

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, JANUARY 28, 2020 6:00 PM, WHITEHEAD CONFERENCE ROOM AGENDA

COMMISSIONERS:

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

STAFF:

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

I. CALL TO ORDER

A. Pledge of Allegiance

II. SERVICES

 A. Astria Health B. Sunnyside C. Wellness Center 	Craig Craig Craig
III. QUALITY A. 2020 Quality Assurance & Risk Management Plans (Attachment X & Attachment Y)	Kristi
 IV. EXECUTIVE SESSION A. RCW 42.30.110 (g) – Personnel – To evaluate the qualifications or an applicant for public Employment or to review the performance of a public employee. 	Craig

VI. ADJOURN



Patients Employees Medical Staff Quality Services Financial



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BOARD OF COMMISSIONERS THURSDAY, JANUARY 30, 2020 6:00 PM, WHITEHEAD CONFERENCE ROOM AGENDA

COMMISSIONERS:

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

STAFF:

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

MEDICAL STAFF: Dr. Susan Whitaker, DO

<u>GUEST:</u>

Quinton Barrett, People Element

I. CALL TO ORDER

A. Pledge of Allegiance

II. PUBLIC COMMENT

III. APPROVE AGENDA

Action Requested - Agenda

IV. CONSENT AGENDA

- A. Board of Commissioners Meeting minutes for December 17, 2019 and December 19, 2019.
- B. Bad Debt \$514,437 and Charity Care accounts \$34,095; payroll and AP voucher #149059 through #149706 in the amount of \$7,623,276.55

Action Requested – Consent Agenda

V. MEDICAL STAFF DEVELOPMENT

- A. Medical Staff Report
 - 1. Medical Staff Engagement

B. Medical Staff Credentialing

1. New Appointment

Action Requested – New Appointment

Lyndsey Burton, MD – Provisional/Locum Tenens staff with requested privileges in Pediatrics effective January 30, 2020 through July 30, 2020.

January 30, 2020 Board Of Commissioners Meeting Agenda

Dr. Whitaker

Dr. Whitaker

2. Advancement from Provisional Status

Action Requested – Advancement from Provisional Status

Ashish Garg, MD – Courtesy staff with privileges in Pediatric Cardiology effective January 30, 2020 through July 25, 2021.

David Fink, DO – Consulting staff with privileges in Pathology effective January 30, 2020 through July 25, 2021.

Gabrielle Bernard, MD – Locum Tenens staff with privileges in Emergency Medicine effective January 30, 2020 through July 25, 2021.

Pawani Sachar, MD – Telemedicine staff with privileges in Neurology effective January 30, 2020 through July 25, 2021.

3. Reappointment

Action Requested – Reappointment and Requested Clinical Privileges

John Groner, MD – Reappointment to Active staff with requested clinical privileges in Physical Medicine and Rehabilitation from January 30, 2020 through January 29, 2022.

Edward Lane, MD – Reappointment to Courtesy staff with requested clinical privileges in Family Medicine from January 30, 2020 through January 29, 2022.

Ridhima Gupta, MD – Reappointment to Courtesy staff with requested clinical privileges in Obstetrics & Gynecology from January 30, 2020 through January 29, 2022.

Amy Backer, MD – Reappointment to Consulting staff with requested clinical privileges in Pathology from January 30, 2020 through January 29, 2022.

VI. EMPLOYEE DEVELOPMENT

	Quinton Barrett People Element
VII. FINANCIAL STEWARDSHIP	
A. Review Financial Reports for December 2019 (Attachment T)	David
Action Requested – Financial Reports	
B. Review Semi-Annual Financial Performance Report for PMH Clinics (Attachment U)	David
VIII. QUALITY	
A. Board Officers	
<u>Action Requested – Board Officers</u>	Craig
B. 2019 Strategic Plan & Patient Care Scorecards	Kristi
C. 2020 Strategic Plan & Patient Care Scorecards (Attachment AA, Attachment BB, & Attachment	CC) Kristi
Action Requested – 2020 Scorecards	
D. 2020 Quality & Risk Management Plans (Attachment X & Attachment Y)	
Action Requested – 2020 Quality & Risk Management Plans	Kristi

- E. Legislative and Political Updates
- F. CEO/Operations Report
- IX. ADJOURN

Craig

Memorial Health					20.	13 - 2r	rategic	Pidfi 3	coreca	ira						
Major Goal Areas & Indicators	2019 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2019 YTD	2018 Avg	2017 Avg
Patient Loyalty	-	-			1.111	1 200	-									
IP - "Would Recommend"	>83.81%	88.6%	88,9%	\$3.6%	87,5%	84.6%	87,5%	83.3%	91.7%	93.8%	73.9%	76.2%	81.3%	85.1%	83.8%	85.0%
ED - "Would Recommend"	>80.7%	28.6%	70.7%	86.5%	71.4%	81.8%	72.7%	81.3%	76.2%	85.0%	8313%	82.1%	80.0%	80.3%	80.7%	78.5%
Acute Care - "Would Recommend"	>79.7%	78.9%	97.7%	80,0%	100.0%	75.0%	83/2%	NA	\$5.7%	100.0%	57.1%	75.0%	73.7%	78.6%	79.7%	79.0%
OB - "Would Recommend"	>88.6%	100.0%	86.7%	94.4%	100.0%	92.9%	83.3%	90.0%	100.0%	90.0%	100.0%	78.6%	92.3%	92.2%	88.6%	91.5%
Outpatient Surgery - "Would Recommend"	>84.9%	91.7%	80.0%	90.9%	100.0%	65,7%	88.1%	NA	NA	NA	NA	NA	NA	91.0%	84.9%	86.4%
Swing Bed - "Would Recommend"	>94.1%	N/A	50.0%	100.0%	100.0%	66.7%	100.0%	80.0%	100.0%	66.7%	66.7%	0.0%	100.0%	85.3%	94.1%	91.4%
Clinic - "Would Recommend"	>85.2%	92.1%	85.7%	78.9%	89.6%	83.7%	91.3%	86.3%	85.0%	83.2%	89.9%	95.8%	88.496	87.1%	85.2%	90.6%
Outpatient - "Would Recommend"	>84.7%	91.7%	91.3%	87.5%	80.0%	96.3%	79.2%	NA	NA	NA	<u>Ma</u>	NA	NA	88.4%	84.7%	85.1%
Reduce Malpractice Expense/Legal Expenses (25% Reduction)	\$23,033	\$ 14,906	\$ 16,682	\$ 22,509	5 18,469	\$ 17,265	\$ 15,123	\$ 28,828	\$ 42,194	\$ 20,655	28,306	\$ 23,033	\$ 21,457	\$ 22,453	\$17,599	\$39,055
Medical Staff Development	-0.5%	10000		-					-	-	_					
Medical Staff Turnover	<0.5%	0.0%	0.0% 760	0.0% 945	0.0%	0.0%	2.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.6%	0.9%
Specialty Clinic Visits	>1,161	1,058		945 880	966	1,049	929	1,084	863	932	1,078	903	837	950	872	809
Benton City Clinic Visits	>982	1,059	721		1,034	1,062	881	944	1,005	907	1,149	938	913		857	728
Prosser RHC Clinic Visits	>1,285	1,011	824	1,025	1,030	1,078	914	935	891	901	1,080	912	921	960	821	490
Grandview Clinic Visits	>345	284	359	536	566	603	560	603	718	578	737	612	656	568	N/A	N/A
Comprehensive Pain Clinic	>76	60	67	58	73	88	80	69	84	72	105	103	96	08	55	N/A
*# Active Medical Staff	>44	40	40	40	40	40	- 39	39	40	41	42	43	43	41	40	32
Employee Development				-			_	-					1			
Average Recruitment Time (days)	<45	25	-44	18	17	13	42	64	12	38	17	40	2	-	N/A	N/A
# of Open Positions (Vacancies)	<8.8	12.0	10.0	9.0		26.0	31.0	22.0	43.0	33.0	24.0	29.0	27.0	23.2	8.8	11.8
Hours of Overtime - Overtime/Total Hours Worked	<4.5%	7.2%	5.1%	5.1%	5.4%	4.9%		5.7%	5.6%	5.9%	5.8%				4.5%	5.9%
Agency - Cost/Total Labor	<10.5%	8.0%	10.0%	11.0%	9.0%	10.4%	-6.0%	85.1%	8.0%	9.0%	7.0%	8.0%	7.4%	13.9%	10.5%	14.7%
Turnover Rate	<0.7%	1.8%	0.4%	1.5%	0.4%	0.0%	0.7%	0.7%	0.7%	1.4%	0.4%	0.7%	0.7%	6.7%	0.7%	1.1%
Timely Evaluations	>70%	69.0%	66.0%	68.0%	84.0%	93.0%	the second s	95.0%	87.0%	84.0%	87.0%	83.0%	82.0%	79.6%	60.5%	38.7%
Education Hours/FTE	>2.15	0.50	1.88	2.00	0.93	1,59	1,01	1.39	2.23	1.71	1.88	1.95	0.92	1.50	2.15	1.36
New Hire (Tenure) < 1 year	<10%	0%	0%	0%	0%	0%	0%	0%	.0%	096	096	0%	0%	0%	N/A	N/A
Quality											_					
ED Encounters - Left Without Being Seen	<1.0%	0.8%	0.0%	0.7%	0.5%	1:5%	1.6%	1.4%	1.1%	2.1%	1.0%	1.5%	0.7%	1.1%	1.0%	0.9%
*Falls with Injury	<3	0	0			1		0	1	0	1	0	0	3	3	3
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.1%	0:0%	0.3%	0.0%		0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	6 C%s	0.0%	0.1%	0.1%	0.1%
All-Cause Unplanned Readmissions within 30 Days	<2.7%	4.4%	9.1%	11.1%	7.6%	1.9%		4.4%	5.0%	4.0%	5.9%	2.2%	4.3%	5.4%	2.5%	3.7%
Admission Medication Reconciliation	>90%	96%	78%	93%	75%	84%	78%	84%	73%	95%	99%	97%	76%	85%	N/A	N/A
Services		-								111.52						
ED Visits	>955	1,062	775	1,098	956	974	1,048	979	940	1,103	992	1,179	1054	1018	930	847
Inpatient Admissions	>80	87		90		87	35	72	99	75	82	74		83	75	82
OB Deliveries	>34	32	28	35		39	42	31	47	36	37	24	49	37	31	33
Surgeries and Endoscopies	>132	138	109	111	124	117	147	118	116	103	117	104	114	118	117	117
Diagnostic Imaging Procedures	>1,814	1,884	1,590	1,908	2,004	1,956	1,973	1,341	1,781	1,882	2,416	1,925	2,324	1,957	1,649	1471
Lab Procedures	>10,251	12,115	10,195	13,377	11,935	11,389	11,091	10,667	10,024	10,233	,11) 444	10,141	312,12:32?	13,051	9,671	8771
Adjusted Patient Days	>1,410	1,874	1,293	1,489	1,776	1,612	1,679	1,632	1,525	1,655	1,694	1,658	1,591	1,624	1373	1288
Outpatient Procedures Visits	>245	210	217	214	224	182	188	279	321	178	233	225	217	224	225	2402
Financial Performance					-			2 - V - 12								
Net Days in Accounts Receivable	<48.62	51,69	54.25	53.70	53.19	50.59	55.21	50.74	50.68	58.76	63.41	63.41	63.79	58.76	50.96	52.95
*Total Margin	>4.56%	12.90%	0.80%	8.90%	11.10%	8/20%	9.70%	-15.40%	1.50%	4.00%	5.40%	-7.60%	15,50%	5.40%	1.8%	3.5%
Net Operating Revenue/FTE	>\$16,330	\$ 18,022	s 14,574	\$ 16,851	\$ 16,626	\$ 17,570	\$ 16,163	\$ 11,073	\$ 14,353	\$ 16,058	\$ 16,230	\$ 14,462	\$ 10,405	\$ 15,949	\$16,094	\$15,961
Labor as % of net Revenue	< 60.2%	57:3%	64.8%	58.8%	58.9%	59.0%	48.9%	75.0%	61.9%	44.2%	50.6%	64.7%	54.04	\$9.1%	62.6%	60.1%
Operating Expense/FTE	<\$15,508	\$ 15,859	\$ 14,733	\$ 15,592	\$ 15,127	\$ 16,371	\$ 13,613	\$ 13,019	\$ 14,375	\$ 15,499	\$ 15,699	\$ 15,775	\$ 16,613	\$ 13,190	\$16,190	\$14,076
*Days Cash on Hand	>134.35	96.35	93.03	93.58	98.03	119.75	125.50	131.87	128.87	120.39	119.19	116.88	107.10	120.39	108.23	121.81
Commercial %	>28.2%	26.7%	32.9%	29.0%	32.0%	29.6%	29.0%	28.9%	29.2%	28.7%	28.3%	28.2%	28.6%	28.7%	28.2%	26.7%
Green at or above Goal			_	_												
Yellow within 10% of Goal																
Red More than 10% below Goal																

Prosser Memorial Health					2019	- Pa	tien	t Car	e Sco	oreca	ard					
Major Goal Areas & Indicators	2019 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2019 YTD	2018 Avg	2017 Avg
Quality						1 - 1		1		5 TT 1						
ED Encounters - Left Without Being Seen	<1.0%	0.75%	0.00%	0.73%	0.52%	1.54%	1.62%	1.43%	1.06%	2.09%	1.01%	1.53%	0.65%	1.11%	1.00%	0.92%
ED 72 Hour Readmissions	<2.8%	3,30%	2.97%	4.10%	3.45%	2.26%	2.77%	2.15%	2.77%	2.54%	1.81%	2.46%	2 3 3 3 5	2.74%	2.8%	2.6%
Decision to Admit to Unit (Average in Minutes)	<51.6	48,2	49.7	56.4	55.7	58.2	56.7	63.3	66.1	83.5	86.4	80.3	70.0	U. Construction	51.6	N/A
All-Cause Unplanned 30 Day Inpatient Readmissions	<2.7%	4.35%	9.09%	11.11%	7.55%	1.92%	5.45%	4.35%	5.00%	4.00%	5.88%	2.22%	4.26%	5.37%	2.7%	3.7%
VTE-1 - Venous Thromboembolism Prophylaxis	>94.1%	94.74%	95.45%	83.78%	97.14%	100.00%	90.91%	92.00%	94.44%	85.71%	88.00%	89.74%	100.00%	92.44%	94.1%	98.3%
Sepsis - Early Management Bundle	>84.6%	100.00%	0.00%	66.67%	100.00%	100.00%	100.00%	100.00%	N/A	N/A	100.00%	66.67%	100.00%	80.00%	84.6%	25.0%
Diabetes Management - Outpatient A1C>9 or missing result	<34.5%	41.89%	22.68%	27.97%	25.00%	29.29%	26.53%	27.88%	30.06%	32.69%	29.03%	40.71%	34.78%	30.25%	34.5%	29.9%
Breast Cancer Screening - Mammogram within 24 months	>50%	54.34%	52.73%	58.75%	59.89%	54.91%	51.63%	61.45%	54.82%	48,40%	56.44%	49.66%	56,68%	55.92%	50.0%	41.9%
Head CT Interpretation within 45 minutes - Stroke	>90%	100.00%	NA	33.33%	100.00%	42.86%	25.00%	66.67%	75.00%	57.14%	100.00%	NA	100.00%	62.16%	N/A	N/A
Falls with Injury	<3	0	0	0	0	1	0	0	1	0	1	0	0	3	3	3
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.1%	8.00%	0.28%	0.00%	0.00%	0.00%	0.28%	0.00%	0.28%	0.00%	0.00%	0.00%	0.00%	0.07%	0.1%	0.14%
Inductions <39 Weeks without Clinical Indications	<2	0	0	0	0	0	0	0	1	0	Ó	0	0	1	3	2
Admission Medication Reconciliation Completed	>90%	95.91%	78.31%	92.50%	74.71%	83.63%	77.78%	83.62%	73.18%	95.18%	99.09%	97.44%	75.95%	85.16%	N/A	N/A
Green at or above Goal (4)														5	20	
Yellow within 10% of Goal (2)	1													5	10	
Red More than 10% below Goal (0)														3	10	
Cumulative Total - goal is year end number	1													5	30	
Year End Goal = Combined Quality Score of 63.7% or higher															57.69%	

Employ Medical Quality Services Financia	l Staff	Prosser Memorial Health	Accountabili Service Promote Tea Integrity Respect nity. Excellence	-
BOARD WORK SESSION		DECEMBER 17, 2019	WHITEHEAD	CONFERENCE ROOM
COMMISSI	ONERS	STAFF	GUESTS	COMMUNITY
 Dr. Steve Kenny Dr. Sharon Dietrich Keith Sattler Glenn Bestebreur Susan Reams Kit Watson Brandon Bowden 		 Craig Marks, CEO Merry Fuller, CNO/COO David Rollins, CFO Shannon Hitchcock, CCO Kevin Hardiek, CIO Kristi Mellema, CCO 	 Jim Chesemore - Parker, Smith & Feek 	• None
AGENDA		DISCUSSION	ACTION	FOLLOW-UP
I. Call to Order	Meeting was called	to order by Commissioner Kenny at 6:03 pm.		
II. SERVICES A. Cyber Security (Attachment W)	reviewed a Ransor discussed the PMF	m Parker, Smith & Feek presented and neware Attack PowerPoint (Attachment W) and Cyber Security Insurance Policy. Kevin	None	None
B. Directors & Officers Liability (D&O) Insurance	Jim Chesemore fro	the current PMH cyber security initiatives. m Parker, Smith & Feek gave an overview of and Officers (D&O) Liability Insurance Policy.	None	Kevin Hardiek will update the Board in 2020 about PMH and Providence Health cyber security initiatives.
III. QUALTY				
A. 2019 EOC Report & 2020 EOC Plan (Attachment S)	Kristi Mellema revi (Attachment S).	ewed the 2019 EOC Report & 2020 EOC Plan	None	Follow-up on missing equipment to be made at the

	December Board meeting.
IV. ADJOURN	
There being no further regular business to attend to, Commissio	er Kenny adjourned the meeting at 7:52 p.m.

Vision Patients Employees Medical St Quality Services Financial	- Memoria		Values Accountability Service Promote Teau Integrity Respect Excellence	-
BOARD MEETING	DECEMBER 19, 2	2019	WHITEHEAD CO	ONFERENCE ROOM
COMMISSIONERS	STAFF	MEDICAL STAFF		GUESTS
 Dr. Steve Kenny Glenn Bestebreur Susan Reams Kit Watson Brandon Bowden Sharon Dietrich, M.D. Keith Sattler 	 Craig Marks, CEO Merry Fuller, CNO/COO David Rollins, CFO Ro Kmetz, CHRO Kevin Hardiek, CIO Kristi Mellema, CQO Shannon Hitchcock, CCO Dr. Syed Hashmi, Medical Staff 	 Dr. Syed Hashmi, Medi 	cai Staff	
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		None
III. APPROVE AGENDA	None	Commissioner Bowden ma approve the Agenda as rev Motion was seconded by C Watson and passed with 7 opposed, and 0 abstained.	ised. The commissioner	
IV. APPROVE CONSENT AGENDA	None	Commissioner Sattler mad approve the Consent Agen was seconded by Commiss and passed with 7 in favor, 1 abstained.	da. The Motion ioner Reams	None

AGENDA	DISCUSSION	ACTION	FOLLOW-UP
V. MEDICAL STAFF DEVELO	PMENT		
A. Medical Staff Report	Dr. Hashmi provided the Medical Staff Report.	None	None
B. Medical Staff Credentialing	Dr. Hashmi presented the following New Appointments: Loren Copeland, CRNA – Provisional/Allied Health Professional staff with requested privileges in Anesthesia effective December 19, 2019 through June 30, 2020. Syed Abbas, MD – Provisional/Telemedicine staff with requested privileges in Neurology effective December 19, 2019 through June 30, 2020. Abdelrahman Beltagy, MD – Provisional/Telemedicine staff with requested privileges in Neurology effective December 19, 2019 through June 30, 2020. Sheila Smith, MD – Provisional/Telemedicine staff with requested privileges in Neurology effective December 19, 2019 through June 30, 2020.	A motion to approve the initial appointment and requested clinical privileges that have been reviewed and recommended by the Department Chair and Medical Executive Committee for the new appointment(s) of the following providers was made by Commissioner Reams and seconded by Commissioner Dietrich. The Motion passed with 7 in favor, 0 opposed, and 0 abstained. • Loren Copeland, CRNA • Syed Abbas, MD • Abdelrahman Beltagy, MD • Sheila Smith, MD	None
	Advancement from Provisional Status: None	None	None
	Dr. Hashmi presented the following Reappointments: Kevin Marsh, MD – Reappointment to Locum Tenens Staff with requested clinical privileges in Pediatrics from December 19, 2019 through December 18, 2021. Tyrell Nielson, PA-C – Reappointment to Allied Health Professional Staff with requested clinical privileges in Family	A motion to approve the Reappointments that have been reviewed and recommended by the Department Chair and Medical Executive Committee for the Advancement from Provisional Status of the following providers was made by Commissioner Sattler and seconded by Commissioner Reams. The Motion passed with 7 in favor, 0 opposed, and 0 abstained.	None

	Medicine from December 19, 2019 through December 18, 2021.	 Kevin Marsh, MD Tyrell Nielson, PA-C 	
AGENDA	ACTION	DISCUSSION	FOLLOW-UP
VI. FINANCIAL STEWARDSH			
A. Review Financial Report for November 2019 (Attachment L)	David Rollins reviewed the November 2019 PMH Financial Reports.	Commissioner Bowden made a motion to approve the November 2019 Financial Reports (Attachment L) which was seconded by Commissioner Dietrich. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None
 B. Approve 2020 Operating Budget (Attachment M – Operating Budget Section) 	David Rollins presented the proposed 2020 PMH Operating Budget.	Commissioner Sattler made a motion to approve the 2020 Operating Budget (Attachment M) which was seconded by Commissioner Watson. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None
C. Approve 2020 Capital Budget (Attachment M – Capital Budget Section)	David Rollins presented the proposed 2020 PMH Capital Budget.	Commissioner Reams made a motion to approve the 2020 Capital Budget (Attachment M) which was seconded by Commissioner Dietrich. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None
D. Approve Updated Prosser Memorial Health Foundation Bylaws (Attachment N)	Craig Marks and Shannon Hitchcock presented the updated PMH Foundation Bylaws which were recommended for approval by the PMH Foundation Board. The only change was updating the name of the Foundation to Prosser Memorial Health Foundation.	Commissioner Sattler made a motion to approve the updated Prosser Memorial Health Foundation Bylaws (Attachment N) which was seconded by Commissioner Dietrich. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None
E. Approve the New Members to the Prosser Memorial Health Foundation (Emily Carl, Neal Ripplinger, Elisa Riley, Jennifer Smithyman)	Shannon Hitchcock presented the names of the proposed new Foundation Board members which were recommended for approval by the PMH Foundation Board.	Commissioner Reams made a motion to approve the new Foundation Board Members (Emily Carl, Neal Ripplinger, Elisa Riley, Jennifer Smithyman) which was seconded by Commissioner Sattler. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None

AGENDA	DISCUSSION	ACTION	FOLLOW-UP
F. Approve Resolution #1039 - Completion of the Surgical Group Renovation Project	Craig Marks presented Resolution #1039 which declares that the renovation of the Surgical Group Expansion project is complete and authorizes the release of retained amounts to Booth and Sons Construction Inc., the general contractors.	Commissioner Bowden made a motion to approve Resolution #1039 which was seconded by Commissioner Sattler. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None
VII. SERVICES			
A. Approve 2020 PMH Strategic Plan (Attachment A)	Craig Marks presented an updated draft of the 2020 PMH Strategic Plan.	Commissioner Sattler made a motion to approve the 2020 PMH Strategic Plan (Attachment A) which was seconded by Commissioner Reams. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	Add Providence to #18 in the Services Pillar.
B. Approve 2020 PMH Marketing Plan (Attachment B)	Shannon Hitchcock presented the draft 2020 PMH Marketing Plan.	Commissioner Reams made a motion to approve the 2020 PMH Marketing Plan (Attachment B) which was seconded by Commissioner Dietrich. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None
C. Approved 2020 PMH IS Plan (Attachment C)	Kevin Hardiek presented the draft 2020 PMH IS Plan.	Commissioner Reams made a motion to approve the 2020 PMH IS Plan (Attachment C) which was seconded by Commissioner Dietrich. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	Include the Services Pillar item #18 in the Plan.
D. Approve 2020 PMH Medical Staff Model & Recruitment/ Retention Plan (Attachment E)	Craig Marks presented the draft 2020 PMH Medical Staff Model & Recruitment/Retention Plan.	Commissioner Bowden made a motion to approve the 2020 PMH Medical Staff Model & Recruitment/Retention Plan (Attachment E) which was seconded by Commissioner Reams. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	

AGENDA	DISCUSSION	ACTION	FOLLOW-UP
III. QUALITY			
A. Approve 2020 PMH Environment of Care Plan (Attachment S)	Kristi Mellema presented the 2020 PMH Environment of Care Plan.	Commissioner Reams made a motion to approve the 2020 PMH Environment of Care Plan (Attachment S) which was seconded by Commissioner Bowden. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None
B. Legislative and Political Updates	Commissioner Bestebreur gave a report on State and Federal issues. The Governor's Office released their supplemental budget which addresses the statewide homeless crisis. All Representative seats are up for re-election with ½ of the Senate seats up for re- election. The Feds are looking at raising the age of 18 to 21 for the purchase and use of tobacco products.	None	None
C. CEO/Operations Report	Craig Marks reported that the holiday spirit was alive at PMH and wished everyone Happy Holiday Season.	None	None
IX. ADJOURN			
. ADJOURN		adjourned the meeting at 7:19 p.m.	

Vision Patients Employee Medical S Quality Services Financial		Values Accountability Service Promote Teamwork Integrity Respect nity. Excellence	
JOINT CONFERENCE COM	MITTEE JANUARY 15, 2019	VINEYARD CONFERENCE F	DOM
	COMMITTEE MEMBERS PRESENT	NON-MEMBERS PRESE	
 Commissioner S. Kenn Dr. S. Dietrich C. Marks, CEO Dr. B. Sollers Dr. D. Weaver 	y	• Merry Fuller, CNO, COO	
AGENDA ITEM	DISCUSSION	RECOMMENDATION	FOLLOW-
CALL TO ORDER	Meeting was called to order by Commissioner S. Reams at 0703.	None	None
APPROVAL OF MINUTES	None	ACTION Dr. B. Sollers made a motion to approve the Agenda as presented. The Motion was seconded by Dr. S. Dietrich and passed with 6 in favor, 0 opposed, and 0 abstained.	None
	PATIENT LOYALTY		i and
Patient Experience Results	M. Fuller reviewed the Patient Loyalty Summary Report and 2020 Priority Focus Areas. Composite score for 2019 was 86.6% with 2979 completed surveys. Priority focus for ED is patient flow during high volume hours and discharge follow-up of high risk patients. Clinics have a focus on customer service training and centralized scheduling.	None	None
Studer Contract	C. Marks reported that the Studer contract expires the end of February. We are looking at different options for the new contract which would include a computerized system called My Rounding which is used for rounding on patients and staff.	None	None

비용 전 [2] 이 가나, 분위 분했다.	MEDICAL STAFF DEVELOPMENT		
Medical Staff Recruitment	 Dr. B. Sollers reported that an experienced mid-wife, Elizabeth Cook, was interviewed earlier this week. She was very pleasant and has an expertise is starting new mid-wifery programs. Our internal mid-wife candidate, Bailey, has signed a contract. Women's health care will be extended to Grandview and Benton City. C. Marks stated that ENT is still a priority. Dr. Fischer was a previous candidate that is still interested in coming here. We have reached out to him and will be scheduling time to have further dialogue. There has been discussion about Grandview Clinic and possibly looking for a Family physician that would take pediatric call. 	None	None
Dr. Rivero Resignation	Emergency Department - Dr. Smith will be joining PMH in August. C. Marks reported that Dr. Rivero has an opportunity working at Hanford in Occupational Health. He will remain per diem and will assist with Medical Staff engagement and might be willing to help with some holidays.	None	None
	EMPLOYEE DEVELOPMENT		
Employee Engagement	C. Marks reported that we had a successful holiday party. Feedback from staff was very good. We are already planning for next year. We will celebrating Valentine's day soon and March Madness is right around the corner.	None	None
Review Medical Staff & Employee Engagement Survey Results	A representative from People Element will be here for the Thursday night Board meeting to review the engagement results. The main question for the Employee Engagement is "Overall, I am satisfied working at Prosser Memorial Health." The result is 4.28 out of a score of 5. This number is the main driver in determining employee engagement. Communication between departments is low scoring again and we will be working on this with all the leaders. Main question for Medical Staff Engagement is "I am satisfied with my current relationship with Prosser Memorial Health." The result is 4.45 or 89%. Our goal was 90% or higher.	None	None
Service Awards	C. Marks reported that we will be having a luncheon next Tuesday	None	None
Luncheon	at the Walter Clore Center to celebrate staff for years of service. We will be celebrating one person in particular that has been with		

	PMH for 45 years. Cash awards of \$50 for every year is given to the individuals.		
	QUALITY		
2019 Year End Patient Care Scorecard	K. Mellema reported that the 2019 year-end total was at 57.69% which is short of the 63.7% goal. ED – Left Without Being Seen was at 0.65% for December which is the second best this year with only seven patients leaving out of 1084 visits. 30 Day Readmissions is red at 4.26% but that number represents only two patients that were readmitted. Diabetes improved from November. Stroke data is not yet available and Medication Reconciliation is at 75.95% for December.	None	None
2020 Quality Assurance Plan & Risk Management Plan	K. Mellema presented the 2020 Quality Assurance Plan and the Risk Management Plan. There were no changes to either plan outside of changing 2019 to 2020. An updated organizational chart will be added to the Quality Assurance Plan.	None	None
	SERVICES		
Astria Health	 C. Marks spoke briefly about the Astria announcement regarding the hospital closure. Bankruptcy Court ruled in favor of Astria. He also shared the full page PMH letter that was in this past weekend's Sunday paper. M. Fuller reported that Virginia Mason has been calling daily on our bed availability. 	None	None
Wellness Center	C. Marks reported that the athletic club in town is for sale at \$1.5 million. PMH does have a lease on the pool at the club and the right of first refusal. He mentioned we could possibly bring in a company to evaluate whether the building is worth trying to renovate for a Wellness Center or just sell the building.	None	None
Sunnyside Clinic	C. Marks presented information on a building that is available for lease in Sunnyside. There still needs to be dialogue about placing PMH services in Sunnyside.	None	None
Architectural Services - SRG	C. Marks reported that PMH has used KDA in the past. However, we are looking at possibly contracting with SRG for future projects. This is the same company that came in second for architectural services on the new hospital.	None	None
	FINANCIAL STEWARDSHIP		
Financial Performance – December	C. Marks reported that gross revenue was over by \$10.5 million as represented by the Daily Revenue vs Budget report and within	None	None

	\$100,000 only 13 days into January. The beginning of January	
	budget looks good from a revenue perspective.	
	ADJOURNMENT & NEXT SCHEDULED MEETING	
Meeting adjourned at 085	57	
Next scheduled meeting is	s February 19, 2020	
04 4 = 10000		

Km 01/15/2020



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 WEDNESDAY, JANUARY 29, 2020 NOON - VINEYARD CONFERENCE ROOM AGENDA

MEMBERS:

Keith Sattler Glenn Bestebreur Brandon Bowden <u>STAFF:</u> Craig Marks David Rollins Stephanie Titus

CALL TO ORDER

١.	APPROVE MINUTES	
	Action Requested - December, 2019 Minutes	
П.	FINANCIAL STEWARDSHIP	
	a. Review Financials (Attachment T)	David
	Action Requested – December, 2019 Financial Statements	
	b. Review Accounts Receivable and Cash Goal	David
	c. Voucher Lists	David
	Action Requested - Voucher List (#149059 - #149706 for \$7,623,276.55)	

III. ADJOURN

Vision

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 MINUTES WEDNESDAY, DECEMBER 18, 2019 NOON - VINEYARD CONFERENCE ROOM

MEMBERS:

Keith Sattler - Absent Glenn Bestebreur Brandon Bowden STAFF: Craig Marks David Rollins Stephanie Titus

CALL TO ORDER

Glenn Bestebreur called the meeting to order at 12:09 p.m.

I. APPROVE MINUTES

ACTION ITEM

A motion to approve the Finance Committee Meeting minutes for November 2019 as presented was made by Glenn Bestebreur. The Motion was seconded by Brandon Bowden and approved.

II. FINANCIAL STEWARDSHIP

a. David Rollins reviewed the Financial Statements (Attachment L) for November 2019.

ACTION ITEM

A motion to recommend approval of the November 2019 Financial Statements as presented to the PMH Board of Commissioners was made by Glenn Bestebreur. The Motion was seconded by Brandon Bowden and approved.

b. 2020 Operating and Capital Budgets (Attachment M)

ACTION ITEM

A motion to recommend approval of the 2020 Operating and Capital Budgets (Attachment M) as presented to the PMH Board of Commissioners was made by Glenn Bestebreur. The Motion was seconded by Brandon Bowden and approved.

* Note - There are no plans for new clinics or service lines beyond ENT.

c. Resolution #1039 – Surgical Group Renovation Completed

This was not acted on and will be presented to the PMH Board of Commissioners Board meeting to be further discussed.

d. Review Accounts Receivable and Cash Goal

Stephanie Titus presented a new methodology for 2020 to allow us to hit overall AR targets. Interviews will begin in January 2020 for a permanent PFS Director. An interim director is here for at least 3 months helping to drive AR improvements and Revenue Cycle.

e. Voucher List

ACTION ITEM

A motion to recommend approval of the Voucher List (#148532 – #149058 for \$5,069,855.47) as presented to the PMH Board of Commissioners was made by Brandon Bowden and seconded by Glenn Bestebreur and approved.

III. ADJOURN

Having declared no further business, the meeting was adjourned at 1:10 p.m.

MEMORANDUM

TO:	BOARD OF COMMISSIONERS		
	PROSSER MEMORIAL HEALTH		

FROM: CRAIG J. MARKS, CEO

DATE: JANUARY 2020

RE: CEO REPORT

SERVICES

1. 2019 Strategic Plan Annual Report

Our journey to make Prosser Memorial Health great continued at a rapid pace in 2019 as evidenced by the 2019 Strategic Plan Annual Report (Attachment A). The objectives in the Plan were developed with input from our entire team and served as a roadmap for us to follow as we pursued our Mission, Vision and Values. In particular, we focused on our six Pillars of Excellence Goals, and the related objectives that would enable us to strengthen our organization and achieve our goals. The great news is that we were very successful in 2019, with improvement or steady performance in just about every Pillar of Excellence (Attachment B). We were able to improve in four Pillars (Patient Loyalty, Employee Development, Services, and Financial Stewardship), while we have significant opportunity for improvement in one Pillar (Quality) and one remained constant and strong (Medical Staff Development). The Quality Pillar will be an area of focus for us in 2020. We experienced a significant turnaround in Financial Stewardship from the prior year with an increase in our total margin to 5.4% compared to .6% last year. This improvement is significant as we pursue the development of a replacement hospital. Some of the accomplishments in the report include the opening of the Grandview Clinic; the acquisition of the Prosser Women's Health Center; the recruitment of 7 new Medical Staff members; the addition of robot assisted joint replacement surgery; the initiation of the feasibility study for a replacement hospital; and strong patient, staff and Medical Staff engagement, etc. While I don't have enough space to write about all of our accomplishments, we had a very good year in 2019. It should be noted however, some of the objectives in the plan were not achieved in 2019 but have been included in our 2020 Strategic Plan. Our accomplishments in 2019 could not have happened without the support of everyone on the Prosser Memorial Health team. Thank you! We are now in the process of building upon our foundation of success every year. Our 2020 Strategic Plan, which is also based upon PMH team member input, is challenging and will enable us to continue on our journey of excellence at PMH.

2. Replacement Hospital Update

This past February the Board made a decision to pursue the completion of a feasibility study regarding our ability to construct a replacement facility, before submitting a formal application to the United States Department of Agriculture (USDA) for a loan to construct a new hospital. This study will assist us in determining our financial readiness to pursue this project. This study will identify weaknesses we may have (e.g. cash flow, operational performance, cash flow reserves) and will enable us to make necessary adjustments and determine when we should apply to the USDA. At that time we also reviewed a decision tree (Attachment C) that PMH will need to navigate in order to ultimately construct a new hospital. Late last fall (2019) as we were working on the feasibility study, we made a decision to complete the study after we have year-end financials for 2019. We now have those financials and are in the process of completing the feasibility study. As a reminder, we are working with DZA (PMH auditors), Jodi Corona (Volume Projection Expert) and

Gary Hicks (PMH Financial Advisor) on the completion of the study. We expect the feasibility study to be presented to the Board in April.

We also recently met with the representative from Bouten Construction, (Spokane/Tri-Cities) a large local construction company that specializes in healthcare. We discussed the healthcare construction contracting methods (Attachment D), with their preference and most common ones seen today being the General Contactor/Construction Manager (GC/CM) method. That is the method I have used in the past and have found it to be beneficial. Bouten is very interested in our project and would love to have an opportunity to bid on it, which they will.

In December, Steve Broussard and I met with representatives from the City of Prosser to discuss their plans to extend water and sewer services to the north side of I82 and to our property. They shared drawings with us and indicated that work on the project will begin in the fall and be completed in the spring in between irrigation seasons. Their plans have been shared with the PMH architect for review and comment. No progress has been made with SVID on moving/or burying the overflow irrigation ditch or on the removal of the Russian Olive trees. The City did indicate that they will need to remove some of the trees for the water/sewer service, so we may be able to share a contract for the removal of the trees. We will continue to work with the City, SVID, our civil engineer and architect on these issues. No projects will be undertaken, other than the water/sewer addition, without PMH Board approval.

3. Nuclear Medicine Update

We were recently notified by KDA Architects that our nuclear medicine project has been reassigned within their organization to Ken Camatra. This is another example of why this project is taking so long to complete and adding to my frustration with KDA. Regardless, Ken is now fully up to speed on our project and has given us a new schedule for the project (**Attachment E**). Unfortunately, the new schedule does not have the project being completed until November. We will do everything in our power to speed up the schedule, but most of it is in the hands of KDA and the Department of Health. We have included this project in our 2020 Capital Budget (note – the nuclear medicine equipment purchase was approved by the Board in 2019) and will bring it back for Board approval when all the bids are in. We are currently projecting, based on KDA's schedule, which the Board will be asked to approve the project in July.

4. Architectural Services

Based on our continued frustration with KDA Architects regarding their commitment to PMH, cost and lack of time lines, we have decided to begin looking for other architectural firms that could address our periodic needs for architectural services in our clinics, current hospital, etc. For these projects we would like a firm that is relatively close to us, thus we are not planning to use BC Design Group, the firm chosen to design our new hospital. The firm that came in second in our deliberations to select an architectural firm to design our new hospital was SRG out of Portland. They recently reached out to me and have expressed an interest in working with us (**Attachment F**). Representatives from SRG will be visiting us before the end of the month to discuss how they can help us in the future. We are not necessarily looking for an exclusive agreement, but we would like to have additional options beyond just KDA.

5. C-Arm Replacement

With the addition of orthopedic surgeon, Dr. Sam Strebel, to our staff, we discovered that our C-Arm is not capable of giving Dr. Strebel the views he needs for his total hip replacement patients. Because there is no way to upgrade/convert our current C-Arm (which is 9 years old) to obtain the views we need, we budgeted in the 2020 Capital Budget to replace it. We are currently working with three companies that are all bringing in their equipment for demonstrations and use by Dr. Strebel until his selection is made. We currently lease our C-Arm and are planning to lease a new C-Arm. We plan to replace our current equipment by the end of March, but we will have demos here for Dr. Strebel to utilize until we acquire a new one.

6. Astria Health

As everyone is aware by now, Astria Health (Sunnyside Hospital, Toppenish Hospital, Regional Medical Center) filed for Chapter 11 Bankruptcy in 2019 in an effort to get relief from their creditors while they reorganized and sought new sources of capital. Unfortunately, no one was interested in purchasing the entire system, nor loaning them additional money. As a result, the entire Astria Health system is up for auction in February and Astria made the decision to close Regional Medical Center quickly. This decision was not well received in Yakima, but the Medical Center had lost \$40 million since 2017. I've included several communications related to the closure and bankruptcy for your review (Attachment G – J). It should be noted that WSHA facilitated a call between Astria Health and all area hospitals to discuss the bankruptcy and impending auction. There was no mention of Regional closing by Astria Health during the conversation and the hospital closure was announced two days later. Despite the closure of Regional, Astria Health remains optimistic that they will be able to secure the funds to get out of bankruptcy and retain control of Sunnyside and Toppenish Hospitals. If not, the auction in February will proceed with all Astria Health assets up for sale, in total or in pieces. In response to the announced closing, we ran a series of ads in the Yakima Herald (Attachment I) to communicate with the local residents about our capabilities. The ad has been very well received and I have received numerous compliments and desire to utilize Prosser Memorial Health. Stay tuned as the bankruptcy court oversees the future of Astria Health.

7. Sunnyside

With all the uncertainty surrounding the future of Astria Health and even Sunnyside Hospital, it is time for PMH to begin strategically discussing what role, if any, we should play in Sunnyside. For the last three years we have worked extensively and exclusively on enhancing the services we provide in our primary service area. We will continue to build on those services, but it may also be time to consider Sunnyside, which is located in our secondary service area. For example; should we consider offering primary or specialty care services in Sunnyside? I was recently notified about medical office space in Sunnyside that is for lease (Attachment L). Is PMH ready to pursue opportunities like this? I have placed this topic on the January Board Work Session Agenda so that we can begin to discuss opportunities like this and develop a plan for potential future expansion.

8. Wellness Center

Speaking of expansion opportunities, we were recently notified that the Prosser Family Fitness Center is for sale for \$1.5 million (Attachment M). Some hospitals around the country have moved in this direction in an effort to promote health and wellness. In fact, the hospital I lead in Michigan built a community wellness center and it remains a gem for that community according to former Board members (Attachment M). This would be a big step and could/would delay the construction of a replacement hospital. There is no rush to make a decision, as PMH has a right of first refusal on any offer made to purchase the center. However, now is a good time to discuss this, so I have also placed it on the January Board Work Session Agenda. I personally am concerned about the condition of the facility and wonder if we would be better off to build a new facility on our property, if we decided this is the direction we should go. I also believe that we would need experts to assess the current value of the facility and whether or not it could be upgraded in a cost – effective manner or are we better off building new? I worked with an architectural firm in Michigan that specialized in designing wellness centers and they could possibly evaluate the existing facility and make a recommendation about how to proceed. I look forward to discussing this topic with the Board.

PATIENT LOYALTY

1. Patient Satisfaction

As I have stated many times before, the most important Pillar of Excellence for Prosser Memorial Health is Patient Loyalty, which we measure with patient satisfaction. For the past 3 years, our total patient satisfaction scores have improved every year, from 83.3% in 2017 to 86.6% in 2019. This is confirmation of the high quality, compassionate care our staff provide every day throughout PMH! Outstanding job and, congratulations! We currently survey inpatients (acute care and obstetrics), outpatients (diagnostic imaging, lab, cardiopulmonary services and outpatient special procedures), swing bed patients, emergency services, outpatient surgery and all PMH clinics. The results for each of these services for the past three years is included in the Board packet (**Attachment O**). While we did not improve in every service, our goal and focus in 2020 will be to continue to improve as we strive to attain a total patient satisfaction level of 95% or better. Also in 2020, we will be considering changing the company we contract with (PRC) to complete surveys and/or the methodology used. We currently utilize phone surveys, but are contemplating transitioning to mail and email surveys like most hospitals in the country. We plan to make these decisions by April as outlined in our 2020 Strategic Plan.

