrences that meets the definition of a Sentinel Event (Reference policy - Sentinel Event) while maintaining the confidentiality of the investigative process and of Prosser Memorial Health (PMH) documents protected under State peer review statutes and any other applicable State and Federal laws.

POLICY

It is the policy of PMH to identify, analyze, evaluate, and eliminate or reduce risks to patients and deliver safe, quality healthcare. As such, the organization will identify and investigate sentinel events for the purpose of improving care and reducing morbidity and mortality.

RESPONSIBILITY/SCOPE

All PMH Services. All PMH Staff.

DEFINITIONS

<u>PMH Representative</u>: The Chief Quality Officer or an individual from the Administrative Office who will be responsible for internal and external communication and response to Sentinel Events as well as sudden or unannounced surveys related to Sentinel Events.

<u>Sentinel Event</u>: An unexpected occurrence involving death or serious physical or psychological injury, or risk thereof. Serious injury specifically includes loss of limb or function. The phrase *"or* risk thereof" indicates any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. The following are sentinel events:

- Any patient death, paralysis, coma, or other major permanent loss of function associated with a medication error;
- A patient commits suicide within 72 hours of being discharged from a PMH setting that provides staffed, around-the-clock care;
- Any elopement that is an unauthorized departure of a patient from an around- the-clock care setting resulting in a temporally related death (suicide, accidental death, or homicide) or major permanent loss of function;
- The wrong side of the body is operated on;
- Any intrapartum (related to the birth process) maternal death;
- Any perinatal death unrelated to a congenital condition in an infant having a birth weight greater than 2500 grams;
- A patient is abducted from PMH where he or she receives care, treatment, or services;
- Assault, homicide, or other crime resulting in patient death or major permanent loss of function;
- A patient fall that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall;
- Hemolytic transfusion reaction involving major blood group incompatibilities; and

Prosser Memorial Health	Title: Sentinel Event and Root Cause Analysis Department Manual(s): Board of Commissioners
Owner: CEO Implementation date: 3/1/2022	Review date: The last review date will be automatically printed on the last page of the policy when a printed version is required.

• A foreign body, such as a sponge or forceps that was left in a patient after surgery.

NOTE: An adverse outcome that is directly related to the natural course of the patient's illness or underlying condition is not a sentinel event. For example, terminal illness present at the time of presentation is not reportable, except for suicide in or following elopement from a 24-hour care setting.

<u>Major Permanent Loss of Function</u>: Sensory, motor, physiologic, or intellectual impairment that is not present on a patient's admission and that requires continued treatment or lifestyle change.

<u>Triggering the State of Washington's Sentinel Event Policy</u>: The State of Washington's Sentinel Event Policy will be implemented if the occurrence meets the definition of a Sentinel Event outlined in this policy and affects a recipient of care.

<u>Root Cause Analysis (RCA):</u> A process for identifying the causal factors that underlie variation in performance, including the occurrence or possible occurrence of a Sentinel Event. The goal of the RCA is to reduce morbidity and mortality, focusing primarily on systems and processes, not individual performance. An RCA progresses from special causes in clinical processes to common causes in organizational processes. It further identifies improvements in processes or systems that decrease the likelihood of such events recurring in the future or determines, after analysis and the improvements are implemented it will minimize the undesirable results should an event re-occur.

PROCEDURE

- A. Take appropriate steps to ensure that the patient is stabilized, and that the attending physician is notified. If the event involves a visitor or volunteer, they should be transported to the Emergency Department for examination and treatment. Document the event and any treatment rendered in the medical record (Emergency Department record if visitor/volunteer). Documentation should be factual and concise and include:
 - (1) What happened and what effect it had on the individual (s) involved;
 - (2) Time of the occurrence/event;
 - (3) Notification of physician and result of the evaluation and any diagnostic procedures and treatment performed.
 - (4) Results of interventions; and
 - (5) Description of the patient before, during, and after the occurrence/event.

Prosser	Title: Sentinel Event and Root Cause Analysis
Memorial Health	Department Manual(s): Board of Commissioners
Owner: CEO Implementation date: 3/1/2022	Review date: The last review date will be automatically printed on the last page of the policy when a printed version is required.

