



**Prosser**  
Memorial Health

**Prosser Memorial Health  
Board of Commissioners**

**Board Packet  
January 27, 2022**

## Vision

Patients  
Employees  
Medical Staff  
Quality  
Services  
Financial



# Prosser

Memorial Health

## Values

Accountability  
Service  
Promote Teamwork  
Integrity  
Respect  
Excellence

**Mission:** To improve the health of our community.

**BOARD OF COMMISSIONERS – WORK SESSION  
TUESDAY, JANUARY 25, 2022  
6:00 PM - WHITEHEAD CONFERENCE ROOM  
AGENDA**

**COMMISSIONERS:**

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

**STAFF:**

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

**GUESTS:** Adam Trumbour, Senior Project Manager, NV5  
Paul Kramer, Project Director, NV5  
Quinton Barrett, People Element

**I. CALL TO ORDER**

A. Pledge of Allegiance

**II. Public Comment**

**III. EMPLOYEE AND MEDICAL STAFF DEVELOPMENT**

A. Review Employee and Medical Staff Engagement Survey Results  
(Attachment O) & (Attachment OO) (Attachment U)

**Bryon Dirkes/Quinton Barrett**

**IV. SERVICES**

A. Replacement Facility Update  
1. Schedule/Bid Process  
2. Construction Loan (Attachment H)  
B. Surgical Equipment (Attachment L1)

**Nv5, Graham Construction  
Gary Hicks  
Merry Fuller**

**V. Employee Development**

A. PTO (Attachment R) & (Attachment S)

**David Rollins/Bryon Dirkes**

**VI. Medical Staff Development**

A. Radiologist agreements- Dr. Zuckerman (Attachment J)  
(Attachment K) (Attachment L)

**Merry Fuller**

**VII. ADJOURN**

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### **BOARD OF COMMISSIONERS**

**THURSDAY, JANUARY 27, 2022**

**6:00 PM, WHITEHEAD CONFERENCE ROOM**

### **AGENDA**

#### **COMMISSIONERS:**

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

#### **STAFF:**

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

**GUEST:** Dr. Jose Santa-Cruz M.D.

#### **I. CALL TO ORDER**

A. Pledge of Allegiance

#### **II. PUBLIC COMMENT**

#### **III. APPROVE AGENDA**

**Action Requested – Agenda**

#### **IV. CONSENT AGENDA**

**Action Requested – Consent Agenda**

- A. Board of Commissioners Meeting Minutes for December 16, 2021
- B. Payroll and AP Vouchers # 161979 through # 162751 dated 12-09-21 through 01-18-22 in the amount of \$9,188,710.80; Surplus Items Resolution #1062

#### **V. MEDICAL STAFF DEVELOPMENT**

A. Medical Staff Report and Credentialing

**Dr. Santa-Cruz**

**Action Requested – Advancement from Provisional**

##### **1. Advancement from Provisional**

**Nicola Nylander, MD-** Active Staff privileges in Dermatology effective February 1, 2022 through August 1, 2023.

**Chad Williams, MD-** Active Staff privileges in Orthopedics effective February 1, 2022, through August 1, 2023

## 2. New Appointment

### Action Requested – New Appointment and Requested Clinical Privileges

**Steven McPhee, PA-C** – Provisional/Advanced Practice Clinician with requested privileges in Family Medicine effective February 1, 2022 through July 31, 2022.

**Alex Arnold, ARNP** – Provisional/Advanced Practice Clinician with requested privileges in Family Medicine effective February 1, 2022 through July 31, 2022.

**Catherine Spomer, ARNP** – Provisional/Advanced Practice Clinician with requested privileges in Family Medicine effective February 1, 2022 through July 31, 2022.

**Michael Parmley, MD** – Provisional/Locum Tenens staff with requested privileges in General Surgery effective February 1, 2022 through July 31, 2022.

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

## 3. Reappointment

### Action Requested-Reappointment and Requested Clinical Privileges

**Bruce Geryk, MD** – Reappointment to the Telemedicine staff with requested privileges in Neurology effective February 1, 2022 through January 31, 2024.

**Lindsey Frischmann, DO** – Reappointment to the Telemedicine staff with requested privileges in Neurology effective February 1, 2022 through January 31, 2024.

## B. Radiologist Agreement- Dr. Zuckerman-

**Action Requested-Radiologist Agreements with Dr. Zuckerman (Attachment J ) (Attachment K) (Attachment L)**

**Merry**

## VI. FINANCIAL STEWARDSHIP

### A. Review Financial Reports for December 2021 (Attachment V )

**David**

**Action Requested – Financial Reports**

### B. COVID-19 Financial Plan (Attachment AA )

**David/Craig**

### C. Construction Loan- Western Alliance Bank

**Action Requested – Board Resolution 1062 (Attachment H)**

## VII. SERVICES

### A. Capital Acquisitions – Surgical Equipment (Attachment L1 )

**Merry**

**Action Requested-Surgical Equipment**

## VIII. QUALITY

### A. Review 2022 Quality Assurance and Risk Management Program Plans (Attachment DD1) (Attachment DD2)

**Kristi**

**Action Requested –2022 Quality Assurance and Risk Management Program Plans**

### B. Board Officers (Attachment JJ ) (Attachment KK)

**Craig**

**Action Requested – Elect Board Officers for 2022**

C. Board Committees and Membership (**Attachment KK**)

**Action Requested-** Committee Structure and membership

Craig

D. COVID-19 Update

Merry/Dr. Sollers

E. Legislative and Political Updates

Commissioner Bestebreur

F. CEO/Operations Report

Craig

**IX. EXECUTIVE SESSION**

A. **RCW 42.30.110 (l)** To consider proprietary or confidential nonpublished information related to the development, acquisition or implementation of state purchased health care services as provided in RCW 41.05.26

B. **RCW 42.30.110 (g)** To evaluate the qualifications of an applicant for public employment or to review the performance of a public employee.