2. Studer Contract

One of the changes we made three years ago in an effort to increase our patient, staff and Medical Staff engagement was to contract with the Studer Group and implement (hardwire) initiatives that have been proven to increase the engagement of everyone in the hospital. Over the past three years we have been implementing these initiatives (e.g. rounding, AIDET, thank you notes) and we have seen our engagement scores improve through a lot of hard work by the entire PMH team. We believe Studer gives us a foundation upon which to build and we plan to extend our contract with them. We are currently negotiating with Studer and expect the contract to be lower-cost than our original contract and include some software that will make some of the Studer initiatives (e.g. rounding) easier to implement. We plan to present a new Studer contract to the Board for approval in February.

EMPLOYEE DEVELOPMENT

1. Employee Engagement Survey Results

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

This year our engagement survey was once again conducted by People Element during the month of November. Our participation level was 74.5% which was very comparable to the participation level last year at 76.0%. The full results of the survey, including comments (**Attachment P**) will be shared with everyone at PMH on January 30th. Several sessions will be held with our staff, with Quinton Barrett from People Element as the presenter. He will share the results and seek ways from the staff to address the greatest concerns identified in the survey. One of the key metrics in the survey and our Employee Development Pillar Goal, is an employee's satisfaction with PMH. Our performance on this question has improved each of the last 4 years, from 83.0% in 2016, 83.2% in 2017, 85.0% in 2018 and 85.6% in 2019. While we have not yet reached our Pillar Goal of 90%, we are improving each year and will never quit trying to improve. The results of the Employee Engagement Survey will be presented to the Board by Quinton Barrett from People Element at the January Board meeting.

2. Employee Recognition Luncheon

On Tuesday, January 23rd, the annual Prosser Memorial Health Recognition Luncheon was held at the Walter Clore center. This year we recognized 31 staff members that were celebrating anywhere from their 5 year anniversary to their 45 year anniversary (**Attachment Q**). The luncheon provided us an opportunity to thank the staff members for their combined 310 years of dedicated service to PMH and those we serve. Our most senior employee recognized was Christina Miller, LPN – Acute Care, for contributing 45 years of her life to PMH. Please join me in congratulating and thanking Christina for all that she has done for PMH, and also wish her well in her retirement! Each employee received a service pin, a cash gift (\$50 per year service) and a huge thank you for helping to make PMH a great place to work and receive care.

3. Francie Poole Retirement

Francie Poole, Administrative Assistant and my right hand, recently announced that she will be retiring from PMH effective April 3, 2020. This will be a huge loss for our office and all of PMH. Francie cares deeply about everyone at PMH and has always gone out of her way to help and support every member of our team. Her friendly disposition makes coming to work each day a pleasure. Over the next two months join me in thanking Francie and wishing her well in her retirement. A retirement party will be held for Francie as her retirement date draws near, so stay tuned. In the meantime, we have begun the search for Francie's replacement, and will begin interviewing candidates in the coming weeks.

4. Employee Engagement

December was an extremely busy month with various holiday engagement activities including a fantastic holiday party, ugly sweater and cookie contests, holiday luncheon and departmental holiday stocking decorating contest. Congratulations to all the winners of our special events (Attachment R) and thank you to everyone that participated. Some of the holiday spirit at PMH was captured in the January edition of the employee newsletter, <u>The Pulse</u> (Attachment S). The true winners this holiday season were all the community members that received the generosity of the PMH family, as gifts (toys, food, money) were distributed to those in need throughout the communities we serve. All I can say to our family is . . . THANK YOU! Upcoming engagement events include the annual Super Bowl Squares Contest (sign a board today), Valentine's Day and March Madness is just around the corner. Enjoy and have fun!

MEDICAL STAFF DEVELOPMENT

1. Medical Staff Recruitment

Now that our 2020 Medical Staff Model and Recruitment Plan have been approved, we are off and running trying to meet our recruitment goals. One area of focus in the plan is women's health services, and I am pleased to report that we have signed a contract with Bailey Padilla (Attachment LL) to join us as a certified nurse midwife (CNM). Bailey has worked at PMH as an RN and will join us after she completes her training and passes her boards. We expect Bailey to complete these this spring and will enable us to expand midwifery services to Grandview, Benton City and Prosser. To assist in this expansion, we're also recruiting for a second CNM. We recently hosted a candidate that was outstanding, with extensive experience building CNM practices.

Our most challenging search we have experienced since I arrived at PMH, is to find a replacement for Dr. Combs, ENT, who is retiring in June. While we have interviewed many viable candidates, we have yet to find the one that would work for us and them. On a very positive note, one of our favorite candidates from earlier in the search process has expressed an interest in visiting us again. Previously, he was unable to join us because of a serious illness in his family. That issue has been resolved, enabling him to re-examine our opportunity. This doctor was very well received by our staff and would be a good fit in our community. In addition, his wife is completing her nurse practitioner education and would assist us in addressing our need for additional NP/PAs. We also have two future ENT graduates (2021 and 2022) that have expressed an interest in our opportunity and plan to visit if we don't fill the position in the next couple months.

With the continued growth of patients at our new Grandview Clinic, it is now time to begin the recruitment of an additional physician to join Dr. Santa Cruz. After much discussion about what specialty should be added to the clinic, we have decided that a family physician that would take pediatric call, would be a perfect fit for our needs in Grandview and at the hospital. The hospital spends a significant amount of money on pediatric call coverage, often using expensive agency providers. With the successful recruitment of a family physician that will take pediatric call, we can significantly lower our call coverage cost and meet the growing needs of the Grandview community. We plan to work with several contingency recruitment firms (we only pay when the search is successful) on this recruitment effort. Finally, with the departure of Dr. Rivero in March (he will continue to work per diem) our Emergency Medicine Staffing Plan is in a state of transition. In the coming weeks we will develop a plan utilizing our current staff and any new recruitment targets needed, remembering that Dr. Lindsey Smith will join us in August.

2. Medical Staff Engagement Survey

Like the Employee Engagement Survey, the Medical Staff Engagement Survey was also conducted during the month of November by People Element. Our Medical Staff participation level of 75% was slightly lower than the 82% participation level last year, but remains high compared to other hospitals. Dr. Sollers is to be commended for encouraging Medical Staff members to participate. The results of the survey, including comments (Attachment MM) have been distributed to members of the Medical Staff and will be reviewed with them at a special meeting on January 30th. Quinton Barrett from People Element will share the results and lead a discussion about opportunities for improvement. The key metric in the survey used to measure Medical Staff satisfaction with PMH showed a slight decline from 90.6% last year to 89.0% in 2019. We are never satisfied with a decline, but a satisfaction score of 89% is still very good. We will never stop trying to improve and plan to exceed our pillar goal of 90% next year. Quinton Barrett will review the results of the Medical Staff Engagement Survey with the Board at the January Board meeting.

FINANCIAL STEWARDSHIP

1. Financial Performance – December

As we close out 2019, this is the best I have felt about writing a financial analysis in a long time. The reason for this is that in 2019, we had the best financial performance in the history of Prosser Memorial Health! As reflected in the financial statements (**Attachment T**) we experienced strong revenue growth from the prior year (20%), controlled expense growth (11%) and a net income of \$3.2 million (5.4%). Outstanding! Many hospitals around the country and locally are struggling to attain a positive bottom line, but because of our phenomenal team (staff, Board, Medical Staff, volunteers) PMH experienced a tremendous year and the future looks bright.

In December, our gross revenue was strong, exceeding budget by 18% (\$2.0 million) and last year by 31% (\$3.1 million), due to higher than expected hospital volumes while our clinic volumes lag. Our deductions from revenue were much closer to budget, resulting in a very positive net revenue compared to budget. This is partially the result of the use of new cost report software that enables us to more consistently and accurately project contractual allowances. Our expenses in December were higher than expected, but were in line with our higher volumes and the holiday season. The end result was that our operating income was \$922,992 compared to a budget of \$257,315, and after adding in non-operating income over total net income for December was \$983,449 compared to a budget of \$322,742. This was also significantly better than last December when we were playing catch-up on our contractual allowances and experienced an approximate loss of \$500,000.

As one reviews the entire financial packet, there are several things that stand out to me: our operational performance has improved dramatically; our net worth increased by \$3.25 million; our payor mix is steady, with 28.6% commercially insured patients; our volumes grew on average by more than 10%; we became more productive/efficient in 2019; our days in accounts receivable grew to 63.79; and we only had a positive cash flow of \$1.0 million. Almost all of these metrics are positive, with the exception of the last 2 which partially go together. Our net days in accounts receivables are about 18.79 days over our goal of 45 days. If we are able to reduce our net days to 45, we will have an increase of cash of about \$3.0 million. One of our goals in 2022, is to significantly improve our revenue cycle performance. We will also work to limit our spending on capital equipment and operating expenses, which will also increase our cash balance. All things considered, however, Prosser Memorial Health is financially very healthy and prepared to take on the challenges of the future.

2. 2019 PMH Clinic Financial Report

The financial reports for each of the PMH Clinics are included in the Board Packet for your review, including a consolidated report of all the clinics (Attachment U). There is also a report that shows the payor mix by clinic, demonstrating a strong commercial insurance presence in each clinic. In every clinic and in total, the number of visits and gross revenue were significantly more than last year. This demonstrates that the clinics are still growing and have not reached their maximum capacity. In total, the contribution margin for the clinics was a negative (\$3.6 million) compared to our budgeted contribution margin of a negative (\$3.3 million). This contribution margin was comparable to last year and leaves much room for improvement in 2020. One action that we are taking is to have the Prosser Women's Health Center become a Rural Health Clinic. We will also work very hard to increase our volumes (revenue) as most of our costs are fixed. It is also important to note that these clinics and their providers contributed \$30.4 million of referred net hospital revenue, which we would not have if these clinics did not exist.

3. PMH Foundation Update

The PMH Foundation is gearing up for a very busy year in 2020. First, they've added four new Board members to strengthen their position in area communities and add strength to the organization for their busy agenda. The new members are Emily Carl, Neil Ripplinger, Elisa Riley and Jennifer Smithyman. Second, the Foundation will be hosting a Go Red for Women Luncheon on February 7th at Desert Wind (Attachment V). This event focuses on women's cardiac health and will include a presentation by our cardiologist, Dr. Bhatti, other women impacted by poor cardiac health, and fun events such as a fashion show. Third, the Foundation is beginning to prepare for Bottles, Brews & Barbecues which will be held June 12th and 13th. The Foundation plans to make this year's event even bigger and better than last year. Finally, the Foundation has tentatively set a date for a golf tournament on Saturday, September 19th. A lot of details have to be worked out, but historically this has been a successful event for the Foundation. As a final note, I will just mention that all these events are meant to get the name of the Foundation and Hospital into the community in a positive way and raise funds to support the Mission, Vision and Values of Prosser Memorial Health.

QUALITY

1. 2020 Board Work Plan

Included in your January Board packet, you will find a 2020 Board Work Plan (Attachment W). This document, which was developed by the Administrative Team, is a plan of routine regulatory and special projects identified in the 2020 Strategic Plan that the Board will need to address throughout the year. This plan is not carved in stone and may change slightly throughout the year, but it is a great reminder of what we would like to accomplish each month this year. These topics will be addressed at either the Work or Regular Sessions of the Board, and all actionable topics will be voted on at a regular (Thursday) Board meeting. If the Board would like to make any additions or deletions to the 2020 Board Work Plan, please let me know.

2. 2020 Quality Assurance and Risk Management Program Plans

The Prosser Memorial Health 2020 Quality Assurance (Attachment X) and Risk Management Program (Attachment Y) Plans will be presented and discussed with the Board at the January Board Work Session (Tuesday). These Program Plans outline how, in 2020, PMH will maintain and enhance our quality performance and reduce our risk by developing and maintaining a culture of continuous improvement and safety. The Board will be asked to approve these program plans at the regular January Board meeting (Thursday).

3. PMH Strategic Plan, Patient Care and Clinics Scorecards

As we enter the new year, it is once again time to draft 2020 scorecards. In the past, we had two scorecards (Strategic Plan – Attachment AA and Patient Care – Attachment BB), but in 2020 we are adding a third, PMH Clinics (Attachment CC). All of the scorecards are based upon our Pillar Goals, 2020 Strategic Plan and regulatory (e.g. CMS) requirements, and will enable you to track "at a glance" measures related to our Strategic Plan and Quality goals on a monthly basis. Many of the metrics serve as a proxy for our Pillar Goals which are only measured on an annual basis. Most of the scorecard goals for 2020 were developed based on our 2019 actual performance, with an expectation of improvement on each metric. We have shared these documents with members of the Medical Staff and asked for suggestions and/or additional measures. We would also like the Board to review these documents and let us know if you would like to see changes. These documents will be in all future Board packets and distributed throughout the Hospital and Clinics, and will enable everyone to determine how Prosser Memorial Health is performing as we collectively pursue excellence.

4. Board Officers

As outlined in the Prosser Memorial Health Bylaws, the Board of Commissioners is required to annually elect officers for the coming year. The Board is required to hold the election each January and elect a President, Vice President and Secretary (**Attachment DD**). The 2019 PMH Board Officers were President – Stephen Kenny, Ph.D., Vice President – Keith Sattler and Secretary – Glenn Bestebreur (**Attachment EE**). The terms of these offices is one year and there are no term limits, which means there is no requirement for changes to be made to the current officers. This will be an action item on the January Board meeting agenda (Thursday).

5. Board Regulatory Requirements

As required by PMH Board Policy and Washington State Law, Board of Commissioners are required to complete two forms each year. First, the PMH Conflict of Interest form (Attachment FF) and second, the Washington State F - 1 Personal Financial Affairs Statement (Attachment GG). Please complete these forms and return them to Francie at the January meeting and/or return the F - 1 directly to the State. Thank you!

6. Board Self-Evaluation

In December/January the Board was asked to complete a Board Self – Evaluation, which is completed every year. We hope all Commissioners complete the survey (at the time of writing this report, we were still waiting for a few Commissioners to return their survey), but we will include the results for all surveys received (Attachment HH). The results show both the results for this year and prior years. The results will be discussed with the Board in the January Executive Session of the Board Work Session on Tuesday night. Based on the survey results and discussion, the Board Action Plan for 2020 will be developed. One other item we will discuss is whether or not to continue using the survey form in the future or select a new one. The Action Plan will be used to identify 3 - 5 opportunities for improvement that will be worked on throughout 2020. The 2019 Board Action Plan, complete with actions taken, is included in your packet for your review (Attachment II). A draft Board Action Plan will be presented to the Board for approval in February.

7. 2020 Legislative Priorities

I recently received an update from the Washington State Hospital Association (Attachment JJ) regarding some of the challenges the WSHA Board has and will continue to address throughout 2020. In addition, I have included the 2020 Legislative Priorities (Attachment KK) identified by the WSHA Board of Directors and Public Policy Committee. While the legislative session is short, it will be interesting to see what healthcare topics they pursue.

8. January Board Work/Regular Sessions

Our January Board Work Session will primarily be focused on futuristic topics and ideas. We will discuss the Astria Health situation and its potential impact on Prosser Memorial Health. We will also discuss the potential role of PMH and Sunnyside in the Wellness industry and review the proposed 2020 Quality Assurance and Risk Management Work Plans. Finally, the Board Self-Evaluation results will be discussed during Executive Session. The regular January Board meeting will be highlighted by a presentation by Quinton Barrett – People Element of the results of the 2019 Employee and Medical Staff Engagement Surveys. This presentation is very important and will be a primary focus of the meeting.

If you have any questions regarding this report, or other Hospital activities, please contact me at (269) 214-8185 (cell), (509) 786-6695 (office), or stop by and see me at the Hospital.

Strategic Areas of Focus & Goals	FY2019 Objectives	Measures/Metrics	Semi-Annual Progress	% Cor	nplete	Objective Lead
Patient Loyalty - Merr	y Fuller, Champion			2nd QTR	4th QTR	
Provide outstanding customer service, aspiring to treat those we serve the way they want to be treated. Achieve a patient satisfaction rate of 95% or higher	 Hardwire the AIDET Customer Service tool into the Prosser Memorial Health Culture (Acknowledge, Introduce, Duration, Explanation, Thank You). 	 All new hires will receive AIDET training as part of New Hire Orientation (1/19). 80% of staff will have AIDET competency evaluated by direct observation (7/19). 100% of employees will have AIDET competency evaluated as part of the annual evaluation (12/19). 	 All new hires YTD have received AIDET training at New Employee Orientation. 22/22 department leaders have established a process for validating Aidet competency of their employees. Aidet competency is addressed in the annual evaluation process. 	67%	100%	Patient Engagement Committee Chair: Susan Miklas
	 Establish a plan for implementing self- registration and pre-registration for planned diagnostics, outpatient procedures, direct admissions to the hospital, clinic visits, etc. 	 Identify and promote current utilization of pre-registration. Track and report pre- registration activity no less than quarterly. Goal= 50% preregistration by the end of FY2019. Identify pre-registration and self-check in options available in Epic, and begin implementation (8/19). Explore expansion of the call center to assist with timely scheduling and self registration (2/19). 	Plans for the call center are still under development and space has been identified. Self-check is not currenlty being utilized. Schedulers are pre-registering patients as they schedule appointments.	50%	50%	Director of Patient Access: Ashley Williams
	3. Focus on maintaining a clean environment for those we serve.	measure "Cleanliness".	 Turnover in EVS appears to be stabilizing with good hires in Q2. Human Resources has been assisting with follow-up during first 90 days to assist with retention as well as recruitment, stabilty in EVS staffing appears to have been established. 2019 77.2% of patients report their room to always being kept clean; 2018 end of year score was 80%. A process for internal evaluation of cleanliness has been established. 	25%	75%	Director of Environmental Services: Genny Judkins
	4. Enhance the Prosser Memorial Health Volunteer Services Program to expand the number and kind of volunteer opportunities within the hospital.	 Establish a volunteer orientation and onboarding process (2/19). Establish quarterly volunteer meetings to provide information, support, and gratitude for those participating in the program (4/19). Increase the number of volunteers by 10% in 2019. 	 Volunteer orientation is now a part of employee onboarding. Quarterly Volunteer meetings have been established and well received by volunteer staff. The volunteer onboarding processes is now handled in HR like a new hire. Volunteers met 3 times in 2019, informational packets were given to them with pertinent hospital information. They also receive the CEO monthly report and the employee newsletter. We had 8 volunteers to end 2019 compared to 6 to end 2018. 	75%	100%	Chief Communications Officer: Shannon Hitchcock

Strategic Areas of Focus & Goals	FY2019 Objectives	Measures/Metrics	Semi-Annual Progress	% Complete		Objective Lead
Patient Loyalty - Merr	y Fuller, Champion			2nd QTR	4th QTR	
	5. Conduct rounding for purpose/outcomes for patients, employees, and Medical Staff.	 Implement patient rounding by leaders (3/19) and hourly rounding by nurses (9/19). 50% of all inpatients will have a leader round on them at least once during their hospital stay in 2019. Achieve 90% monthly rounding on full-time employees. Increase overall employee satisfaction rating in Employee Satisfaction Survey ≥ 2% in 2019. Track Medical Staff Rounding to ensure every member is rounded on quarterly. Increase overall Medical Staff Satisfaction Survey ≥ 2% in 2019. 	 Rounding by Administrative staff has not yet been hardwired. This initiative will be continued in 2020. Nurse leader rounding has been initiated. Employee rounding by leaders continues to be a priority focus as we believe it will have a high impact on employee engagement. This focus will continue in 2020. 100% of department leaders are actively rounding each month, with a 54% success rate of reaching every fulltime employee each month. Medical Staff rounding is taking place at regular intervals, but additional support may be needed for this important task. The Physician Engagement Team has been asked to start tracking rounding activity to ensure all providers are being met with at regular intervals. 	50%		Patient Rounding & Hourly Rounding: CNO/COO: Merry Fuller Employee Rounding: CEO: Craig Marks Medical Staff Rounding: ACMO: Dr. J. Rivero
	 Develop a "patient-friendly" billing system. 	 Develop a prioritized action plan for developing a "patient-friendly" billing system which includes a thank you letter for choosing PMH (3/19). Implement all elements of the action plan (6/19). 	The Epic alignment and change in PFS leadership has stagnated work on this initiatvie in 2019.	0%	0%	Director of Patient Financial Services: Montine Moser
	 Enhance the offering of community health education programs. 	 Establish a monthly lunch & learn calendar for the Prosser Senior Center (9/19). Explore expanding the Ideal Protein education offerings and implement as appropriate (9/19). Provide a community education offering no less than once a quarter in 2019. Explore the feasibility of providing community diabetic education and implement as appropriate (9/19). Continue to support and promote the existing childbirth education program and explore the need for additional newborn and early childhood community education (i.e. sibling class, breast feeding class, early childhood development (9/19). 	 Marla Davis is working as the hospital's liaison to the Senior Center to ensure we are providing support for educational offerings onsight. A calendar of educational offerings is being developed to meet the needs of this important community program. IP staff has joined the employee engagement team to help ensure activities support those employees who are part of the IP program. Monthly community education programs have taken place in various venues throughout our service area. A one time diabetic education class was offered in June at the Senior Center, and the feasibility of providing diabetic education classes is still being considered. "The Flu and You" Facebook live presentation was provided. Multiple "Stop the Bleed" classess have been provided to the community. Expansion of childhood community education has so far included bike and water safety at the Grandview and Benton City Clinics, and Teen Mental Health in co- ordination with the Thrive Coalition. Additional offerings will be considered in Q3. 	75%	100%	Chief Communications Officer: Shannon Hitchcock

Strategic Areas of Focus & Goals	FY2019 Objectives	Measures/Metrics	Semi-Annual Progress	% Con	nplete	Objective Lead
Patient Loyalty - Merr	ry Fuller, Champion			2nd QTR	4th QTR	
	 Identify and remove obstacles for optimal patient flow through the Emergency Department. 	 Develop a patient flow improvement plan for the Emergency Department (3/19). Track improvement by a reduction in LWBS and time to admission, with ≥ 50% reduction of 2018 departures. 	A comprehensive review of patient flow improvement by the ED Department was developed and submitted to hospital leadership and the BOC in January. All initiatives are in place. The "Left without being seen/treated" (LWOT/LWOS) year totally was 1.1%. This initiative will contiue in 2020.	75%	75%	Director of Emergency Services: Christi Doornink-Osborn
	 Leverage the Epic patient texting capacity as soon as it is available (or similar technology) for waiting patients and families. 	 Implement by the end of FY2019. 	IT is making headway on this initiative but is not yet in place.	20%	20%	Chief Information Officer: Kevin Hardiek
	 Assess the hours of operation for all departments offering outpatient services to identify feasibility of opening early, staying open later, and/or opening on weekends to accommodate patient work schedules. 	 The following departments will evaluate their hours of service and propose changes that will accommodate patients and increase access: PMH Clinics, Surgery Clinic, Cardiopulmonary, Lab, Diagnostic Imaging, and Outpatient Special Procedures (3/19). Implement all appropriate changes (6/19) and present findings for evaluation on (10/19). 	There have been only preliminary discussions to date, with no significant change made on hospital services. The addition of the Grandview Clinic with expanded hours has significantly expanded outpatient availability. The remodel of the Prosser Clinic will have a similar positive impact.	0%	20%	CNO/COO: Merry Fuller
	 Establish a process for educating inpatients on access and utilization of K- Chart (online patient medical record access portal). 	 Identify and train K-chart trainers for both Acute Care and Family Birthplace (3/19). Identify current K-chart utilization and increase utilization by 25% (12/19). Investigate the ability to utilize K-chart for accessing diagnostic test results completed outside of the Prosser Memorial Health system. 	No action to date. Will implement in 2020.	0%	0%	Practice Transformation Committee
	12. Expand the nail care program.	 Identify 2-3 additional nurses for nail care training among existing staff (2/19). Provide orientation and training (3/19). Achieve nail care certification for at least one nurse (12/19). Expand nail care to two days a week (6/19). 	Two nurses were in place with appropriate training at the beginning of 2019. As of August, we will be down to one nurse who will not continue long-term. Movement towards these goals has taken a significant step backwards. An RN is being sought for the Specialty Clinic who will eventually take over this service. Additional existing nurses with interest in this service line are currently being sought out. Nail care will not be expanded until additional staff are trained.	25%	25%	Director of Specialty Clinic: Tricia Hawley
	 Explore holistic and alternative therapies (e.g. massage, music) that could be implemented for acute care and swing bed patients. 	 Identify holistic therapies that would be beneficial to our patient population and/or community (5/19). Implement at least one holistic therapy program in 2019. 	 An Acute Care MA has been identified to develop this program and will include a variety of activities. Pet therapy occurs every Tuesday. 	25%	25%	CNO/COO: Merry Fuller

trategic Areas of Focus & Goals	FY2019 Objectives	Measures/Metrics	Semi-Annual Progress	% Con	plete	Objective Lead
tient Loyalty - Merr	ry Fuller, Champion			2nd QTR	4th QTR	
	 14. Continue to integrate four core concepts of Patient-Family- Centered Care into every aspect of care provided at Prosser Memorial Health. Respect and dignity; Information sharing; Participation; and Collaboration. 	 Review and revise all the admission packet documents to ensure they reflect all regulatory requirements and communicate the Prosser Memorial Health's Commitment to Patient-Family-Centered Care (3/19). Review and revise polices related to visiting hours (3/19). Continue to implement patient/family recommendations via the Patient Engagement Team in 2019. 	Admission packets were reviewed for compliance but some are still being rebranded. Visitation policies were vetted by the Medical Staff and language restricting children from isolation rooms was added to the infection prevention policy. Patient Family Centered Care initiatives are aligned with the Practice Transformation project currently underway. These include expanded access to care between visits and self-management tools.	25%	100%	CNO/COO: Merry Fuller
	15. Continue to enhance the current Service Recovery Program and Complaint & Grievance Process.	 Provide Service Recovery education annually for the PMH Team (2/19). Increase Service Recovery activity to ≥ 50% of the 2018 level. Respond to 95% of grievances in writing within 7 days and resolve 75% of all grievances within 30 days. 	The service recovery program gift cards were revised this year and well received by patients. Staff engagement around this project remains strong. The Service Recovery Program was expanded by 12% over 2018.	50%	80%	CNO/COO: Merry Fuller
	16. Continue to identify opportunity and implement actions to decrease patient wait times throughout the organization.	 All patient care departments and clinics will complete an assessment of patient wait times and identify opportunities for improvement (3/19). Each department will implement changes to reduce patient wait times until a 10% reduction in wait times from FY2018 are achieved. 	 Diagnostic imaging , ED, and AC have championed this initiative and are tracking metrics to determine level of success. A reduction in patient wait times was not achieved. 	50%	50%	CNO/COO: Merry Fuller
	17. Improve patient satisfaction with dietary services at Prosser Memorial Health.	 Assess feasibility of hiring a part-time on-site dietician. Implement patient choice menus for diabetic patients (4/19). Implement patient choice menus for all patients (7/19). 	 On-site dietician still being considered. Patient choice menus have been developed and staff education with AC has occurred. Additional work has been done with dysphagia diets and will continue improving those offerings and patient education. Research related to patient diet choice is being forwarded to the Medical Staff by dietary for possible revision in our facility. Patient satisfaction related to food went down from 76,6% to 58.3%. Work is ongoing in this area. 	50%	50%	Director of Dietary Services: Victory Huyke
	 Enhance way finding throughout Prosser Memorial Health. 	 Add or edit current interior signage to enhance way finding (4/19). 	Interior signage continues to be improved. The main hallway signage has been well received and effective	50%		Chief Communications Officer Shannon Hitchcock
	 Enhance the patient transportation service throughout PMH. 	 Explore various alternatives to enhance patient transportation throughout PMH and implement as appropriate (9/19). 	No action taken to date.	0%	0%	CNO/COO: Merry Fuller
	 Provide a clinic triage line for patients with questions. 	 Explore the provision of clinic triage services with an RN and implement as appropriate (2/19). Explore the feasibility of integrating RNs into PMH clinics (1/19). 	We have hired a RN for the Grandveiw Clinic and are working in coordination with our GCACH partners to develop a care coordination role to implement into the other primary care clinics.	0%		Director of Clinical Operations Alana Pumphrey

Strategic Areas of Focus & Goals	FY2019 Objectives	Measures/Metrics	Semi-Annual Progress	% Con	plete	Objective Lead
Patient Loyalty - Mer	ry Fuller, Champion		the second s	2nd QTR	4th QTR	
	 Provide comfortable waiting rooms and patient rooms. 	 Explore ways to make waiting rooms more comfortable (e.g. family seating, bariatric seating, wheelchair space, comfort chairs for the elderly, reading materials etc.) and implement as appropriate (1/19). Explore ways to make patient rooms more comfortable (e.g. furniture) and implement as appropriate (9/19). 	No action taken to date.	0%	0%	CNO/COO: Merry Fuller
	22. Provide patient transportation services for hospital and clinic visits.	 Study the feasibility of providing patient transportation (3/19). 	No action taken to date.	0%	0%	CNO/COO: Merry Fuller

Strategic Areas of Focus & Goals	FY2019 Objectives	Measures/Metrics	Comi Annual Decence			
	ment - Dr. Brian Sollers, Champion	Weasures/ Wetrics	Semi-Annual Progress	% Com		Champion
Respond to Medical Staff				2nd QTR	4th QTR	
concerns and needs in a	 Initiate recruitment efforts based on the PMH Medical Staff Model: 	 Implement the Provider Recruitment Plan as identified in the Medical Staff Model for FY 	We have successfully recruited the following providers: • Dr. Karan Bhatti (Cardiology - Prosser)	25%	75%	ACMO: Dr. Hashmi Director of Emergency
timely manner, pursue	 Implement FY 2019 Provider Recruitment 	2019, with goals including:	Diane Hanks, ARNP (Mental Health - Grandview)			Services/Provider Recruitment &
itiatives in collaboration	Plan	 Cardiology (Prosser Heart Center) 	 Rebecca Warnick, ARNP (Primary Care - Grandview) 			Retention: Christi Doornink
ith our Medical Staff and	and support infrastructure for ongoing	 Mental Health (Grandview Clinic) 	 Dr. Shem Rode (EM - Prosser) 			
nsure the availability of	recruitment.	 OB/GYN (Kadlec OB/GYN Clinic) 	 Dr. Samuel Strebel (Orthopedics - Prosser) 			1
e appropriate providers		 Pediatric/Family Practice (Grandview) 	Dr. Heidi Weaver (OB/GYN - Women's Health Center -			
for those we serve.		 Psychiatry (Benton City Clinic) 	Prosser)			
		PA/NP (Prosser Clinic - Urgent/After	 Dr. Lindsey Smith (EM - Prosser) 			
Achieve an annual		Hours Clinic)				
Medical Staff		PA/NP (Grandview Clinic -		1 1		
tisfaction rate of 90%		Urgent/After Hours Clinic)				
or higher.		Pulmonology (Prosser Clinic -		1 1		
		Telehealth)		1 1		
		Rheumatology (Prosser Clinic -				
		Telehealth)		1 1		
		 Neurology (Prosser Clinic - Telehealth) Endocrinology (Prosser Clinic - 				
		 Telehealth) 		1 1		
		Family Practice/Internal Medicine				
		(Mabton Clinic)				
		PA/NP (Mabton Clinic)				
		ENT (PMH Specialty Clinic)				
		• ENT (PIVIE Specialty Cirric)				
	2. Conduct an annual Medical Staff engagement	Create a 2019 Satisfaction Survey for the	The 2019 PMH Medical Staff Engagement Survey was	0%	100%	CMO: Dr. Sollers
10	survey.	Medical Staff.	conducted in November. The Medical Staff achieved a			
		 Achieve a > 80% participation rate. 	participation rate of 75% and a satisfaction rate of 89%.			
		 Obtain a 85% or better satisfaction rating on 		1 1		
		the Medical Staff Engagement Survey.				
	3. Develop a physician retention plan. Include the	Maintain a Medical Staff retention rate of	Dr. Rivero (ACMO) and Christi Doornink presented the 2019	50%	100%	ACMO: Dr. Rivero
	following:	90% or better (annual).	Medical Staff Engagement/Retention Plan to the Board in April.	1 1		Director of Emergency
	 On-boarding process; 		Our Medical Staff retention rate was 97.6% in 2019.			Services/Provider Recruitment &
	 Include providers in new employee 					Retention: Christi Doornink
	orientation;					
	Epic Optimized Training Plan; and					
	Mentoring.	· Divide a second of the second				
	4. Develop an effective performance evaluation		No action taken to date. This objective has been included in	0%	0%	ACMO: Dr. Rivero
	and feedback tool for PMH-employed	and feedback model for Prosser Memorial	the 2020 Strategic Plan.			Director of PMH Clinics: Alana
	providers, which supports the Mission, Vision, and Values of PMH.	Health employed Providers (5/19).				Pumphrey
	5. Promote the PMH Medical Staff through a	Develop and implement a Medical Staff	We have a comprehensive, multi-channel campaign promoting	100%	100%	Chief Communications Officer:
	variety of marketing methods, as outlined in	Marketing Plan in support of the overall	our providers, the services they offer and their clinics or			Shannon Hitchcock
	the 2019 Marketing Plan.	2019 Prosser Memorial Health Strategic Plan	specialties. A full presentation of the first 6 months was given			
		(3/19).	to the Board of Commissioners at the June meeting.			
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Strategic Areas of Focus & Goals	FY2019 Objectives	Measures/Metrics	Semi-Annual Progress	% Con	niete	Champion
Medical Staff Develop	oment - Dr. Brian Sollers, Champion			2nd QTR	4th QTR	Citastipion
	 6. Continue to optimize recognition and appreciation of the Medical Staff: Include Medical Staff in PMH Activities (e.g. Hospital Party, Hospital Week, etc.); Special recognition on Doctor's Day; Highlight Achievements; Actively engage physicians on key issues & organizational items; Develop and implement a formal recognition program; Evaluate reinitiation of the Medical Staff socials; and Continue proactive communications between the Leadership Team and Medical Staff. 	 Create and implement a line item in the FY 2019 Budget to fund Medical Staff recognition and appreciation activities (1/19). Develop a schedule (calendar) of Medical Staff events and coordinate activities with Administration for FY2019 (2/19). 	Medical Staff recognition and appreciation activities are included in the 2019 Budget and a calendar of events has been developed. Year-to-date Medical Staff activities include: National Doctor Day; Columbia River Dinner Cruise; Hospital Week; 4th of July festivities; rounding; CMO participation on the Administrative Team, quarterly meetings with the CMO Team, a Medical Staff social and the Annual PMH Holiday Party.	50%	100%	ACMO: Dr. Rivero Director of Emergency Services/Provider Recruitment & Retention: Christi Doornink
	 Continue to generate and maintain Epic specific training tailored for Medical Staff. 	Trainer in each hospital department in 2019 which will allow for better Epic support and training (12/19).	The Super User/Credentialed Trainer Program was fully implemented in 2019. Enhancements to the Program will continue to be made throughout 2020.	20%	100%	Chief Information Officer: Kevin Hardiek
	 Enhance and expand the Tele-Health Program within Prosser Memorial Health facilities. 	 Develop and implement a strategy for expanding the Tele-Health program at Prosser Memorial Health owned/leased facilities (9/19). 	We have identified potential specialties to pursue regarding Tele-Health. We will be looking to other facilities for best practice recommendations including Providence. This objective has been included in the 2020 Strategic Plan.	25%	25%	Director of PMH Clinics: Alana Pumphrey
	 Enhance & grow Medical Staff-led educational seminars/lunch-and-learns for PMH staff. 	 Research topics of interest for educational seminars (6/19). Create a calendar and promote educational seminars for staff (6/19). 	To date, we have held nine educational events with at least one planned each month to finish out the year. We are also working with clinic managers to have specialty providers attending the monthly clinic meetings to educate them on the services they offer, how to refer a patient to them and to network and build stronger relationships.	100%	100%	Chief Communications Officer: Shannon Hitchcock
	10. Grow and expand a comprehensive pain management program.	 Actively recruit additional staff (as needed) and resources to make the pain management clinic a comprehensive pain management program (12/19). Increase pain management visits by 150% in FY2019. 	Relationships were developed with Physical Therapy, chiropractic and massage centers to streamline referrals. We were able to increase volumes without adding additional providers. We put our providers through Medical Assisted Treatment (MAT) training which drew a new patient panel to the pain clinic and streamlined the referral process for our outside providers. Pain Clinic visits increased 41.8% in 2019.	25%	30%	Director of PMH Clinics: Alana Pumphrey
	 Iniciate a trial of a secure texting policy and program for Prosser Memorial Health Medical Staff. 	 Implement a secure texting policy and program for Medical Staff (6/19). 	Secure texting policy and program was delayed due to the implementation of Epic Instance Alignment. This will be completed in 2020.	20%		Chief Information Officer: Kevin Hardiek
	 Enhance and expand cardiopulmonary services at PMH. 	 Sleep Lab (9/19); Hire Cardiologist (7/19); Pulmonology Tele-health (9/19); and Implement Nuclear Medicine Services (7/19). 	Dr. Bhatti, Cardiologist, began full-time at PMH in August and nuclear medicine services will begin in 2020 with the Installation of new nuclear medicine equipment. No decisions were made regarding the development of sleep lab or pulmonary tele-health services.	50%	75%	Director of Cardiopulmonary: Rusti Wilson Director of Diagnostic Imaging: Aurora Weddle
Strategic Areas of Focus						
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& Goals	FY2019 Objectives	Measures/Metrics	Semi-Annual Progress	% Com	plete	Champion
Aedical Staff Develo	pment - Dr. Brian Sollers, Champion			2nd QTR	4th QTR	
	 Maintain and enhance the orthopedic surgery program at PMH. 	 Develop a Joint Program of comprehensive orthopedics (9/19). Increase orthopedic visits by 50% and surgeries by 25% (12/19). 	We are working with our Joint Replacement Provider, Ancillary Services, and Community Relations on developing a program. We have reviewed education materials, and discussed what a joint replacement class would look like in the future with the addition of Dr. Strebel late in 2019, we have added robot assisted joint replacment and are actively working with him on the enhancement of our Joint Replacement Program. Orthopedic Clinic visits increased 7% in 2019 and orthopedic surgeries actually decreased in 2019 as transitioned to a new orthopedic surgeon.	25%	75%	Clinic Director: Tricla Hawley
	 Continue to develop and educate PMH on the CMO Model. 	Educate staff about the current CMO Model in 2019. Focus on attendance at the Leadership meetings, attending at least 80% of all meetings in 2019.	The CMO model is working well and has been well received by the PMH Medical Staff. CMO attendance at Leadership meetings is a work-in-process, with 20% attendance YTD. Quarterly CMO meetings are held with the CEO.	50%	90%	CMO: Dr. Sollers
	15. Enhance the PMH Provider Orientation Program.	 Develop and Implement a Provider Orientation Program that integrates with other hospital staff and new hires (6/19). 	Our Advanced Practice Clinicians are now attending New Employee orientation and we plan to reuire that all new physicians must attend NEO within the first three months of their employment beginning in 2020.	0%	50%	Chief Human Resource Officer: F Kmetz
	 Explore expanding mental health services at PMH to better meet the growing needs of our greater community. 	 Provide mental health services in all Rural Health Clinics (9/19). Explore the feasibility of providing psychiatric services at PMH and implement as appropriate (6/19). 	Mental health services (Psych Nurse Practitioners) are provided in all PMH Rural Health Clinics. The feasibility of providing psychiatric services will be evaluated in 2020, including the possibility of Introducing tele-psychiatric services.	75%	75%	Prosser Clinic Manager: Molly Schutt
	 Continue to collaborate with the Yakima Valley Farm Workers Clinic (YVFWC) to improve the health of our community. 	 Include YVFWC providers in PMH Medical Staff activities. Invite YVFWC to participate on the PMH outpatient clinic department committee. 	We recently met with YVFWC leaders and discussed opportunities to collaborate and invited their providers to participate on our Medical Staff. YVFWC providers now participate on the PMH Community Clinics (Medical Staff) Committee and continued enhanced relations are expected to continue in 2020.	50%	100%	ACMO: Dr. Rivero Medical Staff Coordinator: Lynn Smith
	 Implement a coding education program for providers. 	 Hold a twice yearly coding class for providers (3/19). 	PMH conducted a coding audit for ER and Hospitalist charts in 2019 but physician coding education was not provided. In 2020, PMH will conduct coding audits for physician clinics and both group and individualized training sessions will be explored as to the type and amount needed for 2020 and future years.	10%	10%	Director HiM: Andrea Valle
	19. Develop a Medical Staff Mentorship Program.	 Develop and implement a Medical Staff Mentorship Program (3/19). Assign all new Medical Staff members a mentor in 2019. 	No action taken to date. This will be included in the next Medical Staff Engagement/Retention Plan and the 2020 Strategic Plan.	0%	0%	ACMO: Dr. Rivero

Strategic Areas of Focus						
& Goals	FY2019 Objectives	Measures/Metrics	Semi-Annual Progress	% Con	nplete	Objective Lead
Employee Developme	ent - Ro Kmetz, Champion			2nd QTR	4th QTR	
Encourage and provide for the ongoing development of our employees. Provide an atmosphere that values our employees and promotes: -Open Communications; -Competitive wages and	 Obtain input from all employees utilizing an Employee and Medical Staff Satisfaction Survey designed for Prosser Memorial Health. 	 Annual Employee Engagement Survey launch in November, 2019. 75% Survey Participation Goal for 2019. Improve Employee Satisfaction ≥3% as compared to previous year (11/19). 	Employee and Medical Staff Engagement Surveys were conducted in the 4th Quarter. Participation rate for the 2019 Employee Engagaement Survey was 74.5%. The Medical Staff participation was 75%. Overall Employee satisfaction for the 2018 Engagement Survey was 85%; 2019 Survey reflected an 85.6% satisfaction.	0%	100%	Chief Human Resources Officer: Ro Kmetz
benefits; -Selection and retention of effective, caring personnel; -Utilization and development of talent throughout the	 Achieve an annual employee turnover rate of 10% or less by the end of FY 2019. 	 Turnover report to be distributed to Leaders on a quarterly basis (4/19). Develop and implement strategies to keep turnover at 10% or less in 2019 (2/19). 	Turnover tracked on Strategic Scorecard and updated monthly. We plan to optimize current tools and implement pre-employment assessments introduced to Leadership in June, 2019. Turnover for 2019 was 8.4%.	50%	100%	HR Generalist Recruitment: Rocky Snider
organization; -On-going education; -Employee recognition. Achieve and maintain an annual employee satisfaction rate of 90% or higher.	 Assess wage and benefit structure to ensure Prosser Memorial Health remains competitive. 	survey (8/19). Receive results and share with the Administrative Team.	Wage Survey results were received in June, 2019. Results are on-track to be reviewed in July. There were no major wage range changes noted. Salary Survey will be conducted in 2020 in advance of ASFCME Negotiations. We host quarterly meetings throughout the year with our Benefit Advisors to review our 403(b) and 457 plans and make adjustments as needed for continued sound investments. Our group benefits package is reviewed during our semi-annual Insurance Advisory Committee (IAC) Meeting toi gather input, relay trends and review benefit offerings in preparation for Open Enrollment in November.	25%		Chief Human Resources Officer: Ro Kmetz