Internal Reporting and Investigation of Sentinel Events:

- A. Staff will immediately:
 - Notify his/her Director and the House Supervisor of an occurrence that may meet the definition of a Sentinel Event.
 - (2) Complete an Event Report by the person who discovers or witnesses the event or whoever has first-hand information of the occurrence/event (Reference Policy-Adverse Event);
 - (3) The completed Event Report should be forwarded to the Risk Manager within 24 hours. A promptly completed report makes the best use of the reporter's memory and gives the investigator the best opportunity to ask questions while the individuals involved still remember it clearly. The Event Report shall be kept separate from the medical record. Do not make copies of the Event Report; and
 - (4) Sequester all equipment involved in the occurrence, labeled with the patient's name and occurrence date.

NOTE: Manufacturers can be contacted for replacement of equipment, but equipment or devices involved in an occurrence will not be released to the manufacturer for evaluation or repair except by authorization of Quality Assurance.

- B. The Director or House Supervisor will immediately notify Risk Management and/or the CEO of the event.
- C. The Chief Quality Officer will consult with the CEO, CNO, and CMO to determine whether the occurrence meets the definition of a Sentinel Event. Legal counsel will be consulted if necessary. If it is determined that a Sentinel Event has occurred, the CEO or designee will immediately notify all Board members. Internal and external communication of the event will be in accordance with the Communication Plan.
- D. Quality Assurance will initiate investigation of the event which may include:
 - (1) Review of all equipment involved in the event;
 - (2) Interviews with staff in accordance with peer professional review functions;
 - (3) Sequestering physical and /or documentary evidence including the patient's original medical record with a copy kept in the medical record file; Instructing staff not to write and/or keep separate notes of the Sentinel Event for their own records as any private written recollections of a Sentinel Event are not protected and could be subpoenaed;
 - (4) Securing the site;
 - (5) Reviewing related policies and procedures;

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	Department Manual(s): Board of Commissioners
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- (6) Literature review; and
- (7) Review of "Best Practices".

NOTE

All Sentinel Event investigation and monitoring documents shall be included in the Quality Assurance file. All documents shall be labeled with language consistent with the following terminology to maximize confidentiality. "This is a confidential professional/peer review and quality assurance document of PMH. It is protected from disclosure pursuant to the provision of state and Federal Laws providing protection for facility peer review functions. Unauthorized disclosure or duplication is absolutely prohibited".

- E. Under the direction of the CEO, CNO, CMO, Chief Quality Officer or designee, a Root Cause Analysis team will assemble and assign a team leader and facilitator.
 - 1. Members of the Root Cause Analysis Team may include:
 - (a) Professional Staff;
 - (b) CMO;
 - (c) CNO;
 - (d) CEO;
 - (e) CFO;
 - (f) Directors of involved departments;
 - (g) Members, if appropriate;
 - (h) Staff involved departments; and
 - (i) Chief Quality Officer
- F. The Root Cause Analysis Team will:
 - a. Conduct a thorough and credible Root Cause Analysis, focusing on process and system factors, within 45 days of becoming aware of the Sentinel Event to include detailed inquiry into areas identified in the State of Washington "Minimum Scope of Root Cause Analysis for Specific Types of Sentinel Events".
 - b. Utilize analytical tools to determine "root causes" (e.g. flow charts, Pareto charts, brainstorming, barrier analysis, etc.);
 - c. Ask the "why" question repeatedly;
 - d. Identify performance improvement and/or risk reduction measures; and
 - Develop a corrective action plan that will identify performance improvement and/or risk reduction strategies to be taken, include measurable indicators of effectiveness; assign individual(s) to implement performance improvement action(s); and assign completion date(s) for performance improvement action(s).
 - f. Ongoing monitoring of effectiveness of corrective action(s) and process/system improvements will be conducted by Quality Assurance, Process Owner or designee. The Root Cause

Prosser Memorial Health	Title: Sentinel Event and Root Cause Analysis
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Analysis Team will reconvene if ongoing monitoring reveals the need for revisions to the corrective action plan.

g. A summary of the Root Cause Analysis action plan will be reported to the Board of Commissioners. The summary should not include specific information and should be described as generically as possible.

NOTE – Confidential records, data, or meeting minutes generated by, or on behalf of the Root Cause Analysis Team will be labeled as peer review documents, will only be distributed at team meetings, and will be collected and destroyed at the end of each meeting with one copy retained for the Quality Assurance file.