**X. ADJOURN**



### 2021 - Strategic Plan Scorecard

Major Goal Areas & Indicators	2021 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2021 YTD	2020 Avg	2019 Avg
<b>Patient Loyalty</b>																
IP - "Would Recommend"	>87.9%	90.0%	90.0%	90.0%	80.6%	74.9%	93.3%	94.4%	99.4%	93.7%	92.9%	88.2%	89.7%	93.1%	87.9%	85.1%
ED - "Would Recommend"	>81.4%	63.2%	63.2%	63.2%	70.6%	60.8%	85.4%	92.3%	62.9%	83.9%	81.3%	92.2%	87.5%	84.0%	81.4%	80.3%
Acute Care - "Would Recommend"	>84.1%	85.7%	85.7%	85.7%	72.5%	85.0%	93.8%	90.0%	80.0%	92.5%	91.7%	95.0%	89.2%	91.8%	84.1%	78.6%
OB - "Would Recommend"	>92.3%	91.7%	91.7%	91.7%	83.3%	95.2%	83.9%	100.0%	81.1%	93.8%	93.2%	91.7%	90.6%	93.6%	92.3%	92.2%
Outpatient Surgery - "Would Recommend"	>91.0%	71.3%	71.3%	71.3%	100.0%	94.8%	83.3%	97.2%	100.0%	94.8%	91.7%	100.0%	100.0%	96.6%	89.8%	91.0%
Clinic - "Would Recommend"	>87.3%	71.3%	71.3%	71.3%	74.7%	79.9%	92.9%	90.6%	88.0%	91.0%	92.5%	89.9%	78.6%	91.0%	87.3%	87.1%
Outpatient - "Would Recommend"	>88.4%	77.4%	77.4%	77.4%	74.7%	79.9%	93.0%	94.9%	98.0%	93.6%	94.8%	93.1%	96.7%	94.1%	88.1%	88.4%
Composite Score	>86.2%	75.7%	75.7%	75.7%	80.6%	79.7%	89.3%	88.3%	88.8%	92.4%	92.3%	91.7%	92.9%	92.9%	N/A	N/A
<b>Medical Staff Development</b>																
Medical Staff Turnover	<10%	0%	2%	2%	0%	0%	0%	0%	4%	2%	2%	0%	2%	12.0%	0.2%	0.2%
Prosser Specialty Clinic Visits	1,062	1,051	1,023	1,401	1,301	1,281	1,455	1,443	1,388	1,368	1,346	1,534	1,228	1,318	954	950
Benton City Clinic Visits	1,005	885	696	881	801	742	778	724	574	754	739	681	523	732	837	958
Prosser RHC Clinic Visits	1,052	1,406	1,149	1,503	1,357	1,398	1,297	1,236	1,239	1,150	1,092	938	959	1,227	1,226	960
Grandview Clinic Visits	742	592	522	621	644	670	789	729	960	875	972	952	1,008	778	589	568
Women's Health Center	629	604	636	727	627	653	647	530	563	565	489	610	576	602	601	469
*# of Active Medical Staff	>51	49	49	49	51	51	51	51	51	52	52	52	52	50.8	45	41
<b>Employee Development</b>																
403(B) Participation Rate	>55%	99%	97%	97%	99%	99%	98%	98%	98%	98%	98%	99%	90%	98%	46%	N/A
Average Recruitment Time (days)	<28	24	18	26	23	17	32	21.8	14	18	20	14	24	21	32	28
# of Open Positions (Vacancies)	<23	25	29	42	12	12	34	49	47	38	35	29	29	32	29.4	23
Hours of Overtime - Overtime/Total Hours Worked	<4.5%	7.3%	5.2%	5.3%	6.2%	5.5%	5.9%	6.7%	6.1%	7.4%	5.2%	5.0%	7.0%	6.1%	5.9%	5.7%
Agency - Cost/Total Labor	<8.7%	5.9%	7.4%	6.2%	8.3%	8.9%	7.7%	9.9%	8.3%	6.5%	4.1%	11.1%	7.9%	7.7%	7.6%	14.5%
Turnover Rate	<0.6%	0.0%	2.4%	0.7%	0.0%	0.0%	1.0%	1.0%	0.9%	3.4%	0.0%	0.9%	0.0%	0.9%	0.6%	0.7%
Timely Evaluations	>79.6%	61.0%	67.0%	78.0%	85.3%	55.0%	67.8%	65.5%	73.9%	76.5%	80.0%	88.1%	70.4%	71.8%	70.2%	79.6%
Education Hours/FTE	>2.15	1.14	1.03	1.26	0.99	1.13	1.12	0.33	0.51	1.12	1.50	1.69	0.76	1.05	1.22	1.55