Strategic Areas of Focus & Goals	FY2019 Objectives	Measures/Metrics	Semi-Annual Progress	% Com	plete	Objective Lead
Employee Developme	ent - Ro Kmetz, Champion			2nd QTR	4th QTR	
	4. Continue to enhance communication during 2019 with all Prosser Memorial Health staff.	 Publish a calendar/schedule of employee engagement events (1/19). Conduct Administrative Rounding (3/19). Provide open forums for staff to provide input on key initiatives at least three (3) times in 2019. Increase the use of electronic media, (i.e. SharePoint, Prosser Memorial Health Web Homepage and Facebook, and Twitter) (1/19). Distribute monthly CEO Report to all staff and Provider Update to Medical Staff (1/19). Publish an Employee Newsletter on a monthly basis (1/19). Leadership Team will support and maintain an Open Door Policy (1/19). Continue to promote utilization of the tuition reimbursement policy for staff seeking to move forward in their educational goals. 	Most noted measures were implemented and will continue through year-end. All Staff Open Forums held in 2nd Quarter. Additional all-staff Open Forums were held in the Third Quarter for 2020 Benefit Changes and new options, i.e. Smart Dollar and 2020 Strategic Planning sessions. A calendar of Employee Engagement activities and events was published at the beginning of the year. The CEO and Chief Communications Officer held Open Forums for all staff in the first quarter and visited all clinics. We have increased our presence on Facebook and instagram celebrating our ASPIRE winners, promoting community and employee engagement events. We are using screensavers as another avenue of promotion directly to our employees. We began publishing an employee newsletter in January and reintroduced it in August of 2019. A weekly Provider Update is published by our Marketing Team. Administrative Rounding is scheduled by our Chief Quality Officer. Leadership conducts monthly Rounding Sessions with their staff in support of their Open Door Policy. Managers discuss education goals during staff performance appraisals and our Educational Policy is included in our new hire packet and disucssed during New Employee Orientation. \$45,000 of tuition costs	50%	_	Chief Communications Officer: Shannon Hitchcock
	 Provide for in-house Education opportunities for staff during 2019. Develop and implement a comprehensive Education Plan for 2019. 	 Increase staff education to 18 or more hours per FTE per year (12/19). 	Leadership is identifying opportunities for additional education and publishing opportunities via email to staff. Our goal of 18 hour annualized was exceeded.	25%	100%	HR Assistant: Crystal Blanco
	 Refresh all Job Descriptions and Annual Performance Evaluation Tools to align with the Pillars of Excellence and ASPIRE values. Add incentive program for Exempt (non- leadership) staff. 	 Update existing job description template and performance evaluation template to reflect ASPIRE values (7/19). Implement an incentive program for exempt (non-leadership) staff (5/19). 	Job descriptions updated with ASPIRE values as jobs were posted in 2019. Incentive Program implemented for exempt staff in April, 2019.	0%	50%	HR Generalist Recruitment: Rocky Snider
	 Involve staff and their ideas in the development of the FY2019 Strategic Plan via strategic planning sessions with the CEO and Administration Team members. 	 Based on input received from FY2019 planning sessions with staff, Medical Staff, and Board, create a draft Strategic Plan for FY2020 for the Board to review in November, 2019 (10/19). 	The Strategic Planning process for 2020 was conducted in October/November with our staff, Board and Medical Staff.	0%	100%	Chief Communications Officer: Shannon Hitchcock
	 Enhance relationships, trust, and teamwork among the Leadership Team in FY 2019. 	 Conduct three (3) Leadership Development Institutes (LDI) in 2019. Continue Administrative Rounding (2/19). CEO will round twice annually with all Leadership Team members. (12/19). 	Two LDI's have been held to date; March 7th and July 9th. The 3rd and final LDI was held on November 5th. The CEO is conducting rounding meetings with members of the Leadership Team all throughout the year and rounded on all Leadership Team members at least twice.	50%	100%	LDI Committee

Strategic Areas of Focus & Goals	FY2019 Objectives	Measures/Metrics	Semi-Annual Progress	% Con	nplete	Objective Lead
mployee Developme	ent - Ro Kmetz, Champion			2nd QTR	4th QTR	
	 Enhance the onboarding/orientation of new employees and Medical Staff to Prosser Memorial Health. 	 Develop and implement a structured onboarding/new employee orientation (NEO) for all levels of staff (1/19). Reintroduce and implement a coaching/mentoring program in 2019 that identifies leaders of the future and supports their continued development (4/19). Create and implement a Leadership Orientation Program (5/19). 	A new Employee Orientation Program has been implemented and is held monthly. No further action has been taken on the other initiatives and both will move forward into 2020.	25%	33%	HR Generalist Recruitment: Rocky Snider
	 Involve staff in the hiring process for new employees. 	 Utilizing best practices, create a peer interview template that can be shared and implemented by department leaders (3/19). 	No action taken to date. The initiative will move forward into 2020.	0%	0%	HR Generalist Recruitment: Rocky Snider
	11. Embrace the ASPIRE Values and Standards of Behavior as identified in the Strategic Plan.	 Continue to educate and enhance the ASPIRE program, recognizing employees, providers, and volunteers who practice and live our Values and Standards of Behavior (2/19). Continue to embrace ASPIRE Program with monthly and year-end awards (12/19). 	The Rewards and Recognition Team awards ASPIRE recognition awards monthly to employees recommended by their peers through a formal process. Names of monthly awardees were gathered and year-end awards were given out at the December Holiday Event.	80%	100%	Rewards & Recognition Committee
	 Enhance the exit interview process to identify opportunities for improvement. 	• Compile and share exit interview data in real time with the affected department leaders and on a quarterly basis with the Administrative Team (4/19).	An Exit Interview report is being developed. It is targeted to be released during 1st quarter of 2020.	50%	50%	HR Generalist Benefits: Nora Newhouse
	13. Develop and implement a program where all PMH applicants are screened to determine their organizational fit with Prosser Memorial Health's Mission, Vision, and Values.	 Conduct vendor interviews and choose a vendor for program (2/19). Select a vendor and implement screening (5/19). 	Professional Dynametric Programs was chosen as PMH's pre-employment assessment vendor. A presentation was made to Administration, Leadership and the Board of Commissioners. Implementation has been moved to 1st quarter of 2020.	80%	80%	HR Generalist Recruitment: Rocky Snider
	14. Review and revise existing Health Insurance Plan on an annual basis to ensure competitiveness with the current market.	 Continue to enhance the Health Insurance Plan which adds value-based benefits, reduces employee costs and increases utilization of PMH facilities and providers (9/19). Develop direct contracts with area primary and specialty care providers (7/19). Develop a plan to promote healthy lifestyles to be implemented in 2020. 	The Insurance Advisory Committee (IAC) met in June, 2019 to review changes to the health insurance plan that would add a wellness component which would require an annual physical for employees. Human Resources along with the COO and CFO are conducting meetings with individual unions to promote better understanding of the proposed wellness component. Enhanced benefit packaged rolled out to IAC and employees in all-staff forums by locations in September, 2019. Physical exam wellness initiative did not move forward; however, Smart Dollar for Financial Wellness was introduced and implemented.	33%	75%	HR Generalist Benefits: Nora Newhouse

Strategic Areas of Focus						
& Goals	FY2019 Objectives	Measures/Metrics	Semi-Annual Progress	% Con	nplete	Objective Lead
mployee Developme	ent - Ro Kmetz, Champion			2nd QTR	4th QTR	
	15. Review and propose revisions to benefit plans offered at Prosser Memorial Health to be competitive with the current market.	 Using the PTO Committee, assess consolidating benefit buckets and transition to a PTO platform for exempt staff in 2019 (4/19). Implement steps to support a formal, vendor assisted Wellness Program to support healthy lifestyles for 2020 (6/19). 	PTO Team Members were identified. A kick-off meeting was held in July, 2019. A wellness vendor, Well-Works, was chosen for 2020. A PTO Committee resulting in a recommendation to transition to PTO during the 1st quarter of 2020.	33%	75%	HR Generalist Benefits: Nora Newhouse
	 Review and redefine the Employee Health Program to improve efficiency and employee satisfaction. 	 Develop and implement a revised Employee Health Program (7/19). Establish a comprehensive tracking process by employee (8/19). Achieve 90% compliance of annual employee health requirements by year end (12/19). Reduce employee lost workdays by 25% from previous year (12/19). 	The Employee Health Program was transitioned to Karla Greene in May, 2019. Employee Health forms were consolidated and implemented. A tracking system was put in place and monitored. An employee health nurse met with each new hire to achieve annual employee health compliance. 2019 employee lost work days increased by 4 days over 2018 employee lost workdays. 2018 = 167 and 2019 = 167 days.	50%	75%	RN: Karla Greene
	17. Continue to use the employee engagement structure for oversight over Prosser Memorial Health employee social events to help transition the culture to align with ASPIRE values, make the workplace a more enjoyable experience and promote employee involvement in our communities.	 Generate and implement ideas that support a variety of employee engagement activities and events (1/19). Create and distribute a calendar of events for 2019 (2/19). Involve administration and leadership to promote and host activities and events (1/19). Develop and use a tool whereby employees can provide real-time feedback on activities and events to assist with the planning process (4/19). Continue to include all Prosser Memorial Employees and staff working at partner clinics in activities and events where possible (12/19). 	The Employee Engagement Team meets monthly. The Team consists of 12 members and monthly guests. To date, 14 events have been created and implemented to improve employee engagement; 11 additional events are planned through year-end. The most recent event was the Leadership Car Wash on July 2nd on the hospital campus and at the Benton City Clinic. The event feedback tool is being developed. A total of 25 Employee Engagement Events were held in 2019. The Administration and Leadership Teams actively participate in employee events for employees working all shifts on the hospital campus, off-site PMH Clinics, and partner clinics such as Dr. Weaver's Clinic in Sunnyside, WA.	50%	90%	Chief Human Resources Office Ro Kmetz
	 Implement a coaching/mentoring program for all leadership positions. 	 Utilizing the succession planning component of the coaching/mentoring program, begin to identify and prepare succession plans for targeted positions (5/19). 	No formal action taken to date. Individual managers are utilizing a variety of tools such as webinars and conferences to identify opportunities for career enhancement for their staff during monthly Rounding sessions.	25%	25%	Chief Human Resources Office Ro Kmetz

trategic Areas of Focu & Goals	FY2019 Objectives	Measures/Metrics	Semi-Annual Progress	% Cor	nplete	Objective Lead
nployee Developr	nent - Ro Kmetz, Champion			2nd QTR	4th QTR	
	 Continue to study the feasibility of transitioning rehabilitation services staff (i.e. PT, OT, Speech Therapy) and Pharmacy Director to employment status with Prosser Memorial Health. 	 Analyze current compensation and benefit structures of both organizations (4/19). Review current service contract agreement and develop a cost analysis of the transition (5/19). Establish a communication timeline and meet with stakeholders (6/19). Create a transition plan and prepare for Day 1 requirements (7/19). 	Conversations between our CNO/COO and Agency (Rehab Visions) continue about the potential of transitioning rehab staff to PMH employment. CNO/COO continues to work toward the feasibility of this objective.	20%	20%	CNO/COO: Merry Fuller
	20. Implement a uniform policy for Prosser Memorial Health to enhance professional appearance and increase customer satisfaction.	 Research healthcare facilities best practices and make recommendations (8/19). Meet with Leadership and obtain feedback on best practice research (9/19). Create policies and procedures to support decisions and implement for 2020 (12/19). 	A Uniform Committee was formed and met monthly into the 4th quarter. A potential vendor was identified. Initial recommendations from the team will be formalized and presented to Administration by the Committee Chair in the 1st quarter of 2020. The creation of Policies and Procedures to support a Uniform Policy will move forward to the 2020 Strategic Plan.	50%	75%	Chief Human Resources Office Ro Kmetz
	21. Maintain an environment of positive employee relations with AFSCME, IAFF and SEIU and all exempt staff which supports the Mission, Vision and Values of Prosser Memorial Health.	 Negotiate a successful contract in 2019 with IAFF beginning 2020 (10/19). Hold IAC (Insurance Advisory Committee) meetings per contracts (10/19). 	PMH and IAFF Local I-24 exchanged formal "intent to negotiate" documents in June, 2019. Negotiations began in October, 2019 and a new IAFF contract was successfully negotiated. Insurance Advisory Committee meeting were held in June and September, 2019.	50%	100%	Chief Human Resources Office Ro Kmetz

Strategic Areas of Focus & Goals	FY2019 Objectives	Measures/Metrics	Semi-Annual Progress	% Com	plete	Objective Lead
Quality - Kristi Meller				2nd QTR	4th QTR	Confective read
Continue to support the systematic organization- wide approach to plan, design, measure, assess and improve organizational performance. Objectives	 Maintain an organization-wide Strategic Plan Scorecard of key performance indicators for FY 2019. 	 Track and trend FY2019 Strategic Plan Scorecard monthly based on the Pillars of Excellence. Assist departments in achieving 2019 quality goals. All indicators will meet goal by end of 2019 (12/19). 	The first six months of 2019 have been tracked and trended on the Strategic Plan Scorecard. As of June 2019, we have 29 out of 44 metrics that are within 10% of goal or are meeting the goal. As of December 2019, we have 34 out of 44 metrics that are within 10% of goal or are meeting the goal = 77%.	50%	-	Chief Quality Officer: Kristi Mellema
are designed to: Attain optimal patient outcomes and patient and family experience Support an engaged and safe workforce Enhance appropriate utilization	 Maintain Patient Care Scorecard to measure and trend selected Quality Measures. 		The first six months of 2019 have been tracked and trended on the Patient Care Scorecard. As of June 2019, we have 8 out of 13 metrics that are within 10% of goal or have met the goal. The current overall Patient Care Scorecard score is 57.7% compared to our goal of 63.7%. As of December 2019, we have 10 our of 13 metrics that are within 10% of goal or meeting the goal = 77%.	50%	77%	Chief Quality Officer: Kristi Mellema
Minimize risks and hazards of care Develop and share best practices	 Implement a Clinic Patient Care Scorecard to measure and trend selected Quality Measures. 	 Choose clinic specific quality measures to include on the Clinic Patient Care Scorecard (1/19). Achieve an overall Clinic Patient Care Scorecard of 90% or better in FY2019 across the selected Quality measures (12/19). 	All metrics have been chosen for the Clinic Patient Care Scorecard. We will test the reporting functionality after Instance Alignment. The objective has been moved to the 2020 Strategic Plan to continue work.	25%	25%	Director of PMH Clinics: Alana Pumphrey
	 Be in compliance with regulatory standards of applicable agencies (State of Washington, CMS, etc.) 	 Implement a Quality Committee to ensure that regulatory standards are met for both hospital and clinics (1/19). Create department specific quality reporting calendar including items to go to Joint Conference Committee (2/19). Submit 2019 Quality Improvement Plan to The Board for Approval (5/19). 	A Quality Committee was implemented in January 2019. This committee meets on a monthly basis with department quality presentations based on the calendar that was created. Some presentations are shared at JCC and Board meetings. The 2019 Quality Improvement Plan was presented and approved by the Board in January 2019. The objective has been met for 2019.	100%	100%	Chief Quality Officer: Kristi Mellema
	 Enhance Infection Prevention Program compliance with standards of applicable agencies, as well as, adherence to the PMH Infection Control Plan. 	 Implement, educate & communicate an enhanced PMH Infection Control Program Plan which meets all regulatory agency requirements (6/19). Implement programs to promote compliance. Quarterly communications and/or education. Complete Risk Assessment and Infection Control plan for 2019 (4/19). 	Clinical Education Seminar: Infection Prevention- MRSA, MDROs and Hand Hygiene was presented to Clinical Hospital Clinical Staff 4 times in March. An Infection prevention Risk Assessment was completed 4/23/2019. We 2019 Infection Control Plan was completed 4/29/2019. We are currently in the process of reviewing the Exposure Control Plan for the Hospital and working on reviewing and revising Infection Control Policies. This review needs to take place before programs can be implemented to promote compliance. The 2019 Risk Assessment and Infection Prevention Plans were presented and approved in Q1. Exposure control plan has been reviewed and approved as of December 2019. Infection Control Policies have all been reviewed and revised if necessary.	50%	100%	Laboratory Director/Infection Preventionist: Susan Miklas
	 Review and re-define the current Policy Review Process and Database process to support access for staff and regulatory compliance. 	 and Committee (7/19). Conduct Monthly Committee meetings. All departments will achieve 100% 	A task force has been established to review a potential new policy data base. No decision has yet been made but will be made by 8/19. A draft policy on policy management will be presented for review and approval in August. A large number of clinic policies and procedures will require revisions to reflect the August Epic alignment. This will occur throughout the remainder of 2019.	25%	100%	CNO/COO: Merry Fuller Chief Quality Officer: Kristi Mellema

Strategic Areas of Focus & Goals	FY2019 Objectives	Measures/Metrics	Semi-Annual Progress	% Com	plete	Objective Lead
uality - Kristi Mellen	na, Champion			2nd QTR	4th QTR	
	 Enhance Prosser Memorial Health's Environment of Care plans, policies and procedures with current standards of all applicable agencies. 	 Perform annual review of all EOC plans, policies and procedures. Update documents as necessary to reflect new or changes to regulations, codes and standards. Distribute all EOC plans to all departments (8/19). 	Maintenance of these important EOC regulatory guidelines is ongoing. The program is currently up to date. The next review is due in August and is on track for timely completion. The objective has been met for 2019.	100%	100%	Director of Support Services: Steve Broussard
	 Enhance the PMH Risk Management Program to reduce the risk for PMH and to comply with all regulatory agency expectations. 	 (1/19). Change name of huddle report sheet to Communication Huddle (1/19). 	Post Fall Huddle process, reporting of any falls and/or safety issues, and the huddle report sheet were made a component of the daily Communication Huddle and notes in January 2019. Unfortunately, we did not reduce lost work days by 10%.	80%	80%	Chief Quality Officer: Kristi Mellema
	9. Implement a Contract Review Process.	 Reduce lost work days by 10% in 2019. Update contract review policy (4/19). Complete annual contract evaluation of all patient care contract (9/19). 	A revised contract review form has been developed and a comprehensive contract spreadsheet has been completed. Francie Poole in Administration will coordinate this effort. Contracts will be assigned for annual review in September and completion expected by the end of October. This will carry forward to 2020. PolicyTech has been implemented and will be able to track annual contract reviews. However, all contracts are not yet in the system.	25%	80%	CNO/COO: Merry Fuller Chief Quality Officer: Kristi Mellema
	10. Revitalize the Safe Patient Handling Program.	 Revise training program (3/19). Complete annual training of 100% of appropriate staff (5/19). Reduce patient handling injuries by 20% compared to 2018 (12/19). Complete Safe Patient Handling Assessment (13/19). 	The revised Safe Patlent Handling training program was implemented in March. Greater than 50% of existing staff have been retrained. A reliable process for capturing new hires is not yet in place. To date, no patient handling injuries have occurred in 2019. The objective has been met for 2019.	50%	100%	CNO/COO: Merny Fuller Chief Quality Officer: Kristi Mellema
	 Maintain an effective Corporate Compliance Program. 	 Establish areas of focus for 2019 (2/19). Develop an audit schedule for areas of focus (3/19). Assist areas needing help with meeting corporate compliance standards. 	Areas of focus for the 2019 PMH Corporate Compliance Program and an audit schedule have been developed and approved. Report/audit results will be shared with the Corporate Compliance Committee on a regular basis. The objective has been met for 2019.	66%	100%	Chief Compliance Officer: Kristi Mellema
	 Explore the development of an overall Quality Pillar metric for PMH. 	 Investigate quality metrics used by other healthcare organizations and implement at PMH as appropriate (6/19). 	Investigation is ongoing to find what other healthcare organizations have created to measure overall Quality based on a consistent set of quality metrics. Wantage has an overall Quality number that compares PMH to other CAHs. This overall number will be used on the 2020 Patient Care Scorecard.	50%	100%	Chief Quality Officer: Kristi Mellema
	13. Enhance hand hygiene at PMH.	of hand hygiene (10/19). • Achieve hand hygiene goals by the end of	The PMH Hand hygiene program and department expectations were presented at the April Quality meeting. Compliance in May was 95%/June 99% for correct HH observations. A Hand Hygiene video was sent out to all staff 6/19/2019. This video is also now presented at New Employee Orientation. This objective has been met for 2019.	75%	100%	Laboratory Director/Infection Preventionist: Susan Miklas

Strategic Areas of Focus & Goals	FY2019 Objectives	Measures/Metrics	Semi-Annual Progress	% Com	plete	Objective Lead
Services - Kevin Hardi	iek and Shannon Hitchcock, Champions			2nd QTR	4th QTR	
Develop appropriate facilities, technology and services to meet the needs of those we serve. Achieve 14,858 adjusted patient days for those	 Increase inpatient market share for FY 2019 for those services provided by Prosser Memorial Health through a comprehensive marketing plan and community education and outreach. 	 Explore and implement as appropriate, new inpatient services that will meet community needs (6/19). Increase inpatient days 5% in FY 2019. 	We are promoting the Family Birthplace, ACU the ED and Swing Bed programs with a focus on the areas that set us apart from our competition. Adjusted patient days in 2019 were 19,494 which is 4,636 over our goal.	50%	100%	Chief Communications Officer: Shannon Hitchcock
services we provide. 19,494 adjusted patient days were achieved which was 4,636 over goal.	 Develop and implement a comprehensive, multi- channel marketing plan for PMH inpatient and outpatient services. 	 Grow clinic volumes by 10% in FY 2019. Meet and/or exceed the budgeted adjusted patient days for FY 2019. Create and implement a comprehensive FY2019 Marketing Plan (1/19). Increase the number of outpatient visits by 5% in 2019. Educate providers in the area on the services available through OPS to build up referral network in 2019. 	We have a comprehensive marketing campaign in place promoting our providers, our clinics, the hospital and the services offered at all. Our adjusted patient days are over goal by 15%. Our outpatient visits in OSP, Lab, DI and in the clinics are well above our 2019 target to date. OSP attended the monthly clinic meetings in July and August to educate providers on the services offered. Speech Therapy attended these meetings in June.	50%	100%	Chief Communications Officer: Shannon Hitchcock
	 Enhance PMH's website capabilities to include health information links, hospital information, and easy to find clinic locations. 	 Work with directors and service line champions and clinic managers to update content on the website to reflect our services offered, post community education information, events, and patient testimonials (6/19). 	The new website was launched in October 2019. Traffic has remained the same YOY. The website has also been completed translated into Spanish and is currently being viewed before we release to the public.	75%	100%	Chief Communications Officer: Shannon Hitchcock
	4. Assess PMH IT needs for FY2019.	• Update IT Strategic Plan for 2019 (1/19).	The IT strategic plan was updated and approved in January, 2019.	100%	100%	CIO: Kevin Hardiek
	 Continue to monitor and make improvements in the Emergency Department (ED) flow, services, and patient satisfaction. 	 Monitor and adjust ED improvement plan as needed to identify areas for improvement and sustainability. Increase ED visits by 3% in 2019. Decrease LWBS/LWBT by 50% in 2019. 	A comprehensive review of patient flow improvement by the ED Department was developed and submitted to hospital leadership and the BOC in January. All initiatives are in place. We did not meet the LWAT measure. We missed it by 0.01%. We increased ED volume by 6%.	75%	95%	Emergency Services Director: Christi Doornink
	 Continue to build Prosser Memorial Health image and relationship in the communities that are part of our primary service area. 	 Identify opportunities for partnerships in Grandview, Sunnyside, Benton City and West Richland. Host monthly lunch and learns in these communities with our providers to promote healthcare education and the services offered at Prosser Memorial Health. Identify opportunities for leadership and providers to participate in community activities and speaker bureaus. 	PMH is very involved in the communities we serve including the Chambers of Commerce, High School Athletic Programs, Scholarship Programs at each of the three High Schools, hosting community events, and supporting community events through sponsorships and attending when applicable with a booth. We have held 12 breakfast or lunch and learn events and two Facebook Live events.	50%	100%	Chief Communications Officer: Shannon Hitchcock
	 Develop an Ambulatory Care Clinic in Grandview with Urgent Care. 	• Build a Grandview Clinic with Urgent Care. The clinic will be a Rural Health Clinic (1/19).	The Grandview Clinic opened in February. Patient volumes are high and we continue to promote the after hours component. The Clinic was certified as an RHC in December, 2019.	100%		Director of PMH Clinics: Alana Pumphrey
	 Expand services offered at the PMH Prosser Clinic, specifically through development of an urgent care/walk-in clinic. 	Add Urgent Care to PMH Prosser Clinic (4/19).	The Clininc now provides urgent/walk-in care. They began offering extended hours and weekends in November 2019.	50%	100%	Director of PMH Clinics: Alana Pumphrey

Strategic Areas of Focus & Goals	FY2019 Objectives	Measures/Metrics	Semi-Annual Progress	% Con	nplete	Objective Lead
Services - Kevin Hard	iek and Shannon Hitchcock, Champions			2nd QTR	4th QTR	
	9. Continue working towards the development of a new hospital facility for PMH in 2019.	 Select Architect, design new facility, and continue with the pre-application and application for USDA funding (12/19). Develop a comprehensive schedule for the completion of the project (6/19). Develop and implement a community communication plan regarding the project (5/19). 	The contract for the architect has been finalized. However, design work, development of a comprehensive completion schedule and pre-application for USDA funding is pending completion of the financial feasibility study, which is expected to continue to the end of 2020 and possibly beyond. The Community Communication Plan has been drafted and reviewed by the Board in September 2019. It will be finalized once the feasibility study is done and an announcement date has been selected.	25%	50%	Director of SupPort Services: Steve Broussard
	10. Expand primary care services to Mabton.	 Develop a business plan for a primary care clinic in Mabton, WA. If appropriate, open a new Mabton Clinic (11/19). 	A business plan was developed and it was determined that it was not feasible as the Grandview Clinic is less than 20 miles away from that population base. The Yakima Farm Workers Clinic has also purchased property in Mabton with the plans of opening a clinic.	0%	100%	Director of PMH Clinics: Alana Pumphrey
	11. Expand services offered at PMH.		Explored developing this service line in partnership with EMS, but was not fruitful. Will continue this initiative in 2020 with the possibility of linking with an existing home health company.	0%	0%	CNO/COO: Merry Fuller
	 Enhance mammography/breast health offerings at PMH. 	 Implement 3D mammography in PMH Diagnostic Imaging (5/19). 	We have installed, trained and are marketing our HD 3D mammography unit. Our mammography volumes have increased YOY.	80%	100%	Director of Diagnostic Imaging: Aurora Weddle
	 Study the feasibility of adding Nuclear Medicine at PMH. 	 Study the feasibility of adding Nuclear Medicine at PMH and implement if feasible (2/19). 	Capital expense for equipment has been approved. We are still work with DOH and the architects on approval for installation of the equipment and approval for the significant revisions of proposed space.	50%	50%	Director of Diagnostic Imaging: Aurora Weddle
	 Explore future use options for our current Hospital facility. 	 Contact nursing home companies, mental health organizations, long-term acute care companies, etc. that may be interested in our facility (10/19). Determine the cost to raze the current facilities and repurpose for other uses (e.g. housing) (10/19). 	The focus in 2019 has been on the feasibility of building a replacement hospital before doing too much work on the future of our current facility. We continue to explore possible uses for our current facility if a decision is made to replace it. Options to be explored include long term care, independent, assisted and skilled nursing facility, mental health, long term acute care, local government agencies like city hall and the police department, or raze it for future residential housing.	0%	10%	CEO: Craig Marks
	15. Expand the wound therapy program at PMH.	 Identify a physician champion for the wound therapy program (2/19). Explore expanding into hyperbaric therapy (7/19). 	A Certified wound nurse is trained and in place. No work has been completed on determining the feasibility of providing hyperbaric therapy or identifying a physician champion.	50%	50%	Director of Acute Care Services: Marla Davis
	16. Explore feasibility of adding massage therapy services	 Explore feasibility of adding massage therapy services in 2019. 	Massage therapy is already a part of the comprehensive physical therapy services provided at the PMH Physical Therapy Clinic. The possibility of expanding massage therapy as a self-pay/self-referral service in physical therapy was found not feasible, due to both space, personnel, and payer obstacles. Massage therapy services have been offered on a complimentary basis as part of the clinic Botox parties. It is possible the clinics may want to offer this service on a self- pay basis in the future.	100%	100%	CNO/COO: Merry Fuller

ategic Areas of Focus & Goals	FY2019 Objectives	Measures/Metrics	Semi-Annual Progress	% Com	plete	Objective Lead
vices - Kevin Hardi	iek and Shannon Hitchcock, Champions			2nd QTR	4th QTR	
	17. Explore integration of telemetry system with Epic to make inpatient services more efficient.	 Explore interfacing all patient monitors with Epic and implement as appropriate (8/19). 	The current telemetry system is very old and at the end of its useful life. The COO/CNO is currently in the process of selecting a new one for purchase in 2020 and Epic integration will be part of the new telemetry system. Once selected the integration will be completed by Providence prior to go live of the new system.	0%	25%	ClO: Kevin Hardiek
	 Enhance phone capabilities throughout Prosser Memorial Health. 	 Install a new phone system throughout PMH (3/19). 	The new phone system has been fully installed as of 3/2019.	100%	100%	CIO: Kevin Hardiek
	 Develop a uniform way of counting all outpatient volumes. 	 Develop an outpatient statistic that will include all outpatient volumes (7/19). 	An outpatient statistic has been developed and our outpatient volumes for clinic visits, DI, Lab, and OSP are 42,951 to date.	100%	100%	Controller: Stephanie Titus
	20. Explore ways to make the provision of inpatient services more efficient.	 Explore various staffing patterns and implement as appropriate (9/19). 	The 2020 Staffing Plan was submitted to the state in accordance with revised state regulations. The Nurse Staffing Committee meets bimonthly, and continues ongoing efforts to enhance the efficiency and quality of patient care services. Cardiopulmonary increased the pool of perdiem RT's to ensure the ability to flex up as we expand outpatient cardiopulmonary services. Diagnostic Imaging and the Laboratory have added staff to cover clinic expansion, but have maintained core staffing within the hospital, despite growing volumes.	50%	100%	CNO/COO: Merry Fuller
	21. Increase dietician services at PMH.	 Explore hiring a full-time dietician (5/19). 	HR has done a cost study to determine the feasibility of hiring a full-time dietician. The possibility of hiring a Dietician Tech is being reviewed.	25%	25%	Director of Food Services: Vict Huyke
	22. Increase diabetic education services offered at PMH.	 Explore hiring a full-time diabetic educator (4/19). Develop a comprehensive diabetic education program and implement as appropriate (7/19). 	 An on-site dietician is still being considered. Patient choice menus have been developed and staff education with AC has occurred. Additional work has been done with dysphagia diets and we will continue improving those offerings and patient education. Research related to patient diet choices is being forwarded to the Medical Staff by dietary for possible revision in our facility. Community education on diabetes has been provided at the Senior Center with a second offering scheduled. 	50%	75%	CNO/COO: Merry Fuller
	23. Enhance MRI Services at PMH.	 Explore options to increase the availability of MRI Services at PMH (3/19). 	We purchased the MRI equipment and trailer we currently utilized in July 2019. The MRI unit is available 7 days a week, 24 hours a day.	100%	100%	Director of Diagnostic Imaging Aurora Weddle
	24. Increase surgical volumes.	 Expand services offered by our general surgeons (6/19). Begin offering urologic surgery (11/19). Continue to expand services offered by PMH orthopedic surgeons in 2019. Increase total surgical cases in 2019 by 10% from 2018. 	General surgeons have been steadily increasing volumes, but not new services. Dr. Strebel and our Mako Joint Replacement Program is steadily growing with aggressive marketing and community lunch & learns.	50%	75%	Director of Surgical Services: S Kindelspire

trategic Areas of Focus & Goals	FY2019 Objectives	Measures/Metrics	Semi-Annual Progress	% Com	plete	Objective Lead
nancial Stewardship	- David Rollins, Champion			2th QTR	4th QTR	
ntinue to strengthen its financial stewardship osition to enhance the ability to develop new ervices, obtain needed echnology, modernize ilities, recruit physicians d ultimately ensure long- term viability.	 Meet and/or exceed budget expectations for FY2019. 	 Earn an operating margin of at least 3.2% and a total margin of 4.5% for FY2019. Publish financial reports every month and distribute to Management Team, all employees, Medical Staff and Board. 	YTD operating margin is 3.9% and total margin is 5.4% overall. Medicare and Medicaid contractuals are calculated utilizing a Cost Report Model provided by Eide Bailly which is a Top 25 Accounting Firm. Monthly financial reports are completed each month and distributed to the Mgmt Team, Medical Staff, Board and employees in the monthly Board packet.	50%	100%	Director of Finance: Stephanie Titus
	 Meet and/or exceed budgeted operating revenue per FTE and share monthly reports in the PMH Report Card. 	 Develop and implement a biweekly department productivity report using the resources provided by Brady Company, Inc. (1/19). Work with all departments to increase efficiency and effectiveness. 	Operating revenue per FTE YTD is \$190,995 which is 7.3% greater than budget and 9.7% greater than prior year. Operating Expenses per FTE YTD is \$183,473 which is 6.5% greater than budget and 4.9% greater than prior year.	50%	100%	Director of Finance: Stephanie Titus
	 Obtain an unqualified audit opinion for FY2018 with no audit adjustments. 	 Obtain an unqualified audit opinion for FY2018 and share with the Board (3/19). 	An unqualified audit opinion & report were issued and presented to the Board in March 2019 with no material audit adjustments.	100%	100%	CFO: David Rollins
	 Maintain Net Days in Accounts Receivable below industry standards. 	 Create and publish a "net" unbilled days metric (3/19). Maintain days in Accounts Receivable below 47 days and unbilled days under 11 days. 	Net Days in Accounts Receivable are at 64 days overall which is up from 55 days in June 2019. The increase in days are driven by the billing freeze post WAMT Epic implementation and staffing shortages (3 FTEs in collections for the second part of the year). Claims have increased from 2018 to 2019 by 53% going from 85,844 to 131,068 respectively. Staffing restructure in PFS is needed to absorb the higher claim volume and the	39%	39%	Director of Finance: Stephanie Titus
			better utilization of collection productivity metrics. Still seeking permament Director of Revenue Cycle to fill and establish a strong leadership for future growth.			
	 Provide a semi-annual report to the Board of Commissioners regarding the financial performance of PMH owned physician practices. 	 Present a semi-annual financial performance report for PMH owned physician practices to the Board. 	A semi-annual clinic financial performance report was presented in January 2020 to the Board.	50%	100%	Director of Finance: Stephanie Titus
	 Participate on the HCA Rural Payment Model committee. 	 Prepare PMH for new Medicaid payment methods. Ensure that PMH receives all practice transformation funds possible in 2019. 	Our CFO will participate on the HCA Rural Payment Model committee in 2019. We have been awarded \$744,444 for 2019 and we have received \$328,286 to date.	50%	100%	CFO: David Rollins
	7. Begin to promote Point-of-Service collections.	Increase Point-of-Service collections by 50% in FY2019 compared to 2018.	We are exploring software solutions that are Epic friendly to identify patient payment data at the point of service to enable prompt payments. Point-of-service collections are slightly improved (\$37,018 in 2018 and thru 07/16 collections are \$22,945).	10%	25%	Director of Finance: Stephanie Titus
	8. Enhance the Anesthesia billing process/structure.	 Develop and implement an enhanced Anesthesia billing "road-map". Increase anesthesia revenue by 10%. 	This issue has been placed onto our 2020 Strategic Plan for the development and implementation of a "road-map" by 08/20.	0%	0%	CNO: Merry Fuller

ategic Areas of Focus & Goals	FY2019 Objectives	Measures/Metrics	Semi-Annual Progress	% Com	plete	Objective Lead	
incial Stewardship	- David Rollins, Champion			2th QTR 4th QTR			
	9. Decrease the utilization of contract labor.	 Decrease utilization of contract labor by 30% in 2019. 	Utilization of contract labor in Acute Care and Family Birth Place increased related to FMLA and staff attrition. We will right size by the end of the year. Reductions have been achieved and maintained in DI, ED, CP, OR, and Lab. Overall, contract labor costs are down 15% from last year.	25%	50%	CNO: Merry Fuller	
	 Create a culture of Budget accountability down to the department level. 	 Create and implement an education module that focuses on budget creation, analysis, and accountability (9/19). Educate Directors in accordance with the education module and hold them accountable for their financial performance during evaluations (9/19). 	Department Directors review their financial performance every month in their LEM. Individual budget/financial statement education sessions were held with every leader. We plan to institute a quarterly review process beginning in the 4th quarter that focuses on performance, action plans and accountability utilizing SWOT analysis, labor variance analysis and departmental financial performance.	50%	50%	CFO: David Rollins	
	11. Work with the PMH Foundation to raise funds for PMH.	 Assist in the development of fundraising activities in 2019. Conduct a feasibility study for a capital drive beginning in 2019. Raise \$100,000 in 2019. 	We hosted a Bottles, Brews and Barbecues event June 7th and 8th netting approximately \$15,070 for the Foundation. Additional events were held and over \$100,000 in total has been raised. The feasibility study for a capital campaign has been moved to 2020 following recommendations from the audits on our debt capacity feasibility study.	50%	100%	Chief Communications Offic Shannon Hitchcock	
	 Identify waste streams. Apply Six-Sigma skills to help Departments to better understand the Brady Report standard deviations and how to analyze them. 	 Identify waste streams and create processes for reporting and eliminating waste in an effort to increase job satisfaction and productivity (6/19). 	No action taken to date.	0%	0%	CFO: David Rollins	
	13. Conduct a price comparison study.	 Conduct a study of competitor and market pricing to ensure PMH is competitive (6/19). 	We contracted with and received data from Cleverley from 2017 cost reports and presented them to the Board in July 2019. Price increases were implemented in January 2019 based upon pricing comparisons to maximize commercial net revenue. A follow-up comparison is being conducted in February 2020 and further pricing adjustments may follow.	0%	100%	CFO: David Rollins	
	14. Explore options for accounting firms to audit PMH.	 Determine the current annual spend for audit and cost report services (3/19). If appropriate, bid out the PMH audit (5/19). Allow the PMH Board to select the auditors for 2019 (8/19). 	PMH has begun reviewing firms that want to bid on the audit and cost report services for PMH. Wipfli, Eide Bailly, BKD and DZA are all candidates for this service at this time who have demonstrated experience in our industry. We will be presenting the finalists for the board to select at the July 2020 work session.	10%	25%	CFO: David Rollins	
	 Research enhancing services for veterans at PMH. 	 Work with the Department of Veterans Affairs (VA) to develop contracts allowing PMH to care for veterans (3/19). Market our ability to care for veterans (4/19). 	We are now allowed to care for veterans when they have greater than a two week wait to receive primary care. The marketing plan has been developed and is ready to implement.	50%		Director of Clinics: Alana Pumphrey	

Strategic Areas of Focus						
& Goals	FY2019 Objectives	Measures/Metrics	% Com	plete	Objective Lead	
Financial Stewardship	o - David Rollins, Champion			2th QTR	4th QTR	
	16. Obtain financial metrics from hospitals all across the country in an effort to identify opportunities for PMH to improve.	obtain national financial metrics (1/19). Identify our greatest opportunities for	We contracted with and received data from Cleverley from 2017 cost reports and presented them to the Board in July 2019. Focus for remaining months of 2019 were on controlling labor costs, EPIC conversion, organizational budgets and staffing realignments in billing/accounting areas. AR improvement is a top focus along with Staffing Productivity in 2020.	50%	50%	CFO: David Rollins
	 As part of our compliance report, conduct audits of PMH charges. 	 Quarterly conduct audits of our billing practices beginning (3/19). Work to correct all deficiencies and enhance our current billing practices in 2019 . 	A Compliance Auditing & Monitoring Schedule for areas of focus has been developed. An ER Physician and Hospitalist audit was conducted in February 2019 and it demonstrated a 97% accuracy in diagnosis code and documentation rate. No other outside audits were conducted in 2019.	10%	25%	Chief Compliance Officer: Kristi Mellema
	 Determine whether or not PMH should remain a Critical Access Hospital (CAH). 	 Work with our auditors to determine whether or not it is beneficial for PMH to remain a CAH (3/19). 	We have engaged DZA to conduct a CAH/PPS study by comparing CAH and PPS hospitals with PMH. Initial data favors CAH status at this time.	10%	100%	CFO: David Rollins
	19. Review PMH Service Contracts.	 Identify the total cost of PMH service contracts (3/19). Explore alternative methods of meeting our service needs (6/19). 	No action taken to date.	0%	0%	Director of Support Services: Steve Broussard
	20. Enhance the financial performance of the PMH Emergency Medicine Services.	 Explore ways to enhance revenue (2/19). Explore ways to reduce costs (4/19). 	EMS explored ways to enhance revenue by accepting more transports, utilization of per diem staffing to assist with staffing shortages and working with accounting to gain additional reimbursement from State and Federal sources. Exploring future of EMS services and potential partnerships with other public agencies.	50%	100%	Director of Emergency Medical Services: TBD
	21. Begin to bar code all inventory.	 Study the requirements to bar code and scan all supplies, and implement as appropriate (6/19). 	Lawson isn't able to meet our needs for bar code scanning in conjuction with EPIC. PMH is exploring migrating to a new ERP in 2020 that will include GL/AP/MM modules and will integrate with EPIC.	0%	10%	Director of Materials Management: Wendy Clapp
	22. Re-evaluate options for banking institutions for managing district funds.	 Determine cost savings, if any, for banking and financial service related fees (3/19). Explore opportunities for efficiency improvements (5/19). Allow the PMH Board to select the banking institution for 2020 (8/19). 	This goal was moved to the 2020 Strategic Plan with presentation to the Board in September 2020.	0%	0%	Director of Finance: Stephanie Titus



Mission:

PMH will improve the health of our community.

Vision of Success FY2017 to 2020

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

	PATIENT Goal: 95% Exceed P 2016 2017 2018 2019 -	Patient Expectations 82.3% 84.8%		
MEDICAL STAFF Goal: 90% Medica 2016 2017 2018 2019	82.6% 80.0% 90.6%	EMPLOYEE DI Goal: 90% Emple 2016 2017 2018 2019	oyee Satisfaction 83.0% 83.2%	
QUALITY Goal: 10 % Selected Quality Attributes 2016 - NA 2017 - 65.95% 2018 - 63.6% 2019 - 57.7%	SERV Goal: 50% M (Proxy = Adjust 2016 - 14 2017 - 14 2018 - 16 2019 - 19	Aarket Share ed Patient Days) ,487 Days ,564 Days ,480 Days	FINANCIAL ST Goal: Total I 2016 – 2017 – 2018 – 2019 –	Margin > 6% (0.6%) 3.9% 0.6%
Accountability Service	Our V - ASP Promote Team	alues PIRE -	ty R espect	E xcellence



Healthcare Construction Contracting Methods

Option	Design-Bid-Build	General Contractor/Construction Manager (GC/CM)
Description	In this approach, the design team works directly for the hospital and produces a set of construction documents (plan and specifications) from which the hospital then secures competitive bids from multiple general contractors.	In this approach, the hospital retains a general contractor early in the design process to serve as the general contractor/construction manager (GC/CM). The Washington State RCW's allow this contracting method for hospitals, higher education and other public entities.
Key Consideration	The general contractor is chosen based upon lowest price vs. estab- lished qualification criteria.	The GC/CM is chosen based upon a competitive process that takes into account healthcare experience, qualifications and fees.
Advantages	Lowest initial price	 GC/CM joins the team early to provide preconstruction services (cost estimating, scheduling, risk identification, etc.) Cost certainty and improved budget control Collaborative team approach GC/CM is required to secure competitive bids for all trade packages Guaranteed Maximum Price can be established early RCW's require transparency and open-book approach
Disadvantages	 No opportunity for general contractor input during the design process Increased number of change orders due to no early involvement by the general contractor Lowest price general contractor is not always the most qualified to build a healthcare facility Higher risk of cost overrun throughout the project Relationships with the hospital and the general contractor can be adversarial 	Late selection of the GC/CM will reduce the effectiveness of this contracting method

Organization & Procurement Process



Current Hospital GC/CM Projects in Eastern Washington

- Samaritan Healthcare, Moses Lake, WA (hospital replacement)
- Lake Chelan Community Hospital, Lake Chelan, WA
 (hospital replacement)
- Klickitat Valley Health, Goldendale, WA (hospital expansion & renovation)
- Skyline Hospital, White Salmon, WA (hospital renovation)



Attachment

PMH Nuc. Med Ti	01/21/20													KDA ARC	
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TASK	START DATE	DATE COMPLETE	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV
DESIGN DEVELOPMENT															
FINAL EQUIPMENT DRAWINGS						confirm	that the docun	nents that we h	have are the fi	nal drawings					_
CONTRACT DOCUMENTS															
METERING						TH	ot currently exp	pected to be re	quired						
DOH SUBMITTAL & PLAN REVIEW															
L&I PLAN REVIEW															_
COP PLAN REVIEW															_
BID															_
OWNER APPROVAL / CONTRACT															
CONSTRUCTION															
PROJECT COMPLETE / OWNER MOVE IN															

Attachment F

Craig Marks

From:	Carl Hampson <champson@srgpartnership.com></champson@srgpartnership.com>
Sent:	Thursday, December 19, 2019 3:44 PM
To:	Craig Marks
Subject:	SRG Partnership / Reaching out
Follow Up Flag:	Follow up
Flag Status:	Completed

Hello Craig,

I can't believe its been almost a year since my SRG team and I interviewed for your new hospital. I hope the project is on track and things are going well.