- G. Reporting events to another regulating agency:
 - (a) The Chief Quality Officer, in conjunction with the CEO, CNO, and CMO will:
 - (b) Determine whether voluntary notification to the State of Washington will occur and if so, how and when notification will occur based in part on options provided by the Joint Commission on voluntary notification;
 - (c) If it is likely or possible that the occurrence may precipitate litigation, PMH representative who contacts the State of Washington or other regulatory agencies if applicable, will do so at the express direction of legal counsel and the CEO;
 - (d) Identify the appropriate method for addressing and responding to any State of Washington inquiries for information;
 - (e) Report to CMS within 24 hours the death of a patient related to restraints;
 - (f) Determine if a Root Cause Analysis will be conducted. Events that involve the "risk thereof" or a "near miss" may require intensive analysis.
- H. Response to an unannounced survey by the State or Federal officials as a result of a Sentinel Event.
 - (a) The CEO, CNO, CMO, and Chief Quality Officer shall be notified promptly upon the arrival of a surveyor.
 - (b) Administration will accompany and be available for questions and requests for documents from the surveyor.
 - (c) Upon request, the Administrative Representative will assist in providing specific PMH information on materials unless protected by State or Federal Law. Administration will not offer access to specific PMH information or materials. Materials pertaining to a Sentinel Event which have been prepared or obtained prior to the surveyor's arrival will be kept confidential

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pursuant to PMH's own investigative procedures.

- I. The following documentation of the Sentinel Event will be provided to the surveyor:
 - (a) Verbal summary of the Root Cause Analysis conducted by the Root Cause Analysis team.
 - (b) Documentation of the corrective plan (provided documentation does not contain confidential investigative information); and
 - (c) Documentation of ongoing monitoring of effectiveness of the corrective plan.
- J. In the event a surveyor requests copies of an Event Report, PMH representative shall:
 - (a) Inform the surveyor that the document requested is protected by State Law from public disclosure; and
 - (b) If the surveyor insists on obtaining the Event Report, PMH legal counsel shall be sought.
- K. Requests for other documents:
 - (a) Requests for investigative reports, Root Cause Analysis Team minutes, summary of Root Cause Analysis, or any other professional review materials, peer review, and morbidity and mortality studies are to be objected to on grounds that such documents are subject to statutory protection from disclosure.
 - (b) Quality Assurance and/or legal counsel shall be promptly notified regarding any request for investigation reports, Root Cause Analysis Team minutes, documentation of Root Cause Analysis, or any other peer/professional review information, or morbidity study materials.

If, after providing a summary of the Root Cause Analysis and documentation of ongoing monitoring of the plan of correction, the surveyor continues to request the Event Report, the PMH representative should contact legal counsel. A decision to disclose a copy of an Event Report may destroy the confidentiality of the document as well as confidentiality of similar documents created in the future. The Administrator involved in the survey shall maintain a record of information reviewed and copies of any documents provided to the surveyor. Attachment CC

Prosser	Title: Patient Safety Plan
Memorial Health	Department Manual(s): Board of Commissioners
Owner: CEO Implementation date: 3/1/2022	Review date: The last review date will be automatically printed on the last page of the policy when a printed version is required.

Purpose

The purpose of the Prosser Memorial Health (PMH) Patient Safety Plan is to improve safety and reduce risk to patients through an environment that encourages:

- Recognition and acknowledgement of risks to patient safety and medical/health care errors;
- The initiation of actions to reduce these risks;
- The internal reporting of what has been found and the actions taken;
- A focus on processes and systems;
- Minimization of individual blame or retribution for involvement in a medical/health care error;
- Organizational learning about medical/health care errors; and
- Support of the sharing of that knowledge to effect behavioral changes.

The Patient Safety Plan, as an essential element of the Organization's overall Risk Management Plan (Reference policy - Risk Management Program Plan), provides a systematic, coordinated, and continuous approach to the maintenance and improvement of patient safety through the establishment of mechanisms that support effective responses actual occurrences; ongoing practice reduction in medical/health care errors; and integration of patient safety priorities into the new design and redesign of all relevant organization process, functions, and services.

As patient care, and therefore the maintenance and improvement of patient safety, is a coordinated and collaborative effort, the approach to optimal patient safety involves multiple departments and disciplines in establishing the plans, processes, and mechanisms that comprise patient safety. The scope of the Patient Safety Program encompasses the patient population, visitors, volunteers, and staff (including Medical Staff). The program addresses maintenance and improvement in patient safety issues in every department throughout the facility.