New Hire (Tenure) < 1 year	<10%	0%	0%	0%	0%	0%	0%	0%	30%	30%	30%	30%	0%	10%	0%	0%
* Lost Workdays due to On-the-Job Injuries	<10.25	0	7	9	4	3.5	45.28	31.12	35.75	43.25	29	14	12	19.49	10.25	167
<b>Quality</b>																
ED Encounters - Left Without Being Seen	<0.8%	0.2%	1.0%	0.2%	1.6%	0.4%	2.0%	1.8%	2.0%	2.1%	1.2%	2.1%	1.4%	1.4%	0.8%	1%
*Falls with Injury	<2	0	0	1	0	0	0	1	0	1	0	0	0	3.0	2	3
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	0.07%
All-Cause Unplanned Readmissions within 30 Days	<2.7%	5.9%	9.2%	11.1%	3.7%	6.3%	3.0%	5.7%	5.3%	4.1%	4.1%	4.1%	10.5%	6.1%	3.8%	5.4%
Diabetes Management - Outpatient A1C>9 or missing result	<27.61%	22.83%	31.9%	28.51%	19.07%	27.70%	21.70%	14.87%	20.90%	21.95%	25.50%	19.90%	25.70%	21.88%	27.61%	30.3%
<b>Services</b>																
ED Visits	916	820	712	874	1,035	1,133	1,227	1,317	1,376	1,268	1,134	1,167	1,195	1,105	805	1,016
Inpatient Admissions	86	112	89	95	117	119	117	145	151	119	119	97	120	116	83	83
OB Deliveries	45	42	47	39	46	52	43	69	53	45	48	37	57	49	41	37
Surgeries and Endoscopies	137	100	133	187	180	183	190	171	215	195	166	220	218	179	101	118
Diagnostic Imaging Procedures	2,087	2,628	2,438	3,112	2,836	3,256	3,233	3,067	3,040	3,100	3,209	2,960	2,627	2,992	2,280	1,957
Lab Procedures	12,374	14,628	12,570	14,669	14,800	14,902	14,474	15,174	15,064	13,641	14,955	13,565	13,487	14,327	11,768	11,051
Adjusted Patient Days	1,453	1,644	1,496	1,948	1,871	1,722	1,574	1,663	1,848	1,694	1,665	1,585	1,669	1,697	1,393	1,624
Therapy Visits	1,706	1,333	1,401	1,792	1,520	1,373	1,706	1,423	1,386	1,470	1,323	1,324	1,379	1,453	1,314	1,145
Outpatient Special Procedures Visits	245	213	255	256	342	354	397	393	353	340	358	274	348	324	247	224
<b>Financial Performance</b>																
Net Days in Accounts Receivable	51	59	60	62	64	66	59	59	60	58	54	57	51.33	51	63	63.79
*Total Margin	13.47%	11.4%	0.5%	8.7%	8.8%	9.0%	10.1%	8.7%	54.0%	11.1%	15.0%	22.7%	8.2%	18.4%	4.5%	5.30%
Net Operating Revenue/FTE	\$ 19,448	\$ 16,427	\$ 15,351	\$ 18,366	\$ 19,282	\$ 18,115	\$ 19,821	\$ 18,956	\$ 39,610	\$ 20,835	\$ 20,507	\$ 22,027	\$ 18,886	\$ 20,682	\$ 17,191	\$ 15,794
Labor as % of net Revenue	51.60%	61.10%	56.50%	54.20%	58.40%	57.95%	51.99%	58.88%	50.67%	64.96%	55.29%	59.00%	55.52%	57%	61.3%	59.6%
Operating Expense/FTE	\$ 16,894	\$ 14,635	\$ 15,385	\$ 16,722	\$ 17,705	\$ 16,728	\$ 15,953	\$ 17,419	\$ 18,353	\$ 18,631	\$ 17,579	\$ 17,060	\$ 17,104	\$ 16,940	\$ 15,891	\$ 15,190
*Days Cash on Hand	156	169	152	146	146	147	155	152	154	156	143	158	155	155	183	120.39
Commercial %	29.10%	27.40%	29.00%	29.30%	28.40%	27.10%	28.30%	28.10%	28.40%	28.10%	28.40%	28.90%	29.30%	29%	29.0%	28.7%
Total Labor Expense/Total Expense	59.00%	68.59%	56.41%	59.48%	63.62%	62.37%	61.73%	63.76%	57.37%	61.89%	59.68%	61.80%	61.02%	61%	61.3%	62%