When we had the debrief after the interview, you mentioned the project was going to be delayed for a while as resolve some funding issues.

While we were disappointed to not be selected as your architect, we are still very much interested in exploring opportunities to assist you in realizing your vision.

If you have availability in January, perhaps we could catch up. We would love to learn where you are in the process. We have recently brought on some new Healthcare leadership to bolster our practice. Perhaps we could come to Prosser some time in the new year and continue the conversation. Alternatively, we could catch up over the phone.

Let me know if you have the availability for a call or personal meeting in the new year.

I hope you have a delightful holiday season and a happy new year. Very much looking forward to catching up.

All the best,

Carl

CARL HAMPSON, AIA Principal

LEED AP

D 503 548 9411 **O** 503 222 1917

SRG PARTNERSHIP, INC Architecture | Planning | Interiors

srgpartnership.com

Attachment G



Media Release For Immediate Release Contact: Dawn R. O'Polka, Chief Communication Executive Astria Health 509.837.1543 W 509.391.5072 C dawn@astria.health

Astria Regional Medical Center

[Yakima, WA – January 08, 2020] Astria Health is preparing to emerge from Chapter 11 in early 2020 as lenders and investors have indicated interest in supporting Astria Health's ongoing mission and are confident in Astria Health's future plan to sustain healthcare for the entire Yakima Valley.

Astria Health received indications of interest from investors who acknowledge that Astria Sunnyside Hospital and Astria Toppenish Hospital are both valuable community and financial assets and are willing to refinance the debt associated with the hospitals.

However, it is with sadness that Astria Regional Medical Center (ARMC) today received authorization from the United States Bankruptcy Court for the Eastern District of Washington to begin the process of closing ARMC. This is not a decision that was made lightly, and Astria Health has made every effort to avoid it.

"It is with deep regret that we have to make this announcement," said John M. Gallagher, President and CEO. "We have worked diligently to sustain the Astria Regional Medical Center hospital and to avoid closing it, but healthcare industry delivery models continue to shift from inpatient care to outpatient models and due to its continued operating losses, lenders have no interest in refinancing the debt associated with Astria Regional Medical Center. Closure is, therefore, necessary as no other feasible option is available. We want to assure our patients that Astria Health's highest priority remains their care and we are working closely with other Astria Health Hospitals and with other local providers on their behalf."

Inpatient services at Astria Regional Medical Center will begin winding down immediately, and it is anticipated that within approximately the next two weeks patient services will cease at the hospital. Astria Health has continued to fund substantial ongoing financial losses, but ultimately the hospital's continued financial losses proved unsustainable. Since purchasing the Astria Regional Medical Center in late August 2017, ARMC has lost over \$40M. Struggling hospital finances are not unique to ARMC, due in part to the nationwide shift in the healthcare delivery models from inpatient care to outpatient care. Astria sought lenders that would provide additional liquidity to ARMC, but were ultimately unsuccessful. Similarly, Astria Health has sought to sell ARMC or partner with nearby hospitals, all in an effort to continue providing healthcare to the community, and these paths were also not successful. Finally, Astria Health requested government assistance from the State of Washington, including intervention to save the hospital, but without success. Having exhausted all available alternatives, the closure of ARMC is unavoidable.

Astria Regional Medical Center has struggled with declining patient volumes and declining revenues for some time, and despite investigating various scenarios to sustain the hospital's inpatient hospital services, ARMC was unable to develop a profitable model based upon patient needs. While Astria Health's other hospitals collectively generate significant positive cash flow, funding ARMC's continuing financial losses was placing too significant a financial drain on the overall organization. Continued funding of ARMC jeopardized the long-term sustainability of Astria Health and the region's other healthcare facilities, including Astria Sunnyside Hospital and Astria Toppenish Hospital, as well as healthcare delivery for the Yakima Valley as a whole.

Astria Health is adapting its healthcare delivery model in the Upper Valley to an ambulatory care model and will continue to provide outpatient care to the Yakima area. As such, patients in the Upper Valley will be able to continue to access care in the Astria Health network through its ambulatory surgical center locations and Astria Health Centers. Both Primary Care and

Pg. 2

Specialty Care will be available and delivered through the Astria Ambulatory Surgical Center and Astria Health Medical Plaza in Yakima, along with other outpatient ambulatory services including Laboratory Services, Therapy Services, and Advanced Imaging Services. Further, Astria Health will continue to deliver both inpatient hospital care and ambulatory care, outpatient and emergency care to the Yakima Valley at both the Astria Sunnyside Hospital and Astria Toppenish Hospital. The Astria Sunnyside Foundation is also not affected by this decision.

In Yakima, the following Astria Health ambulatory care and outpatient locations are not affected by the decision and will remain open during their regular business hours. Astria Health locations in Yakima include:

Astria Ambulatory Surgical Center Astria Health Centers Astria Plastic Surgery Center on Creekside Loop Astria Home Health & Hospice Astria Hearing & Speech Center

Astria Health will ensure Astria Regional Medical Center hospital patients are transitioned smoothly to either other Astria Health Hospitals or other facilities as appropriate.

Astria Regional Medical Center patients' medical records will be made available by calling 509.576.3749, or faxing a request to 509.575-5244 or, over the next 30 days, through the Medical Records Department at the hospital located at 110 S. 9th Avenue, Yakima.

Astria Regional Medical Center employees have demonstrated their unwavering commitment to patient care during this difficult time and are valued members of the Astria Health family. As often as possible, Astria Regional Medical Center employees will be given consideration for positions within existing Astria Health Hospitals or other Astria Health facilities or assisted in finding new positions.

Attachment H

SEATTLE, WA 98188

206-575-7979 -

206-575-1908 HAX



A constituent of the American Nurses Association and AFT Healthcare, AFL-CIO.

VIA USPS FIRST CLASS MAIL AND EMAIL

WSNA@WSNA.ORG EMA

WSNA.ORG WESSI

Jan. 8, 2020

John Gallagher President and CEO Astria Health 900 W. Chestnut Ave. Yakima, WA 98902

Dear Mr. Gallagher,

I write with utter shock and disappointment in your decision to ask the Bankruptcy Court's permission to close Astria Regional Medical Center (Yakima Regional) in just one week, with no advanced notice to the one hundred plus nurses who have for years served the hospital with the utmost professionalism and dedication. Your decision smacks of unfairness and disrespect at every level.

Your choice to make such a momentous decision—one that will deeply impact not just the nurses but also the entire community served by Yakima Regional under the cloak of secrecy undermines every notion of due process and fair play. You deprived our nurses of the ability to inform the Court of the broader impacts of your decision.

By choosing to shut down Yakima Regional on only a week's notice, you have severely hampered nurses' and other employees' ability to cope with such a momentous derailment of their careers. WSNA is actively examining and will pursue all remedies available under its contract and federal and state law for Astria's actions.

Meanwhile, WSNA insists on bargaining over the numerous devastating effects of your decision. Please let me know at least three dates within the next two weeks on which Yakima Regional management is available to bargain. We expect far more good faith and transparency in those discussions than you showed in the devastating events that have necessitated this bargaining.

Very truly yours,

Vally Datkin-

Sally Watkins, PhD, RN Executive Director Washington State Nurses Association 206-575-7979 swatkins@wsna.org

C: Les Abercrombie Jayson Dick, WSNA Nurse Representative Lynnette Vehrs, WSNA President Darin M. Dalmat, Counsel for WSNA Peter DeChiara, Counsel for WSNA



January 9, 2020

Dear Valued Astria Regional Medical Center Patient,

I am writing to assure you that you and your healthcare needs remain Astria Health's highest priority.

Although Astria Regional Medical Center (ARMC) received authorization on January 9, 2020 from the United States Bankruptcy Court for the Eastern District of Washington to begin the process of closing ARMC, I want you to know that we will ensure all Astria Regional Medical Center hospital patients are transitioned smoothly to other Astria Health Hospitals or other facilities as appropriate.

If you have immediate questions, please feel free to contact us directly at (patients@astria.health) or by calling 509.454.6101.

In addition, your Astria Regional Medical Center patient medical records are available by calling 509.576.3749, faxing a request to 509.575.5244, or, over the next 30 days through the Medical Records Department at the hospital located at 110 S. 9th Avenue, Yakima.

Astria Health is adapting its healthcare delivery model in the Upper Valley to an ambulatory care model and will continue to provide outpatient care to the Yakima area. As such, patients in the Upper Valley will be able to continue to access care in the Astria Health network through its ambulatory surgical center locations and Astria Health Centers. Both Primary Care and Specialty Care will be available and delivered through the Astria Ambulatory Surgical Center and Astria Health Medical Plaza in Yakima, along with other outpatient ambulatory services including Laboratory Services, Therapy Services, and Advanced linaging Services. Further, Astria Health will continue to deliver both inpatient hospital care and ambulatory care, outpatient and emergency care to the Yakima Valley at both the Astria Sunnyside Hospital and Astria Toppenish Hospital. The Astria Sunnyside Foundation is also not affected by this decision.

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Astria Ambulatory Surgical Center Astria Health Centers Astria Plastic Surgery Center on Creekside Loop Astria Home Health & Hospice Astria Hearing & Speech Center

We look forward to continuing to serve both you and your family long into the future.

Since

Darrin Cook, COO Astria Regional Medical Center Astria Health

900 W. Chestnut Avenue | Yakima, WA 98902 | 509.837.1300 | www.astria.health

Craig Marks

From:	Taya Briley <tayab@wsha.org></tayab@wsha.org>
Sent: To:	Friday, January 03, 2020 2:22 PM 'reza.kaleel@kadlec.org'; russmyers@yvmh.org; dianepatterson@yvmh.org; Craig Marks;
10.	Julie Petersen; 'jg@astria.health'; 'brian.gibbons@astria.health'; 'john.solheim@trioshealth.org'; rob.monical@lourdesonline.org
Cc:	Francie Poole; rochelle.ledbetter@lourdesonline.org; lisa.worthington@trioshealth.org; Dimond, Lisa R; 'jackiegange@yvmh.org'; Mandy Weed; Carol@astria.health; angela.smith@astria.health
Subject:	DOH/WSHA/Hospital Meeting re Contingency Planning
Importance:	High
Follow Up Flag: Flag Status:	Follow up Flagged

Dear Reza, Russ, Diane, Craig, Julie, John G, John S, Brian, and Rob:

As you know, Astria Health Care is in bankruptcy proceedings. While we understand every effort is being made to maintain the system as it is or to potentially sell hospitals we have been asked by the Washington State Department of Health to convene our members in the area and facilitate contingency planning. We have been asked by DOH to convene a call soon to discuss how a potential hospital closure or change in services would be managed in the region.

Josh Russell on our staff will be reaching out to schedule a time for a call. We hope that you and any appropriate staff members can join us. If we schedule a time you are not available, we hope you will send another senior operational leader. If you have any questions please let me know.

Best, Taya

Taya Briley, RN, MN, JD Executive Vice President and General Counsel Washington State Hospital Association 999 Third Avenue, Suite 1400 Seattle, WA 98104 Phone: (206) 216-2554 Fax: (206) 577-1971 Email: tayab@wsha.org

Washington State Hospital Association

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This is how we care.

Dear Yakima Valley Residents,

The recent announcement that Astria Regional Medical Center is closing its doors has left all of us shocked and saddened by the news. There is a rich and longstanding history with this facility and its deep ties to the Yakima community. It has also left many questions for residents on where they can access high-quality, affordable healthcare in our Valley now.

I would like to take this opportunity to introduce you to Prosser Memorial Health, a well-kept secret of excellence in healthcare. For the last three years, we have been quietly building our provider base, opening clinics in Grandview, Prosser, and Benton City, expanding the services we offer and bringing the most advanced technology to our hospital.

Prosser Memorial Health's commitment to the Yakima Valley is to improve the health of those we serve. We take this commitment very seriously and strive to always provide the best healthcare opportunities for you and your family with respect, hope, optimism and honesty. As part of our commitment, we recently invested in state-of-the art technology with our HD 3D mammography system that provides the best cancer screening available in the Valley. We have also purchased the Stryker Mako Robotic System and hired Dr. Sam Strebel, a Fellow from Johns Hopkins University, to lead our Joint Replacement Program. For a complete list of our providers, clinics, and the services we offer, visit our website at prosserhealth.org or contact our Community Relations Department directly at 509-786-6601.

As a public not-for-profit hospital, we provide high-quality, accessible and affordable healthcare for all. We accept all insurances and will work with patients in need of financial support. During this time of change and transformation, you have my pledge that Prosser Memorial Health will do its part to ensure healthcare services are available for all.

To Your Good Health!

Craig J Marks, FACHE Chief Executive Officer

• Acute Care

- Audiology
- Cardiology
- Cardiopulmonary
- · Diagnostic Imaging
- Emergency Department
- Emergency Medical Services
- ENT & Allergy
- Family Birthplace
- Family Medicine
- General Surgery
- Internal Medicine
- Laboratory
- Mental Health
- Occupational Health
- Obstetrics & Gynecology
- Orthopedics
- Outpatient Special Procedures
- Pain Management
- Pediatrics
- Podiatry
- Rehabilitation Services
 (Physical, Occupational,
 Speech, & Aquatic Therapy)
- Transitional Swing Bed Care
- · Women's Health

509 786.2222 | ProsserHealth org

< back to search

Total Lot Size

0.1 Acres

Attachment L

CONFIDENTIAL

Log In

\$9.00 SF/yr (NNN)

Sunnyside Medical or Office Space

1614 E Edison Ave | Sunnyside, WA 98944



CONFIDENTIAL

Description

This medical/office space is in a great central location with easy access and exceptional presence and visibility along E Edison, just 8 blocks from downtown.

Across the street from the high school, this space is in a freestanding building with a nicely landscaped courtyard and is configured with 6 exam rooms, 4 private offices, a waiting area, reception lobby and 2 restrooms.

Landlord is seeking a quality tenant for a long-term lease and is willing to discuss remodeling/tenant improvements.

This area is only going to get better and options are limited for businesses wanting to establish themselves in the fast-growing Sunnyside market area.

Footnote: Virginia Mason Memorial just opened a first-class 9,000SF medical clinic across the parking lot.



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WHarne & Momenta Stanta Witter Q. Have an arment Log In-MAI Tri-Cities Follow ¥ OWN A SUCCESSFUL FITNESS CLUB AND AN UPDATED BUILDING. THE OWNERS SPARED NO EXPENSE WITH REMODELING, UPDATING AND MAINTAINING THIS PROPERTY. PLENTY OF MEMBERS AND GROWING. A LEASE WITH HOSPITAL IN PLACE FOR THE POOL. orldwide. Commer ATHLETIC CLUB JUST CONVERTED TO A 24 HOUR GYM. kenny@naitcc.com NAI Tri-Cities 2 1000 NAI Tri-Cities **GNAINCHES** Commercial Real Estate Services Richland WA Pratri-covercom D Annea Ary 2014 2:34 PM ~ 2 Jan 2020 1 Like Q t1 Οı

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Attachment N

BUILDING A HEALTHY COMMUNITY











Dear Friends:

South Haven Community Hospital has been providing quality healthcare in our region for over 100 years. After many years of proud service in South Haven, the hospital is embarking on a new and exciting initiative that will improve the health of our community through construction of the Shoreline Wellness and Rehabilitation Center.

This new \$7.5 million facility will provide state-of-the-art fitness and rehabilitation services under one roof — serving all ages for their health and fitness needs. While this project has been in the planning stages for many years, our vision only recently became possible through the donation of a site/building adjacent to the hospital on Bailey Avenue. The leadership of the hospital is grateful to the Murk family for this generous gift.

After careful planning and study, the SHCH Board of Trustees recently initiated the Building a Healthy Community capital campaign - a \$1.25 million community fundraising effort on behalf of this project. This campaign seeks a community partnership with the hospital in providing the best in wellness and rehabilitation programs for our community.

When complete, this new facility will provide families with healthy activities, busy professionals with fitness alternatives, and our entire community with medically based wellness and rehabilitation programs. Caring for our community's health needs is a great privilege and an immense responsibility. As chairs of the Building a Healthy Community campaign, we urge you to join us in making this exciting vision a reality.

Our investment now will yield community dividends for years to come.

Sincerely,

Dag of Diel

Greg O'Niel Campaign Chair



Dr. John Young Campaign Chair



Susan G. Knytycl Mark Millenden

Sue Knytych Campaign Chair



Mark McClendon Campaign Chair



WISHING THE BEST FOR OUR COMMUNITY

Everyone wishes for a happy future. Like shared moments with family and friends, the opportunity to travel and explore, and the ability to live life on your own terms.

Good health, more than anything, can help make these wishes come true.

At South Haven Community Hospital, we wish the healthiest and happiest of futures to the people in our community. Since 1907, when we first opened our doors, the goal has been to provide quality care and professional services that would evolve and grow along with the people we serve. Through the years we've expanded our programs, attracted professionals in a range of specialties and pursued the latest technology and medical advances to keep our health and wellness services right here – where they belong.

SHCH was the first hospital in the nation to provide AutoPulse a new piece of CPR equipment that helps save lives and is now becoming standard throughout the nation. We were also one of the first hospitals in Michigan to convert to the Picture Archiving Computer System (PACS), a filmless records system that allows physicians to access medicalimages from remote locations. Our newly upgraded obstetric equipment offers patients the increasingly popular method of childbirth.

Our current programs:

- General Surgery
- Orthopedic Surgery
- Occupational Medicine
- Obstetrics
- Emergency/urgent care
- Radiology
- Cardiopulmonary
- Rehabilitation
 - Occupational therapy - Speech therapy
 - Physical therapy
- Sleep Clinic
- Pediatrics
- Rheumatology
- Internal Medicine
- Family Medicine
- Laboratory
- Nutrition
- Home Health-

South Haven Community Hospital is committed to building a healthy future for the people of our community.



ALWAYS MOVING FORWARD

1960s: New addition, 30 new beds, dietary department, surgical suite, obstetrics department 1970s: First coronary care unit, completion of

critical care unit

1980s:

New emergency treatment area, expanded laboratories, radiology, respiratory therapy, and patient care areas, medical office building to house physicians and the rehabilitation services department 1990s:

New surgery department, renovations to main entrance and all patient rooms, expansion of emergency department and Urgent Care Center

2000s:

New and innovative Shoreline Women's Center opened 2004. Expansion and renovation of Shoreline Family Care, surgery, nutrition services, oncology and radiology. Implemented digital (PACS) radiography



What's next?

Over the last decade, demand for healthcare services at South Haven Community Hospital has increased significantly. Just last year, SHCH had:

- 17,500 emergency/urgent care visits
- over 1,200 inpatient admissions
- over 100,000 outpatient visits
- 397 births, the most since 1992
- nearly 9,000 home visits to the elderly and homebound

Much of the demand in the coming years will be from the growing population of seniors – expected to increase by 33% in our region by 2025. This segment relies heavily on programs like rehabilitation (physical, occupational and speech therapy), cardiac rehabilitation and orthopedic surgery.

At the other end of the spectrum are **teens and young adults**. Many of these kids are more obese and less active than previous generations. In fact, Michigan is now ranked as the fourth most obese state in the nation and **medical costs are expected to soar** as a result. Their needs include specific medical services, health and fitness programs and education about how to live a healthier lifestyle.

Our challenges

The Rehabilitation Services Department had over 13,000 patient visits in 2005. The center is housed in the lower level of the hospital and is much smaller than our future needs dictate. Access is difficult for patients with mobility issues and the unit equipment is constrained due to limited space.

Related programs are growing at a rapid rate as well. Demand for cardiopulmonary services has grown in the past five years. In addition, there has been growing sentiment in our community for a true commitment to wellness and disease prevention. South Haven Community Hospital is uniquely positioned to provide medically based wellness and rehabilitation programs that meet the health needs of our community.

South Haven Community Hospital needs to expand services in these vital areas or risk sending our residents out of town to receive the care they need – and we're ready to take action.



Our solution

South Haven Community Hospital has kept our **healthcare commitment** over the past 100 years. And we plan to continue that commitment with the construction of a new and innovative facility focused on preventive health care.

South Haven Community Hospital envisions a 56,430-square-foot health, wellness and rehabilitation center on the site of the former Village Market grocery store, adjacent to the hospital itself. The \$7.5 million Shoreline Wellness and Rehabilitation Center will meet the growing demand for rehabilitation services while also offering community wellness programs that encourage healthy lifestyles and physical fitness to manage disease.

- Indoor walking/running track
- Medical education conference rooms
- Four-lane lap pool
- Warm water-therapy pool
- Cardiovascular area featuring the latest high-tech cardio equipment
- Circuit training
- Fully equipped fitness testing room

- Medical office space including occupational medicine
- Spinning and aerobics studios
- Multi-purpose gymnasium
- Lounge area and café featuring healthy food options
- Expert trainers and qualified staff
- Complete locker facilities
- A fully staffed child-care facility

A place for anyone - and everyone

The Shoreline Wellness and Rehabilitation Center will be a place for the community to thrive. You'll see seniors taking a fitness-therapy class while teenagers shoot hoops nearby and parents gather poolside to introduce their babies to the joys of swimming. One education conference room may feature diabetic counseling while next door a community group meets for a monthly discussion.

Certainly it will be the premier destination for rehabilitation and wellness. In addition, this groundbreaking center will be a centerpiece for our community. A place for all walks of life, for all interests and for all to enjoy. This new center will be a place where happy, healthy futures are well within reach.




AY "HELLO!" TO A HEALTHIER COMMUNITY



Where people come together to lead healthy, happy lives.



Project budget

South Haven Community Hospital has undertaken successful fundraising drives in the past. A \$700,000 effort in the '90s made the surgery department a reality. And the recent Shoreline Women's Center was funded by a drive just like this one. We're confident that the people in this community value wellness and are as committed to this exciting project as we are.

Building purchase		\$760,000*
Construction/renovation/site improvements:		\$5,247,728
Professional fees (architectural, marketing analysis, engineering	and design)	\$480,000
Construction contingency		\$200,000
Equipment/furnishings/fixtures		\$690,000
Campaign expenses		\$170,000
Total project cost:		\$7,547,728

Total Campaign Goal

\$1,250,000

* Does not include value of donated land.

How you can help

The Building a Healthy Community fundraising initiative is seeking \$1.25 million in community philanthropy to make this exciting vision a reality. You can help us achieve this ambitious goal by supporting our campaign through:

- A one-time gift
- A multiple-year pledge paid over a three-to-five-year period
- A gift of appreciated assets
 - An estate plan provision

South Haven Community Hospital is a 501c(3) nonprofit organization. Your contributions are tax deductible.

Naming opportunities

The Building a Healthy Community campaign provides the opportunity to create a "living memorial" for people in this generation or a dedication in memory of someone special. Naming opportunities are available at all levels, Please contact Charlene Wilson for more information at 269,639,2803.





"This center will provide health-related services for everyone in the community. It will reach out to seniors, teens and everyone in between through a variety of programs focused on the ultimate goal of health and well-being. This project will help us have a healthy community."

- Betty Davis, rehabilitation patient

have had several surgeries including shoulder, back, hand and knee replacement. The therapists and assistants we helped me prepare for the surgeries and rapidly recover full mobility, strength and improved balance. Their weerful assistance, skill and extensive equipment have made for a wonderful recovery experience."

- Don Hixson, rehabilitation patient





"A facility like this one will make our community even more attractive. If we can tell people who show an interest in this area that we have state-of-the-art healthcare at every level, it's definitely a big selling point for new businesses and new residents alike. This center will allow companies to reduce costs and improve the quality of life for its employees." – Larry Lewis, Trelleborg



lucational base and share that knowledge with patients to ensure a great recovery. The proposed expansion, cluding the addition of a pool for aquatics, will be a great benefit for persons needing rehabilitation."

he Rehabilitation department has one of the most qualified staffs that you will find anywhere. They have a broad

- Jake Hudson, South Haven resident, former patient

Campaign Cabinet

Dick Averill Bob Brickman Robert Burr Stan & Cindi Compton Dr. Lori Dotson **Roger Gauntlett** Dana S. Getman Donna Goodrich **Ron Hartgerink** Don & Marion Hixson Dr. Karen Janson Sue Knytych **Bryan Lewis** Larry Lewis **Rev. Robert Linstrom** Dr. David Liscow **Randy Locker** Jim Marcoux Mark McClendon Janet Olson Greg O'Niel Debbie Owens Cheri Rehfeld Al Ruppert Mark Savage Dr. Matt Small **Peggy Spencer** Stephanie Timmer Pam Utke John Ver Beek Dr. John Young

Endorsement Council

Cooper Clinic Covert Community Foundation Betty Davis Ed & Jeanie Harris Robert McClendon Dennis Murk Stephen Murk Shoreline Family Care Shoreline Internal Medicine Shoreline Occupational Medicine Shoreline Rheumatology Shoreline Surgical Services Shoreline Women's Center SHOUT South Haven Area Senior Services South Haven Chamber of Commerce South Haven Community Hospital Auxiliary South Haven Family Physicians South Haven Orthopedics Dr. Paul Wahby

Administrative Staff

Craig Marks, President/CEO Scott Smith, Director of Rehabilitation Services Charlene Wilson, Campaign Coordinator

Prosser Memorial Health Patient Loyalty Summary Report and 2020 Priority Focus Areas

Survey Group	2017	2018	2019	# of Surveys		2020 Priority Focus Areas
Emergency Depart.	78.5	80.7	80.3	497		Patient flow during high volume hours.
						 Discharge follow-up of high risk patients.
HCAHPS-Inpatient	85.0	83.8	85.1	376		K-chart utilization
						 Increased utilization of the Community Paramedic Program
Acute Care	79	79.7	78.6	196		Effective discharge education.
					_	Discharge follow up calls.
Family Birth Place	91.5	88.6	97.2	180		Bedside shift report.
						 Increasing the couplet care expertise of cross trained staff.
Out-Patient Surgery	86.4	84.9	91.0	243		Pre-operative joint care education
						 Improved pre-operative care co-ordination all surgical types
Swing Bed	91.4	94.1	85.3	34		 Implementation of patient self-management tools.
						 Recreational activities program.
Clinic Network	90.6	85.2	87.1	1280		Customer service training.
						Centralized scheduling.
Out-Patient Services	85.1	84.7	88.4	173		Reduction in wait times.
						 Reduction in missed or repeat diagnostics.
Composite Score	83.8	84.6	86.6*	2979		*Composite score based on 2019 departmental revenue contributions
						ED: 15%
						IP: 20.9%
						OP Surgery: 15.7%
						Swing: 6.4%
						Outpatient: 33.6%
						Clinic: 8.4%



Prosser Memorial Health

Engagement 2019

Report filters included

Employee Type: Employees Employee Status: A1, A2, A7



High Level Summary

View By Category	N	Mean Score	% Favorable	Comparison to Company	3 Month Comparison
Administration	242	3.88	69	-6	
Communication	242	3.87	68	-7	
Compensation & Benefits	239	4.13	80	5	
Culture & Climate	243	4.31	84	9	-
Immediate Supervisor	242	3.90	67	-8	-
Job Satisfaction	242	4.24	81	6	
Service & Quality	242	4.24	83	8	-
Staffing & Resource Management	241	3.93	70	-5	-
Training & Career Development	239	3.89	69	-6	

High Level Summary

View By Questions	Category text	N	Mean Score	% Favorable	Comparison to Company	3 Month Comparison
Administration actions show they care about employees and medical staff	Administration	242	3.81	66	-9	-
Administration communicates a clear vision and plan for Prosser Memorial Health's future	Administration	242	4.09	76	1	-
Communication between departments is effective	Communication	240	3.36	45	-30	-
l agree with the Mission, Vision, and Values of Prosser Memorial Health	Culture & Climate	242	4.56	93	18	-
I am encouraged to share ideas for improving service and quality	Service & Quality	240	4.10	79	4	-
I am given flexibility in my schedule when I need it	Staffing & Resource Management	239	4.33	85	10	-
I am motivated to go beyond what is normally expected of me to help Prosser Memorial Health be successful	Job Satisfaction	242	4.38	86	11	-
I am paid fairly for the work I do	Compensation & Benefits	236	3.95	70	-5	-
I don't consider looking for a new job elsewhere	Culture & Climate	237	4.02	71	-4	-
I feel comfortable voicing my opinion and offering suggestions	Communication	239	3.78	63	-12	-
I feel proud to work for Prosser Memorial Health	Culture & Climate	243	4.47	93	18	-
I have the resources and equipment I need to be successful at my job	Staffing & Resource Management	241	4.07	77	2	-
I plan to be with Prosser Memorial Health at least 1 year from now	Culture & Climate	237	4.48	89	14	
I receive adequate training to be successful at my job	Training & Career Development	239	4.03	76	1	
I receive important company information in a timely manner	Communication	241	4.04	77	2	-

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View By Questions	Category text	N	Mean Score	% Favorable	Comparison to Company	3 Month Comparison
I trust the information I receive from Prosser Memorial Health	Communication	242	4.18	82	7	-
I would recommend Prosser Memorial Health as a good place to work	Culture & Climate	243	4.37	86	11	-
I would recommend Prosser Memorial Health to my friends and family for care	Culture & Climate	242	4.55	91	16	-
My benefits are clearly communicated so that I understand them	Compensation & Benefits	225	4.15	82	7	-
My benefits are competitive with other healthcare organizations in the area	Compensation & Benefits	222	4.23	85	10	-
My compensation is competitive with other healthcare organizations in the area	Compensation & Benefits	236	4.04	78	3	
My coworkers are committed to delivering high quality work	Service & Quality	242	4.13	78	3	-
My ideas and suggestions are given consideration	Communication	233	3.65	60	-15	-
My supervisor clearly communicates expectations for my performance	Immediate Supervisor	242	3.95	69	-6	-
My supervisor gives me useful feedback on my performance	Immediate Supervisor	242	3.89	67	-8	-
My supervisor is effective in resolving issues	Immediate Supervisor	240	3.61	57	-18	-
My supervisor provides recognition for good work	Immediate Supervisor	240	3.76	61	-14	-
My supervisor supports my professional development	Immediate Supervisor	239	4.09	75		-
My supervisor treats employees respectfully	Immediate Supervisor	240	4.07	76	1	-
My work gives me a sense of personal accomplishment	Job Satisfaction	242	4.37	87	12	<u>-</u>
My workload allows me to maintain a good work/life balance	Job Satisfaction	242	3.96	71	-4	
Overall, I am satisfied working at Prosser Memorial Health	Culture & Climate	242	4.28	84	9	-

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View By Questions	Category text	N	Mean Score	% Favorable	Comparison to Company	3 Month Comparison
Overall, the benefit package meets my needs	Compensation & Benefits	225	4.27	86	11	-
Patient satisfaction is a top priority at Prosser Memorial Health	Service & Quality	242	4.47	93	18	_
Prosser Memorial Health does a good job of recruiting quality people	Staffing & Resource Management	240	3.95	73	-2	-
Prosser Memorial Health emphasizes the importance of safety	Service & Quality	241	4.30	85	10	-
Prosser Memorial Health provides me with opportunities to grow professionally	Training & Career Development	238	4.03	74	-1	-
Prosser Memorial Health shows recognition for meeting goals	Culture & Climate	239	3.98	70	-5	-
Prosser Memorial Health's communication tools are useful (i.e. newsletters, bulletin boards, emails, company website)	Communication	242	4.21	83	8	-
Safety standards are consistently enforced	Service & Quality	239	4.19	80	5	-
The EPIC/EMR training helps me be successful at my job	Training & Career Development	217	3.60	57	-18	-
The amount of work I am expected to do is realistic	Staffing & Resource Management	241	3.90	68	-7	-
There is a high level of respect between medical staff and employees	Culture & Climate	241	4.08	78	3	-
There is sufficient communication from Administration	Administration	242	3.74	65	-10	-
There is sufficient staff in my department to maintain quality work	Staffing & Resource Management	240	3.38	48	-27	-

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Highest and Lowest Rated Items



Overall



Hotspot

View By Category	Overall	Ambulance	Labor & Delivery	Materials Management	Nursing Administration	Surgical Services	Housekeeping	Medical/Surgica	Prosser pecialty Clinic	Respiratory Therapy	Emergency Dept
No Revonses	243	14	12	4	7	15	4	21	12		
Overall	75%	51%	51%	58%	61%	67%	68%	70%	71%	73%	75%
Administration	69%	14	31.	58	33	49	83	46	69	52	67
Communication	68%	40	38	46	40	48	75	61	68	60	69
Compensation & Benefits	80%	60	73	40	74	74	46	78	80	97	78
Culture & Climate	84%	56	63	73	67	81	85	78	84	78	82
Immediate Supervisor	67%	40	40	25	71	59	34	79	33	67	75
Job Satisfaction	81%	69	67	67	81	82	72	65	86	76	74
Service & Quality	83%	69	50	95	63	84	80	73	87	89	81
Staffing & Resource Management	70%	53	48	70	51	64	52	66	67	77	66
Training & Career Development	69%	45	39	50	42	53	89	73	66	52	71

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View By Category	Prosser Clinic	Grandview Clinic	Benton City Clinic	Maintenance	MIS	Radiology	Patient Billing Services	Dietary	Prosser Women's Health Clinic	Medical Records
Ac. Responses	s	6	10.24	5	ó	15	10	7		31
Overall	75%	76%	77%	78%	78%	80%	81%	82%	84%	85%
Administration	83	67	76	93	83	87	80	86	95	86
Communication	75	53	83	83	75	71	73	78	86	79
Compensation & Benefits	70	83	83	68	63	89	80	89	81	89
Culture & Climate	82	94	94	.84	91	83	94	98	89	97
Immediate Supervisor	71	67	52	67	75	74	76	57	60	76
Job Satisfaction	79	94	81	93	83	73	83	90	90	100
Service & Quality	83	83	91	96	83	81	88	94	89	86
Staffing & Resource Management	70	67	63	52	73	82	62	60	89	63
Training & Career Development	50	61	57	64	72	77	90	90	81	90

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View By Category	Accounting	Admitting	Laboratory	Community Relations	Human Resources	Administration
No. Resources	4	9	19	3	Second Second	8
Overall	90%	90%	93%	95%	95%	98%
Administration	75	88	95	89	100	100
Communication	67	95	89	89	96	94
Compensation & Benefits	100	100	94	80	90	100
Culture & Climate	97	90	97	100	92	96
mmediate Supervisor	100	77	91	100	100	100
ob Satisfaction	100	83	95	100	83	100
Service & Quality	100	100	95	93	100	100
Staffing & Resource Management	85	83	95	100	95	100
Fraining & Career Development	82	96	80	100	100	100

Median

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Minimum

Maximum

Report based on Engagement 2019 from 08-22-2019 to 12-16-2019

Grid Analysis



Please indicate your level of overall satisfaction in working with the following departments

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Information Technology/IT (N=233)	15%		42%	34%
Payroll/Accounting (N=235)	15%	and the second second	36%	34%
Materials Management (N=233)	15% 13%	1 2 6 2 6 6	35%	35%
Admitting (N=234)	16%		32%	35%
Patient Financial Services/Billing (N=233)	29%	16%	26%	24%
HIM/Medical Records (N=233)	22%	15%	31%	28%
Administration (N=232)		18%	30%	31%
Outpatient Special Procedures (N=234)	26%	17%	25%	31%
Community Paramedic Program (N=231)		36%	22%	32%
Health & Weliness (N=232)		44%	13% 19%	22%
Laundry Services (N=233)	23%	14%	28%	31%
Prosser Clinic (N=233)	24%	18%	30%	26%
Social Services (N=235)	30%	13%	26%	31%
Comprehensive Pain Management Clinic (N=232)		45%	17% 18%	19%
Prosser Women's Health Clinic (N=233)	31%		27%	29%
Grandview Clinic (N=233)	28%	16%	27%	28%
0%	10% 20% 30%	40% 50%	60% 70% 80% vissatisfied Neutral Satisfied Very Satisfied	20% 100%

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Comment Analysis

What do you enjoy most about working at Prosser Memorial Health?



Topics Word cloud

employees environment staff coworkers hospital home department people small workers ^{get} WO able patient mh working enjoy patients close love one feel care day good **COMMUNITY** family help helping friendly team always making

Engagement Index



66% Engagement

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Engagement Index By Demographics



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Prosser Memorial Health

Engagement 2019

Report filters included

Employee Type: Employees Employee Status: A1, A2, A7

What do you enjoy most about working at Prosser Memorial Health? (184)

n/a

the people

The friendliness of the staff

I enjoy working with my coworkers

I love the staff I directly work with on my shifts. I'm proud of the hard work we do, the teamwork we display, and the ease in which we communicate/work with other departments on shift. Our straight-forward communication with one another creates an honest and genuine work environment that provides better care to our patients and families.

Serving and caring for the people in my community.

The camaraderie between the staff is nice making it a great work environment making it easy to come to work. Prosser Memorial Health is still able to keep it that small home town vibe making it personable to employees and patients.

I have a great boss and co workers which makes working here great.

the employees and staff I work with.

I enjoy the shared vision of the Board, Administration, Leadership, Medical Staff, and Employees. I believe everyone shows up to work each day to give the best work they are capable of to the benefit of our patients and our community.

A sense of family with the people you work with.

no comet

The other employees

I like small rural hospitals where everyone knows each other and are friendly, sometimes.

Working with patients from the community that I have known my entire life.

The teamwork that occurs with in pre-op and PACU department and the willingness of people to help out when needed

I enjoy the positive atmosphere around.

The satisfaction of helping the community and spending the day with my fellow employees ?

Being able to help the community when they need it most

I ENJOY WORKING WITH ALL CO-EMPLOYEE AND HELPING PATIENTS FEEL MORE HAPPY.

The People

It is always a joy coming in to working knowing that I work with team players and that I have the confidence that we will always come together to make the clinic run smoothly.

FRIENDLY ENVIRONMENT. THE BOND THAT IS ESTABLISHED WITH OUR PTS.

The most I enjoy working at PMH is the staff I work with I believe we are a great team and work well together to give the patient the appropriate care needed and when needed.

Working with my co-workers in my dept and all depts. I also enjoy seeing the patients that come in very often and we get to know each other.

I enjoy having a very sick patient and helping them feel better. I also enjoy the overall camaraderie that EMS and the ER usually enjoy. It has become much better in past five years. Mary Fuler's willingness to be proactive in attempting to keep the EMS staff up to date on our departments position in the organization has gone a along way in helping us feel more important and less like an unwanted, but semi useful department.

N/A

I enjoy working with all the different employees and departments. Everyone is super respectful and joyful to be around.

I considered them as my 2nd famiy..i love working with them especially our manager Marla, who is very supportive and always have time to listen and appreciate thing we do. She also made our lounge more like a home, we can eat and watch to while on break and more comfortable.

Direct patient contact. Establishing long term care for our community. Exited with extra programs and information to our patients.

Being able to interact with and learn from a variety of individual to further my knowledge

Interacting with the community and my co-workers.

The sense of community and team work. The pride I feel in how our facility has come and how far I believe it can go.

I enjoy the people I work with. Also, the CPP program has been great for our patients post care, we hear a lot of people states that they like this program and I shope it continues. The doctors are very caring and supportive to the staff. Having my own family come here for their care and having them express how they like the hospital and the care they receive is great to hear.

I enjoy the over all work experience. I enjoy Prosser as a city and community

I really enjoy the relationship between all departments during the evening shift, everyone is very helpful.

patient care/ team work

Great group of people!

I enjoy providing exceptional care for the people in and around my community. I absolutely love working here at PMH.

my boss is the best, my coworkers and physicians are very great to work with.

Small town hospitality of treating our patients and families with kindness and compassion.

Working at PMH feels like being in a family.

Everyone is driven by and believes in our Mission, Vision, Values

We have a great work environment. We work as a team and helped one another to provide great service to our patients. We have great lab supervisor that leads all of us.

People

My coworkers

High Quality Care; good morale; my supervisor

The belief in treating everyone with respect

Being able to help other Doctors and learning new things.

Friendly staff. and working with such great Providers who show their passion in working in the medical field.

seeing the same co-workers makes a differences and say something about our organization.

Staff and Administration treats me with respect and if I ever have any questions or concerns HR department always answers and helps me in any way that they can. HR is the BEST

The flexibility to change when needed

The people I get to work with every day!

the small community and knowing the patients mostly live close and keep coming back

I enjoy my job and my co-workers

Everyone is always friendly and welcoming

I honestly do not enjoy working at Prosser Memorial Health.

Relationships between staff

the team work in our department and the importance of treating the whole patient and family.

Giving back to the community I grew up in.

Home feeling here at PMH

working with a team of caring professionals!

HELPING MAKE A DIFFERENCE PEOPLES LIVES. AND BEING ABLE TO HELP ACCOMMODATE PEOPLE.

I LOVE MY DEPARTMENT BECAUSE WE ARE LIKE ONE SMALL HAPPY FAMILY. ALSO, THE WHOLE PROSSER MEMORIAL HEALTH FAMILY.

close to home, family atmosphere, staff have close relationships

Each day is challenging, I feel that I am making or have made a difference improving that healthcare out community.

It isn't as busy as my old hospital

I am beginning to trust our leadership now that we have new, professional people in administrative positions.

Feel like I'm making a difference.

The staff I work with and services we offer to our patients. Its not only a responsible company to work with and patients give us full trust its also a place where employees can also have fun through our employee engagement team.

The fact that I feel like the wellness of our natients is important to PMH

My co-workers and employees throughout the hospital and clinics.

Being exposed to the various hospital disciplines and learning from each specialty.

Giving excellent, professional, quality, caring care to our community and each individual patient

The people I work with who have a shared passion for helping our community members.

Being able to demonstrate my skills, learning new skills, do what I love to do with in my scope.

The people. Most everyone is very positive and happy to be here.

I get the opportunity to make a personal difference with my patients every day I work.

we are like family!

Most everyone is friendly and helpful

The majority of our staff believe in our Mission, Vision and Values and it shows in patient care and patient satisfaction.

The people I work with are awesome!!!! Love the providers, staff and managers.

Our environment and teamwork and everyone being compassionate

The friendly environment.

Positive changes and a future goal of the new hospital. The people and culture i work with and around.

My coworkers and sense of job security!

my boss, my co-workers, the way how admin are hands on in giving importance to employees especially on holidays, achievements.. etc..