SCOPE OF ACTIVITIES

PATIENT SAFETY PROGRAM

The scope of the Patient Safety Program includes an ongoing assessment using internal and external knowledge and experience to prevent error occurrence, maintain and improve patient safety. Patient safety occurrence information from aggregated data reports and individual incident occurrence reports will be reviewed by the Quality Committee and the Joint Conference Committee to prioritize organizational patient safety activity efforts. Types of patient safety or medical/health care errors included in the data analysis are:

- No harm errors those unintended acts, either of omission or commission, or acts that do not achieve their intended outcome – that do not result in a physical or psychological negative outcome, or the potential for a negative outcome for the patient;
- Mild-moderate adverse outcome errors those unintended acts, either of omission or commission, or acts that do not achieve their intended outcome, that result in an identified mild to moderate physical or psychological adverse outcome to the patient;
- Any medication error;
- Any adverse drug reaction;
- Any transfusion reaction;

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- Hazardous condition any set of circumstances, exclusive of the disease or condition for which the patient is being treated, which significantly increases the likelihood of a serious physical or psychological adverse patient outcome;
- Sentinel Event an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof – including any process variation for which recurrence would carry a significant chance of serious adverse outcome. Serious injury specifically includes loss of limb or function; and
- Near miss an opportunity to improve safety practices based on an event that was identified and resolved before any error occurred.

METHODOLOGY

The Leader of Risk Management will assume the duties of the Patient Safety Officer (PSO), unless otherwise designated and, in conjunction with the Quality Committee and the Joint Conference Committee, is responsible for the oversight of the Patient Safety Program. The PSO will have administrative responsibility for the program.

All departments and clinics within the organization (patient care and non-patient care departments) are responsible to report actual safety occurrences and potential occurrences to their supervisor and complete an Event Report. The Supervisor will then investigate the occurrence, document his/her findings, and forward the completed form to the PSO who will aggregate occurrence information and present a report to the Quality Committee and the Joint Conference Committee on a quarterly basis. The report will contain aggregated information related to type of occurrences and number of occurrences per department. The Quality Committee and the Joint Conference Committee will analyze the report information and make recommendations for further safety activities as appropriate.

Through review of internal data reports and reports from external sources (including, but not limited to The Joint Commission sentinel event report information, Core Measure performance data and current literature), at least one high-risk safety process for proactive risk assessment will be chosen annually with input from the Board of Commissioners, the Medical Staff Executive Committee, PMH Administration, and PMH employees as appropriate. Failure Modes & Effects Analysis will be completed on the chosen high-risk safety process and will include:

- Assessment of the intended and actual implementation of the processes to identify the steps in the process where there is, or may be, undesirable variation. Identify the possible effects of the undesirable variation on patient, and how serious the possible side-effects on the patient could be;
- For the most critical effects, a root cause analysis to determine why the undesirable variation leading to that effect may occur;
- Redesign of the process and/or underlying systems to minimize the risk of that undesirable variation or to protect patients from the effects of that undesirable variation;
- Testing and implementation of the redesigned process;
- Identification and implementation of the measures of the effectiveness of the redesigned process; and
- Implementation of a strategy for maintaining the effectiveness of the redesigned process over time.

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EDUCATION

To ensure that all components of the healthcare organization are integrated into and participate in the organization-wide program, the program will be reviewed at new hire PMH orientation and annually.

ERROR REPORTING AND INITIAL ACTION:

Upon identification of a medical/health care error, the patient care provider will immediately:

- Perform necessary healthcare interventions to protect and support the patient's clinical condition;
- As appropriate to the occurrence, perform necessary healthcare interventions to contain the risks to others (e.g. immediate removal of contaminated IV fluids from floor stock should it be discovered that a contaminated lot of IV solutions were delivered and stocked);
- Contact the patient's attending physician and other physicians, as appropriate, to report any error and carry out any physician orders as necessary;
- Preserve any information related to the error (including physical information).
 Examples of preservation of physical information are: removal and preservation of blood units for a suspected transfusion reaction; preservation of IV tubing, fluids, bags, and/or pumps for a patient with a severe drug reaction from IV medication; preservation of medication label for medications administered to the incorrect patient.
 Preservation of information includes documenting the facts regarding the error on an occurrence report, and in the medical record as appropriate to organizational policy and procedure; and
- Report the medical/health patient safety issue and submit the occurrence report to his or her supervisor or the on-duty House Supervisor. All employees are encouraged to use the Organization's event reporting system to document occurrences.