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



## 2021 - Patient Care Scorecard

Major Goal Areas & Indicators	2021 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2021 YTD	2020	2019
<b>Quality</b>																
Left Without Being Seen	<0.80%	0.24%	0.98%	0.69%	1.55%	0.44%	2.04%	1.82%	2.03%	2.05%	1.23%	2.14%	1.42%	1.47%	0.80%	1.11%
Median Admit Decision Time to ED Departure Time for Admitted Patients	<44 min	75	68.5	60	75	51.5	56.5	45.5	69	60	53	52	52	60	70	N/A
Median Time from ED Arrival to Departure for Discharged ED Patients	<107 min	136	110	118	122	109	112.5	112	113	119	114	120	118	117	128	N/A
Venous Thromboembolism Prophylaxis	>93.1%	92.9%	86.2%	85.7%	89.4%	95.9%	90.4%	96.1%	91.8%	87.8%	90.7%	97.4%	90.9%	91.5%	N/A	N/A
Exclusive Breast Milk Feeding Patients	>44.4%	52.6%	51.3%	56.3%	50.0%	43.8%	47.9%	68.8%	62.5%	57.1%	59.6%	44.4%	46.4%	53.5%	N/A	N/A
All-Cause Unplanned 30 Day Inpatient Readmissions	<2.7%	5.9%	9.2%	11.1%	3.7%	6.3%	3.0%	5.7%	5.3%	4.1%	4.1%	4.1%	10.5%	5.8%	3.80%	5.40%
Sepsis - Early Management Bundle	>84.6%	100.0%	NA	NA	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	94.4%	72.73%	84.60%
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.07%	0.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	0.07%
Diabetes Management - Outpatient A1C>9 or missing result	<27.61%	22.83%	21.92%	20.51%	19.07%	27.69%	21.74%	14.87%	20.90%	21.95%	25.50%	19.90%	25.70%	21.89%	27.61%	30.25%
Medication Reconciliation Completed	>90%	51%	44%	42%	48%	46%	46%	49%	45%	41%	48%	45%	44%	46%	47.15%	N/A
Turnaround time of 30 minutes or less for STAT testing	<30 min	42	40	39	35	37	37	40	39	37	40	37	20	37	37.5	30
Median Time to ECG	< 7 min	8	6.5	7.5	5	8	6	7	9	6	4	5	3	6.3	7	7
Surgical Site Infection	<0.25%	1.00%	0.00%	0.00%	0.56%	0.55%	0.00%	0.58%	0.00%	0.00%	0.00%	0.00%	0.00%	0.19%	0.25%	0.30%
Safe Medication Scanning	>92.9%	92.0%	95.0%	93.7%	92.7%	93.0%	90.9%	93.0%	92.6%	95.0%	95.7%	95.3%	95.0%	93.7%	98.90%	90%
*Overall Quality Performance Benchmark (iVantage)	>53	51	51	51	51	51	61	61	61	61	61	61	61	61	53	54
*Falls with Injury	<2	0	0	1	0	0	0	1	0	1	0	0	0	3	2	3

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

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WHITEHEAD CONFERENCE ROOM

Board Work Session

December 14, 2021

COMMISSIONERS PRESENT	STAFF PRESENT	GUESTS	GUESTS
<ul style="list-style-type: none"><li>• Dr. Steve Kenny, PH.D.</li><li>• Sharon Dietrich, M.D.</li><li>• Glenn Bestebreur</li><li>• Susan Reams</li><li>• Keith Sattler</li><li>• Brandon Bowden</li><li>• Neilan McPartland</li></ul>	<ul style="list-style-type: none"><li>• Craig Marks, CEO</li><li>• Merry Fuller, CNO/COO</li><li>• David Rollins, CFO</li><li>• Shannon Hitchcock, CCO</li><li>• Kristi Mellema, CCQO</li><li>• Bryon Dirkes, CHRO</li><li>• Dr. Brian Sollers, CMO</li></ul>	<ul style="list-style-type: none"><li>• Kurt Broeckelmann, Architect, bcDG</li><li>• Paul Kramer, Project Director, NV5</li><li>• Adam Trumbour, Project Manager, NV5</li><li>• Bret Miche, Graham Construction</li><li>• Chris Colley, Graham Construction</li></ul>	<ul style="list-style-type: none"><li>• Trevor Grafstra, Graham Construction</li><li>• Hilary Beashore, Associate, Senior Project Manager, bcDG</li><li>• Gary Hicks</li><li>• Marla Davis, Director of Acute Care</li><li>• Dr. Richard Unger</li></ul>
AGENDA	DISCUSSION	ACTION	FOLLOW-UP
<b>I. CALL TO ORDER</b>	The Meeting was called to order by Commissioner Kenny at 6:02 p.m.	None.	None.



II. SERVICES	DISCUSSION	ACTION	FOLLOW-UP
<b>A. Wound Care Program (Attachment L)</b>	Marla Davis R.N. and DR. Richard Unger presented the plan, to expand the PMH Wound Care Program through an agreement with Healogics, the largest provider of these services in the country.	None.	None.
<b>B. Replacement Facility Update 1. Design Review</b>	Kurt Broeckelmann, bcDG lead architect reviewed the design changes required to create a dedicated C-Section Suite on the OB Unit. He also reviewed the changes to the exterior of the building due to these design changes.	None.	None.
<b>2. Schedules-Bid and Construction (Attachment G) (Attachment H)</b>	NV5 and Graham Construction representatives reviewed the project schedule and bid process. In particular, they focussed on the process which will enable us to open bids in February and March and present a MACC/GMP (Maximum Allowable Construction Costs/Guaranteed Maximum Price) to the PMH Board in March for approval.	None.	None.
<b>3. Project Financing Update (Attachment I) (Attachment J) (Attachment K)</b>	Gary Hicks, Financial Consultant, reviewed the Project Financing Plan; a Term Sheet for a construction loan with Western Alliance Bank; and a term sheet from Bank of America for an operating lease for new equipment in the project.	None.	None.