Patient centered care! The true feeling of team work and excellent work ethic of our clinic staff.

We give great care to all our patients. Love my supervisor!

I enjoy the work that I do and that my work is only a few minutes away from home.

my job-working in women's health.

great place to work, great people to work with.

The ability to educate patient through the community paramedic program.

location

I am really enjoy the way that this hospital keep me inform of everything.

I love working in a community that everyone is so close we are all considered family. When one cares for their family they put there all into what they do, That is what I feel like it is working for Prosser Memorial Health. I have worked for PMH in the past and left for other employment opportunities due to insurance cost not being affordable. Now coming back many things have changed and never have I felt appreciated by my company the way Prosser Memorial Health does for their employees. Glad to be back and given the opportunity to work with a great company again.

The freedom I have in choosing my hours. The surgeons that I work with are easy going, caring and very skilled.

my co-workers, and the providers

It's like a family

The team work and greetings you get around the hospital is unexplainable very friendly team

Helping the patients when they are having a bad day.

The camarederie, people here are so nice, so respectful and seems so concern for each welfare and good. The environment is awesome in a way that you feel peace and confort. Everything seems in place and you feel so safe with everybody around you. Ahhh, it's a very nice place to work at.

all the staff everyone is so welcoming

the safety of our patients and communication

The environment

environment coworkers

The patients and knowing that I am serving the community in which I live.

Moving forward and providing quality care in our own community.

The services we provide locally. I enjoy working with the providers.

The pay and benefits are very well for this area.

TO ONE DAY WORK FOR PMH.

Volunteer opportunities

the work environment

I really enjoy working for PMH because we provide great care. I receive a lot of positive comments from patients that are happy to have a Lab open close to home.

my work schedule meets my needs at this time. i enjoy the community we serve.

I love being a nurse and am fortunate to do what I love.

Coworkers, new experiences

I love being part of an organization that's main focus is quality patient care and high standards. The bottom line is always important but we are being led towards exceeding standard of care while remaining a financially strong entity which will allow us to remain in this area for years to come. The people that are hired here are people we can count on to help each other be and do the best. We have made a huge commitment to be parts of the communities we serve and work hard to be involved.

I love the people I work with.

friendly staff, close to home

Overall we are moving in the right direction as an organization that is trying to provide the best they can for their people. We are growing in areas that we need to which is exciting to see. I enjoy the family feel of working here.

Close to my house, usually get the days off I need when I ask for them and a consistent schedule.

the environment

Knowing the high level of dedication that most staff have to the community and eachother, the CEO is dedicated to making the hospital the best it can be, the pay is very good, the benefits are excellent

Having a safe place to work.

I enjoy working with a group of professionals that truly care about our community and our hospital.

Nice to be close to home and I get along with all my co-workers.

The people and the culture.

working with the patient in this community.

Large enough to do interesting work, small enough to still care.

The amazing people I work with

I enjoy the community feeling as an employee here.

Everybody feels like one big family here and everybody knows everybody on first name basis.

The overall competency of the people doing their jobs is wonderful.

working with people who become more than friends

co-workers

My co-workers and helping the community

coworkers are the best and providers

The people I work with daily. The patients are wonderful.

I enjoy my job and being able to help fellow employees and love working with my co workers.

I really enjoy working with our community, and I also enjoy our health benefits.

my surrounding is very friendly and people oriented

everyone is nice.

Everyone is friendly and dedicated to making this hospital the best. This hospital has gotten so much better in the last 4 years.

The teamwork, the family-like atmosphere, the flexibility.

The thing that I enjoy the most about working here is the fact that the patient is ALWAYS number one!!! We have a great team that strives constantly to provide the best patient care possible. I always witness, (especially in my own department) that care givers are trying to make our patients more comfortable and informed, and therefore, making them happy and cooperative, and hopefully feeling better. We take the time to make sure people feel good and are treated the way we want our loved ones to feel and be treated.

friendly, caring

patient.

I love my job and working towards making any situations more pleasant for the patients.

The close knit community of people I work with

Staff taking care of patients and staff looking out for one another.

My work helps save lives, and I'm given the tools and time to make sure my work is high quality.

The patients and the staff overall both are pleasurable and I enjoy helping others.

I enjoy working in our department because there's respect, understanding and team work. As an organization, the benefits the company offer for their employees is really great and competitive.

I really enjoy the interactions I get with our patients, especially the ones you see all the time. You get these personal connections with patients you won't ever have anywhere else. Prosser in general is a great town to work in. Everyone is so nice and welcoming. I also love my team. Here at the Specialty Clinic we aren't just coworkers, were family. We go above and beyond for each other and are 100% there all the time for one another.

I get the opportunity to do what I love and gain experience while doing it- and get paid very well when compared to other facilities.

Great teamwork!

I enjoy all the coworkers, they are very polite, respectful, and with big smiles. I also enjoy communicating with the patients.

By patient's and co workers. Educating patient's and their families

the people - make you feel like you are part of a family - a very positive environment

how everyone treats patients/employees as family

It is a small hospital and it is amazing that we have opportunity to provide individualized special care to all patients

na

I enjoy working with good, nice, responsibility person where I work everyone is great co-worker's.

My co-workers

The friendly, hard working staff and it's close to home so I don't have to travel a long distance each day.

Staff

Its a well respected place to work at.

The patients, the employees and the mission.

Relationships with my coworkers, sort of a 'family' work atmosphere.

staff on my shift, specially my home department

Coworkers are pleasant.

FAMILY FEEL

Comradery amongst the leaders. Everyone willing to help each other out.

My peers that share my work ethics

I ENJOY MY JOB VERY MUCH, BENEFITS AND CLOSE TO HOME

My coworkers

What 1 or 2 things would most improve Prosser Memorial Health as a place to work? (169)

Newer facility-storage is an issue

no idea at this time

Things to improve in my area are: Benton City Clinic needs a manager. Many things happen and when there is no one to report to things are missed, patients are upset and staffing can be a problem. Staff transfers to other positions and no replacements are their to help with the work load that is only growing and the ones who are suffering are the patients by not getting the fast response times from the staff. Second would be communication on training and upgrades. EPIC can be so useful if everyone knows how to use it. I know a superuser program may be in the works but for it to become active would help out each and every dept.

1. It is obvious there is no concern for safety of staff, due to repeated episodes of violence against staff by patients. It is an issue that has been reported several times, has been brought up more times than I can count, with little to no follow through. It is assumed that administration is waiting for a staff member to be severely hurt or killed before they take action to protect staff. 2. There is no communication between direct department managers and staff. It is not hard to

Pay based on not only years of experience but also amount of worked done in the job. For example some providers see more patients. ALL staff working with that provider should be compensated for working twice as hard as others with the same job title. Communication lacks. Managers should try to communicate more with their staff regarding changes made in the clinic. Clinic "LEADS" what is their role? This needs to made clear to staff. Most staff are not aware of what their job or roles is.

More employee recognition as goals are accomplished or exceeded.

n/a

better communications and help from other departments.

Be fair to everyone and follow policies and contracts, those special people get to call in sick whenever, Lazy working even with multiple complaints and meetings with. They hold special events for dayshift but forget about the nightshift, Nightshifts LOVES FOOD AND FUN STUFF TOO and YES, WE DO EXIST!!!!

1. If they would listen more to the staff on our needs for our dept.. 2. Bring in more staff to help with workload.

Renovations, Payincrease

Clear expectations for each leader and all being held accountable to the same standards in our values. Especially respect and integrity. Increase active listening, let everyone have a voice.

We have a very thoughtfully prepared Strategic Plan. Each initiative is relevant to the needs of our patients and mission. However, we spend no time identifying the time, resources, work force, training, and/or funding that will be required to accomplish each item. Leaders are simply expected to figure out how to accomplish these goals without the utilization of additional resources. Some leaders are quickly approaching burn out under the weight of unreasonable expectations. More concerning is a pervassive narrative that leaders are not working hard enough or long enough, as if stuggling leaders simply lack initiative or a work ethic. We need to replace critism with active listening, collaboration, and support if we want to improve our productivity and accomplish our goals.

Security night shift staff exists

If Administration was more involved with EVERYBODY more and not just the managers, I think it would help those who don't feel important, feel like they're involved also. :)

One thing that would make my job better and that would definitely give way better patient care, is Pig-O-Stats at both of our x-ray clinic sights in Grandview and Prosser. That is a very specific item to bring up, but that's because it always becomes and issue, especially during flu/cold season. Taking an x-ray on a baby is tough when you have the proper equipment, but when you don't have the proper equipment its like shooting from the hip. As xray techs we are trained to use critical thinking skills to figure out way of doing exams safely and efficiently while maintaining diagnostic quality and not repeating pictures. No matter how or what we do, if we do not use that piece of equipment, we are taking a high chance of repeat or of misdiagnosis due to not having proper positioning. This equipment holds the infant/child still, lowering the chance of repeat due to motion. I know that asking for a piece of equipment isn't really what you're looking for here but its hard to think of anything else that would improve my job here because everything is already very steady and solid, and I love my job. If I ever think of anything that might make my job better or easier, I always bring it up to my coworkers and my supervisor, both parties listen well and consider all ideas brought forward. I LOVE IT HERE, thanks for being my second family!!

Not sure

There is so much work (I get it. The work has to be done, if we are to meet our goals) But why not let staff take a moment to breathe, take in all of the accomplishments. And WE NEED WORK SPACE...running out of room.

Unfortunately it is not something that can be changed with the current facility, however the space constraints of our current facility make it, at times, very challenging to operate at my expected level of professionalism.

N/A

Increase the number of staff (not so much full time) just support staff such as per diem, so ensure our patients are cared for appropriately and safely.

None at this time

Thinking long term instead of short term immediate returns.

na

Better communication with other clinics. Also making sure that their is enough coverage within the clinics.

policies and procedures need improvement and communication between departments and with house supervisor can also be improved on.

I have an awesome boss that really cares about her employees

Lets go green..... save the planet

Limit the amount of time employees spend on their cell phones while they are working in public areas as well as non public areas. A more aggressive policy needs to be establish to correct the employees who are consistently on their phones.

PARKING SPACE AND EMPLOYEE TO BE MORE ATTENTIVE IN SAFETY. CHRISTMAS BONUS FOR ALL EMPLOYEE.

Getting nursing staff to do their "nursing collect" in Epic BEFORE bringing samples to the lab so it improves tat on results.

Nothing Prosser is great!

More space to work in, and a program to have employees shadow in different departments to better understand work flow and responsibilities.

electronic medical record, you need to have things scanned in a timely manner; we currently don't have FTE's to accommodate this well. Release of Information is also more time-consuming since EPIC. Also, need to evaluate the way clinic coding/charging is done, as each clinic is done differently; should all be done the same way; currently, there is no back-up at all for clinic coding/charging, and it would be extremely difficult for an outside coding company to cover, as every clinic is coded/charged differently. Plus, you keep adding clinics, but not more staff to cover.

food services on the evenings and weekends

Paid maternity leave.

no comment

better interpersonal communication, even about difficult issues.

patient education department, there is no availability for the Nurses on the floors to educate our patients on Dieabetes, cardiac, stroke, and postop care for orthopedic surgeries and high risk medications- we need to have either and education department or have an ability to give patients material and videos to view prior to being discharged home. The other thing to improve is this is a small community but when you come to work you should leave your personal feeling outside. There is a lot of favoritism at this facility. Friends not getting written up because of who your boss is, friends not having to work weekends or holidays because of who your boss is ect..... Everything should always be fair across the board.

1. Quality of work with the rapid growth is at risk of being jeopardized. I hope that addressing the needs of what it takes to maintain quality work is kept in perspective globally as we move forward. 2. Getting a grip on sick calls. It is out of control and truly disappointing/depressing.

Management interaction with employees

better communication between certain departments

Increased staffing in my department

Looking into ways of using natural resources. ie: solar / wind

Focus on giving excellent customer service to the patients. Employee satisfaction

To be fully staffed in all locations so we can be more available for our doctors and or office.

Better orientation, especially EPIC.

Much better two way communication between the director and the EMS staff will go along way. Many of us have been here for close to twenty years. We do know what works and what does not work. In the past two years none of our opinions have carried any weight. The "open door policy" has been a bit of a joke. We have been allowed to voice thoughts and ideas, but not once that I am aware of have any of them been give serious thought or consideration. What we hear back is "well, this is what I think" and the conversation stops there. Staffing issues have arisen where it was minimal issue in the past. The director's lack of willingness to listen to seasoned staff suggestions has caused problems in moral and working conditions.

All departments should understand and respect each other especially the existing policies/protocols set forth that complies with national and state requirements.

Better communication between departments and shifts. it would be nice to see an increase in workplace moral support by management and administration.

Choose managers that have a true interest in their employees. I no longer voice concerns that I have regarding issues or problems on our unit because I feel that our manager does not listen to my concerns or care. I have no advocate as an employee. PMH also needs to enforce accountability to all employees. It is difficult to see other employees consistently late to work or neglectful of duties without any consequences.

to improve are clinic is to have a good, nice boss so the whole team will come to work happy to work not thinking what's going to happened if a boss is in a bad mood.

Having co workers that care & take pride in their work. Stop gossiping. Having a boss that cares, is respectful, knows how to be confidential, has a better attitude, doesn't gossip about the employees to co-workers.

There has been talk of making every department wear the same color scrubs. In communicating with my fellow employees I haven't found one that thinks this is a good idea. Personally, I feel this change would make morale drop drastically. I could go on, but I feel I won't be heard anyway.

a matching 401 k plan or bringing back cost of living I feel like minimum wage keeps going up and they are catching up.. apart from this it is a wonderful place to work.

I think you've got everything covered.

communication between upper management and staff.

a better pay communication

the ambulance service is huge in our community, having them available for transfers and patient care is a huge convenience especially with critical patients we are seeing.

Fill open positions. Communication. The constant fear of losing my job and the stress that comes with that major life change.

Better communications between individual people.

communication

New hospital. We need more room now. Portable building, outside storage containers? Clean out the house and get some use out of it. Storage/offices/meeting rooms?

acknowledges the accomplishment and hard work of staff.

Just continue to be as involved with each department/clinic as much as always.

Knowing that hard work will "pay off" in the end-but it doesn't seem to always work that way. The one that deserves a promotion doesn't always get it, but that can be quite subjective I suppose.

It would be wonderful if the executive administration would be more interactive with the individual departments each day not just on a walk through inspection-how you do-see ya later -visit.

1. If supplies were done in a "5S" organization method. 2. Occasionally there is some negativity or gossip among staff members. If there were a way to stop that, it'd be great! But most of the time there is just great teamwork.

Better communication between administration/department directors and the staff.

one of the things I believe that needs to be improved on is the communication between all staff and administration. I also believe having an onsite manager per clinic would be appropriate for all clinics to have to help with any issues or concerns patients/employees may have at the time.

security

If they hire more people that are willing to do their jobs not just sit around.

1: increase swing staffing. 2: the new hospital with more room and ancillary services.

the favoritism of employees

Need to follow the staffing guidelines in the policy, too often we are working short handed. Need better follow up from administration, for example when they say they will get back to you or email something, they usually don't.

We need private rooms for Medical Surgical. Learn to work together and support each other more at the hands on point.

NOT USING CELL PHONES DURING WORKING HOURS (FOR STAFF THAT DO NOT REQUIRE IT FOR WORK), USE THEM ONLY ON BREAKS.

make people accountable for their actions/lack of

Higher rate of PTO accrual and better staffing.

That all departments are recognized and treated equally. That everyone is an essential part of this organization. It takes all departments to make this organization a success.

I WANT TO HAVE MORE HOLIDAY PARTIES (ALL HOLIDAY IF POSSIBLE), TO KNOW OTHER CO-EMPLOYEES FROM DIFFERENT DEPARTMENTS. I want to have Christmas bonus like other hospitals.

It would be a better place to work if certain people in other departments (PFS) weren't influenced by negativity regarding coworkers that are just not true. Their manager who has recently resigned has been unprofessional at times and the negativity pours out through the staff.

Attendance and the excessive use of sick time. The lack of project management and follow through.

Communication with supervisors More emphasis as a Medical Establishment for employees and community on preventative health and wellness

Stronger management.

Better team work between departments

Billing process is terrible. Parking is horrid.

Having not Sick pay and Vacation pay separate, but in one usable lump.

The pay scale is not correct on some of the titles!!!

Less gossip and more accountability

administration transparency fair rotating holidays

Use a punch in clock for all staff. This would encourage ALL staff to work their minimum required hours and prevent abuse of their position.

Bigger space is all I can think of currently.

New building.

A better cafeteria for staff and family with better hours or maintained vending machines for late night meals.

N/A

Overall it is great. Staffing could be worked on more. Recognition of people outside of main hospital.

Proper staffing

better benefits

A pay increase

Communication between departments

Everyone's willingness to help each other. it feels that we forget sometimes that we are all working for the same company and that even though everyone has their own tasks to do we should still be willing to help each other out. Instead of saying it's not my job.

Promote from within.

acknowledgment of the admitting team. Better security for admitting.

I want to hear that the billing department is easy and uncomplicated. Pt's complain about issuing their insurance at time of registration. However, registration reps do not always add the coverage and leaves the pt as self-pay. the pt calls billing thinking it is billing's fault that we did not bill their ins. Registration in all clinics and hospital need to know the importance of adding the coverage during the registration process. This will avoid pt's from getting very UPSET and call the billing dept. I am assigned to the self-pay workqueue, I work this WQ on a daily basis. on an average, I find at least 5 pt's that have issued ins and have active coverage but were registered as self-pay. This average is based on all clinics and hospital registrations. Registration should be made aware that it is a very important process. Based on their info they provide us with, we in billing, ensure that we get a clean claim out the door and get reimbursement in a timely manner and avoid pt's from being upset.

This is a place with a lot of rumors and administration needs to realize that it is nearly impossible to keep things quiet around here. If options are being explored and there is not clear communication from Admin, rumors will run wild.

Making everyone feel that they have an important role her at PMH. I often felt less because of the "education" level required to do my job.

For me what I think could make this better is if we had a manager on site.

more per diem staff on ACS and OB that have availability.

Regarding the EPIC I do feel there is so much that the system does and we are not aware. I would like more training on the referrals/scheduling front office part of the system.

I think we can improve on attitude and body language in the work place. I also think we can all work on communicating better with our patients etc. letting them know we have received their referral but it is under review, checking to see if they have scheduled their appts when our providers refer them out, also letting them know when we are waiting on authorizations from their insurance when pending procedures.

training

What I recognize outside my department are the number of employee sick calls that must be challenging for the department managers and their "day of" staffing needs.

More time to work with each patient means that they receive better, higher quality care. Instead of cramming more patients on to a daily schedule, we owe it to each patient to give them more quality. Rushing through a busy schedule risks lowering the overall quality of care. Requiring uniform scrubs for the department will make many employees thousand+ dollar wardrobes completely obsolete and unusable. The very little benefits of requiring departments to dress in a single color do not outweigh the drawbacks. Employee satisfaction will go down. Purchasing 3 pairs of scrubs for the employee does not make up for rendering dozens upon dozens pairs of scrubs unusable. Are we expected to do laundry multiple times per week or pay out of pocket for yet more scrubs? Reconsider this change please.

Leadership (directors) needs to be recognized and shown appreciation for all the hard work they put in. We are told to make sure we acknowledge our staff for job well done, it applies to leaders as well. Appreciation and gratitude goes a long way.

24 hour housekeeping, better management in cafeteria, more comfort food selections for patients. streamlined patient and visitor food ordering for their preferances not a preset meal for every patient/visitor in the hospital(there is a lot of food waste, and a lot of complaints from pts and visitors) the cafeteria is hard to find, the menu is hard to understanding and fill out (hardly every filled out) coffee cart and gift shop should be open on the weekends if even for limited hours (1000-1400)

COST OF LIVING INCREASES (YES THEY DO EXIST !!!) - MED SURG CAN BE DIFFICULT TO COMMUNICATE WITH AT TIMES

As always, better pay and more vacation time

Greater sense of respect between EMS and the ER. More communication from immediate supervisors.

WE need more storage, and rooms for our patients. Also security measures need to improve.

Cardiopulmonary Rehab & dedicated asthma education programs

Administration - Does not communicate with their people very well, doesn't think of the community as a whole and the services that we offer all the services. Makes it hard to enjoy working for an organization that makes you feel like you don't matter. They make you feel like the work you do doesn't matter, the lives you touch daily doesn't matter. The CEO only things about the money and not what is best for the community.

better advertisement of new providers.

If people with ideas or proposals were actually listened to at a immediate or hospital managerial level. There are only a select few in this hospital that are allowed to give ideas or offer solutions, outside of them, no one is heard. Its kid of sad actually.

the appearance of the facility has declined. walls are chipped with missing pain. floors dull and dirty. There no security or safety for the staff at night

I think some of our clinics need more staff.

continue setting example for healthy lifestyle for our patients and community

Communication, especially in our department, is pretty much non-existent. We have a manager that is very seldom in our department or even at the

Replacement of Lawson and improve PR system.

Wish we could feel more appreciated at work

Allowing tech perdiem to be cross train in all departments to allow us to be more useful when needed anywhere.

Keeping nurses/MA stations cleaner. Staff spends less time doing non work related things when there is still work to be done (scrolling the internet, etc)

Get rid of the bad managers -no matter how much they brown-nose. Hold everyone equally accountable the values -Everyone.

NA

1. Every clinic should have an on-site manager who is available/accessible on a daily basis for staff and patient needs. This increases staff and patient satisfaction as well as decreasing mis-communication and/or incorrect information/practice. 2. Ongoing staff education/re-education for process improvement and best practice for patient, staff and PMH safety!

to hire managers that have backround in management. Clear communication from management and follow through with . Deal with things that need to be dealt with.

Feeling secure in my employment and knowing I will be able to continue to provide for my family. Increasing the coffee stand hours to include weekends

each patient to have owe rooms

I would improve internal and external customer service. Some Directors are not approachable and/or not willing to help problem solve a problem so workarounds end up happening to keep moving forward.

work together with staffing and communication, work together

The things I believe need to improve are already in motion.

As a per diem sometimes information is not communicated to us. As techs we are not appreciated by some staff. We are expected to go beyond our limits to attend patients when we have nurses who can help.

1.We need a cost of living, due to prices are going higher

I'm not really sure. I haven't been here that long.

The management needs improvement in areas where there are concerns with staff and management, we get overlooked when there are serious issues and nothing gets done, if they listened more to us little people then maybe our moral would be better.

Staffing and consistent expectations for all employees in same job title.

Unfortunately, PMH needs more restrooms. Whether it would be making designated restrooms for staff and patients/visitors. There is a daily struggle in finding an available bathroom. Customer service incentive program of some sort. I personally have not received great customer service when I have been a patient at our clinics.

More Medical assistance

1, Team work between departments 2. Department supervisors not being so divided

Better management and there accountability/responsibilities. Also there times they work and there accountability for the time that they work. I think they take advantage of not having to clock in and out, Well at least some do! Getting the pay we deserve

A NEW HOSPITAL!!!!

Communication, all employees treated equally- no favortism

1) the feeling of being micromanaged 2) it feels like there are endless meetings upon meetings for simple things or updates, but others (epic update comes to mind) i felt complete lost without support (and yes, i did do the playground and was an active self learner in the update)

24 hour housekeeping. Revamp dietary completely-it's a mess. Stop passing out bonuses to administration and hire bedside nurses! Everyone is burning out.

A new hospital or a few inexpensive updates as we inch toward that goal.

More proper staffing and better staff communication.

Better inner department work communication, less gossip, clear processes to guide.

MAYBE BEING ABLE TO WORK TOGETHER AND NOT PASSING THE BUCKET, ALSO IF YOU MESSED UP JUST OWN IT AND SAYS YES IT WAS ME AND I WILL TRY TO WORK ON IT.

More opportunities for learning and training in our departments. Spanish lessons. (Columbia Safety training opportunties are greatly appreciated-thank you for that onsite training & to complete re-certifications. Also live streaming the Diabete Forum was a great idea.)

A new hospital :)

improving staffing. whenever we get a raise, there is a takeaway with insurance that counteracts the raise, In 2020 I will be taking home less then what I did in 2019.

Sufficient knowledgeable staffing.

Attachment Q



This is how we care.

Celebrating Years of Service

Milestone Recognition & Luncheon

Thursday, January 23, 2020 | Walter Clore Center | 11:30am - 1:30pm

Prosser Memorial Health is celebrating employees' years of service. Honorees will enjoy a catered luncheon with their Director, Leadership Team and Administration. Employees will receive a certificate of appreciation, years of service pin, and monetary award.

If you have questions regarding the years of service recognition, please contact the HR Dept. at ext. 6688.

Prosser Memorial Health – 2020 Milestone Recognition Recipients

Name	Position Yea	rs of Service
Christina Miller	LPN	45
Kristi Tuor	RN, Clinical Systems Coordin	ator30
Karla Greene	RN	20
Stephanie Barrera	RN	15
Jay Boyle	LPN	15
Jessica Gonzalez	Laundry	15
Eric Heinlein	RN	10
Mariann Vanguardia	Microbiologist	10
Stephen Herrero	Microbiologist	10
Monique Saenz	Patient Services Representat	tive 10
Raquel McGraw	Lab QA/QC Technologist	10
Bryan Scheer	Paramedic	10
Deanna Bridger	Laundry	10
Rosalynn Tedeschi	RN	10
Verna Yoes	CRT	10
Steven Elerding	Physician – General Surgeon	5
Victor Huyke	Director, Food Services	5
Jonathan Scott Friend	Paramedic	5
Michelle Morgan	RN	5
Ingrid Mortensen	Advanced EMT	5
Shantel McGarvey	RN	5
Hanna Wheeler	RN	5
Eileen Sheppard	RN	5
Christi Doornink-	RN, Director, Emergency Ser	vices
Osborne	& Physician Recruiter	5
Rosabela Pineda-Perez	Cook	5
Montessa Hendrix	CNA/Unit Secretary	5
Maria Garcia	Lab Assistant II	5
Lynn Smith	Medical Staff Coordinator	5
Peter Park	RN, Patient Care Coordinato	
Celeste Rodriguez	CT Technologist – R	5
Kathleen Vasquez	RN	5
		310

Attachment R

Craig Marks

From:	Rochelle Kmetz
Sent:	Thursday, December 26, 2019 12:44 PM
То:	IAll Staff; IMedical Staff
Cc:	Board Members
Subject:	Ugly Sweater Contest Winners!!
Follow Up Flag:	Flag for follow up

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



Hello Everyone! This photo looked a lot like our Winners' Ugly Sweaters for sure!

And those Winners of the 2019 Ugly Sweater Contest who will be receiving \$25 restaurant certificates are:

- Irma Mendoza Grandview Clinic
- Sunshine Zavala Environmental Services
- Malissa Garcia Surgery

Congratulations Malissa, Sunshine and Irma!

As a final recap, our 2019 Prosser Memorial Health Holiday Activities Winners are:

Holiday Cookie Contest:

- Shannon Hitchcock Marketing/Community Relations/ Foundation
- Maria Rubalcaba PFS
- Maggie Munoz-Costello PFS

Department/Clinic Christmas Stocking Contest:

- Accounting
- Patient Financial Services (PFS)
- Laboratory

Ugly Sweater Contest:

- Irma Mendoza Grandview Clinic
- Sunshine Zavala EVS
- Malissa Garcia Surgery

Congratulations to all! On behalf of the Employee Engagement Team, we hope you had fun and best wishes for 2020.

Rochelle Kmetz, SPHR, SHRM-SCP Chief Human Resources Officer | Human Resources PROSSER MEMORIAL HEALTH



THE PULSE

PROSSER MEMORIAL HEALTH EMPLOYEE NEWSLETTER





Last Month's Events



The annual **Gingerbread Build-Off** event returned with even more activities than ever. People of all ages were in awe at the four gingerbread houses built and decorated by local teams. Desert Wind served their signature hot chocolate, PMH's Gift Shop sold gingerbread house kits for guests to decorate and more. This event will return again next year with the same intention of creating a holiday tradition for all to enjoy with the proceeds benefiting the Prosser Memorial Health Foundation.
Events

THE FLU & YOU Facebook Live Event

Facebook Live - The Flu In response to the flu outbreak, we hosted a Facebook Live event on December 10th. Our panel of experts included Dr. Min, Dr. Santa-Cruz and Dr. Murphy. They discussed everything you need to know about the flu, including how to prevent it. They also answered questions that were submitted prior to the event. 887 people viewed the event and submitted 54 questions. The video is available on PMH's website for anyone to view. Thank you to our providers for participating in this educational event that improves the health of our community.



The Prosser Clinic hosted a **Botox Party** on December 5th. Along with special pricing on Botox and Juvéderm services, guests enjoyed Jade's British Girl Treats appetizers, Desert Wind Wines, Champagne, a complimentary massage and gift bag. Thank you to the Prosser Clinic, Dr. O'Connor, Pam Morris and Jessica Luther for executing a successful night.

Upcoming Events

January 23, Milestone Recognition/Years of Service Luncheon, The Clore Center, 11:30am-1:30pm. January 31, Christina Miler's Retirement Party in the Vineyard Conference Room, 1pm-2:30pm. February 7, Go Red for Women Luncheon at Desert Wind Winery, 11:30am-1:30pm.



Thank You Jett McDonald!



A BIG thank you to Jett McDonald, of local Boy Scout Troop 649. He finished his Eagle Scout project to have over 100 pediatric surgical caps made for the PMH Surgery Department! Thank you to Jett and Boy Scout Troop 649!

WSU RN Students



Pictured is the first group of students to complete their clinical rotation at PMH for nursing school. Going forward, Ali Young will oversee and instruct nursing students during their clinical rotation. Congratulations to these 8 students for completing their clinical hours!

Holiday Festivities

Department Christmas Stocking Decoration Contest:

1st Place: Accounting **2nd Place:** Patient Financial Services (PFS) **3rd Place:** Laboratory











Congratulations to **Shannon Hitchcock, Maggie Munox-Costello and Maria Rubalcaba** for earning the title of the "best bakers!" Not only did PMH staff vote for you, our swing-bed patients did as well.



Prosser Memorial Health's mission to support the community in which we serve was demonstrated in yet another way this holiday season. Eight families in need were showered with toys, clothes, food, gift certificates and more. In addition to these eight families, the Benton City Clinic adopted five foster children, the Grandview Clinic adopted a family and the Specialty Clinic adopted 14 teenagers.

Not only were the receiving families overwhelmed with the generosity, Mustangs 4 Mustangs and the Prosser School District expressed gratitude as these families have faced hardships this year. A mother in one of these families cried as her van was being filled with wrapped gifts. She shared her story of losing all financial stability when her husband passed away last month. As a widow, she supports her five children on her own. The gifts she received from PMH are the only gifts her family will have this year. Thank you to each and every one of you that was part of this amazing event, without you over 60 people would not have a complete Christmas.

Ugliest Sweater Contest:

Congratulations Irma Mendoza, Sunshine Zavala and Malissa Garcia for winning the Ugliest Sweater Contest! And a special shout-out to Food Services for the delicious Prime Rib Lunch!



Holiday Party

The Holiday Party exceeded all expectations. Here are some highlights from the night:



Anniversaries

Happy 1 Year

Christopher Murphy Respiratory Therapist

Kristi Shoman Resource Nurse

Genesis Medina Lab Assistant II

Samantha Santos CT Technologist

Gabriella Ramos Patient Registrar

Elena Rodriguez Acute Care Tech

Kimberly Crosby-Orosco, Paramedic

Happy 2 Years

Molly Schutt Prosser and Grandview Clinic Manager

Veronica Sanchez CMA

Wendy Clapp Supply Chain Director

Dr. Grant ED

Happy 4 Years

Monica Ramirez RN

Happy 5 Years

Marla Davis Nurse Director

Menalyn Herrero RN

Susie Cervantes RN

Happy 6 Years

Victor Huyke Food Services Director

Ingrid Mortensen EMT

Dr. Eldering General Surgeon

Happy 7 Years

Maria Rubalcaba Collector

Happy 10 Years

Casey Hollenbeck Resource Nurse

Happy 11 Years

Eric Heinlein RN

Mariann Vanguardia Microbiologist

Stephen Herrero Microbiologist

Happy 16 Years

Stephanie Barrera RN

Happy 18 Years

Maria Cardenas Appointment Scheduler

Happy 20 Years

Randy McCombs Grounds Maintenance

Bill Wilson

Happy 24 Years

Suzanne Merk



Birthdays

Lizbet Razo Prosser Women's Health Patient Services Rep

Michelle Morgan Resource Nurse

Cynthia Joyce Medical Technologist

Verna Yoes Cardiopulmonary CRT

Jason Raver EMT

Rosa Rivera Prosser Specialty Clinic CMA

Meghan Luther Housekeeper

Maryann Hildebrant Acute Care Department RN

Eileen Sheppard Surgical Services RN

Helen Blankenship Prosser Clinic LPN

Susan Miklas Director of Laboratory/Infection Preventionist

Victor Silva-Frayle Medical Technologist

Maria Padilla Pharmacy Technician II Andrew Wickwire Cardiopulmonary Respiratory Therapist

Jennifer Hare ED RN

Lynn Smith Medical Staff Coordinator

Kristi Tuor Clinical Systems Coordinator

Cassandra Cazares Acute Care Tech

Amanda Schilperoort Acute Care Tech

Liliana Rangel ED RN

Gaudencio Pedroza Housekeeper

Dr. Groner Comprehensive Pain Mgmt Clinic

David Winn Paramedic

Sheri Allen RN

Jessenia Garcia Prosser Clinic Patient Services Rep

Dr. Zhumurouski Prosser Clinic



Macayla Hunt Dietary Aide

Rocio Moran ED Tech

Lorie Santoy Prosser Specialty Clinic Surgery Scheduler Coordinator

Christina Miller Acute Care Department LPN

Daniel Solis Prosser Specialty Clinic CMA

> Free 20oz Busy Bean Coffee on your birthday!

ASPIRE Awards

Accountability Service Promote Teamwork Integrity Respect Excellence



Billy Wilson

ASPIRE Congratulations go to Billy Wilson in our EMS Department who received a Silver Award. Billy never says "no" when asked to drive the PMH ambulance in community parades and other events. You'll often see Billy on the sidelines for high school football games and local rodeos too!



Diana Ramirez

Congratulations Diana Ramirez in our Patient Financial Services Department. She received a Gold Aspire Award for always going above and beyond to assist her team and department get the job done! She promotes teamwork all of the time and is always willing to help out whenever and wherever she is needed.



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



Congratulations Anna Mendoza, Medical Assistant at the Prosser Women's Health Center, for receiving a Gold ASPIRE Award. Anna is dedicated, patient-oriented, a team player and the "BEST Medical Assistant ever x1000%!"



Brian Gese

Brian Gese, Physical Therapist at Prosser Therapy and Rehab Center, received a Silver ASPIRE Award for obtaining his certification as an Orthopedic Specialist. This is an extremely challenging certification to obtain.

Congratulations!





Adelyne with her Uncle Josh

Lyz Conklin, Surgery Scheduler for Prosser Women's Health Center, has a new granddaughter. Lyz delivered her daughter at PMH so it was a special moment having her granddaughter delivered at PMH as well.





Dr. Wenger, ED, on his baby girl! Madelyn was born on November 27th.



Taco Casserole

Ingredients

- 1 tbsp Avocado oil
- 2 lb Organic Ground Beef, Chicken or Turkey
- 3/4 cup Water
- 1/4 cup Taco seasoning
- 2 large Bell peppers (diced; use orange or yellow for color variety)
- 1/4 large Onion (diced)
- 2 10-oz cans Diced tomatoes with green chiles (drained very well - push down when draining)
- 1 cup Cheddar cheese or Daiya (Dairy Free cheese)

Optional Toppings

- Iceberg lettuce (shredded)
- Fresh tomatoes (diced)
- Avocados (cubed)
- Fresh cilantro (chopped)
- Sour cream

Instructions

- 1. In a large sauté pan, heat avocado oil over medium-high heat. Add the ground beef. Cook, breaking apart with a spatula, for 8-10 minutes, until browned.
- 2. Add the water and taco seasoning. Bring to a boil, then simmer for a 2-5 minutes, until it thickens and taco meat forms.
- 3. Transfer the beef to the Crock-Pot. Add the diced peppers, onions, and drained diced tomatoes with green chiles. Mix everything together.
- 4. Cover the slow cooker with the lid and cook for 4 hours on Low or 2-3 hours on High. At this point you can take your Crock-Pot anywhere you need to (use the side latches to seal the lid), and just plug it in to keep it warm when you get there.
- 5. Right before serving, stir the casserole. (You can spoon out any excess liquid that may have accumulated, but there shouldn't be much if you drained the tomatoes well.) Set the Crock-Pot slow cooker to High and sprinkle shredded cheese on top. Cover and cook for about 5 minutes, until the cheese melts.
- 6. Top your casserole with any toppings you like, such as lettuce, tomatoes, avocados and/or cilantro.





ProsserHealth.org



Assets				Liabilities & Fund Balance						
	12/31/2019	11/30/2019	12/31/2018	0	12/31/2019	11/30/2019	12/31/2018			
Cash & Temporary Investments	980,391	723,428	1,221,707	Current Portion of Bonds Payable	270,000	255,000	255,000			
				Current Portion of Notes & Capitalized Leases	418,578	-	673,075			
Gross Patient Accounts Receivable	26,257,377	25,655,024	17,006,826	Current Portion of Bank Of America Debt	177,395	221,432				
Less Allowances for Uncollectible	(15,682,980)	(15,429,000)	(8,840,000)	Accounts Payable	1,217,346	1,602,150	898,585			
Net Patient Receivables	10,574,397	10,226,024	8,166,826	Payroll & Related Liabilities	3,153,457	2,714,097	2,540,264			
				Deferred Tax Revenue	-	69,429	-			
Taxes Receivable	26,908	32,991	24,789	Cost Report Payable	696,371	2,222,424	494,000			
Receivable from 3rd Party Payor	927,771	937,676	798,040	Other Payables to 3rd Parties	830,700	830,700	830,700			
Inventory	401,623	345,055	357,938	Deferred EHR Medicare Revenue	330,200	357,717	660,400			
Prepaid Expenses	1,656,277	1,324,712	687,516	Deferred PPT Revenue	-	-	÷			
Other Current Assets	111,544	81,471	14,595	Accrued Interest Payable	19,670	121,844	20,307			
Total Current Assets	14,678,911	13,671,357	11,271,411	Other Current Liabilities	-	-				
				Total Current Liabilities	7,113,717	8,394,793	6,372,331			
2014 LTGO Bond Funds	-	-	-							
Whitehead Fund - LGIP	1,205,889	1,204,075	1,178,425	Non Current Liabilities						
Funded Depreciation - Cash	44,372	766,553	198,055							
Funded Depreciation - TVI	13,759,943	13,759,942	12,534,988	Bonds Payable net of CP	6,038,044	6,308,398	6,312,292			
Bank of America Escrow Account	346,920	1,188,813		Capital Lease net of CP	-	418,578	336,449			
Board Designated Assets	15,357,124	16,919,383	13,911,468	Bank of America net of CP	5,473,403	5,473,403				
				Total Non Current Liabilities	11,511,447	12,200,379	6,648,741			
Land	3,128,341	3,128,341	2,728,341							
Property Plant & Equipment	41,862,864	42,070,403	35,872,088							
Accumulated Depreciation	(26,677,264)	(26,452,950)	(24,286,629)	Total Liabilities	18,625,164	20,595,172	13,021,072			
Net Property Plant & Equipment	18,313,941	18,745,794	14,313,800							
				Fund Balance						
Investment & Other Non Current Assets	-	-	-	Unrestricted Fund Balance	29,724,812	28,741,362	26,475,607			
Unamortized Financing Costs	-	-	-	Restricted Fund Balance	-	-	-			
Intangible Assets	-	-	-	Total Fund Balance	29,724,812	28,741,362	26,475,607			
Other Assets	-	-	-							
Total Assets	\$ 48,349,976	\$49,336,534	\$ 39,496,679	Total Liabilities & Fund Balance	\$48,349,976	\$49,336,534	\$39,496,679			



Assets	Assets Liabilities & Fund Balance						
	12/31/2019	11/30/2019	12/31/2018		12/31/2019	11/30/2019	12/31/2018
Cash & Temporary Investments	980,391	723,428	1,221,707	Current Portion of Bonds Payable	270,000	255,000	255,000
				Current Portion of Notes & Capitalized Leases	418,578	-	673,075
Gross Patient Accounts Receivable	26,257,377	25,655,024	17,006,826	Current Portion of Bank Of America Debt	177,395	221,432	
Less Allowances for Uncollectible	(15,682,980)	(15,429,000)	(8,840,000)	Accounts Payable	1,217,346	1,602,150	898,585
Net Patient Receivables	10,574,397	10,226,024	8,166,826	Payroll & Related Liabilities	3,153,457	2,714,097	2,540,264
				Deferred Tax Revenue	-	69,429	-
Taxes Receivable	26,908	32,991	24,789	Cost Report Payable	696,371	2,222,424	494,000
Receivable from 3rd Party Payor	927,771	937,676	798,040	Other Payables to 3rd Parties	830,700	830,700	830,700
Inventory	401,623	345,055	357,938	Deferred EHR Medicare Revenue	330,200	357,717	660,400
Prepaid Expenses	1,656,277	1,324,712	687,516	Deferred PPT Revenue	-	-	-
Other Current Assets	111,544	81,471	14,595	Accrued Interest Payable	19,670	121,844	20,307
Total Current Assets	14,678,911	13,671,357	11,271,411	Other Current Liabilities	-	-	-
				Total Current Liabilities	7,113,717	8,394,793	6,372,331
2014 LTGO Bond Funds	-	-	-				
Whitehead Fund - LGIP	1,205,889	1,204,075	1,178,425	Non Current Liabilities			
Funded Depreciation - Cash	44,372	766,553	198,055				
Funded Depreciation - TVI	13,759,943	13,759,942	12,534,988	Bonds Payable net of CP	6,038,044	6,308,398	6,312,292
Bank of America Escrow Account	346,920	1,188,813		Capital Lease net of CP	-	418,578	336,449
Board Designated Assets	15,357,124	16,919,383	13,911,468	Bank of America net of CP	5,473,403	5,473,403	
-				Total Non Current Liabilities	11,511,447	12,200,379	6,648,741
Land	3,128,341	3,128,341	2,728,341				
Property Plant & Equipment	41,862,864	42,070,403	35,872,088				
Accumulated Depreciation	(26,677,264)	(26,452,950)	(24,286,629)	Total Liabilities	18,625,164	20,595,172	13,021,072
Net Property Plant & Equipment	18,313,941	18,745,794	14,313,800				
				Fund Balance			
Investment & Other Non Current Assets	-	-	-	Unrestricted Fund Balance	29,724,812	28,741,362	26,475,607
Unamortized Financing Costs	-	-	-	Restricted Fund Balance	-	-	-
Intangible Assets	-	-	-	Total Fund Balance	29,724,812	28,741,362	26,475,607
Other Assets	-	-	-				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Total Assets	\$ 48,349,976	\$49,336,534	\$ 39,496,679	Total Liabilities & Fund Balance	\$48,349,976	\$49.336.534	\$39,496,679
					+,,	+	000,000,010