Response to medical/health care errors is dependent upon the type of error identified:

• No harm errors (including "no harm" medication errors) – staff will document appropriately

in the medical record according to organizational policy, document the circumstances regarding the no harm error in the occurrence reporting system;

Mild-moderate adverse outcome errors (including medication errors) - staff will
 perform any

necessary clinical interventions to support and protect the patient and notify the physician responsible for the patient, carrying out any necessary physician orders. Staff will then preserve any physical evidence as appropriate, notify the House Supervisor, document facts appropriately in the medical record, and in the occurrence reporting system;

• Adverse drug reaction - staff will perform any necessary clinical interventions to support and

protect the patient and notify the physician responsible for the patient, carrying out any necessary physician orders. Staff will then preserve any physical evidence as appropriate, document facts appropriately in the medical record and on an Adverse Drug Reaction form, and submit the report to the Director of Pharmacy per organizational policy;

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• Transfusion reaction- staff will perform any necessary clinical interventions to support and

protect the patient and notify the physician responsible for the patient while carrying out any necessary physician orders. Staff will then follow the Blood/Blood Component Transfusion Reaction Policy and Procedures;

• Hazardous condition/patient safety issue - as appropriate, and if possible, staff will contain

the hazardous condition or patient safety issue. Staff identifying a hazardous condition or potential safety issue will immediately notify the House Supervisor or other staff with the authority and expertise to address the hazard, and document the findings in the occurrence reporting system;

• Sentinel event - staff will perform any necessary clinical interventions to support and protect the patient and notify the physician responsible for the patient while carrying out any necessary physician orders. Staff will then follow the organizational Sentinel Event policy and procedure. The House Supervisor will immediately notify the PSO and Chief Nursing Officer (CNO) by phone. The CNO will immediately notify the Chief Executive Officer by phone. The PSO and CNO will work with the physician to arrange a disclosure meeting with the patient/family as soon as reasonably possible; and

• Near miss - staff will report the near miss event to the House Supervisor and describe the

facts of the near miss in the occurrence reporting system.

INVESTIGATION AND CORRECTIVE ACTION

Established organizational policy (such as the Sentinel Event Policy) and/or the PSO will determine the organizational response to medical/health care errors and occurrences. All sentinel events and critical occurrences will have a Root Cause Analysis (RCA) conducted by an ad hoc Committee whose members will be chosen according to the type of occurrence. Staff and Providers involved in the event will be asked to participate in the RCA. The ad hoc Committee will determine, based on internal and external data analysis and prioritizing of safety critically, the necessity for:

- Further remedial action activities necessary for identified occurrences;
- Proactive occurrence reduction activities; and
- Root cause analysis performance for identified occurrences.

CULTURE OF SAFETY

An effective Patient Safety Program cannot exist without optimal reporting of medical/health care errors and occurrences. Therefore, it is the intent of this institution to adopt a non-punitive approach in its management of errors and occurrences. All personnel are required to report suspected and identified medical/health care errors and should do so without the fear of reprisal in relationship to their employment. This organization supports the concept that errors occur due to a breakdown in systems and processes and will focus on improving systems and process rather than disciplining those responsible for errors and occurrences. A focus will be placed on remedial actions to assist rather than punish staff members to determine the appropriate course of action to prevent error recurrence.

Sentinel events - staff members involved in a sentinel event occurrence will receive support from the ad hoc committee regarding the staff member's professional and emotional reconciliation of the sentinel event. Additionally, any staff member involved in a sentinel event or other medical/health care error may request and receive supportive personal counseling from the on-call clergy, Human Resources Department, and/or the employee assistance program.

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Suggestions for improving patient safety are encouraged of all volunteers and staff (including Medical Staff). Patient satisfaction surveys request suggestions for improving patient safety from patients and/or families. Patients and, when appropriate, their families are informed about outcomes of care, including unanticipated outcomes, or when the outcomes differ significantly from the anticipated outcomes. Medical/Health care errors and occurrences, including sentinel events, will be reported internally and externally, per PMH policy. External reporting will be performed in accordance with all state, federal and regulatory rules, laws, and requirements.

At least annually, a report will be forwarded to the Board of Commissioners occurrence of medical/health care errors and actions taken to improve patient safety, both in response to actual occurrences and proactively. This will be in addition to the quarterly reports to the Joint Conference Committee.