III. Quality	DISCUSSION	ACTION	FOLLOW-UP
<p><b>A. Hospital Comparison (Attachment FF)</b></p>	<p>Kristi Mellema, Chief Quality Officer, reviewed the many different hospital rating agencies and recommended staying with our current rating agency, the Chartis Group-iVantage because of their strength with rural hospitals and metrics that are important to PMH.</p>	<p>None.</p>	<p>None.</p>
<p><b>B. Question and Answer (Attachment A) (Attachment B) (Attachment C) (Attachment N) (Attachment V)</b></p>	<p>The Administrative Team offered to answer any questions The Board had regarding the proposed 2022 PMH: Operating and Capital Budgets; Strategic Plan; Medical Staff Model and Provider Recruitment/Retention Plan; Marketing Plan; and IT Plan.</p>	<p>None.</p>	<p>None.</p>
<b>IV. EXECUTIVE SESSION</b>			
The Board adjourned to executive session at 7:37 p.m.			
<p><b>A. RCW 42.30.110 (I) To consider proprietary or confidential nonpublished information related to the development, acquisition or implementation of state purchased health care services as provided in RCW41.05.26.</b></p>			
<b>V. ADJOURN</b>			
<p>The Board resumed their regular Work Session at 8:05 p.m. There being no further business, the meeting was adjourned at 8:06 p.m.</p>			

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WHITEHEAD CONFERENCE ROOM		BOARD MEETING		December 16, 2021			
COMMISSIONERS PRESENT		STAFF PRESENT		MEDICAL STAFF		GUESTS	
<ul style="list-style-type: none"><li>• Steve Kenny, PH.D.</li><li>• Sharon Dietrich, M.D.</li><li>• Glenn Bestebreur</li><li>• Susan Reams</li><li>• Keith Sattler</li><li>• Brandon Bowden</li><li>• Neilan McPartland</li></ul>		<ul style="list-style-type: none"><li>• Craig Marks, CEO</li><li>• Merry Fuller, CNO</li><li>• David Rollins, CFO</li><li>• Kristi Mellema, CQO</li><li>• Shannon Hitchcock, CCO</li><li>• Bryon Dirkes, CHRO</li><li>• Dr. Brian Sollers</li></ul>		<ul style="list-style-type: none"><li>• Dr. Rob Wenger</li></ul>			
AGENDA		DISCUSSION		ACTION		FOLLOW-UP	
<b>I. CALL TO ORDER</b> <b>A. Pledge of Allegiance</b>		The Meeting was called to order by Commissioner Kenny at 6:02 p.m.		None.		None.	
<b>II. PUBLIC COMMENT</b>		None.		None.		None.	
<b>III. APPROVE AGENDA</b>		None.		Commissioner Dr. Dietrich made a Motion to approve the November 18, 2021, Board Meeting Agenda. The Motion was seconded by Commissioner Reams and passed with 7 in favor, 0 opposed.		None.	

AGENDA	DISCUSSION	ACTION	FOLLOW-UP
<p><b>IV. APPROVE CONSENT AGENDA</b></p> <p><b>A. Board of Commissioners Meeting Minutes for November 16, 2021 &amp; Work Session.</b></p> <p><b>B. Payroll and AP Vouchers #161424 through #161978 dated 11.11.21 through 12.08.21 in the amount of \$6,159,787.47. Board Policies: #1000.0021; 1000.0022; 1000.0023; 1000.0024 Surplus Items Resolution #1061</b></p>	<p>None.</p>	<p>Commissioner Sattler made a Motion to approve the Consent Agenda. The Motion was seconded by Commissioner Reams and passed with 7 in favor and 0 opposed.</p>	<p>None.</p>
V. MEDICAL STAFF DEVELOPMENT	DISCUSSION	ACTION	FOLLOW-UP
<p><b>A. Medical Staff Report and Credentialing</b></p> <p><b>1. New Appointment</b></p> <p><b>A. Appointment and Requested Clinical Privileges</b></p>	<p>Dr. Wenger presented the following providers for <b>Appointment:</b></p> <p><b>Mitchell Cohen, MD</b> – Provisional/Active Staff with requested privileges in Gastroenterology effective January 1, 2021 through June 30, 2022.</p> <p><b>John Gilstad, MD</b> – Provisional/Locum Tenens Staff with requested privileges in Internal Medicine effective January 1, 2021 through June 30, 2022.</p> <p><b>Kevin Huang, MD</b> – Provisional/Locum Tenens Staff with requested privileges in General Surgery</p>	<p>A Motion to approve the Appointments and Requested Clinical Privileges that have been reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee for the following providers was made by Commissioner Sattler. The Motion was seconded by Commissioner Dr. Dietrich. The Motion passed with 7 in favor and 0 opposed.</p>	<p>None.</p>

	<p>effective January 1, 2021 through June 30, 2022.</p> <p><b>Kai Jones, PA-C</b> – Provisional/Advanced Practice Clinician Staff with requested privileges in Emergency Medicine effective January 1, 2021 through June 30, 2022.</p> <p><b>Jonathan Reed, MD</b> – Provisional/Telemedicine Staff with requested privileges in Diagnostic Radiology effective January 1, 2021 through June 30, 2022.</p> <p><b>Carson Van Sanford, MD</b> – Provisional/Telemedicine Staff with requested privileges in Neurology effective January 1, 2021 through June 30, 2022.</p>		
<p><b>2. Reappointment</b></p>	<p>Dr. Wenger presented the following providers for <b>Reappointment</b>:</p> <p><b>Ridhima Gupta, MD</b> – Reappointment to Active Staff with requested privileges in OB/GYN effective January 1, 2022 through December 31, 2023.</p> <p><b>Edward Lane, MD</b> – Reappointment to Courtesy Staff with requested privileges in Family Medicine effective January 1, 2022 through December 31, 2023.</p> <p><b>Amy Backer, MD</b> – Reappointment to Consulting Staff with requested privileges in Pathology effective</p>	<p>A Motion to approve the Reappointments and Requested Clinical Privileges that have been reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee for the following providers was made by Commissioner Dr. Dietrich. The Motion was seconded by Commissioner Sattler. The Motion passed with 7 in favor and 0 opposed.</p>	