\$

\$

%

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24%

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-21%

73%

24%

15%

113%

16%

18%

-2%

-15%

11%

16%

-33%

35%

2%

-19%

13%

26%

23%

-4%

11%

11%

3%

40%

107%

-144%

23%

660%

-962%

Month Ending Prior Year to Date Prior Actual Budget Variance % Year % Actual Budget Variance % Year **Gross Patient Services Revenue** 2.864.852 \$ 2.943.413 \$ (78.561) -3% \$2.462.857 16% Inpatient \$ 32.299.988 \$ 35,066,636 \$ (2,766,648) -8% \$ 29,604,722 10,233,791 8,120,821 2,112,970 26% 7,521,189 36% Outpatient 109,767,804 96,525,745 13,242,059 14% 88,786,759 13.098.643 11,064,234 2,034,409 18% 9,984,046 31% **Total Gross Patient Services Revenue** 142,067,792 131,592,381 10,475,411 8% 118,391,481 **Deductions from Revenue Contractual Allowances** 45% 2.611.913 1,939,122 (672, 791)-35% 1,801,818 Medicare 27,642,363 23,278,777 (4, 363, 586)-19% 20.525.466 2,597,442 2,593,535 3.907 0% 2,324,925 12% Medicaid 31,553,266 31.181.782 (371, 484)-1% 26,511,175 1,053,995 1,140,268 86.273 8% 1.510.294 -30% **Negotiated Rates** 13,688,693 -23% 16,817,667 (3, 128, 974)14,177,999 (62,054)127,334 189,388 149% 50,269 -223% Other Adjustments 1,343,445 1,528,366 12% 184.921 1,230,238 -7% 9% 6,197,389 5,804,166 (393, 223)5,687,306 **Gross Contractual Allowances** 77,356,741 69,677,618 (7,679,123)-11% 62,444,878 6,197,389 5,804,166 (393, 223)-7% 5,687,306 9% **Net Contractual Allowances** 77,356,741 69.677.618 (7, 679, 123)-11% 62,444,878 137,319 80% 34,095 171,414 258,073 -87% Charity Care 19% 1,671,832 2,057,794 385,962 2,108,996 514.437 266.631 (247,806) -93% 93,441 451% Bad Debt 4,031,596 3,200,851 -26% (830,745)2,325,567 6.745,921 6,242,211 (503,710) -8% 6.038.820 12% **Total Deductions From Revenue** 83,060,169 74,936,263 (8,123,906) -11% 66,879,441 6.352.722 4,822,023 1,530,699 32% 3,945,226 61% **Net Patient Services Revenue** 59.007.623 56.656.118 2,351,505 4% 51.512.040 60,565 127,613 (67.048)-53% 48.223 26% Other Operating Revenue 1.499.622 1,531,967 (32, 345)-2% 704,674 6,413,287 4,949,636 1,463,651 30% 3,993,449 61% Net Revenue 60,507,245 58,188,085 2,319,160 4% 52,216,714 **Operating Expenses** 2,596,017 2,111,486 (484,531) -23% 2,011,547 29% Salaries -7% 27,185,748 25,347,976 (1.837,772)23.106.905 765,786 527,178 (238,608)-45% 629,185 22% **Benefits** 6.328.668 2% 6.187.377 141,291 6,299,128 268,266 186,546 (81,720)-44% 282,311 -5% Purchased Labor 2,841,110 2,238,554 (602, 556)-27% 3,345,598 3,630,069 2,825,210 -28% 2,923,043 24% (804,859) Sub-Total Labor Costs 36,214,235 33,915,198 (2,299,037)-7% 32,751,631 377,019 326,629 (50, 390)-15% 269,228 40% Professional Fees - Physicians 4,029,734 3.919.548 (110, 186)-3% 3,477,937 37,367 57,262 19,895 35% 25.510 46% Professional Fees - Other 499,934 687,148 187,214 27% 741,499 622,645 -3% 413,199 606,474 (16, 171)51% Supplies 6,992,443 7,277,690 285,247 4% 5.194.133 24% 37,860 49,722 11,862 50.186 -25% Purchased Services - Utilities 491.784 596.665 104.881 18% 480,365 269.828 290,367 20,539 7% 394.913 -32% Purchased Services - Other 3,335,345 3,484,400 149,055 4% 4,093,714 186.792 186,821 29 0% 192.971 -3% Rentals & Leases 2,132,296 5% 2,241,852 109.556 1,888,737 63,642 48,255 -32% 52,566 (15, 387)21% Insurance License & Taxes 738,376 579,056 (159, 320)-28% 584,572 224,314 185,900 (38, 414)-21% 26.311 753% **Depreciation & Amortization** 2,443,594 2,230,800 (212,794) -10% 1,988,410 40,759 115,681 74.922 65% -74% 155.015 Other Operating Expenses 1,246,416 1,388,176 141,760 10% 1.292.043 1.860.226 1,867,111 6,885 0% 1,579,899 18% Sub-Total Non-Labor Expenses 21,909,922 22,405,335 495,413 2% 19,741,410 5,490,295 4,692,321 (797, 974)-17% 4,502,942 22% **Total Operating Expenses** 58.124.157 56,320,533 52,493,041 (1,803,624) -3% 922,992 257,315 665,677 259% (509, 493)-281% Operating Income (Loss) 2.383.088 1,867,552 515,536 28% (276.327)Non Operating Income 69,205 69,522 (317) 0% -4% 72,031 Tax Revenue 846.680 834.268 12,412 1% 821,455 24,574 17,444 7,130 41% 65,855 -63% Investment Income 302,925 209,332 93,593 45% 215,615 (33, 322)(20, 307)(13.015)64% (29.296)14% Interest Expense (355, 362)(243, 687)(111, 675)46% (171, 572)(1,232)1,232 -100% -100% (38,052)71,875 Other Non Operating Income (Expense) (14,786)86,661 -586% (161.830)60,457 65,427 (4.970)-8% 70,538 -14% **Total Non Operating Income** 866,118 785,127 80,991 10% 70.3,668 983,449 \$ 322,742 \$ 660,707 205% \$ (438,955) -324% Net Income (Loss) \$ 3,249,206 \$ 2,652,679 \$ 596,527 22% \$ 427,341



Statement of Cash Flows December 31, 2019

CURRENT MONTH Actual		YEAR TO DATE Actual
	NET INCOME TO NET CASH BY OPERATIONS	
983,449	NET INCOME (LOSS)	3,249,206
224,314	Depreciation Expense	2,443,594
-	Amortization	-
-	Loss (Gain) on Sale of Assets	-
1,207,763	TOTAL	5,692,800
	WORKING CAPITAL	
(750,591)	Decrease (Increase) in Assets	(3,454,436
(1,281,076)	Increase (Decrease) in Liabilities	1,091,979
(823,904)	NET CASH PROVIDED BY OPERATIONS	3,330,343
	CASH FLOWS FROM INVESTING ACTIVITIES	
207,539	Capital Purchasing	(6,174,846)
-	Proceeds on Capital Assets Sold	-
152,962	Investment Activity	3,859,467
<u> </u>	Investment Activity NET CASH USED BY INVESTING ACTIVITIES	3,859,467 (2,315,379
		(2,315,379
360,501	NET CASH USED BY INVESTING ACTIVITIES	
360,501	NET CASH USED BY INVESTING ACTIVITIES	(2,315,379
360,501 (463,403)	NET CASH USED BY INVESTING ACTIVITIES NET CHANGE IN CASH CASH BALANCE	(2,315,379 1,014,964



Statement of Cash Flows - 12 Month Trend December 31, 2019

												CURRENT
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
NET INCOME TO NET CASH BY OPERATIONS												
NET INCOME (LOSS)	700,212	35,986	460,335	543,139	442,822	477,668	(345,192)	69,889	203,716	281,784	(360,709)	369,020
Depreciation Expense	183,109	182,457	184,284	187,921	203,764	204,612	207,114	207,017	214,609	222,284	222,109	224,314
Amortization	-	5	-		-	-	-	-	-	-	-	
Loss (Gain) on Sale of Assets	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	883,321	218,443	644,619	731,060	646,586	682,280	(138,078)	276,906	418,325	504,068	(138,600)	593,334
WORKING CAPITAL												
Decrease (Increase) in Assets	(1,622,172)	(44,977)	28,879	(569,512)	817,036	(706,993)	1,045,324	28,438	(1,351,916)	(492,108)	14,884	(645,214)
Increase (Decrease) in Liabilities	848,787	(142,668)	(674,083)	220,172	636,479	811,419	241,723	(731,841)	666,840	109,671	83,018	(772,023)
					a <u></u> 8							
NET CASH PROVIDED BY OPERATIONS	109,936	30,798	(585)	381,720	2,100,101	786,706	1,148,969	(426,497)	(266,751)	121,631	(40,698)	(823,903)
CASH FLOWS FROM INVESTING ACTIVITIES												
Capital Purchasing	(466,441)	(156,657)	(47,472)	253,552	(3,727,384)	(57,898)	(429,262)	(151,396)	(842,075)	(193,078)	(380,203)	207,539
Proceeds on Capital Assets Sold	-	-	-			-		-		-		-
Investment Activity	(385,339)	(354)	(8,063)	(353)	3,419,309	(354)	(3,588)	(2,916)	(2,597)	427,679	248,949	152,962
NET CASH USED BY INVESTING ACTIVITIES	(851,780)	(157,011)	(55,535)	253,199	(308,075)	(58,252)	(432,850)	(154,312)	(844,672)	234,601	(131,254)	360,501
NET CHANGE IN CASH	(741,844)	(126,213)	(56,120)	634,919	1,792,026	728,454	716,119	(580,809)	(1,111,423)	356,232	(171,952)	(463,403)
CASH BALANCE												
BEGINNING	14,975,631	14,233,787	14,146,552	14,090,432	14,725,351	16,517,377	17,245,831	17,961,950	17,381,141	16,269,718	16,625,950	16,453,998
ENDING	14,233,787	14,107,574	14,090,432	14,725,351	16,517,377	17,245,831	17,961,950	17,381,141	16,269,718	16,625,950	16,453,998	15,990,595
		s s										
NET CASH FLOW	(741,844)	(126,213)	(56,120)	634,919	1,792,026	728,454	716,119	(580,809)	(1,111,423)	356,232	(171,952)	(463,403)
		-	-		-				-			



Direct Cash Flow Statemen December 31, 2019

	August 31, 2019 Actual	September 30, 2019 Actual	October 31, 2019 Actual	November 30, 2019 Actual	December 31, 2019 Actual
CASH FLOWS FROM OPERATING	Actual	Actual	Actual	Actual	Actual
PAYMENTS RECEIVED					
Commercial		1,425,376	1,658,587	1,712,336	2,110,960
Medicaid		974,783	1,332,291	1,150,609	1,223,633
Medicare		501,236	1,299,895	1,316,188	1,730,631
VA		41,311	10,616	28,210	26,049
Worker's Comp		74,716	98,824	126,432	66,062
Self Pay		263,000	265,218	630,997	265,490
Other Non Patient Payments		497,206	364,841	287,781	660,275
Cash Received (Patients, Insurance, Other)	5,118,733	3,777,628	5,030,272	5,252,553	6,083,101
Patient Refunds	(14,770)	(5,755)	(106,029)	(7,988)	(6,268
AP Expenses	(2,057,213)	(1,766,953)	(2,130,931)	(2,649,740)	(2,850,985
Settlement LumpSum Payments					(1,187,000
Payroli Expenses	(3,418,696)	(2,216,802)	(2,186,535)	(2,329,107)	(2,652,323
Loan/Interest Expense	(57,467)	(57,467)	(57,467)	(57,467)	(57,467
NET CASH PROVIDED BY OPERATING	(429,413)	(269,348)	549,310	208,251	(670,942
CASH FLOWS FROM INVESTING ACTIVITIES					
Capital Purchasing	(151,396)	(842,075)	(193,078)	(380,203)	207,539
NET CASH USED BY INVESTING ACTIVITIES	(151,396)	(842,075)	(193,078)	(380,203)	207,539
NET CHANGE IN CASH	(580,809)	(1,111,423)	356,232	(171,952)	(463,403
CASH BALANCE					
BEGINNING	17,961,950	17,381,141	16,269,718	16,625,950	16,453,998
ENDING	17,381,141	16,269,718	16,625,950	16,453,998	15,990,595
NET CASH FLOW	(580,809)	(1,111,423)	356,232	(171,952)	(463,403



December 31, 2019

	Month Ending		Year to Date						Change	
Actual	Budget	Variance	%	s .	Actual	Budget	Variance	%	Year	
				Key Volumes						
212	200	12	6%	Inpatient Acute Days	2,428	2,349	79	3%	2,072	17%
136	183	(47)	-26%	Inpatient Swing Days	2,004	2,160	(156)	-7%	2,049	-2%
348	383	(35)	-9%	Total Inpatient Days	4,432	4,509	(77)	-2%	4,121	8%
88	82	6	7%	Inpatient Admissions	992	964	28	3%	894	11%
90	82	8	10%	Inpatient Discharges	1,001	964	37	4%	894	12%
9	13	(4)	-29%	Swing Bed Discharges	132	149	(17)	-11%	138	-4%
1,591	1,440	152	11%	Adjusted Patient Days	19,494	16,921	2,573	15%	16,480	18%
11.23	12.35	(1.13)	-9%	Average Daily Census	12.14	12.35	(0.21)	-2%	11.29	8%
411	308	104	34%	Adjusted Discharges	4,403	3,618	785	22%	3,575	23%
2.36	2.44	(0.08)	-3%	Average Length of Stay - Hospital	2.43	2.44	(0.01)	0%	2.32	5%
15.11	14.50	0.61	4%	Average Length of Stay - Swing Bed	15.18	14.50	0.69	5%	14.85	2%
45%	49%	-5%	-9%	Acute Care Occupancy (25)	49%	49%	-1%	-2%	45%	8%
49	35	14	41%	Deliveries	439	410	29	7%	376	17%
114	134	(20)	-15%	Surgical Procedures	1,418	1,580	(162)	-10%	1,404	1%
1,084	973	111	11%	Emergency Dept Visits	12,190	11,459	731	6%	11,162	9%
10,999	10,448	551	5%	Laboratory Tests	132,610	123,013	9,597	8%	116,050	14%
2,324	1,849	475	26%	Radiology Exams	23,484	21,765	1,719	8%	19,786	19%
837	1,183	(346)	-29%	PMH Specialty Clinic	11,404	13,927	(2,523)	-18%	10,459	9%
913	1,001	(88)	-9%	PMH - Benton City Clinic Visits	11,493	11,786	(293)	-2%	10,287	12%
921	1,310	(389)	-30%	PMH - Prosser Clinic Visits	11,522	15,424	(3,902)	-25%	9,854	17%
656	351	305	87%	PMH - Grandview Clinic Visits	6,812	4,134	2,678	65%	0	0%
600	0	600		PMH - Women's Health Clinic Visits	5,627	0	5,627	0070	Ō	0%
				LABOR FULL-TIME EQUIVALENT			-,			0,0
273.68	269.59	(4.09)	-2%	Employed Staff FTE's	262.90	269.59	6.69	2%	253.32	4%
29.87	27.21	(2.66)	-10%	Employed Provider FTE	27.01	27.21	0.20	1%	17.69	53%
303.55	296.80	(6.75)	-2%	All Employee FTE's	289.91	296.80	6.89	2%	271.01	7%
249.75	252.28	2.53	1%	Productive FTE's	254.34	252.28	(2.06)	-1%	237.53	7%
17.26	20.00	2.74	14%	Outsourced Therapy FTE's	16.87	20.00	3.13	16%	16.15	4%
4.52	2.42	(2.10)	-87%	Contracted Staff FTE's	4.11	2.42	(1.69)	-70%	3.68	12%
21.78	22.42	0.64		All Purchased Staff FTE's	20.98	22.42	1.44	6%	19.83	6%
5.16	7.72	2.56	33%	Contracted Provider FTE's	5.91	7.72	1.81	23%	9.18	-36%
330.49	326.94	(3.55)	-1%	All Labor FTE's	316.80	326.94	10.14	3%	300.02	6%
		1			010.00	020.04	10.14	070	500.02	0 70



Prosser Memorial Health Revenue by Financial Class December 31, 2019

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Month	Medicare	Medicaid	Commercial Insurance	Self Pay and Other	Total
JAN	32.1%	34.1%	26.7%	7.2%	100.0%
FEB	30.0%	30.5%	32.9%	6.6%	100.0%
MAR	32.3%	31.4%	29.0%	7.3%	100.0%
APR	28.8%	32.2%	32.0%	6.9%	100.0%
MAY	31.2%	33.3%	27.8%	7.6%	100.0%
JUN	32.1%	32.0%	26.2%	9.8%	100.0%
JUL	33.6%	31.7%	28.1%	6.6%	100.0%
AUG	30.9%	29.9%	31.5%	7.7%	100.0%
SEPT	31.5%	33.8%	24.7%	10.1%	100.0%
OCT	36.0%	29.5%	25.2%	9.3%	100.0%
NOV	30.8%	31.9%	27.1%	10.2%	100.0%
DEC	28.6%	31.2%	32.1%	8.1%	100.0%
YTD 2019	31.5%	31.8%	28.6%	8.1%	100.0%
2018	31.4%	32.3%	28.2%	8.1%	100.0%

2019 Gross Revenue by Financial Class



Prosser Memorial Health Net Revenue by Financial Class December 31, 2019

			December 31, 2	019	
Month	Medicare	Medicaid	Commercial Insurance	Self Pay and Other	Total
JAN	36.3%	24.2%	32.2%	7.2%	100.0%
FEB	21.5%	13.8%	57.7%	7.0%	100.0%
MAR	34.4%	21.3%	35.7%	8.7%	100.0%
APR	20.6%	26.0%	45.4%	8.0%	100.0%
MAY	28.7%	20.5%	40.1%	10.6%	100.0%
JUN	34.7%	19.2%	34.2%	11.8%	100.0%
JUL	33.4%	17.5%	42.9%	6.1%	100.0%
AUG	25.4%	20.2%	49.5%	4.9%	100.0%
SEPT	33.5%	29.4%	25.9%	11.3%	100.0%
OCT	39.7%	14.9%	31.4%	13.9%	100.0%
NOV	17.0%	27.0%	40.0%	16.0%	100.0%
DEC	18.1%	23.0%	45.1%	13.8%	100.0%
YTD 2019	29.4%	21.7%	38.8%	10.2%	100.0%
2018	29.8%	21.7%	40.5%	8.0%	100.0%

2019 Net Revenue by Financial Class





Statement of Operations 13-month Trend

	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Gross Patient Services Revenue													
Inpatient	\$ 2,462,857	\$ 2,805,007	\$ 2,358,378	\$ 2,854,540	\$ 2,646,540	\$ 2,718,209	\$ 2,911,854	\$ 2,482,862	\$ 2,526,300	\$ 2,501,168	\$ 3,012,630	\$ 2,617,549	\$ 2,864,852
Outpatient	7,521,189	9,600,095	7,842,409	9,217,275	9,466,787	9,556,019	9,755,418	8,926,505	8,421,340	8,313,652	9,717,569	8,716,943	10,233,791
Total Gross Patient Services Revenue	9,984,046	12,405,102	10,200,787	12,071,815	12,113,327	12,274,228	12,667,272	11,409,367	10,947,640	10,814,820	12,730,199	11,334,492	13,098,643
Deductions from Revenue Contractual Allowances	\$756	175-	47%	2216	27%	42%	30%	33%	-1156	-1056	41%	30%	
Medicare	1,785,133	1,971,116	1,738,928	2,112,550	1,932,240	2,185,255	2,734,096	3,079,031	2,000,591	2,181,816	2,860,807	2,234,020	2.611.913
Medicaid	2,252,988	2,899,685	2,327,243	2,931,219	2,694,779	2,813,930	2,730,768	2,699,644	2,250,702	1,633,944	2,626,636	3,351,182	2,593,535
Negotiated Rates	1,510,294	1,552,640	1,348,830	1,266,778	1,582,034	1,395,739	1,611,274	1,450,628	1,484,291	1,882,777	1,698,297	490,384	1,053,995
Other Adjustments	16,262	92,414	77,405	230,222	128,732	195,205	178,721	29,827	236,997	96,291	117,115	12,337	(62,054)
Gross Contractual Allowances	5,564,677	6,515,855	5,492,406	6,540,769	6,337,785	6,590,129	7,254,859	7,259,130	5,972,581	5,794,828	7,302,855	6,087,923	6,197,389
Charity Care	258,073	93,177	201,657	108,281	162,640	92,529	174,075	182,086	238,673	112,577	89,746	182,296	34,095
Bad Debt	93,441	441,449	222,935	320,505	547,800	400,496	350,421	258,214	299,799	89,162	154,222	442,390	514,437
Total Deductions From Revenue	5,916,128	7,050,481	5,916,998	6,969,555	7,048,225	7,083,154	7,779,355	7,699,430	6,511,053	5,996,567	7,546,823	6,712,609	6,745,921
Net Patient Services Revenue	4,067,918	5,354,621	4,283,789	5,102,260	5,065,102	5,191,074	4,887,917	3,709,937	4,436,587	4,818,253	5,183,376	4,621,883	6,352,722
Other Operating Revenue	48,223	57,568	207,241	81,986	86,500	210,581	59,968	105,043	119,837	321,886	44,074	144,372	60,565
Net Revenue	4,116,141	5,412,189	4,491,030	5,184,246	5,151,602	5,401,655	4,947,885	3,814,980	4,556,424	5,140,139	5,227,450	4,766,255	6,413,287
Operating Expenses													
Salaries	2,011,547	2,281,456	2,093,289	2,226,046	2,179,819	2,253,650	2,219,872	2,258,057	2,186,403	2,272,947	2,282,644	2,333,751	2,596,017
Benefits	629,185	568,447	543,711	495,169	565,090	600,425	348,108	337,751	397,207	450,455	611,076	503,958	765,786
Purchased Labor	282,311	248,740	281,586	326,169	302,987	330,783	(147,171)	264,578	236,659	264,793	217,501	246,218	268,266
Sub-Total Labor Costs	2,923,043	3,098,643	2,918,586	3,047,384	3,047,896	3,184,858	2,420,809	2,860,386	2,820,269	2,988,195	3,111,221	3,083,927	3,630,069
Professional Fees - Physicians	269,228	325,484	247,794	201,610	229,381	274,105	695,166	329,173	355,202	332,200	310,244	352,355	377,019
Professional Fees - Other	25,510	41.088	42,352	74,658	45,719	70.838	4,280	51,982	40,503	5,802	27,900	57,445	37,367
Supplies	413,200	486,215	492,092	559,498	552,765	532,887	527,249	535,093	493,079	700,353	725,859	764,707	622,645
Purchased Services - Utilities	50,186	42,316	41,519	38.059	30,452	39,689	44,875	41,243	44,577	39,600	42,598	48,996	37,860
Purchased Services - Other	394,913	281,204	303,668	286,171	288,215	296,855	264,637	245,545	251,437	299,771	233,945	314,069	269,828
Rentals & Leases	192,971	209,981	163,949	171.022	203,415	203.018	199.712	117,451	173,040	166,916	168,981	168.019	186,792
Insurance License & Taxes	52,566	26,041	53,573	66,280	63,315	70,410	67,274	59,519	77,077	69,509	69,709	52,025	63,642
Depreciation & Amortization	183,883	183,109	182,457	184,284	187,921	203,764	204,612	207,114	207,017	214,609	222,284	222,109	224,314
Other Operating Expenses	155,016	68,524	94,182	167,776	38,231	156,828	117,660	37,964	101,333	144,048	143,821	135,294	40,759
Sub-Total Non-Labor Expenses	1,737,473	1,663,962	1,621,586	1,749,358	1,639,414	1,848,394	2,125,465	1,625,084	1,743,265	1,972,808	1,945,341	2,115,019	1,860,226
Total Operating Expenses	4,660,516	4,762,605	4,540,172	4,796,742	4,687,310	5,033,252	4,546,274	4,485,470	4,563,534	4,961,003	5,056,562	5,198,946	5,490,295
Operating Income (Loss)	(544,375)	649,584	(49,142)	387,504	464,292	368,403	401,611	(670,490)	(7,110)	179,136	170,888	(432,691)	922,992
Non Operating Income												(,	o mary o o m
Tax Revenue	72,031	69,224	69,238	75,385	79.440	68.070	60.004	00.075	70.004	00 704			
Investment Income	113,000	3,074	37,560	20,490	73,419 25,735	68,970 25,756	69,231 25,933	69,975	70,601	69,701	71,945	69,785	69,205
Interest Expense	(29,296)	(20,307)	(20,307)	(20,307)	(20,307)		(20,307)	34,296	31,673	31,189	20,703	21,943	24,574
Other Non Operating Income (Expense)	(38,052)	(1,363)	(1,363)	(2,737)	(20,307)	(20,307)	(20,307)	(20,974)	(34,475)	(76,310)	(34,270)	(34,166)	(33,322)
Total Non Operating Income	117.683	50.628	85,128	72,831	78.847	74,419	76.057	83,297	9,200	24,580	52,518 110,896	14,420	CO 457
	the second second							- IC				71,982	60,457
Net Income (Loss)	\$ (426,692)	\$ 700,212	\$ 35,986	\$ 460,335	\$ 543,139	\$ 442,822	\$ 477,668	\$ (587,193)	\$ 69,889	\$ 203,716	\$ 281,784	\$ (360,709)	\$ 983,449
Total Margin	-10.1%	12.8%	0.8%	0.00/	10 404	0.404	0.5%	45.00	4 504				
Margin (Non Operating Income)	-13.2%	12.8%	-1.1%	8.8% 7.5%	10.4%	8.1%	9.5%	-15.1%	1.5%	3.9%	5.3%	-7.5%	15.2%
Salaries as a % of Net Revenue	48.9%	42.2%	-1.1%	7.5% 42.9%	9.0%	6.8%	8.1%	-17.6%	-0.2%	3.5%	3.3%	-9.1%	14.4%
Labor as a % of Net Revenue	71.0%	42.2% 57.3%	40.0%	42.9% 58.8%	42.3% 59.2%	41.7%	44.9%	59.2%	48.0%	44.2%	43.7%	49.0%	40.5%
Lavor as a 70 of Not Nevertue	71.070	51.3%	05.0%	00.8%	59.2%	59.0%	48.9%	75.0%	61.9%	58.1%	59.5%	64.7%	56.6%

Prosser Memorial Health Financial Operations December 31, 2019										
	YTD 2018	YTD 2019	YTD Budget 2019							
Utilization										
Admissions	894	992	964							
Adjusted Admissions	3,575	4,363	3,618							
Adjusted Occupied Beds	5.7	6.7 29.3	6.4							
Verage Length of Stay (days)	2.3	29.3	24.2 2.4							
Dutpatient Revenue %	75.0%	77.3%	73.4%							
Total Yeild (net patient revenue)	97.2%	103.6%	119.8%							
lospital Case Mix Index	TBD	0.99	1.00							
inancial Performance (\$000)										
Net Patient Revenue	51,512	59,008	56,656							
Total Operating Revenue	52,217	60,507	58,188							
Total Operating Expense	52,493	58,124	56,321							
ncome (Loss) from Operations	(276)	2,383	1,868							
xcess of Revenue Over Expenses	427	3,249	2,653							
BIDA (Operating Cash Flow)	1,712	4,827	4,098							
Additions to Property, Plant, and Equipment	2,685	6,175	745							
Balance Sheet (\$000)										
Inrestricted Cash and Investments	1,222	980	3,915							
ccounts Receivable (gross)	17,007	26,257	17,104							
let Fixed Assets	14,314	18,314	12,758							
Current and Long-Term Liabilities (excluding LT debt)	6,372	7,114	5,413							
ong-Term Debt	6,312	6,038	6,441							
otal Liabilities	12,684	13,152	11,854							
Net Worth	26,476	29,725	29,769							
Key Ratios	0.5%	0.000	0.000							
Operating Margin (%)	-0.5% 0.8%	3.9% 5.4%	3.2% 4.6%							
Excess Margin (%) Deerating EBIDA Margin (Operating Cash Flow)	3.3%	5.4%	4.6%							
Ver Accounts Receivable (days)	57.09	63.79	51.23							
Current Ratio (x)	1.77	2.06	2.38							
Cash on Hand (days)	109.37	107.10	134.35							
Cushion Ratio (x)	88.20	45.97	81.68							
Return on Equity (%)	1.61%	10.93%	7.54%							
Capital Spending Ratio	0.72	0.92	6.38							
verage Age of Plant (Years)	12.21	10.92	12.27							
Debt Service	1.68	12.03	6.87							
Debt-to-Capitalization (%)	0.20	0.18	0.28							
Patient Revenue Sources by Gross Revenue (%)										
Nedicare	31.4%	31.5%	31.4%							
/ledicaid	32.3%	31.8%	32.3%							
Commercial Insurance	28.2%	28.6%	28.2%							
Self-pay and Other	8.1%	8.1%	8.1%							
abor Metrics										
roductive FTE's (incl contract labor)	266.54	281.23	282.42							
otal FTE's (incl contract labor)	300.02	316.80	326.94							
abor Cost (incl benefits) per FTE - Annualized	109,164.83	114,312.61	103,735.24							
abor Cost (incl benefits) as a % of Net Operating Revenue	62.7%	59.9%	58.3%							
let Operating Revenue per FTE Operating Expense per FTE	174,044.11	190,995.09	177,977.87							
Contacts:	174,965.14	183,472.72	172,265.65							
vavid Rollins Chief Financial Officer (509) 786-6605 tephanie Titus Director of Finance (509) 786-5530										

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Attachment U



Physician Clinics Consolidated Income Statement As Of: December 31, 2019

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior
Clinical Patient Revenue	14,051,229	12,886,507	1,164,722	9%	9,118,852
Deductions From Revenue	(6,348,409)	(5,642,565)	(705,844)	13%	(4,832,992)
Net Patient Revenue	7,702,820	7,243,942	458,878	6%	4,285,860
Other Operating Revenue	120,212	222,301	(102,089)	-46%	189,104
Salaries	8,718,016	7,881,957	(836,059)	-11%	5,549,841
Benefits	443,985	612,895	168,910	28%	331,904
Purchased Labor	-	-	_	0%	(29,404)
Total Salaries and Benefits	9,162,001	8,494,852	(667,149)	-8%	5,852,341
Professional Fees	282,192	262,600	(19,592)	-7%	834,071
Supplies	589,487	592,619	3,131	1%	419,937
Utilities	60,411	114,004	53,593	47%	90,453
Purchased Services	191,527	132,181	(59,346)	-45%	101,729
Rentals & Leases	872,770	952,183	79,412	8%	638,174
Other Direct Expenses	295,060	287,747	(7,313)	-3%	212,641
Total Non Salary Expenses	2,291,447	2,341,333	49,886	2%	2,297,005
Total Expenses	11,453,448	10,836,185	(617,263)	-6%	8,149,346
Contribution Margin	(3,630,416)	(3,369,942)	(260,474)	8%	(3,674,382)
Referred Hospital Revenue	30,442,339				
Net Hospital Contribution Margin	26,811,923				
FTE's					
Employed	65.08	69.20	4.12	6%	44.02
Contracted	0.93	4.72	3.80	80%	1.30
Total	60.22	56.71	(3.51)	-6%	44.18
Employed					
Hours Paid	135,373	143,936	8,563	6%	91,561
Hours Worked	120,261	122,346	2,085	2%	81,515
Contracted Hours	1,928	9,825	7,897	80%	2,714
Unit of Service (UOS) Total Visits	52,216	49,801	(2,415)	-5%	30,485
Productivity (Worked Hours / UOS)	2.34	2.65	0.31	12%	2.76



Income Statement As Of: December 31, 2019

RURAL HEALTH CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior
Clinical Patient Revenue	2,958,645	2,999,627	(40,982)	-1%	2,388,909
Deductions From Revenue	(739,661)	(749,907)	10,245	-1%	(1,266,122)
Net Patient Revenue	2,218,984	2,249,720	(30,736)	-1%	1,122,787
Other Operating Revenue	-		•	0%	
Salaries	2,037,074	2,038,693	1,620	0%	1,762,648
Benefits	113,563	155,960	42,397	27%	117,105
Purchased Labor	-		-	0%	
Total Salaries and Benefits	2,150,636	2,194,653	44,017	2%	1,879,753
Professional Fees	7,094	-	(7,094)	0%	247,283
Supplies	76,793	77,400	607	1%	101,252
Utilities	15,682	22,500	6,818	30%	21,608
Purchased Services	48,124	40,000	(8,124)	-20%	47,987
Rentals & Leases	220,628	226,200	5,572	2%	230,309
Other Direct Expenses	21,444	42,680	21,235	50%	34,046
Total Non Salary Expenses	389,765	408,779	19,014	5%	682,484
Total Expenses	2,540,401	2,603,432	63,031	2%	2,562,238
Contribution Margin	(321,417)	(353,712)	32,295	-9%	(1,439,451)
FTE's Employed	18.04	20.00	1.96	10%	16.67
Contracted	-	-	-	0%	0.56
Total	18.04	20.00	1.96	10%	16.67
Employed					
Hours Paid	37,533	41,600	4,067	10%	34,681
Hours Worked	33,550	35,360	1,810	5%	30,861
Contracted Hours	-		-	0%	1,172
Unit of Service (UOS) Total Visits	12,448	12,698	250	2%	10,728
Productivity (Worked Hours / UOS)	2.70	2.78	0.09	3%	2.99



Prosser Clinic

Income Statement As Of: December 31, 2019 RURAL HEALTH CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior
Clinical Patient Revenue	2,499,852	2,550,704	(50,851)	-2%	2,264,338
Deductions From Revenue	(624,963)	(637,676)	12,713	-2%	(1,200,099)
Net Patient Revenue	1,874,889	1,913,028	(38,139)	-2%	1,064,239
Other Operating Revenue	120,212	222,301	(102,089)	-46%	189,104
Salaries	1,354,562	1,368,227	13,664	1%	930,833
Benefits	77,109	109,632	32,523	30%	61,766
Purchased Labor	-		-	0%	-
Total Salaries and Benefits	1,431,671	1,477,859	46,188	3%	992,599
Professional Fees	228,084	255,600	27,516	11%	282,919
Supplies	92,253	130,000	37,747	29%	160,773
Utilities	19,351	25,337	5,986	24%	29,676
Purchased Services	48,203	36,705	(11,498)	-31%	47,312
Rentals & Leases	245,714	241,820	(3,894)	-2%	241,020
Other Direct Expenses	120,168	150,600	30,432	20%	138,199
Total Non Salary Expenses	753,773	840,061	86,289	10%	899,899
Total Expenses	2,185,444	2,317,920	132,476	6%	1,892,498
Contribution Margin	(190,343)	(182,591)	(7,752)	4%	(639,156))
FTE's Employed	12.80	15.00	2.20	15%	10.21
Contracted	0.92	0.51	(0.41)	-80%	O.59
Total	13.72	15.51	1.79	12%	10.21
Employed					
Hours Paid	26,631	31,200	4,569	15%	21,244
Hours Worked	23,562	26,520	2,959	11%	18,672
Contracted Hours	1,912	1,065	(847)	-80%	1,218
Unit of Service (UOS) Total Visits	15,925	19,042	3,117	16%	<i>9,298</i>
Productivity (Worked Hours / UOS)	1.60	1.45	(0.15)	-10%	2.14



Specialty Clinic Income Statement As Of: December 31, 2019

PROVIDER BASED CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior
Clinical Patient Revenue	4,767,700	6,371,031	(1,603,331)	-25%	4,465,606
Deductions From Revenue	(2,765,266)	(3,695,198)	929,932	-25%	(2,366,771)
Net Patient Revenue	2,002,434	2,675,833	(673,399)	-25%	2,098,835
Other Operating Revenue	•		-	0%	· · ·
Salaries	3,504,533	3,589,325	84,793	2%	2,856,360
Benefits	151,038	274,583	123,546	45%	153,032
Purchased Labor	-		_	0%	(29,404)
Total Salaries and Benefits	3,655,570	3,863,909	208,338	5%	2,979,989
Professional Fees	13,901	7,000	(6,901)	-99%	303,870
Supplies	96,206	295,120	198,914	67%	157,913
Utilities	3,406	33,307	29,901	90%	39,169
Purchased Services	7,139	13,936	6,797	49%	6,431
Rentals & Leases	199,690	183,363	(16,327)	-9%	166,845
Other Direct Expenses	48,839	70,568	21,729	31%	40,396
Total Non Salary Expenses	369,181	603,293	234,113	39%	714,622
Total Expenses	4,024,751	4,467,202	442,451	10%	3,694,611
Contribution Margin	(2,022,317)	(1,791,369)	(230,948)	13%	(1,595,776)
1					
FTE's Employed	18.38	21.20	2.82	13%	17.13
Contracted	0.00	21.20	(0.00)	0%	0.16
Total	18.39	21.20	2.81	13%	17.29
Employed					
Hours Paid	38,239	44,096	5,857	13%	35,636
Hours Worked	33,452	37,482	4,029	11%	31,983
Contracted	55,452	01,102	1,020	12/0	01,000
Hours	8	-	(8)	0%	324
Unit of Service (UOS) Total Visits	11,404	13,927	(2,523)	-18%	10,459
Productivity (Worked Hours / UOS)	2.93	2.69	(0.24)	-9%	3.09



Women's Health Clinic

Income Statement As Of: December 31, 2019

TO BE RURAL HEALTH CLINIC UNDER PROSSER CLINIC 2020

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior
Clinical Patient Revenue	2,259,335	-	2,259,335	0%	
Deductions From Revenue	(1,310,414)	-			
Net Patient Revenue	948,921	-	948,921	0%	-
Other Operating Revenue	•	-	•	0%	·
Salaries	699,305	-	(699,305)	0%	-
Benefits	38,783	-	(38,783)	0%	-
Purchased Labor	-	-	-	0%	-
Total Salaries and Benefits	738,088	-	(738,088)	0%	-
Professional Fees	29,712	-	(29,712)	0%	-
Supplies	186,098	-	(186,098)	0%	-
Utilities	5,945	-	(5,945)	0%	-
Purchased Services	33,771	-	(33,771)	0%	-
Rentals & Leases	81,739	-	(81,739)	0%	-
Other Direct Expenses	5,405	-	(5,405)	0%	-
Total Non Salary Expenses	342,670	-	(342,670)	0%	-
Total Expenses	1,080,758	-	(1,080,758)	0%	
Contribution Margin	(131,837)	•	(131,837)	0%	
FTE's Employed	5.79	-	(5.79)	0%	-
Contracted	-	-	-	0%	-
Total	5.79	-	(5.79)	0%	-
Employed					
Hours Paid	12,039	-	(12,039)	0%	-
Hours Worked	10,846	-	(10,846)	0%	-
Contracted Hours	-	-	-	0%	-
Unit of Service (UOS) Total Visits	5,627	-	5,627	0%	-
Productivity (Worked Hours / UOS)	1.93	-	(1.93)	0%	-



Grandview Clinic

Income Statement As Of: December 31, 2019

BECAME RURAL HEALTH CLINIC 01/01/2020

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior
Clinical Patient Revenue	1,565,696	965,145	600,551	62%	
Deductions From Revenue	(908,104)	(559,784)			
Net Patient Revenue	657,592	405,361	252,232	62%	
Other Operating Revenue		-	-	0%	
Salaries	1,122,542	885,712	(236,830)	-27%	-
Benefits	63,492	72,720	9,227	13%	
Purchased Labor	-	-	-	0%	
Total Salaries and Benefits	1,186,035	958,432	(227,603)	-24%	-
Professional Fees	3,401	-	(3,401)	0%	_
Supplies	138,139	90,100	(48,039)	-53%	13,037
Utilities	16,027	32,860	16,833	51%	150
Purchased Services	54,290	41,540	(12,750)	-31%	440
Rentals & Leases	125,000	300,800	175,800	58%	25,000
Other Direct Expenses	99,204	23,900	(75,304)	-315%	711
Total Non Salary Expenses	436,059	489,199	53,140	11%	39,338
Total Expenses	1,622,094	1,447,631	(174,463)	-12%	39,338
Contribution Margin	(964,502)	(1,042,270)	77,769	-7%	(39,338)
FTE's					
Employed	10.06	13.00	2.94	23%	-
Contracted	0.00	4.21	4.21	100%	-
Total	10.07	17.21	7.14	42%	
Employed					
Hours Paid	20,930	27,040	6,110	23%	-
Hours Worked	18,851	22,984	4,133	18%	-
Contracted Hours	8	8,760	8,752	100%	-
Unit of Service (UOS) Total Visits	6,812	4,134	2,678	65%	-
Productivity (Worked Hours / UOS)	2.77	7.68	4.91	64%	-



Benton City Clinic Specialty Clinic = Commercia Commercial = Medicald ■ Mlœdicaid # Medicare ■ Micedicare Other OT her self-Pay Self-Pav Revenue by Financial Class **Revenue by Financial Class** Commercial 1,046,548 35% Commercial 1,557,808 33% Medicaid 1,122,602 38% Medicaid 1,452,569 30% Medicare 683,208 23% Medicare 1,262,236 26% Other 44,647 2% Other 378,512 8% 61,641 Self-Pay 2% Self-Pay 116,577 2% Grand Total 2,958,645 Grand Total 4,767,700

Commercial

Medicaid

= Medicare

• Other

Self-Pay

Prosser Clinic



Women's Health Clinic



Grandview Clinic



Commercial
 Marchicaid
 Marchicare
 Other
 Self-Pay

Revenue by Financial Class		
Commercial	615,383	39%
Medicaid	524,845	34%
Medicare	307,025	20%
Other	76,202	5%
Self-Pay	42,241	3%
Grand Total	1,565,696	

Attachment V

uncheon

FEBRUARY 7 11:30 AM - 1:30 PM

Join us at Desert Wind Winery for gourmet lunch and wine. A pop-up store and fashion show will be provided by French Vanilla Market. Guest speakers will be PMH Cardiologist Dr. Karan Bhatti, Emily Haines and Melissa Jeng with Emcee, Shae Frichette. The battle won't be won unless more women just like you are willing to join together to defeat the No. 1 killer of women.

Tickets: \$50 | Tables of 8: \$375 | Limited to 100 guests

Tickets can be purchased on Eventbrite at pmh_goredforwomenluncheon.eventbrite.com, at prosserhealth.org, or by calling 509.786.6601.

Event Contact: PMH Community Relations 509.786.6601 Event Location: 2258 Wine Country Rd, Prosser, WA

> rosser lemorial Health







DESERT WIND



PMH Board of Commissioners Work Plan – FY2020

Vision



Patients Employees Medical Staff Quality Services Financial

Mission: To improve the health of our community.

Values

Accountability Service Promote Teamwork Integrity Respect Excellence

Month	Goals & Objectives	Education
January	 QUALITY: Review/Approve 2020 Strategic Plan and 2020 Patient Care Scorecards Sign Financial Disclosure and Conflict of Interest Statements Approve 2020 Risk Management and Quality Assurance Plans Select and Approve Board Officers 	 EMPLOYEE DEVELOPMENT: Review 2019 Employee Engagement Survey Results Review 2019 Medical Staff Engagement Survey Results QUALITY: Review Board Self-Evaluation FINANCIAL STEWARDSHIP: Review semi-annual financial performance report for PMH Clinics SERVICES: Wellness Center Sunnyside

Month	Goals & Objectives	Education				
		Astria Health Update				
		Architectural Services				
February	PATIENT LOYALTY: • Approve 2020 Utilization Review Plan • Approve Studer Contract QUALITY: • Approve 2020 Corporate Compliance Plan • Approve 2020 Infection Prevention Control Plan • Approve 2020 Board Action Plan EMPLOYEE DEVELOPMENT: • Approve IAFF Contract (EMS) • Approve Hospital-wide Patient Monitoring System	 PATIENT LOYALTY: Review 2019 Utilization Review Performance Review Customer Service Program EMPLOYEE DEVELOPMENT: Attend AHA Governance Conference QUALITY: Review 2019 Corporate Compliance Report Review 2019 Infection Prevention Summary 				
March	QUALITY: • Review/Approve Board Polices MEDICAL STAFF DEVELOPMENT: • Support Providers' Day Celebration EMPLOYEE DEVELOPMENT: • Review and Approve 2020 Leadership Incentive Compensation Program FINANCIAL STEWARDSHIP: • Accept 2019 Audit Report	 PATIENT LOYALITY: Review Patient Engagement Plan EMPLOYEE DEVELOPMENT: Review Employee Performance Report Regulatory Compliance iVantage Update FINANCIAL STEWARDSHIP: Presentation of the 2018 Audit Report by Auditors 				
		MEDICAL STAFF DEVELOPMENT: • Review 2019 FPPE/OPPE Summary				
Month	Goals & Objectives	Education				
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April	QUALITY: • Approve 2020 Community Benefits Report EMPLOYEE DEVELOPMENT • Review and Approve 2019 Leadership Incentive Compensation Program • Conduct CEO Evaluation	QUALITY: • Strategic & Patient Care Score Cards • Review 2019 Community Benefits Report SERVICES: • Review Replacement Facility Feasibility Study FINANCIAL STEWARDSHIP: • Review PMH Work Optimization Plan • Review HR/Accounting Software (IT) EMPLOYEE DEVELOPMENT: • Review Employee Engagement Plan • Review 2019 Leadership Performance (LEM) MEDICAL STAFF DEVELOPMENT: • Review Medical Staff Engagement/Retention Plan				
Мау	EMPLOYEE DEVELOPMENT: • Support Hospital Week	 EMPLOYEE DEVELOPMENT: Review PMH Uniform Program FINANCIAL STEWARDSHP: PMH Foundation Update Centralized Scheduling/POS Collections Update SERVICES: Review PMH IT Security Plan 				

Month	Goals & Objectives	Education				
June	QUALITY: • Review/Approve Board Polices • Approve 2019 CAH Annual Review SERVICES: • Approve Nuclear Medicine Renovation	QUALITY: • Report 2020 Q1 Utilization Review • Contract Review Process EMPLOYEE DEVELOPMENT: • Review New Employee Orientation Process • Review Employee Benefit Changes SERVICES: • Marketing Update				
July	 EMPLOYEE DEVELOPMENT: Attend midsummer BOC, Medical Staff, and Leadership Engagement Activity FINANCIAL STEWARDSHIP: Approve Audit Firm SERVICES: Approve Nuclear Medicine Renovation 	PATIENT LOYALTY: • Review Cultural Transformation Program SERVICES: • EMS Review • Review Nuclear Medicine Services QUALITY: • Quality Committee Report • Strategic & Patient Care Score Cards EMPLOYEE DEVELOPMENT: • Employee Health Update FINANCIAL STEWARDSHIP: • Review Semi-annual Financial Performance Report for PMH Clinics • Auditor Selection Review				

Month	Goals & Objectives	Education
		Compare PMH Financial Metrics to National Standards (Cleverly)
August	EMPLOYEE DEVELOPMENT: • Attend end of summer Engagement Activity for BOC, Medical Staff, and all staff	No Board Work Session QUALITY: • iVantage Update
September	QUALITY: • Review/Approve Board Polices FINANCIAL STEWARDSHIP: • Select PMH Banking Institution	FINANCIAL STEWARDSHIP: • Review Banking Services
October		QUALITY: Conduct 2021 Strategic Planning Retreat Strategic & Patient Care Score Cards Review iVantage Update
November	EMPLOYEE DEVELOPMENT: • Approve AFSCME Contract FINANCIAL STEWARDSHIP: • Approve Budget and Property Tax Request for County Commissioners	 EMPLOYEE DEVELOPMENT: Review LDIs and status update on key Studer initiatives iVantage Update SERVICES: Review draft 2021 Strategic Plan; 2021 Marketing and IT Plans; and Medical Staff Model/2021 Provider Recruitment Plan FINANCIAL STEWARDSHIP: Review draft 2020 Budget

Month	Goals & Objectives	Education
December	QUALITY: Complete Board Self-Evaluations Review/Approve Board Polices Approve the 2021 Environment of Care Plan	QUALITY: • Review the 2020 Environment of Care Plan
	SERVICES: • Approve 2021 Strategic Plan; 2021 Marketing and IT Plans; and Medical Staff Model/2021 Provider Recruitment Plan	
	FINANCIAL STEWARDSHIP: • Approve 2021 Operating and Capital Budgets	
	EMPLOYEE DEVELOPMENT: • Attend holiday celebration	

Attachment X

Vision Patients

Employees Medical Staff Quality Services Financial





Accountability Service Promote Teamwork Integrity Respect Excellence

Mission: To improve the health of our community.

2020 Quality Assurance Program Plan

A. Purpose

Prosser Memorial Health (PMH) is committed to serving the needs of its constituents with the highest quality services available. The Board of Commissioners encourages and supports the Administration and Staff in consistently improving the quality and safety of care, the patient and family experience, and the scope of services provided to the community. The Board of Commissioners shall have the final authority and responsibility for the assurance of a comprehensive, compatible, and integrated Quality Assurance Program.

This Quality Assurance Program Plan provides a systematic, organization-wide approach to monitoring, analyzing, and improving quality performance to continually enhance quality of patient care, service, and experience.

B. Plan Overview

Quality Assurance involves continuous processes that focus on outcomes of care, treatment, and services. They involve measuring the performance of important processes and services, and further identify improvements to enhance performance.

These improvements are incorporated into new or improved work processes and monitored to ensure the improvements are sustained.

The Joint Conference Committee that has a charter to perform this function, along with senior leadership, establishes priorities for performance improvement and ensures the disciplines representing the scope of care, treatment, and services across the Hospital work collaboratively to plan and implement improvement activities.

This Quality Assurance Program Plan is intended to guide staff in a consistent approach to process and quality design and improvement, measurement and analysis, as well as reporting and communicating both internally and externally, consistent with PMH's Mission, Vision, and Values.

The Board of Commissioners shall receive reports of quality and process improvement activities through the approved organizational structure of the Committee Network and PMH Leadership.

C. Objectives

The Quality Assurance Program Plan guides senior leadership and staff in monitoring the appropriateness, safety, and quality of patient care; implementing continuous improvement strategies; and encouraging a culture of patient safety. The following objectives apply to patient care services:

- To meet or exceed professionally accepted standards for quality and safety guided by evidence based practice
- To deliver care and services in compliance with regulatory policies and standards
- To assure the quality and safety of patient care through ongoing monitoring and other quality activities
- To assure that identified problems are objectively evaluated, and when indicated, Process/Quality Improvement Teams are initiated to recommend appropriate actions to assure sustained resolution of the problem
- To assure effective and appropriate communication of quality-related information among persons involved in the assurance of quality care
- To identify and recognize areas of excellence in patient care
- To assure confidentiality and coordination of all quality activities through the Quality Committee, or equivalent committee that has a charter to perform this function.
- To demonstrate continuous improvement of the quality and safety of patient care through an annual Quality Program Evaluation (Critical Access Hospital Annual Review) and culture of patient safety at PMH.

D. Prioritization, Strategic Alignment and Requirements

Annual quality priorities aligned with national and state quality initiatives, regulatory standards, and strategic areas of focus and goals as identified in the Fiscal Year 2020 Strategic Plan. Consideration will be given to how improvement in those areas will impact patient-centered dimensions of quality described by the Institute of Medicine (safe, effective, patient-centered, equitable, timely, and efficient) and the Critical Access Hospital National Patient Safety Goals.

Criteria for identifying and prioritizing performance improvement opportunities may include critical components of care; patient safety; high-risk processes; high volume areas; impact on the mission, vision, and values; problem-prone areas; and/or regulatory compliance.

A key driver for this Quality Program Plan is WAC 246-320-171. Please see Attachment 1: WAC 246-320-171 for a detailed breakdown of WAC 246-320-171.

This Quality Assurance Program Plan strategy aligns with the requirements flow down represented in the following graphic:

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E. Scope and Plan Development

The scope of the Quality Assurance Program Plan is comprehensive and includes departments, services, disciplines, and practitioners. The Quality Assurance Program Plan supports the provision of quality care and services by continuously seeking to improve processes and outcomes. Examples of areas include:

- Patient, family, and customer satisfaction/experience
- Patient and employee safety
- · Patient care, including assessment, care planning, and treatment
- · Quality, content, and completeness of patient care documentation
- · Use of medications, including adverse drug and anesthesia events
- Operative and invasive procedures
- Infection Control
- Compliance
- Risk Management

The Quality Assurance Program Plan is reviewed and revised annually based on the Strategic Plan and the review of the previous year CAH Annual Review Plan. This plan will remain in effect until superseded by the 2020 PMH Quality Assurance Program Plan.

F. Program Goals for 2020

The Joint Conference Committee that has a charter to perform this function, in selecting Quality Assurance Program goals for 2020, give consideration to both national and state patient safety and quality initiatives, as well as the need to build a strong foundation for continued growth of services provided at PMH. In addition, the Quality Assurance Program goals will be in alignment with the following:

- Mission, Vision, Values & Standards of Behavior
- Fiscal Year 2020 Strategic Plan
- Medical Staff Model & Provider Recruitment/Succession Plan FY 2017-2020
- PMH 2020 Operating and Capital Budgets FY2020

PMH will embrace transparency in a process/quality improvement model (e.g. Lean, Six Sigma, Human Performance Improvements, Organizational Development, Constraint Management, etc.) The Plan, Do, Study, Act (PDSA) improvement model is the foundation for the Lean and Six Sigma philosophy.

Departments will be expected to implement quality goals in accordance with the current Quality Improvement Policy, Lean Process Improvement and PMH's Policy, Mission, Vision, Values & Standards of Behavior. Examples of goal types are as follows:

- Patient Loyalty
- Medical Staff Development
- Employee Development
- Quality
- Services
- Financial Stewardship
- ASPIRE
 - a) Accountability
 - b) Service
 - c) Promote Teamwork
 - d) Integrity
 - e) Respect
 - f) Excellence

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The following are ongoing long term commitments of PMH Quality Assurance:

- To implement quantitative measurement to assess key processes or outcomes
- To bring directors, clinicians, and staff together to review quantitative data and major clinical adverse occurrences to identify problems
- To carefully prioritize identified problems and set goals for their resolution
- To achieve measurable improvement in the highest priority areas
- To meet internal and external reporting requirements
- To educate directors, clinicians, and staff
- To develop or adopt necessary tools, such as practice guidelines, consumer surveys, and quality indicators
- To support a continuous learning organization
- To provide a transparent Quality and Process Improvement methodologies

G. PMH Quality Strategy/Patient Appropriate Care Scorecard

Annually, the PMH Leadership team will evaluate quality measures (required and non-required) from the following agencies and make the determination if the measures should/need to be included on the Patient Appropriate Care Scorecard. The measures may come from the following agencies: iVantage, Center for Medicare/Medicaid Services (CMS), National Hospital Safety Network (NHSN/CDC), Washington Rural Health Collaborative (WRHC), Medicare Beneficiary Quality Improvement Project (MBQIP), Washington State Hospital Association (WSHA), Obstetric Clinical Outcomes Assessment Program (OBCOAP).

Note: Throughout the calendar year, measures may be eliminated, as well as new measures may be added by the requesting agencies. As such, the dashboard (Attachment 2) may not reflect current measures. Contact Quality Assurance for an up-to-date dashboard.

H. PMH's Organization

The Board of Commissioners

The Board of Commissioners (BOC) makes up the governing body for PMH and are ultimately responsible for the quality of care the organization provides. The BOC requires and supports the maintenance of continuous quality improvement as defined in this plan.

The responsibilities of the Board of Commissioners include, but are not limited to:

- Annually review and approve the Quality Program Plan
- Assure the provision, through the CEO, of the resources necessary to conduct quality improvement activities
- Quarterly receive reports of quality program findings, actions, and results
- Quarterly review the evaluation of the quality program's effectiveness, including any recommendations for organizational changes to improve performance.

Joint Conference Committee, has a charter to perform the following:

The quality program involves senior leaders in the review of services rendered in the Hospital, both retrospectively and prospectively, in order to improve quality of patient's medical care. The Joint Conference Committee that has a charter to perform this function will oversee and

coordinate the quality improvement program and shall ensure information gathered is pursuant to continually enhance quality of patient care, service, and experience.

The Joint Conference Committee meets monthly and is chaired by a member of the Board of Commissioners. Members include three Board of Commissioners, Chief Executive Officer, Chief of Staff, MSQIC Representative, "At Large" Physician from Medical Staff. Staff members include Chief Nursing Officer, Chief Quality Officer.

The responsibilities of the Joint Conference Committee include, but are not limited to:

- Review the annual Quality Assurance Program Plan
- Review quality program metrics
- Review process improvement activities
- Report to the Board of Commissioners quarterly
- Oversight of the Quality Reporting System and support quality and process improvement initiatives
- Monitor implementation of improvement strategies determined through Root Cause Analysis of Adverse Events

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I. PMH High Level Organizational Structure



J. Quality Assurance Program Roles and Responsibilities

Quality Assurance

Quality Assurance responsibilities include, but are not limited to:

- Maintain PMH's Quality Program in accordance with related policies and procedures
- Enhance organizational capacity for quality and process improvement
- To ensure flow down of information from the PMH's Quality Committee Network
- To facilitate compliance with regulatory standards for organizational improvement and patient care
- To prepare and distribute reports that provide adequate information for departmental and leadership decision-making
- To assist directors in identifying and prioritizing opportunities for improvement in alignment with annual quality goals, as well as provide resources to support the management team with their quarterly reports
- To assist directors in event management review and processing, as well as selecting appropriate and effective corrective actions for reported patient, staff, and facility safety issues
- To monitor the implementation of the quality policies, the Quality Assurance Program Plan, and compliance monitoring activities, as well as recommend interventions or changes in the plans, policies, or practices to support a culture of continuous improvement
- To protect the confidentiality of all quality-related data
- To analyze patient satisfaction surveys or other patient care-related information to assure the "voice of our customers" is incorporated in quality improvement activities
- Maintain and effectively manage the PMH Compliance Program in accordance with related policies and procedures

Quality Committee

The Quality Committee (QC) will introduce patient safety performance improvement projects. The topics or processes chosen for these will be selected according to the priorities established by the Committee with input from the Board of Commissioners, Joint Conference Committee, Medical Staff Committee, PMH Administration and Directors/Managers, the QC, and PMH employees as appropriate. To be considered a proactive risk assessment project that meets the regulatory agency standards, the project should conduct a Risk Assessment.

Directors

Directors are responsible for the continuous improvement of work processes that support patient care and services.

- Allocating adequate time and resources, departmental structure, and workflow to allow for collecting, measuring, and assessing data in support of Quality Improvement activities and projects.
- Seeking out Quality Improvement opportunities under the oversight of the departmental directors/managers and the Chief Quality Officer, taking initiative to improve identified problem areas, and collaborating effectively with other departments to assure improvement activities are consistent with the work of other areas of the organization.
- Collaboratively work with Quality Assurance to implement and keep current the process of continuous quality improvement by departments, a systematic reporting system has been established. Quality Improvement Plans/Goals should be updated annually into the Leadership Evaluation Management (LEM) Database.

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- Implementation and oversight of Quality Improvement initiatives.
- Monitor and track Quality and Process Improvement metrics that support the following:
 - PMH's Mission, Vision, Values & Standards of Behavior
 - Fiscal Year 2020 Strategic Plan
 - Medical Staff Model & Provider Recruitment/Succession Plan FY 2017-2020
 - Operating and Capital Budgets FY 2020

K. Approaches and Methodology

A key element to ensure the sustainability of continuous improvement is the teaming approach with process owners identifying and implementing process improvement strategies by using a variety of methodologies, such as (but not limited to):

- Lean
- Six Sigma
- Data Analysis
- Performance Monitoring and Evaluation
- Plan, Do, Study, Act (PDSA)
- Define, Measure, Analyze, Improve, Control (DMAIC)

L. Quality Program Evaluation

Consistent with continuous quality improvement principles, quality improvement activities at PMH will be reviewed on an ongoing basis by the Joint Conference Committee with final assessment by the Board of Commissioners. The Quality Assurance Program Plan will be reviewed for overall effectiveness of monitoring, evaluation, and problem-solving activities on an annual basis. A retrospective evaluation will be accomplished through the Critical Access Hospital (CAH) Annual Review.

Attachment 1: WAC 246-320-171

WAC 246-320-171

Improving organizational performance.

The purpose of this section is to ensure that performance improvement activities of staff, medical staff, and outside contractors result in continuous improvement of patient health outcomes. In this section "near miss" means an event which had the potential to cause serious injury, death, or harm but did not happen due to chance, corrective action or timely intervention.

Hospitals must:

Requirement	
(1) Have a hospital-wide approach to process design and performance measurement, asse	essment,
and improving patient care services according to RCW 70.41.200 and include, but not be li	mited to:
(a) A written performance improvement plan that is periodically evaluated;	
(b) Performance improvement activities which are interdisciplinary and include at least one the governing authority;	member o
(c) Prioritize performance improvement activities;	
(d) Implement and monitor actions taken to improve performance;	
(e) Education programs dealing with performance improvement, patient safety, medication injury prevention; and	errors,
(f) Review serious or unanticipated patient outcomes in a timely manner;	
(2) Systematically collect, measure and assess data on processes and outcomes related to	patient
care and organization functions;	
(3) Collect, measure and assess data including, but not limited to:	
(a) Operative, other invasive, and noninvasive procedures that place patients at risk;	
(b) Infection rates, pathogen distributions and antimicrobial susceptibility profiles;	
(c) Death;	
(d) Medication use;	
(e) Medication management or administration related to wrong medication, wrong dose, wro	ong time,
near misses and any other medication errors and incidents;	•
(f) Injuries, falls; restraint use; negative health outcomes and incidents injurious to patients	in the
hospital;	
(g) Adverse events listed in chapter 246-302 WAC;	
(h) Discrepancies or patterns between preoperative and postoperative (including pathologic	
diagnosis, including pathologic review of specimens removed during surgical or invasive pro	
(i) Adverse drug reactions (as defined by the hospital);	
(j) Confirmed transfusion reactions;	

()) Commed transitision reactions;

(k) Patient grievances, needs, expectations, and satisfaction; and

(I) Quality control and risk management activities.



SUBJECT	Γ:	Risk Man	age	ment F	Program	NO:	872	872-3004				
POLICY:	Р	ROCEDURE:		GUIDE	LINE:	PROTOCOL:	1.12	THER PECIFY):	PLAN	PLAN		
Supersedes		Risk Mana	igen	nent Pla	an – 9/1/2	017	Eff	ective D	ate:	1/31/2020		
Developmen	t Tea	m/Authors(s)	:	Merry Fuller, MSN, RN, CNO								
Committee A	ppro	val/Review:										
Administrati	ve Ap	proval:										
Audit Review:		Initials:	itials: 9/20/17		2/14/18	1/07/19	1/08/	2020				
		Date:		mf	mf	mf km		m				

Purpose:

Prosser Memorial Health (PMH) Risk Management Program exists to protect the human and financial assets of the organization against the adverse effects of accidental losses, effectively managing losses that occur, and ongoing process improvement that reinforces an organizational culture of safety.

Authority:

The Board of Commissioners has the ultimate responsibility to assure the provision of a safe environment. The Board of Commissioners delegates authority for the establishment of a comprehensive, organization wide risk management program to PMH administration.

Scope:

The Risk Management Program is designed to identify, assess, prevent, and control losses that arise from employee work-related injury, liability, property, regulatory compliance, and other loss exposures arising from operations.

The Risk Management Program involves loss prevention, control, and continuous quality improvement activities. Team effort to implement the risk management program will include physicians, administration, directors, supervisors, nurses, support services and front line employees to identify, review, evaluate, and control risks that interfere with quality patient care, safety, and services rendered at PMH and to take the appropriate corrective and preventative actions necessary.

Program Elements:

The Risk Management Program at PMH will utilize a five-step process which includes:

- 1. Identification of potential loss exposures;
- 2. Assessing the feasibility of alternative techniques to treat the exposure identified;
- 3. Selecting the appropriate risk management technique;
- 4. Implementing the chosen technique; and
- 5. Monitoring the effectiveness of the action taken.

Objectives:

The objectives of the Risk Management Program are to preserve the assets, reputation, and quality of care of PMH by utilizing a process to identify, reduce, or eliminate the risk of loss. To meet these objectives, the Risk Management Program will undertake the following activities:

- 1. Administer all insurance or self-insurance programs so as to maximize coverage and minimize expenses;
- 2. Inspect all PMH premises to discover and correct potentially hazardous conditions and minimize expenses;

- 3. Review the performance of all persons providing care to patients to identify and correct practices which may present unnecessary risks to employees, patients, and others;
- 4. Review policies and procedures to update, amend, edit, and revise to reflect appropriate care, legislative requirements, and minimize or prevent liability ramifications;
- 5. Investigate adverse occurrences to assess and determine how similar occurrences might be averted and to control the loss related to the adverse occurrence.
- 6. Handle complaints and grievances to resolve disputes and improve patient care and associated services.
- 7. Coordinate the local management of claims against PMH in a timely, organized, and cost effective manner as required by coverage documents;
- 8. Organize education programs on risk management topics to promote awareness of risk management issues and safer practices.

Program Plan:

1. Board of Commissioners

The Board of Commissioners has the ultimate responsibility to assure that a Risk Management Program is established and implemented. The Board of Commissioners will delegate responsibility for the Risk Management Program to the Chief Nursing Officer, who will provide the Board of Commissioners with the following:

- a. Assurance that a comprehensive, ongoing and effective Risk Management Program is in place;
- b. Assurance that significant deficiencies identified by the risk management process are corrected;
- c. Recommendations for the financial and administrative support necessary for the effective implementation of the Risk Management Program;
- d. Periodic reports on the Risk Management Program activities described in the plan.
- 2. Administration

PMH administration actively supports the Risk Management Program. Administration is responsible for the general management of PMH and authorized to act on behalf of the Board of Commissioners to ensure the implementation of the Risk Management Program and related activities.

- a. Assign accountability for risk management activities as follows:
 - <u>Clinical Risk-Patient Safety Officer</u>: quality assurance, utilization review, pharmacy and therapeutics, medical staff credentialing and committees, and clinical practice standards and guidelines.
 - Business Risk-Compliance Officer: EMTALA, HIPAA, Compliance Auditing Plan
 - <u>Environment of Care Risk-Safety Officer:</u> Safety Management, loss control, employee accidents, department hazard analysis, equipment management, plant safety and management including fire suppression, Safe Medical Center Device Act compliance, and OSHA compliance.
 - <u>Risk Program Management-Risk Manager:</u> Claims administration, event reporting system, patient complaints & grievances, contract review, regulatory reporting, risk management data analysis and reporting to all key stakeholders, facilitates integration of all aspects of the Risk Management Program.
- b. Support the integration of the Risk Management Program into the overall management control system used to evaluate the delivery of quality care and services.
- c. Participate in the review and evaluation of patient care and safety within PMH.
- d. Identify, implement, and support corrective action plans for PMH related to the Risk Management Program; and
- e. Monitor results for effectiveness of techniques employed to manage risks for PMH, and make any adjustments necessary to the corrective action plan.

- 3. Professional Staff (Physicians, Nurses, and other licensed health care practitioners) The professional staff are responsible for providing diagnostic and therapeutic medical care, and:
 - Actively participating in the functions of the Risk Management Program by monitoring, evaluating, and maintaining applicable standards of care within his/her licensure and position;
 - b. Report variances in care to responsible individuals in order to identify and resolve clinical risks;
 - c. Identify, recommend, and implement corrective action needed.

Integration of Key Aspects of Operations:

The Risk Management Program interfaces with other key aspects of operations and shares pertinent information as appropriate with organizational function/committees such as, but not limited to the following:

- 1. Quality Committee
- 2. Compliance Committee
- 3. Medical Staff Services
- 4. Human Resources
- 5. Community Relations/Marketing
- 6. Employee Health
- 7. Utilization Review
- 8. Environment of Care/Safety
- 9. Emergency Preparedness
- 10. Infection Control
- 11. Health Information Management
- 12. Health Information Technologies
- 13. Patient Financial Services
- 14. Utilization Review
- 15. Social Services
- 16. Security
- 17. Pharmacy and Therapeutics Committee
- 18. Safe Patient Handling Committee

Confidentiality:

Risk Management documents and records include information which relate to sensitive patient and provider information. It is the intent of this Risk Management Program to apply all existing legal standards and state or federal statutes to provide protection to the documents, proceedings, and individuals involved in the program.

Any and all documents and records that are part of the internal Risk Management Program, as well as the proceedings, reports, and records from any of the involved committees, shall be maintained in a confidential manner. Disclosure to any judicial or administrative proceedings will occur only under a court order or legal mandate. The Risk Management Program will ensure:

- 1. Documents/records generated as part of the organizational Risk Management Program, as well as the proceedings, reports/records are to be confidential and subject to state and federal laws protecting such documents from discovery.
- 2. Copies of minutes, reports, worksheets, and other data summaries related to risk management are stored in a manner to maintain strict confidentiality.
- 3. Employees, volunteers, and physicians/medical staff are obligated to maintain complete confidentiality of all pertinent information to protect patient rights, as required by state and federal law.

Evaluation of the Risk Management Program:

The Risk Management program and PMH's Progress towards achieving objectives listed in this plan will be reviewed at least annually by the Board of Commissioners of PMH.

Approval:

Board of Commissioners Chair	Date
CEO	Date
Chief of Staff	Date

References

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Malan Cool Areas & Indicators	2020 - Strategic Plan Scorecard 2020 Goal Jan Feb March April May June July Aug Sept Oct Nov Dec 2020 YTD															
Major Goal Areas & Indicators Patient Loyalty	2020 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2020 YTD	2019 Avg	2018 Av
IP - "Would Recommend"	> 85.1%							-		-	-				85.1%	83.8%
ED - "Would Recommend"	> 80.7%			1		-	-								80.3%	80.7%
Acute Care - "Would Recommend"	> 79.7%			1	-			-	-						78.6%	79.7%
OB - "Would Recommend"	> 92.2%				-	-	-	-	1	-	-				92.2%	88.6%
Outpatient Surgery - "Would Recommend"	> 91%				-	-	-		1						91.0%	84.9%
Swing Bed - "Would Recommend"	> 94.1%			-	-	-				-				1 1	85.3%	94.1%
Clinic - "Would Recommend"	> 87.1%				-	-					-				87.1%	85.2%
Outpatient - "Would Recommend"	> 88.4%				1	1			-	-		-			88.4%	84.7%
Medical Staff Development							1		1						00.470	04.770
Medical Staff Turnover	< 0.2%	_		-					1.				-	-	0.2%	0.6%
Specialty Clinic Visits	> 1063					-									950	872
Benton City Clinic Visits	> 1005		-	-		-					-				958	872
Prosser RHC Clinic Visits	> 1052			1	-	-	-		-					1 1	960	821
Grandview Clinic Visits	>618		-	-	-	-	-			-				1 1	568	
Women's Health Center	>709				-	-									469	N/A
Comprehensive Pain Clinic	>91		-	-		-									469	N/A 55
*# of Active Medical Staff	>51		-	-			-									
Employee Development	521			-		-		_							41	40
Average Recruitment Time (days)	< 28	-		-	-		-		_		-					
# of Open Positions (Vacancies)	< 28		-												28	N/A
# or Open Positions (vacancies) Hours of Overtime - Overtime/Total Hours Worked				-		-	-								23	8.8
	< 4.5%			-		-		-							5.7%	4.5%
Agency - Cost/Total Labor	< 8.7%			-		-									14.5%	10.5%
Turnover Rate	< 0.7%			-	-				-	-					0.7%	0.7%
Timely Evaluations	> 79.6%		-	-		_				1	-			<u> </u>	79.6%	60.5%
Education Hours/FTE	> 2.15									1			-		1.55	2.15
New Hire (Tenure) < 1 year	< 10%			-	-	-							-		0%	N/A
* Lost Workdays due to On-the-Job Injuries Quality	< 167			-				_			_	-			167	163
ED Encounters - Left Without Being Seen	< 1.0%				-	-	-			-		-		10.00		
						-							-		1%	1.0%
*Falls with Injury Healthcare Associated Infection Rate per 100 Inpatient Days	< 3				-	<u> </u>				-					3	3
	< 0.1%														0.1%	0.1%
All-Cause Unplanned Readmissions within 30 Days	< 2.5%			-		-					· · · · · · · · · · · · · · · · · · ·			-	5.4%	2.5%
Diabetes Management - Outpatient A1C>9 or missing result	< 30.3%														30.3%	34.50%
Services				-			1.	1	-		2	-				-
ED Visits	> 1,023				-	-									1,016	930
Inpatient Admissions	> 86					-	-					-			83	75
OB Deliveries	> 38								V				-		37	31
Surgeries and Endoscopies	> 126			-									1		118	117
Diagnostic Imaging Procedures	> 2,116						-	-	5				-		1,957	1,649
Lab Procedures	> 12,262			-		-			č	-					11,051	9,671
Adjusted Patient Days	> 1,434					-				-					1,624	1,373
Therapy Visits	> 1,706														1,145	1,084
Outpatient Special Procedures Visits	> 225				-		· · · · · · · · · · · · · · · · · · ·								224	225
Financial Performance	_			1								-	4			
Net Days in Accounts Receivable	< 48.62														58.76	50.96
*Total Margin	>7.06%												0		5.30%	1.8%
Net Operating Revenue/FTE	>\$16,753						_						i		\$15,794	\$16,094
Labor as % of net Revenue	< 60.2%														59.6%	62.6%
Operating Expense/FTE	<\$15,760												-	1	\$15,190	\$16,190
*Days Cash on Hand	< 95.58														120.39	108.23
Commercial %	> 28.7%														28.7%	28.2%
Total Labor Expense/Total Expense	< 62%														62%	63%

Attachment AA

Red More than 10% below Goal *Cumulative Total - goal is year end number

Prosser Memorial Health	2020 - Patient Care Scorecard														
Major Goal Areas & Indicators	2020 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2019 YTD	2018 Avg
Quality Metrics															LULUTIO
Left Without Being Seen (ED & iVantage)	< 1.0%									-				1.11%	1.00%
All-Cause Unplanned 30 Day Inpatient Readmissions (AC & iVantage)	< 2.7%						-	-						5.37%	2.7%
Sepsis - Early Management Bundle (AC)	> 84.6%						-				-	-		80.0%	84.60%
Head CT Interpretation within 45 minutes - Stroke (DI)	> 90%													62.16%	NA
Healthcare Associated Infection Rate per 100 Inpatient Days	< 0.07%													0.07%	0.1%
Diabetes Management - Outpatient A1C>9 or missing result (PT)	< 30.25%													30.25%	34.50%
Medication Reconciliation Completed	> 90%													85.16%	NA
Turnaround time of 30 minutes or less for STAT testing (LAB)	< 30 minutes										-	-		30	30
Median Time to ECG (CP & iVantage)	< 7 minutes										-	-		7.0	NA
Surgical Site Infection (OR)	< 2.0%													0.28%	0.14%
Colonoscopy Follow-up (OR/Clinic & iVantage)	> 90%													NA	NA
Safe Medication Scanning	> 90%										-			NA	NA
Overall Quality Performance Benchmark (iVantage)	> 48											-	-	NA	NA
Inductions <39 Weeks without Clinical Indications (OB & iVantage)	<1						c							1	3
Falls with Injury	< 3													3	3

METRIC DEFINITIONS	
Left Without Being Seen (ED & iVantage)	A patient ED encounter that ended with the patient leaving the hospital before the patient could be seen by a physician.
All-Cause Unplanned 30 Day Inpatient Readmissions (AC & iVantage)	Total number of inpatient acute care patients readmitted to acute care for any reason within 30 days of discharge date. (Does not include Swing Bed patients)
	Adults 18 years and older with a diagnosis or severe sepsis or septic shock. Bundle elements include:
	- obtaining a lactate level w/in 3 hours of presentation;
	- obtaining blood cultures w/in 3 hours of presentation;
	- administering broad spectrum antibiotics w/in 3 hours of presentation;
	- fluid resuscitation w/in 3 hours of initial hypotension or septic shock;
	- vasopressor administration w/in 6 hours of septic shock only if hypotension persists after fluid administration;
	- repeat lactate measurement w/in 6 hours of severe sepsis, only if initial lactate is elevated;
Sepsis - Early Management Bundle (AC)	- repeat volume status and tissue perfusion assessment w/in 6 hours of septic shock if hypotention persists
Head CT Interpretation within 45 minutes - Stroke (DI)	All stroke team activations - CT interpretation completed within 45 minutes of patient arrival to ED.
Inductions <39 Weeks without Clinical Indications (OB)	# of inductions <39 weeks w/o clinical indications (i.e. diabetes, hypertension, cholestasis).
	# of falls with injury: minor (application of dressing or ice, limb elevation, bruise or abrasion), moderate (suturing, steri-strips, splinting, muscle/join strain), major (resulting in
	surgery, casting, traction, consultation for neurological, internal injury or patient with coagulopathy who receive blood products as a result of the fall), death (patient died as a result
Falls with Injury	of injuries from the fail).
Healthcare Associated Infection Rate per 100 Inpatient Days	Any infection occurring as a result of inpatient hospitalization (inpatient surgeries, CAUTI, CLABSI, C. Diff) calculated as a rate per 100 inpatient days.
Diabetes Management - Outpatient A1C>9 (PT)	Clinic patients with HbA1c level greater than 9%.
Medication Reconciliation Completed	Percentage of charts with medication reconciliation completed accurately.
Turn around time of 30 minutes or less for STAT testing (LAB)	Lab will achieve a turn around time (time the order is placed by the provider to result time) for STAT testing of 30 minutes or less.
	Median time from emergency department arrival to ECG (performed in the ED prior to transfer) for acute myocardial infarction (AMI) or Chest Pain patient (with probable cardiac
Median Time to ECG (CP)	chest paln).
Surgical Site Infection (OR)	# of infections occuring within 30 days after procedure/total procedures.
	Percentage of patients aged 50-75 years receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat
Colonscopy Follow-up (Clinic & iVantage)	colonoscopy documented in their colonoscopy report.
Safe Medication Scanning	Percentage of medication/patient scanning completed for all medications administered within the hospital.
Overall Quality Performance Benchmark	IVantage Performance Benchmark to Peers for Quality pillar.

Green at or above Goal (4)	
Yellow within 10% of Goal (2)	
Red More than 10% below Goal (0)	
Cumulative Total - goal is year end number	

DEFINITIONS	
ED - Emergency Department	PT - Practice Transformation
AC - Acute Care	CP - Cardiopulmonary
DI - Diagnostic Imaging	OR - Operating Room
OB - Family Birthplace	LAB - Laboratory

Prosser Memorial Health		202	20 - S	peci	alty F	Patie	nt Ca	are S	core	ecard	k
Major Goal Areas	2020 Goal	Jan	Feb	June	July	Aug	Sept	Oct	Nov	Dec	2019 YT
Patient Check In to Chart Closure	>96%		1				opt				
* Cardiology	>96%									-	N/A
* Podiatry	>96%						1	-			93%
* Orthopedics	>96%										91%
* General Surgery	>96%		1		-		-			-	96%
* Ear, Nose & Throat	>96%						1				90%
Colorectal Screening	>44%										
* Cardiology	>44%										N/A
* Podiatry	>44%										22%
* Orthopedics	>44%										18%
* General Surgery	>44%									-	N/A
* Ear, Nose & Throat	>44%		-				-			-	26%
Breast Cancer Screening	>55.9%										
* Cardiology	>55.9%			-			-			1	N/A
* Podiatry	>55.9%		-								45.30%
* Orthopedics	>55.9%										48.70%
* General Surgery	>55.9%	_					-			-	46.70%
* Ear, Nose & Throat	>55.9%		-				<u> </u>			<u> </u>	57%
Medication Reconciliation	>90%		-								5/%
* Cardiology	>90%										
* Podiatry							1				N/A
* Orthopedics	>90%		-	-							94.30%
	>90%										99%
* General Surgery	>90%										N/A
* Ear, Nose & Throat	>90%										100%
Screening for Clinical Depression & Follow-Up Plan	>18%	_					-			-	
* Cardiology	>18%		-								N/A
* Podiatry	>18%	_									1.30%
* Orthopedics	>18%										2%
* General Surgery	>18%					i				1	N/A
* Ear, Nose & Throat	>18%		1								7.67
Cervical Cancer Screening	>37%										
* Cardiology	>37%										N/A
* Podiatry	>37%				_						10.33%
* Orthopedics	>37%	1000									14%
* General Surgery	>37%						1				N/A
* Ear, Nose & Throat	>37%										25.33%
CoPay Collection	>50%										
* Cardiology	>50%										N/A
* Podiatry	>50%	_				-			-		N/A
* Orthopedics	>50%	-								-	N/A
* General Surgery	>50%										N/A
* Ear, Nose & Throat	>50%										N/A
% of Calls Answered within 26 seconds	>75%									-	1
* Cardiology	>75%				-				_	-	N/A
* Podiatry	>75%						-	_			N/A N/A
* Orthopedics	>75%	-									N/A N/A
* General Surgery	>75%	_									N/A N/A
* Ear, Nose & Throat	>75%			<u> </u>							N/A N/A

Green at or above Goal	
Yellow within 10% of Goal	
Red More than 10% below Goal	-

Attachment DD

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5.11 <u>Annual Meeting</u>. At the annual meeting of the Board of Commissioners in each year succeeding an election year, new Commissioners shall present their commission to the Secretary, and the roll call shall include the names of new Commissioners, if duly qualified, as members of the Board of Commissioners. The annual meeting may be a regular meeting of the Board of Commissioners.
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ARTICLE VI - OFFICERS AND DUTIES

- 6.1 Election of Officers and Term.
 - 6.1.1 The Board of Commissioners shall organize by electing from its own members a President, Vice President, and Secretary at its first regular meeting each calendar year, such election to be passed by majority vote of the Commissioners in each case.
 - 6.1.2 The terms of these offices shall be for one (1) year or until a successor assumes office.
 - 6.1.3 The President, Vice President, and Secretary shall have a vote on all matters coming before the Board of Commissioners.
- 6.2 Duties of President. The President shall:
 - 6.2.1 Confer and advise with the Chief Executive Officer between meetings, and shall report such action to the Board of Commissioners at its next regular meeting;
 - 6.2.2 Have the authority to execute such contracts, as the Board of Commissioners shall direct, when such authority has not been given to the Chief Executive Officer of PMH Medical Center; and
 - 6.2.3 Perform all duties usually pertaining to the President's office.
- 6.3 <u>Duties of Vice President</u>. The Vice-President shall perform the duties of the President, in the absence of the President and shall perform such other duties as may be delegated from time to time by the Board of Commissioners.
- 6.4 Duties of Secretary. The Secretary shall:
 - 6.4.1 Send or cause to be sent, appropriate notice to the members of the Board of Commissioners and other interested parties;
 - 6.4.2 Prepare or cause to be prepared, minutes of regular and special meetings of the Board of Commissioners; sign the same and keep them in a proper book for that purpose;
 - 6.4.3 Affix or cause to be affixed the official seal of PMH Medical Center to any document requiring it; and

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Attachment EE



PROSSER MEMORIAL HEALTH

2019 BOARD OFFICERS

President:

Stephen Kenny, Ph.D.

Vice President:

Keith Sattler

Secretary:

Glenn Bestebreur

Attachment FF

PROSSER MEMORIAL HEALTH

CONFLICT OF INTEREST DISCLOSURE

BOARD OF COMMISSIONERS

Name:	
Occupation:	
Place of Business:	
Phone:	E-Mail:

Pursuant to the Prosser Memorial Health policy requiring disclosure of any conflict of interests, I hereby state that I or members of my immediate family, have the following affiliations or interests and have taken part in the following transactions which, when considered in conjunction with my position with or relation to Prosser Memorial Health, might constitute a conflict of interest (Check "None" where applicable).

1. My affiliations, interests, activities, or transactions which may constitute a conflict of interest, usurpation of a Medical Center opportunity or competing with the organization:

(___) None

2. The affiliations, interests, activities, or transactions of my immediate family which may constitute a conflict of interest, usurpation of a Medical Center opportunity or competing with the organization:

(____) None

3. I hereby certify that neither I nor any member of my immediate family have accepted or will accept gifts, gratuities, or entertainment that might influence my judgement or actions concerning the business of Prosser Memorial Health, except as listed below:

(___) None

I hereby agree to report to the Board of Commissioners any further situation that may develop before completion of my next disclosure.