	January 1, 2022 through December 31, 2023.		
<b>3. Category Change Request</b>	<b>Steven Elerding, MD</b> – Privileged in General Surgery, requesting to change category from Active Staff to Honorary Staff, effective January 1, 2022.	A motion to approve the clinical privileges Category Change Request that has been reviewed and recommended by the Medical Executive Committee for the following providers was made by Commissioner Reams. The Motion was seconded by Commissioner Bowden. The Motion passed with 7 in favor and 0 opposed.	
<b>B. 2022 Medical Staff Model &amp; Provider Recruitment/Succession Plan (Attachment N)</b>	Craig Marks presented the 2022 PMH Medical Staff Model and Provider Recruitment/Succession Plan which was reviewed at the Board Work Session.	A motion to approve the 2022 PMH Medical Staff Model & Provider Recruitment/Succession Plan that have been reviewed and recommended by the Medical Executive Committee and the Medical Staff at Prosser Memorial Health was made by Commissioner Dr. Dietrich. The Motion was seconded by Commissioner Reams. The Motion passed with 7 in favor and 0 opposed.	
<b>AGENDA</b>	<b>DISCUSSION</b>	<b>ACTION</b>	<b>FOLLOW-UP</b>
<b>VI. FINANCIAL STEWARDSHIP</b>			
<b>A. Review Financial Reports For November 2021 (Attachment U)</b>	David Rollins presented the November 2021 Financials.	A Motion to accept the Financial Reports for November 2021, was made by Commissioner Bestebreur and seconded by Commissioner Dr.	None.

		Dietrich. The Motion passed with 7 in favor and 0 opposed.	
<b>B. Review 2022 Operating and Capital Budgets (Attachment V)</b>	David Rollins presented the proposed 2022 Operating and Capital Budgets.	A Motion to approve the 2022 County Property Tax Request, was made by Commissioner Sattler and seconded by Commissioner Reams. The Motion passed with 7 in favor and 0 opposed.	None.
<b>C. Covid-19 Financial Plan (Attachment W)</b>	David Rollins briefly reviewed the current COVID-19 Financial Plan.	None.	None.
<b>VII. Employee Development</b>			
<b>A. SEIU Contract 2021-2024 (Attachment T)</b>	Bryon Dirkes, Chief Human Resources Officer, reviewed the proposed SEIU contract for 2021-2024.	A Motion to approve the SEIU Contract 2021-2024, was made by Commissioner Reams and seconded by Commissioner Dr. Dietrich. The Motion passed with 7 in favor and 0 opposed.	None.
<b>VIII. Services</b>			
<b>A. Review 2022 PMH Strategic Plan (Attachment A)</b>		A Motion to approve the 2022 PMH Strategic Plan, was made by Commissioner Reams and seconded by Commissioner Bowden. The Motion passed with 7 in favor and 0 opposed.	
<b>B. Review 2022 PMH Marketing Plan (Attachment B)</b>		A Motion to approve the 2022 PMH Marketing Plan, was made by Commissioner Reams and seconded by Commissioner Dr. Dietrich. The Motion passed with 7 in favor and 0 opposed.	

<p><b>C. Review 2022 IT Plan (Attachment C)</b></p>		<p>A Motion to approve the 2022 PMH IT Plan, was made by Commissioner Dr. Dietrich and seconded by Commissioner Bowden. The Motion passed with 7 in favor and 0 opposed.</p>	
<p><b>VIII. Quality</b></p>			
<p><b>A. Review 2021 Environment of Care (EOC) Report and 2022 EOC Plan</b></p>		<p>A Motion to approve the 2021 Environment of Care (EOC) Report and 2022 EOC Plan, was made by Commissioner Reams and seconded by Commissioner Sattler. The Motion passed with 7 in favor and 0 opposed.</p>	
<p><b>B. COVID-19 Update</b></p>	<p>Merry Fuller briefly updated the Board about Covid-19 at PMH.</p>	<p>None.</p>	<p>None.</p>
<p><b>C. Legislative and Political Updates</b></p>	<p>Commissioner Glenn Bestebreuer gave a brief overview of state and federal legislative issues.</p>	<p>None.</p>	<p>None.</p>
<p><b>D. CEO/ Operations Report</b></p>	<p>Craig answered questions regarding his written report and talked about the holiday festivities at PMH.</p>	<p>None.</p>	<p>None.</p>
<p><b>IX. ADJOURN</b></p>			
<p><b>A. There being no further business, the meeting was adjourned at 7:00 p.m.</b></p>			



## Vision

Patients  
Employees  
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Quality  
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**Mission:** To improve the health of our community.