Signature of Board Member

Date

PUBLIC COLO Refer to instruct	DISCLOSURE COMMISSION 711 CAPITOL WAY PO BOX 40908 OLYMPIA WA 9850 (360) 753-1111 TOLL FREE 1-877-0	4-0 9 08 601-2828	PDC FORM F-1 (1/15) 5.		ONAL FINANCIA RS STATEMEN	Jon		
	Incumbent elected and appoi Candidates and others with			A B	\$1 to \$4,499 \$4,500 to \$23,99	E		
	candidate or being newly app			C D	\$24,000 to \$47,9 \$48,000 to \$119,1	999 E		
SEND REPO	RT TO PUBLIC DISCLOSU First	RE COMMISSIO		E E	\$120,000 or more	ily members, including registered		
	s (Use PO Box or Work Addres	c) *	Middle	r muai	domestic partner. If there disclose for dependent ch in your household, do not	in members, including registered e is no reportable information to ildren, or other dependents living identify them. Do identify your restic partner. See F-1 manual for		
Maning Addres	S (USE FO BOX OF WORK Addres	5)						
City	Count	у	Zip + 4	4				
Filing Status (C	Check only one box.)				Office Held or Sought			
An elected	An elected or state appointed official filing annual report Office title:							
Final report as an elected official. Term expired: Candidate running in an election: month								
County, city, district or agency of the office, name and number:								
Newly app	ointed to an elective office				Position number:			
Newly app	ointed to a state appointive offic	e			Term begins:	ends:		
Profession	al staff of the Governor's Office	and the Legislatu	ire					
1 "	NCOME member, including	g registered don	nestic partner, r	eceived \$2,	400 or more during the	etc.) from which you or a family period. Include stock options and dividends in Item 3.)		
Dependent (D)	lame and Address of Employer		pensation		upation or How Compensati as Earned	on Amount: (Use Code)		
	heck Here if continued on a		or's parcel num	bor or logs	description AND count	for each parcel of Washington		
2 ₽	EAL ESTATE real estate	with value of ov sonal financial in	ver \$12,000 in w	hich you or	a family member, includ	ng registered domestic partner, ip, company, etc. real estate on		
Property Sold or	Interest Divested		ame and Address o	f Purchaser	Nature and Ar Consideration	nount (Use Code) of Payment or Received		
Property Purcha	sed or Interest Acquired	Cn	editor's Name/Add	ress Payn	nent Terms Security Give	Mortgage Amount - (Use Code) Original Current		
All Other Proper	ty Entirely or Partially Owned							
Check here 🔲 i	f continued on attached sheet							

A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$24,000 any time during the report period. Type of Account or Description of Assett Asset Value (Use Code) Income Amount (Use Code) B. Name and address of each insurance company where you, a family cash or loan value over \$24,000 during the period. Type of Account or Description of Assett Asset Value (Use Code) Income Amount (Use Code) C. Name and address of each insurance company, where you, a family cash or loan value over \$24,000 during the period. Type of Account or Description of Assett Asset Value (Use Code) C. Name and address of each insurance company, where you, a family repose, registered domestic partner, mado registered on the state in the state or distribution and or distribution and period. Type of Account is the state or distribution and or distribution and period. The state or newthere, the value and any income amount. EXAMPLE: If you set of five tool in the state or distribution and period. The state or newthere, the value and any income amount. EXAMPLE: If you set of five tool in the state or distribution in which we have and any income amount. EXAMPLE: If you set of five tool in the state registered domestic partner, need \$2,400 or other asset in that account. Association in the state or distribution in which we have and address. Terms of Payment Security Given Original Present Check here [] if continued on attached sheet. Descent we distribution in which you are a candidate for state or local office, an appointe to a vacent elective office, or a state executive of f	3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS intar		d savings accounts operty (including but od.				
member, including registered domestic partner, had a policy with a cash or loan value over \$24,000 during the period. C. Name and address of each company, association, government spency, etc. In which you, a family member, including registered dosestic partner and/or dependents had decision making authority member including registered dosestic partner and/or dependents had decision making authority member including registered domestic partner and/or dependents had decision making authority member including registered domestic partner and/or dependents had decision making authority member including registered domestic partner, oveed \$2,000 or other asset in that account. Check here if continued on attached sheet. Issee and registered domestic partner, oveed \$2,000 or other asset in that account. AMOUNT (USE CODE) Check here if continued on attached sheet. Issee and registered domestic partner, oveed \$2,000 or other asset in that account. MOUNT (USE CODE) Check here if continued on attached sheet. Terms of Payment Security Given Original Present Check here if continued on attached sheet. 5 All filers answer questions A thru D blow. If the answer is YES to any of these questions, the F-1 Supplement tais loo be completed as part of this regort. Imoust also be completed as part of this regort. Original Present A. Any time during the porting wave questions. A thru D blow. If the answer is YES to any of these questions, the F-1 Supplement tais autoasset or these of diver company. Original Present Original Present <	Α.	a family member, including registered domestic partner, had an	Type of	Account or Descriptio	n of Asset			
agency, etc. In which you, a family member, including registered domestic patrier, owned or had a famacial interest work over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spoces, registered domestic patrier and/or dependents had decision masses of investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other assest in that account. AMOUNT (USE CODE) Check here if f continued on attached sheet. It is each creditor you or a family member, including registered domestic partner, owed \$2,400 or other assest in that account. AMOUNT (USE CODE) Creditor SN ame and Address Terms of Payment Security Given Original Pesent Creditor's Name and Address Terms of Payment Security Given Original 5 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as security officer filing your initial report, no F-1 Supplement is required. An 11 filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement security officer filing your initial report, no F-1 Supplement is required. A. At any time during the reporting period were you, your spoces, registered domestic partner or dependents (1) an officer, director, general patter or tustee of any comparity reports, registered domestic partner or dependents (1) an officer, director, general patter or tustee of any comparity reports, registered domestic partner or dependents patter or nunther of any timined parinterity, finited lability partnership, fi	В.	member, including registered domestic partner, had a policy with a						
4 CREDITORS List each creditor you or a family member, including registered domestic partner, owed \$2,400 or mortgages or real estate reported in item 2. AMOUNT (USE CODE) Creditor's Name and Address Terms of Payment Security Given Original Present Check here □ if continued on attached sheet. Terms of Payment Security Given Original Present 5 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are N0 and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required. Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required to these officeholders unless all answers to questions A thru E are NO. A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any company, union, association, joint venture or other entity or (2) a partner or member of any limited pattership, limited liability partnership, limited liability company? B. Did you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or there on there on there buy or other than you you spouse, registered domestic partner or dependents (1) an officer, director, general partner or there entity or (2) a partner or any limid entity invelow or partner		agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account.						
Creditor's Name and Address Terms of Payment Security Given Original Present Check here [] if continued on attached sheet. 5 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing you initial report, on D-1 Supplement is required. Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO. A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or truttee of any componito, non-association, other entity or (2) a partner or member of any limited partnership, limited liability company?	-	List each creditor you or a family member, CREDITORS more any time during the period. Don	't includ					
 part of this report. If all answers are NO and you are a candidate for state or local office, an appointed to avacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required. Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO. A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any company or similar entity including but not limited to a professional limited liability company?	Che	Creditor's Name and Address		ms of Payment	Securi	ity Given	Original	Present
 corporation, company, union, association, joint venture or other entity or (2) a pather or member of any limited pathership, limited liability company? If yes, complete Supplement, Part A. B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? If yes, complete Supplement, Part A. C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? If yes, complete Supplement, Part A. D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? If yes, complete Supplement, Part B. Only for Persons Filing Annual Report. Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner or both questions, complete Supplement, Part C. ALL FILERS EXCEPT CANDIDATES. Check the appropriate box. I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns. CANDIDATES: Do not use public agency addresses or telephone numbers for *CANDIDATES: Do not use public agency addresses or telephone numbers for 	part exec	of this report. If all answers are NO and you are a candidate for st cutive officer filing your initial report, no F-1 Supplement is require umbent elected officials and state executive officers filing an annu-	ate or loc d. al financia	al office, an appoint al affairs report also	ee to a vaca	nt elective offic	ce, or a sta	te
 business at any time during the reporting period? If yes, complete Supplement, Part A. C. Did you, your spouse, registered domestic partner or dependents on a business at any time during the reporting period? If yes, complete Supplement, Part A. D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? If yes, complete Supplement, Part B. E. Only for Persons Filing Annual Report. Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? If yes to either or both questions, complete Supplement, Part C. ALL FILERS EXCEPT CANDIDATES. Check the appropriate box. I hold a state elected office, and and familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns. I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns. *CANDIDATES: Do not use public agency addresses or telephone numbers for 	Α.	corporation, company, union, association, joint venture or other entity or (2) a part	rtner or men	nber of any limited partne	rship, limited lia	ability partnership,		ty
 D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? If yes, complete Supplement, Part B. E. Only for Persons Filing Annual Report. Regarding the receipt of items not provide or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? If yes to either or both questions, complete Supplement, Part C. ALL FILERS EXCEPT CANDIDATES. Check the appropriate box. I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns. I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns. *CANDIDATES: Do not use public agency addresses or telephone numbers for 	В.				, corporation, p	artnership, joint ve	nture or othe	r
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REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

		rosser emorial Health						
	M	emorial Health						
	BOARD OF COMMISSIONE	ERS SELF-EVALUATION QUESTIONNAIRE						
A	nswer Key							
1 - Strongly Agree	4 - Strongly Disagree							
2 - Agree	5 - No Opinion							
3 - Disagree	6 - Question does not apply							
			2016	2017	2018	2019		
1)	Board Composition	Comments	Average	Average	Average	Average	High	Low
1. Board members are rea	quired to disclose possible conflicts	We are given a form to complete	2.5	1.4	1.3	1.29	1	2
of interest before their ap	pointment and periodically							
throughout their term as (Commissioners.							
2. Board members are ap	pointed for a specified period of time	Board members are not appointed	4.5	2.75	3	1.25	1	2
	intment, and with a limit on the	unless a resignation occurs.						
number of terms.		Members are elected to 6-year						
		terms. If appointed to an unexpired						
		term at the next election cycle the						
		appointee is elected by the public.						
		There are no term limits.						
3. Board members are pro	otected against the potential	As per insurance agent at the Board	1.8	1.8	1.3	1.14	1	2
	nrough indemnity arrangements,	meeting on 12-17-19.						
insurance and other meas	ures.							
4. Board members regula	rly attend Board meetings in order	Good attendance by all.	1.8	1.6	1.2	1.29	1	2
to conduct business and m	nake informed decisions.	•					-	

	2016	2017	2018	2019		
Comments	Average	Average	Average	Average	High	Low
A refresher presentation would be	2.6	2	1.5	1.29	1	2
useful.						
Needs to be reviewed.						
Not sure if implemented.	3	2	2.25	1.5	1	2
Not formally set up	2.2	1.83	1.5	1.57	1	3
Timely updates as needed						
	2.6	1.4	1.4	1.29	1	2
We were supposed to receive by	2	1.5	2.33	1.83	2	3
emial Trustee but none have						
arrived. Updates from WSHA are					_	
All email - any print?						
Administration is very responsive	1.8	1.6	1.5	1.33	1	2
to Board member requests for						
information.						
	A refresher presentation would be useful. Needs to be reviewed. Not sure if implemented. Not formally set up Timely updates as needed We were supposed to receive by emial Trustee but none have arrived. Updates from WSHA are received. All email - any print? Administration is very responsive to Board member requests for	CommentsAverageA refresher presentation would be useful.2.6Needs to be reviewed	AverageAverageA refresher presentation would be2.6useful.2.6Needs to be reviewed.1.4Image: A refresher presentation would be1.6Image: A refresher presentation would be1.6Useful.1.4Image: A refresher presentation would be1.4Image: A refresher presentation is very responsive1.8Image: A refresher presentation is very responsive1.8	CommentsAverageAverageA refresher presentation would be useful.2.621.5useful.2.621.5Needs to be reviewedImage: CommentsNeeds to be reviewedImage: CommentsImage: Comments </td <td>AverageAverageAverageAverageA refresher presentation would be2.621.51.29useful.2.621.51.29useful.1.11.121.291.29Needs to be reviewed.1.11.121.12Image: Stress of the series of the ser</td> <td>Average<t< td=""></t<></td>	AverageAverageAverageAverageA refresher presentation would be2.621.51.29useful.2.621.51.29useful.1.11.121.291.29Needs to be reviewed.1.11.121.12Image: Stress of the series of the ser	Average <t< td=""></t<>

		2016	2017	2018	2019		
	Comments	Average	Average	Average	Average	High	Low
3) Board Committee Procedures							
13. The hospital/system has one or more statements/documents	Our hospital is very forward	1.8	1.33	1	1	1	1
that are periodically reviewed and revised that identify the	thinking.						
hospital/systems direction and role (e.g. Mission, Vision,	Reviewed on a 3-5 year cycle as						
Values, philosophy statements).	needed.						
14. The Board has a written set of bylaws that are periodically		1.6	1.33	1.33	1.14	1	2
reviewed.							
15. The roles, responsibilities, functions, relationships, and		1.6	1.33	1.33	1.29	1	2
authorities of the Board members and officers, the CEO, and the							
Medical Staff are in a written statement (e.g. Bylaws, policy,							
job descriptions, and procedures.							
16. The Board conducts business using formal procedures such	Meetings are organized.	1.8	1.83	1.67	1.43	1	2
as "Roberts Rules of Order".							
17. Board meetings are scheduled at appropriate intervals.	Monthly with special meeting if	1.8	1.5	1.67	1.14	1	2
	required.						
18. The length of Board meetings is realistic and based on	Great improvement in this area.	1.8	1.83	1.33	1.29	1	2
planned agendas.	Both the Work Session and the						
	action item session are generally						
	less than 2 hours.						
19. The Board has the necessary information to arrive at	Detailed written background	2	1.4	1.83	1.29	1	2
responsible decisions.	information provided.						
	We are presented with experts when						
	needed and have every opportunity						
	to ask for more information.						

		2016	2017	2018	2019		
	Comments	Average	Average	Average	Average	High	Low
20. The Board conducts its deliberation in a thoughtful and	Questions can be asked and	1.8	1.67	1.33	1.29	1	2
objective manner.	discussons are fruitful.						
21. The bylaws provide for a committee structure with Board		1.5	1.67	1.67	1.29	1	2
member participation allowing the Board to fulfill its							
responsibilities.							
22. Standing ad hoc committees report regularly to the Board.	When these temporary committees	2.1	2	1.5	1.4	1	2
	are established, regular reports are						
	expected. No recent ad hoc						
	committees.					_	
23. Committees are reviewed annually with regard to		3	2	1.6	1.86	1	3
composition, goals, responsibilities and performance.							
4) Scope of Responsibility							
24. The Board exercises its authority to make those policy and		2.1	1.67	1.67	1.14	1	2
other decisions that the Board should make.							
25. The Board effectively fulfills its responsibility for establishing	Annual three-month process.	1.6	1.67	1.67	1.14	1	2
and maintaining the organization's long-range or strategic plan.							
26. The Board reviews the organizations' financial position on a	Monthly	1.8	1.5	1.67	1	1	1
regular basis, using budget reports and other documents in							
order to ensure long-range financial stability.							
27. A performance evaluation of the CEO is done annually.	Generally in March	1.8	1.66	1.67	1.14	1	2
28. The Board has policies, a process and guidelines for reviewing	All professional services?	3	1.6	2.5	1.43	1	2
and approving contracts for all professional services.							

		2016	2017	2018	2019		
	Comments	Average	Average	Average	Average	High	Low
29. The Board makes informed decisions on Medical Staff	Monthly with Medical Staff	2	1.5	1.67	1.14	1	2
appointments, reappointments and clinical privileges and	recommendation.						
fulfills its responsibility for a properly functioning Medical Staff.							
30. The Board effectively monitors and evaluates all areas of	Monthly	2.1	1.33	1.67	1.29	1	2
performance, including quality of care.							
31. The Board refrains from making decisions related to the		2.1	1.67	2.17	1.57	1	2
implementation of policy that should be made by the CEO and							
Management Staff.							
32. The Board refrains from making decisions related to the		2.1	1.5	1.33	1.43	1	2
implementation of policy that should be made by the Medical							
Staff.							
33. The Board seeks opportunities to communicate with the	Many members communicate on	2.6	1.83	2.17	1.71	1	2
community regarding hospital/system services and programs and	an informal basis.						
to inform and seek input to determine unmet health care needs.	Through engaging PR to the						
	community.						
34. The Board effectively represents the hospital/system in the	Could do more here.	3.1	2.6	2.17	2.14	1	3
political arena, influencing the decision making process.	Political arena not our strong point.						
35. The Board actively participates in the fund-raising and		3	2.33	2.17	1.67	1	3
development programs.							
36. The Board receives an accurate record of deliberation made	Monthly written reports	1.8	1.33	1.17	1.14	1	2
during its meetings through the timely distribution of minutes.	· · · · · · · · · · · · · · · · · · ·	1.0				-	-

		2016	2017	2018	2019		
	Comments	Average	Average	Average	Average	High	Low
37. Board members receive meeting notices, written agendas		1.8	1.33	1.17	1.17	1	2
with appropriate materials well in advance of meetings.							
38. Background material is supplied early enough for study	3-4 days prior to monthly meeting.	2	1.33	1.33	1.43	1	2
before Board meetings.							
39. Board members routinely receive relevant hospital/system	Various items included in the	2.3	2.17	2.17	1.86	1	3
publications, such as magazines, newsletters, bulletins, press	monthly Board packet.						
releases, brochures and announcements.	Email only - no print.						
40. The Board has adopted a policy and process to manage and		2.3	1.6	2	1.43	1	2
reduce risk.							
41. The Board receives sufficient status reports on the	Monthly CEO report	1.8	1.5	1.5	1.43	1	2
implementation of Board actions and decisions.							
42. The Board has established an effective means to promote	Open meetings	2.8	1.6	2	1.57	1	2
open communications between the Board, Medical Staff and							
hospital staff.							
43. The Board receives feedback from the elected or appointed	Opprotunity monthly	1.8	1.67	1.33	1.33	1	2
head of the Medical Staff on the implementation of Board							
decisions affecting the Medical Staff, and generally shares							
information, ideas or concerns with the Board.							
					_		_

		2016	2017	2018	2019		
	Comments	Average	Average	Average		High	Low
44. To facilitate communication among the Board, the							
administration and the Medical Staff, various means are used							
such as:							
a. The President of the Medical Staff attends Board Meetings	A reprensentative is present	1.8	1.5	1.17	1.33	1	2
b. A Joint Conference Committee	Monthly	2.1	1.5	1.17	1.17	1	2
c. Medical Staff membership on Board committees	Joint Conference	2.1	1.5	1.67	1.67	1	3
d. Administrator and Trustee attendance at Medical Staff meetings	Does a Trustee attend?	3.5	1.6	2	2.33	1	4
	Trustee - no						
e. Board membership on Board Committees	Joint Conference and Finance	2.8	1.6	1.2	1.33	1	2
f. Exchange of Board minutes and Medical Staff minutes.	Don't remember seeing Medical	2.5	2.2	2.17	1.6	1	3
	Staff minutes.						
g. Special ad hoc committees formed to deal with issues	If necessary an ad hoc committee	2.5	1.75	1.6	1.4	1	2
affecting the Board, Administration and Medical Staff.	would be formed.						



PROSSER MEMORIAL HEALTH BOARD ACTION PLAN - 2019

BOARD INPUT	ACTION PLAN/RECOMMENDATION	RESPONSIBLE COMMITTEE	ACTION TAKEN
The Board would like to learn more about their legal responsibilities, conflicts of interest and the potential liabilities of governance.	Develop and implement a Board Education Program that addresses the Board's legal responsibilities, conflicts of interest and the potential liabilities of governance. Explore using the Association of Washington Public Hospital Districts (AWPHD) Board education program, hospital legal counsel and or representatives from the hospital's Directors and Officers (O&O) liability insurance company.	Full Board	A full education program was not developed in 2019, but several components were provided. An education program about Directors & Officer's Liability Insurance was conducted in December as was a program about cyber security and the insurance PMH has to cover cyber security issues.
The Board is not satisfied with our current Board Self-Evaluation form because several of the questions do not apply to public hospitals.	Revise our current Board Self-Evaluation form or implement the utilization of a new one. Work with AWPHD and/or WSHA on obtaining examples of forms they would recommend.	Full Board	Our current Board Self-Evaluation form was revised to remove questions that do not apply to our Board. We will re-evaluate this form in 2020 and replace and/or modify it before 2021.
The Board is interested in enhancing their knowledge of important health care issues rural community hospitals face today.	Explore obtaining health care periodicals for Board members that investigate a variety of current health care topics. Encourage Board members to attend State and National health care conferences.	Full Board	All members of the Board are signed up for the electronic version of Trustee magazine, the best healthcare journal for Board members. The CEO attempts to include relevant information from WSHA in the monthly Board packets. All Board members are encouraged to attend healthcare conferences and several attended the National Rural Healthcare Conference in Arizona and the State Rural Healthcare conference in Chelan.



PROSSER MEMORIAL HEALTH BOARD ACTION PLAN - 2019

BOARD INPUT	ACTION PLAN/RECOMMENDATION	RESPONSIBLE	ACTION TAKEN
		COMMITTEE	
Board meetings are at times too long.	Continue to utilize the use of a Board Work Session, and attempt to balance the agendas of the Work Session and Regular Session so that the length of meetings is realistic	Full Board	We attempted to better balance the time require- ments between the Board Work Session and the Regular Board meeting. We probably errored on having longer Work Sessions, but in total we may have
			slightly reduced the total time of the two meetings combined.
The Board would like to know as much as	Continue to enhance the quality of care	Joint	We worked hard to enhance the frequency and the
possible about the quality of care	reports given to the Board, including updates	Conference	quality of the quality of care reports the JCC and Board
provided throughout Prosser Memorial Health.	regarding performance improvement activities throughout PMH.	Committee	receive. Kristi Mellema and Merry Fuller give regular and comprehensive reports about our departments performance improvement activities and hospital- wide activities, especially as they relate to our Patient Care Scorecard.

Craig Marks

From:	Cassie Sauer <cassies@wsha.org></cassies@wsha.org>
Sent:	Monday, January 13, 2020 3:08 PM
To:	Craig Marks
Subject:	WSHA Governance Update
Follow Up Flag:	Follow up
Flag Status:	Flagged

Dear Craig,

I am writing to update you on governance activities at your hospital association throughout December 2019. The end of the year is a busy time for us as we convene all our board committees, evaluate our progress on the strategic plan and get ready for the coming state legislative session. The WSHA board faced tough questions and gave great strategic direction.

2020 Legislative Agenda & Session

The legislative session begins this week and is a short one – 60 days. The pace is fast, and things can go sideways quickly. The Public Policy Committee and Board of Directors approved the legislative agenda and urged members to meet with legislators in advance of the session. One of our board leaders has a great saying: "You can't make friends when you need them." We hope you all took the time to make friends with your policymakers while they were home. We are also hoping to see many of you in Olympia on January 29/30 for our advocacy day.

Protecting Hospitals' Reputation

The board had a spirited discussion on two aspects of protecting hospitals' reputation. First, we discussed the fact that WSHA members are facing a range of state laws (old and new) that require constant vigilance to ensure compliance. WSHA members are already challenged to track compliance with the many laws on the books, and failures can result in damaging media attention that negatively affects all hospitals. Failures to comply with current law often also lead to more and worse legislation. Members sometimes respond with annoyance when contacted by WSHA about a law they are not complying with.

The board discussed the right role of WSHA. Is there an "audit" or "accreditation" like role for the association? Board members acknowledged that this is a tricky position for WSHA, but unanimously felt they'd much rather hear from WSHA than the media or a regulator if they are out of compliance. Members said they would appreciate proactive auditing and suggested that WSHA create an audit team to review hospitals' compliance and suggest what changes need to be made to better comply with the law. They also requested a consolidation of requirements in form of a comprehensive checklist. This is work we will likely launch after the legislative session adjourns.

The board then discussed increasing WSHA's work in telling the hospital story and seizing the conversation about hospitals and health care. The WSHA board has indicated it wants WSHA to do more in this space but has not yet defined the specific activities and ultimate goals. Additionally, the price tags for a major media campaign are high. At the October board meeting we gathered some initial impressions from the board about what direction it would like the association to take. At the December meeting, the board approved a workgroup charter and workplan that will culminate in a proposal, including more clarity regarding the price, deliverables and outcomes of this work, to go to the board this summer.

Future of the Hospital Safety Net Assessment & Relations with CMS

The board also discussed the future of the Hospital Safety Net Assessment, Washington's provider tax that generates significant funding for the Medicaid program. WSHA convened a Safety Net Advisory Group this fall to consider how the
current program could be enhanced as well as meet future federal compliance requirements. WSHA's objective was for the Advisory group to spend several months developing a revised Safety Net program, supported by membership, that would be introduced and passed by the 2021 legislature.

However, in mid- November, CMS issued a draft Medicaid Fiscal Accountability Rule which if implemented, could have a significant impact on Washington state's current program as well as programs operating in other states. While it is unclear when CMS's final rules will be issued, the board endorsed WSHA's staff work to move forward addressing challenges highlighted in the proposed rules. Our objective is to be ready to present the Group's recommended changes to the Board at its March meeting. Fast action may be required from members to adopt changes and ensure the program can continue. WSHA's Executive Committee will govern the work as appropriate until the March board meeting.

CMS's Fiscal Accountability Rule is just one facet of building tensions between CMS and the hospital community over policy issues, most notably the Affordable Care Act, that spill into other areas. These growing tensions are a serious concern. The board endorsed WSHA's continued support of American Hospital Association positions which support hospitals' interests, even when contrary to CMS.

Investing in Youth Suicide Prevention

Finally, the board has decided to invest \$500,000 of WSHA reserves into upstream mental health services. The money will go to Crisis Connections for youth suicide prevention and will allow expansion of prevention services to currently unserved areas of the state with a high suicide rate. We look forward to updating you about this exciting work.

As always, it is our great pleasure to represent you. Please don't hesitate to reach out when we can be of help. We answer many, many questions from members each week from the mundane to the major, and we welcome the opportunity to serve.

Happy New Year to you, Cassie

Cassie Sauer President and Chief Executive Officer Washington State Hospital Association (206) 216-2538



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Talking Points on 2020 Legislative Priorities

Background: The WSHA Board of Directors and Public Policy Committee recently approved the 2020 legislative agenda. The board and committee encouraged hospital leaders to meet with or contact state legislators to describe hospitals' legislative priorities for the 2020 session starting on January 13. Below are WSHA's recommendations based on discussions with our members.

WSHA supports the following priorities:

- Investments and improvements to the Medicaid long-term care system to ensure patients have access to needed services after hospitalization.
- Additional investments in behavioral health, including intensive outpatient/partial hospitalization and community services to support community behavioral health.
- Improvements to the prior authorization process for patients and providers.
- Ensuring rural hospitals can deliver needed services to their communities.

Support difficult to discharge patients: care assessment bill

- The Medicaid long-term care system needs improvement. Medicaid patients are stuck in hospitals for unnecessary days because the state cannot determine post-acute care placement in a timely manner – patients stay months and sometimes years. This is not right for patients. [USE EXAMPLES]
- WSHA strongly supports a new bill that will require substantial process improvements by DSHS including: allowing hospitals to provide patient information, requiring DSHS to complete assessments in weeks rather than months, and improving transparency about the exception to the rule process and decisions. The bill also requires an in-depth study on patients who remain in a hospital setting due to barriers in accessing community alternatives.
- Most importantly, the bill directs the state to seek CMS approval to establish presumptive eligibility for long-term services and supports.
- Hospitals also support investments in more services and adequate rates for community providers for dementia, Alzheimer's, traumatic brain injury and developmentally disabled patients.

Behavioral health

- Thank you for your work and support to improve behavioral health in our state. We applaud the investments in the 2019 legislative session. The legislature should continue to invest in needed mental health and substance use services. Hospitals support a wide array of investments from crisis diversion to supportive housing. Specifically, the legislature should:
 - Invest in intensive outpatient and partial hospital programs to divert Medicaid patients from hospitalization and connect with needed outpatient programs.
 - Adequately fund 90- and 180-day long term mental health rates for hospitals interested in developing programs.

Support a modernized approach to prior authorization

- Prior authorization, as currently practiced, often introduces unnecessary delay and variability into patient care and results in additional costs for providers. [USE EXAMPLES]
- A new bill, strongly supported by WSHA and WSMA, requires health plans to provide the OIC with information regarding the volume, denial, and approval rates for services requiring prior authorization. The bill authorizes a new work group to select and review not less than five services per year and make recommendations regarding authorization and standardization, using the information collected and

provided by the OIC. The clinical work group would identify and make recommendations regarding these services.

Many services are better provided and monitored through adoption of uniform appropriate use criteria
rather than prior authorization. This is better for patients and providers. Commercial carriers, PEBB/SEBB
plans, and Medicaid managed care plans would be required to adopt the work group recommendations.

Rural package

- Ensure payment from MCOs for services provided to patients by substitute providers or 'locums.' Hospitals often use substitute providers to ensure continuous access to care for patients when the usual provider takes a leave of absence or recruits for a replacement position. A new state law would require Medicaid MCOs to reimburse: 1) hospitals and providers for services provided by substitute providers at the time the application for credentialing was submitted, if approved by the plan; and 2) for services provided by substitute providers while recruiting for an open position.
- Support home nursing services in rural areas. Rural and remote areas of Washington State lack adequate
 access to home health services. Federal law allows rural health clinics (RHCs) to request designation of a
 home health shortage area by the Department of Health with approval from CMS. This designation allows
 RHCs to offer a limited scope of services, including home nursing visits to homebound patients. Under
 current state law, RHCs would need to be licensed as a home health agency and be granted a Certificate
 of Need (CN) in order to provide this service. WSHA supports legislation that provides an exemption from
 both the licensing and CN requirements for rural health clinics within a designated shortage area.
- Evaluate a new CMS/CMMI rural payment model. There is interest in the legislature to "transform" rural health delivery and financing. We are waiting to see whether a new payment model from Centers for Medicare and Medicaid Services will be helpful for some communities. The specifics are not yet clear, but WSHA supports reasonable guardrails for the model at the state level, such as voluntary participation. WSHA has developed guiding principles that will be used to evaluate any proposal. One concerning issue is that some hospitals don't have a lot of inpatient services and legislators are questioning the need for the hospital. The hospital infrastructure is critical to ensure access to primary and behavioral health care and nursing home beds.

Other areas of potential interest

- Support participation in the nurse licensure compact. Currently, 34 states have joined the Nurse
 Licensure Compact to increase access to care to qualified nurses while maintaining public protection and
 state oversight of nurses. It can take several months for nurses to obtain a Washington State license.
 Under the compact, nurses can practice in other compact states without having to obtain a specific
 Washington State license allowing nurses to find employment more quickly and hospitals to hire staff.
- Support telemedicine payment parity and remove restrictions to access. Payment parity being paid the same for clinical services provided through telemedicine as for an in-person visit increases the use of telemedicine services. We also support removing the requirement that an in-person visit to the referring provider is required before the use of store-and-forward will be reimbursed. Store and forward is the process of storing clinical information for later diagnosis by the provider. The use of store-and-forward can replace the need for inpatient or outpatient visits for services such as mental health.

Chelene Whiteaker, SVP, Government Affairs – December 19, 2019

Attachment LL

BAILEY F. PADILLA, RN-BSN

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EDUCATION

Frontier Nursing University, Hyden, KY	2018-Present
Masters of Science in Nursing – anticipated graduation Spring 2020	
3.9 GPA	
Sigma Theta Tau International Honor Society of Nursing	
Roseman University of Health Sciences, South Jordan, UT	2015-2016
Bachelors of Science in Nursing – graduated Summer 2016	
4.0 GPA	
Washington State University, Pullman, WA	2012-2015
Prerequisites towards BSN program	

CERTIFICATION/LICENSURE

Registered Nurse - Licensed in the state of WA, OR, and AZ BLS certification NRP certification PALS certification ACLS certification AWHONN intermediate fetal monitoring certification NCC-EFM certified Nexplanon insertion/removal *all current and up to date

STUDENT MIDWIFERY CLINICAL EXPERIENCE

Once clinical rotation is completed I will have attended at least 40 deliveries and have completed at least 675 hours in both the hospital and office settings. *I have currently completed more than 50% of my clinical rotation requirements.* The minimum amount of patient encounters I will have completed at the end of my clinical rotation:

10 preconception care visits/conception counseling

30 new antepartum visits

- 140 return antepartum visits
- 40 labor management experiences
- 40 births (including 4 observations, at least 5 continuity clients, at least 5 without epidurals)
- 40 newborn assessments
- 20 breastfeeding support visits
- 40 postpartum visits (2 hours to 14 days)
- 30 postpartum visits (2 to 8 weeks)
- 40 common health problems
- 30 family planning visits/birth control consultations

JULY 2019-PRESENT

- 35 non-postpartum gynecologic visits
- 15 perimenopausal/postmenopausal visits

Location of clinical experience

Deanna D. Midwifery and Kadlec Hospital – *Richland, WA* Good Shepherd Healthcare System Women's Health Center – *Hermiston, OR* Sunset Community Health Center and Yuma Regional Medical Center – *Yuma, AZ*

NURSING EXPERIENCE

Prosser Memorial Hospital. Prosser, WA

LDRP Staff Nurse

Performed triage for labor evaluations, rupture of membranes, and other pregnancy related issues. Perform cervical dilation assessment, labor management, electronic fetal heart monitoring, intermittent doppler fetal monitoring, assessment of vital signs and deviation from norms. Provide patient and family education and support, discharge education, and follow up education. Skilled in speculum exams and fetal scalp electrode placement. Provide care for mother and newborn as a couplet during postpartum period.

Prosser Memorial Hospital. Prosser, WA

Prenatal and Birth Class Educator

Teach prenatal/birth class to expectant mothers and partners once a month at Prosser Memorial Hospital. Provide education on pregnancy throughout the three trimesters, the first stage of labor including early labor, active labor, and transition, the second stage of labor including pushing and delivery, and the third and fourth stage of labor including delivery of the placenta, bonding and breastfeeding. Also provided education on the postpartum period, newborn care, safe sleep practices, and postpartum depression and anxiety disorders.

LDS Hospital. Salt Lake City, UT

Labor and Delivery Staff Nurse

Performed triage for labor evaluations, rupture of membranes, and other pregnancy related issues. Performed cervical dilation assessment, labor management, electronic fetal heart monitoring, intermittent doppler fetal monitoring, assessment of vital signs and deviation from norms. Provided patient and family education, labor and emotional support, discharge education, and follow up education. Skilled in speculum exams, intrauterine pressure catheter insertion, and fetal scalp electrode placement.

LEADERSHIP ACTIVITIES

LDS Hospital. Salt Lake City, UT	
Engagement Team	2016-2018
Developed and organized new ways to increase patient satisfaction and	
perception of the labor and delivery unit. Developed a new hemorrhage	
protocol time sheet to keep better track of patient care during emergencies.	

October 2018-Present

October 2018-Present

2016-2018

LDS Hospital. Salt Lake City, UT

Zero Harm Unit Safety Coach

The Zero Harm program helps to minimize employee error and harmful or potentially harmful events. As the safety coach for my unit I provided weekly peer check-ins, peer coaching, and structured observations as part of the Zero Harm program. I also reported issues to administration to help make processes and policies safer for patients and employees.

MEMBERSHIPS

American College of Nurse Midwives (ACNM) student membership Chi Pi Chapter of Sigma Theta Tau International Honor Society of Nursing

ELECTRONIC PROFICIENCIES

OB, Well Newborn, Acute Care EPIC electronic medical record – Trained at Prosser Memorial Hospital OB and Well Newborn iCentra Cerner electronic medical record – Trained at LDS Hospital Sevocity electronic medical record – Trained at Alliance Medical Group/Deanna D. Midwifery Proficient with Microsoft office

2016-2018

Bailey Padilla 967 Sirron Ave Richland, WA 99352 (509)551-6174 Bailey.padilla@frontier.edu

I have always known since I was a young girl that I wanted to be a nurse. My passion for women's health and childbirth actually began at the age of 19 at Prosser Memorial Hospital during a summer of job shadowing. On my first day, I had the incredible honor of witnessing a young woman give birth to her first child. I watched the nurses guide this woman through labor and instantly knew that my calling in life was to care for women as they brought their children into this world. From there, the development of my education and career involved a growing passion for women's health and especially pregnancy.

Following years of persistence and growth, I graduated with a 4.0 GPA from Roseman University of Health Sciences nursing program at the age of 22. Shortly after graduation, I accepted my first job as a registered nurse at LDS hospital in Salt Lake City, Utah on a labor and delivery floor. I quickly became a leader and helped implement new safety programs at that facility. A few years after that, I was given the opportunity to move back home and work at Prosser Memorial Hospital where my original passion was sparked as a labor and delivery nurse, while furthering my education towards midwifery.

Prosser Memorial Hospital has played such an important role in my life from day one. I know that if given the opportunity to continue my career here as a Certified Nurse Midwife, I could play just as important of a role in not only the lives of the women and children of the community, but the future of the hospital as well.

Working on the front lines helping women of all backgrounds achieve healthy lives and pregnancies, safe sex practices and birthing experiences are some of the most essential and valuable aspects of midwifery care. As a midwife I especially strive to care for and serve the population of underprivileged women deprived of the right to safe and adequate healthcare, which every woman deserves. I believe everyone deserves to have a healthcare provider who listens to their concerns, is involved in their plan of care, and helps to educate in a comprehensive, yet non-judgmental way. I want to co-create plans of care with my patients that comprehensively look at their situation and make goals that promote health and safety. I firmly believe that educating my patients and providing them with the tools to take their healthcare into their own hands, is a valuable step towards self-empowerment.

I am overwhelmingly grateful for the opportunities that Prosser Memorial Hospital has given to me as a nurse, and I hope you will consider me as a candidate for a future midwife if an opportunity presents itself. Thank you.

Sincerely,

Bailey Padilla RN-BSN, Student Nurse Midwife



Prosser Memorial Health

Engagement 2019

Report filters included

Employee Type: Med Staff



High Level Summary

View By Category	N	Mean Score	% Favorable	Comparison to Company	3 Month Comparison
Administration	33	4.13	80	-5	-
Communication	33	4.19	82	-3	-
Culture & Climate	33	4.58	93	8	_
Job Satisfaction	33	4.35	83	-2	-
Service & Quality	33	4.49	90	5	-
Training & Career Development	33	4.13	77	-8	

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High Level Summary

View By Questions	Category text	N	Mean Score	% Favorable	Comparison to Company	3 Month Comparison
Administration actions show they care about employees and medical staff	Administration	33	4.27	88	3	-
Administration communicates a clear vision and plan for Prosser Memorial Health's future	Administration	33	4.30	85		
Administration effectively balances quality care and fiscal policy	Administration	33	4.00	79	-6	-
Communication between departments is effective	Communication	31	3.94	71	-14	
Communication between medical staff and nurses is effective	Communication	32	4.34	91	6	-
Employees are adequately trained to help me be successful	Training & Career Development	33	3.91	67	-18	-
I am confident in the medical expertise of the specialists	Job Satisfaction	33	4.48	88	3	-
I am encouraged to share ideas for improving service and quality	Service & Quality	32	4.38	88	3	-
l am satisfied with my current relationship with Prosser Memorial Health	Culture & Climate	33	4.45	88	3	-
I feel comfortable voicing my opinion and offering suggestions	Communication	33	4.18	79	-6	
I tell others that Prosser Memorial Health is a good place to practice	Culture & Climate	33	4.64	94	9	-
I trust the information I receive from Prosser Memorial Health	Communication	33	4.33	88	3	-
I would recommend Prosser Memorial Health to my friends and family for care	Culture & Climate	33	4.45	85		-
My ideas and suggestions are given consideration	Communication	32	4.03	75	-10	-
My workload allows me to maintain a good work/life balance	Job Satisfaction	31	4.45	81	-4	

View By Questions	Category text	N	Mean Score	% Favorable	Comparison to Company	3 Month Comparison
Other physicians treat me as an important element of the health team	Culture & Climate	33	4.52	94	9	-
Patient satisfaction is a top priority at Prosser Memorial Health	Service & Quality	33	4.67	94	9	-
Prosser Memorial Health emphasizes the importance of safety	Service & Quality	33	4.52	91	6	-
Prosser Memorial Health information systems allow for timely and accurate reporting of information	Communication	33	4.03	79	-6	-
Prosser Memorial Health is effective in resolving staff concerns	Job Satisfaction	32	4.03	75	-10	-
Prosser Memorial Health shows recognition for meeting goals	Culture & Climate	31	4.58	94	9	-
Prosser Memorial Health's communication tools are useful (i.e. newsletters, bulletin boards, emails, company website)	Communication	32	4.28	88	3	-
The EPIC/EMR training helps me be successful at my job	Training & Career Development	33	3.79	64	-21	-
The decision-making process at Prosser Memorial Health is fair	Administration	32	4.16	72	-13	-
The hospital sees physicians as important resources	Culture & Climate	33	4.55	88	3	-
There is a high level of respect between medical staff and employees	Culture & Climate	33	4.61	100	15	-
There is sufficient communication from Administration	Administration	33	3.97	73	-12	-
l agree with the Mission, Vision, and Values of Prosser Memorial Health	Culture & Climate	32	4.84	100	15	-
I know the plans for improvement and my role	Service & Quality	31	4.35	87	2	-
I receive adequate training to be successful at my job	Training & Career Development	32	4.72	100	15	-
I receive important company information in a timely manner	Communication	31	4.35	90	5	-
Prosser Memorial Health Administration and physicians are in agreement on organizational goals	Administration	32	4.09	81	-4	-

Report based on Engagement 2019 from 08-22-2019 to 12-16-2019

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View By Questions	Category text	N	Mean Score	% Favorable	Comparison to Company	3 Month Comparison
Prosser Memorial Health is effective in resolving patient concerns	Job Satisfaction	28	4.46	89	4	-
Safety standards are consistently enforced	Service & Quality	31	4.52	90	5	-

Highest and Lowest Rated Items



Overall



Hotspot

View By Category	Overall	Prosser Specialty Clinic	Benton City Clinic	Prosser Clinic	ER Physicians	Grandview Clinic	Hospitalist
No Responses	30	8	4	4	5	3	3
Overall	85%	78%	92%	93%	94%	96%	100%
Administration	80%	62	96	88	97	89	100
Communication	82%	74	94	\$8	90	96	100
Culture & Climate	93%	90	100	97	100	100	100
lob Satisfaction	83%	90	81	94	89	92	100
Service & Quality	90%	89	85	100	96	100	100
Training & Career Development	77%	58	83	92	87	100	100
	Minimum		Median		Maximum		

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Grid Analysis



Please indicate your level of overall satisfaction in working with the following departments



Comment Analysis

What do you enjoy most about working at Prosser Memorial Health?



People

Communication Environment Work life/Schedule Growth & Development Leadership System & Resource Management ۰,

Engagement Index



33% Engagement

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Engagement Index By Demographics



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Prosser Memorial Health

Engagement 2019

Report filters included

Employee Type: Med Staff

What do you enjoy most about working at Prosser Memorial Health? (25)

The staff consistently works well together to maintain positive experiences to patients.

The sense of teamwork

work/life balance

Excellent working atmosphere.

I have witnessed PMH putting patient care and safety first an constantly try to find ways to improve patient, which is encouraging as a provider, and allows me to focus on patient care without unnecessary distractions.

Its wonderful working environment with the me of the best staff have ever worked with who focus on quality of care to provide the best service to our patients. I want to thank the administration to recruit quality people and create a wonderful environment for the patient, families and for the staff. PMH is my all time favorite hospital to work.

Time to see my patients. In Primary Care this in invaluable as I see complex patients with multiple different complains.

My coworkers

Several individual services provided at PMH are above standard, and I utilize the services regularly. There are however, several services that I almost never utilize because they are below standard.

I feel as though I'm part of something good for the community

Camaraderie between peers, respect and communication with administration

camaraderie

Community members and co-workers are good to work with. Sufficient parking. Good coffee.

appropriate work life balance, opportunities for growth, sense of community and shared goals for patients

The patients! I also really enjoy the camaraderie of working with a team.

Small hospital community with focus on patient care and exciting opportunities for growth

Administration seems to truly care about how the employees are doing.

The people with whom I work.

Collaboration; concern for patient safety. Exceptional CNO.

The mission to continue providing comprehensive healthcare to the community. They treat providers like competent professionals.

I am very impressed w/ how the hospital works at getting employees involved in hospital activities. I WANT to volunteer for projects and events because I feel appreciated and I am happy to be working for PMH The leadership, marketing and HR teams have been amazing!! they have been a great support and have been uplifting to the staff Our new facilities are beautiful! I am proud to work for PMH, I wouldn't have said that 5 yrs ago.

I enjoy the immediate group of personnel I work with.

The staff are friendly, helpful.

Sense of community. Quality of medical staff now.

Good team environment. Supportive staff.

What 1 or 2 things would most improve Prosser Memorial Health as a place to work? (20)

Better ability to access information offsite.

I am very happy with how things are right now

We need to start nuclear stress test and administration has already working to get it ASAP

Communication of administration goals to the staff and why specific actions are taken.

Studer principles should be practiced everyday not just when convenient or admin is watching. Some nurses on cell phones, watching TV, eating sunflower seeds at desk and spitting husks, flossing at desk, playing video games on computer while at work!!!!!

New Hospital with more space and state of the art facilities expand ER coverage with mid level provider

additional medical services

Communication has been the strongest challenge every since I've joined the PMH team. It's also been acknowledged as a problem many times but still seems like the biggest problem to me. If you don't tell everyone what's going on in a dynamic and rapidly changing organization, they make up their own stories which oftentimes are inaccurate and can lead to staff stress.

We need more experienced nursing staff with sufficient exposure.

schedule and honor regular fair contract negotiation reviews update break room with perks such as: comfortable chairs, plenty of space, music, nice coffee maker, massage chair. ergonomic check ups with upgraded work chairs, keyboards, lighting, massages...incorporating destressors into daily work life

I actually would like more administrative people involved in the outpatient clinics. Clinic supervisors are overworked and too stressed. They do not have the time to help with oversight with the clinics. Work on training all staff on customer service.

It would Be nice if there was some kind of food service for the night shift

Better communication between administration and medical staff, better day to day organization of tasks and roles.

improved voice recognition software/transcription options, continue to improve EMR interface

1. Facility. Inpatient adult/pediatric facility at the hospital are abismal. The lower Yakima valley is the only place I've seen in the last 20yrs that has shared rooms. The ambiance is drab/dull and a coat of paint, new floors, and artwork would make a huge difference. I rarely send sick patients to PMH if they are likely to be admitted. 2. Specialty/Surgical services cost as much or more than other larger and and comprehensive facilities. Why therefore would a patient utilize our specialists other than ignorance or lack of capacity to travel? There are a few minor exceptions to this.

Focus more on the quality of the people you have here, vs how the hospital appears to outside interests.

More affordable health insurance.

It will be wonderful to have a brand new hospital in a couple of years!