## Values

Accountability  
Service  
Promote Teamwork  
Integrity  
Respect  
Excellence

JOINT CONFERENCE COMMITTEE		January 19,2022	VINEYARD CONFERENCE ROOM	
COMMITTEE MEMBERS PRESENT		NON-MEMBERS PRESENT		
<ul style="list-style-type: none"> <li>• Commissioner S. Reams</li> <li>• Commissioner S. Dietrich</li> <li>• Commissioner S. Kenny</li> <li>• C. Marks, CEO</li> <li>• Dr. B. Sollers</li> </ul>		<ul style="list-style-type: none"> <li>• M. Fuller, CNO, COO</li> <li>• Dr. S. Hashmi</li> </ul>		
AGENDA ITEM	DISCUSSION	RECOMMENDATION	FOLLOW-UP	
CALL TO ORDER	Meeting was called to order by Commissioner Reams at 0703.			
APPROVAL OF MINUTES	December 2021 minutes were reviewed and approved by the Committee.	For informational purposes only.	Standing agenda item.	
QUALITY				
COVID-19 Update	<p>M. Fuller reported that up to 26 PMH employees have been out each day over the last two weeks. Although the isolation period for this variant is only 5 days, staff are going out at about the same rate they are returning to work. However, we are not seeing the severe illness or COVID hospitalizations experienced during the Delta variant.</p> <p>The Governors mandate regarding the suspension of elective surgical cases was discussed. Unlike the last suspension of elective surgical cases this one is to provide for the reallocation of hospital staff, not preserve PPE. PPE supplies are stable currently.</p>	For informational purposes only.	No follow up necessary.	
Safety & EOC Committee Update	M. Fuller provided the new 2022 Patient Care Scorecard and reviewed the results of the 2021 Patient Care Scorecard metrics. The 2022 PCS will be presented for Board review and approval at the January Board meeting.	For informational purposes only.	No follow up necessary.	
2022 Risk Management and Quality Assurance Plan	M. Fuller presented the 2022 Risk Management and Quality Assurance Plans. There are no substantial changes from the 2021	For informational purposes only.	No follow up necessary.	

	plans and both will be presented for Board review and approval at the January Board meeting.		
<b>PATIENT LOYALTY</b>			
<b>Patient Experience Results</b>	M. Fuller reported the final 2021 Patient Experience Results. All departments met or exceeded their 2021 goal!	For informational purposes only.	Standing agenda item.
<b>MEDICAL STAFF DEVELOPMENT</b>			
<b>Medical Staff Recruitment</b>	C. Marks and Dr. Sollers provided an update of Medical Staff recruitment activity since last month.	For informational purposes only.	Standing agenda item.
<b>Medical Staff Engagement Survey Results</b>	C. Marks discussed the 2021 Medical Staff Engagement Survey Results. 2021 was 85.2%, just shy of 2020's result of 85.8%. The People Element representative will be onsite to present these results to all stake holder next week.	For informational purposes only.	No follow up necessary.
<b>Radiologist Review</b>	M. Fuller reported that we have looked at three different night hawk services. It has been decided that we will be staying with our current night hawk service, but we will maintain the contract vs Dr. Zuckerman. They guarantee a 24-hour coverage by January/February. Dr. Zuckerman will work 8-5pm Monday through Friday. The contracts will go the Board this month for approval.	For informational purposes only.	No follow up necessary.
<b>PMH Clinics Leadership</b>	C. Marks presented the resume of the newly hired Director of Clinical Operations, Riana "Annie" Parker. She will join the PMH team on January 31 <sup>st</sup> and will bring with her an expansive band of clinic experience.	For informational purposes only.	No follow up necessary.
<b>EMPLOYEE DEVELOPMENT</b>			
<b>Engagement Activities</b>	C. Marks reported that on December 16 <sup>th</sup> we will be celebrating with a prime rib luncheon and giving out gifts to staff. Contests include: Ugly Sweater, Cookie Contest, and Christmas Tree Ornament Decorating Contest.	For informational purposes only.	No follow up necessary.
<b>SEIU Negotiations Update</b>	M. Fuller reported that we currently have a tentative agreement with voting to ratify occurring tomorrow and a final decision late Friday. Everyone on SEIU side is satisfied with the decisions.	For informational purposes only.	No follow up necessary.
<b>SERVICES</b>			
<b>Strategic Plan Summary 2021</b>	C. Marks reported the 2021 Strategic Plan Summary report is being finalized and will be part of the Board packet going out the week for review.	For informational purposes only.	No follow up necessary.
<b>Replacement Facility Update</b>	C. Marks provided an update on the progress of the replacement facility. Bidding for sight preparation is in progress. Discussion with the WADOH is ongoing to ensure compliance with their expectations and specifications.	For informational purposes only.	No follow up necessary.

<b>FINANCIAL STEWARDSHIP</b>			
<b>Financial Performance</b>	C. Marks reported the 2021 Year End Financial Performance. Net Income was \$16,293,330. The Budget was \$10,707,938 and 2019 was \$2,951,026. This was the best year ever.	For informational purposes only.	Standing agenda item.
<b>COVID-19 Financial Plan</b>	The updated COVID-19 Financial Plan was presented for review and will be included in the January Board Packet.	For informational purposes only.	Standing agenda item.
<b>ADJOURNMENT &amp; NEXT SCHEDULED MEETING</b>			
Meeting adjourned at 0825			
Next scheduled meeting 02/17/22			

M. Fuller 1/19/22

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Integrity  
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Excellence

**FINANCE COMMITTEE MEETING  
WEDNESDAY – JANUARY 24, 2022,  
7:00 a.m. – Vineyard Conference Room  
AGENDA**

**MEMBERS:**

Keith Sattler  
Neilan McPartland  
Brandon Bowden

**STAFF:**

Craig Marks  
David Rollins  
Stephanie Titus

**CALL TO ORDER**

**I. APPROVE MINUTES**

**Action Requested** – December 13, 2021 Minutes

**II. FINANCIAL STEWARDSHIP**

**A. Review Financials – December 2021 (Attachment V )**

**David**

**Action Requested – December 2021 Financial Statements**

**B. Review Accounts Receivable and Cash Goal**

**Stephanie**

**C. COVID-19 Financial Projection Plan (Attachment AA )**

**David**

**D. Voucher Lists**

**Action Requested – Voucher List - Payroll and AP Vouchers # 161979 through #162751**  
Dated 12.09.21 through 01.18.22 in the amount of \$9,188,710.80.

**David**

**E. Surplus Items Resolution #1062**

**Action Requested - Surplus Items Property Description:**

**David**

**F. Capital Requests**

**Action Requested – Capital Requests**

**David**

1. Two Ultrasound Machines (Attachment L1 )

2. Virtual Desktop Infrastructure (Attachments L1 )

**III. ADJOURN**

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FINANCE COMMITTEE MEETING		December 13, 2021		VINEYARD CONFERENCE ROOM			
				GUESTS			
<ul style="list-style-type: none"><li>• Keith Sattler</li><li>• Neilan McPartland</li></ul>		<ul style="list-style-type: none"><li>• Craig Marks, CEO</li><li>• David Rollins, CFO</li><li>• Stephanie Titus, Director of Finance Operations</li></ul>					
AGENDA		DISCUSSION		ACTION		FOLLOW-UP	
I. CALL TO ORDER		Keith Sattler called the meeting to order 7:11 a.m.					
II. APPROVE MINUTES				A motion to approve the Finance Committee Meeting Minutes for November 15, 2021, as presented was made by Bowden. The motion was seconded by McPartland and approved.		None.	

<p><b>III. FINANCIAL STEWARDSHIP</b></p> <p><b>A. Review Financials – November 2021 (Attachment U)</b></p>	<p>Reviewed November Financials \$16,636,567 gross charges which were 21% greater than budget. Recognized \$1,496,853 COVID revenue bringing annual total to \$10,197,897. Labor costs were 14% over budget due to Clinical Staffing needs, agency due to FMLA in Med Surg, and FBP, and missed Therapy Invoices for \$145,000 from October. Surgeries hit record of 220+ are over budget by 28% and ER is over budget by 20%. Net income was \$1,827,355 or \$330,502 without COVID funds, and \$15,711,390 YTD. Cash improved by \$1,457,921 to \$ 3,592,252 YTD.</p>	<p>A motion to recommend acceptance of the October 2021 Financial Statements as presented to the PMH Board of Commissioners was made by Bowden. The motion was seconded by McPartland and approved.</p>	<p>None.</p>
<p><b>B. Review Accounts Receivable and Cash Goal</b></p>	<p>New Interim Director of PFS started in November and AR spiked to 56 days. PFS beat cash goal in November by \$38,796 for a total of \$6,329,580.</p>	<p>None.</p>	<p>None.</p>
<p><b>C. COVID-19 Financial Projection Plan (Attachment W)</b></p>	<p>Received additional \$1,679,462 from HHS for Provider Relief Payments for Phase 4 PRF.</p>	<p>None.</p>	<p>None.</p>

<p><b>D. Voucher Lists</b>  <b>Payroll and AP Vouchers</b>  <b>#161424 through #161978</b>  <b>Dated 11-11-21 through</b>  <b>12- 08-21 in the amount of</b>  <b>\$6,159,787.47 and Surplus</b>  <b>Items Resolution</b></p>		<p>A motion to recommend approval of the Voucher Lists # 161424 through #161978 dated 11-11-21 through 12-08-21 in the amount of \$6,159,787.47 was made by McPartland, seconded by Bowden, and approved.</p>	<p>None.</p>
<p><b>E. 2022 Operating Budget/Capital Budget (Attachment V)</b></p>	<p>Reviewed 2022 budget. Gross Patient Revenue increasing to \$219,156,634 or 12%. COVID revenue of \$1,521,762. Labor costs increasing by 13% and non-labor costs up 19% driven by new physicians, staffing, COLA and Benefits plus IT minor equipment \$252,000, Reagents 147,000, Security 300,000, Marketing. Net income budgeted \$6,107,700 or 6.90% with Cash declining by (7,364,915) due to construction of new hospital although Cash from Operation is \$6,440,667 and Days of Cash declined to 158. Capital Budget is \$1,613,634 with new in 2022 \$1,360,173 and \$253,461 carry over from 2021 already approved but not invoiced.</p>		<p>None.</p>
<p><b>III. ADJOURN</b></p>			
<p>Having declared no further business, the meeting was adjourned at 8:03 a.m.</p>			

## MEMORANDUM

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

**FROM: CRAIG J. MARKS, CEO**

**DATE: January 2022**

**RE: CEO REPORT**

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### **SERVICES**

#### **1. 2021 Strategic Plan Annual Report**

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

In addition to pursuing our Pillar Goals in 2021, we were striving to achieve the objectives in our 2021 Strategic Plan. As you read the 2021 Strategic Plan Annual Report (**Attachment B**), you will see that despite the ongoing pandemic, and all the challenges that it brought, we were able to achieve or make significant progress on many of our objectives. Although not an objective in our Plan, we were able to connect with our community like we have never done before with our COVID-19 Vaccine Clinics. We were able to administer over 10,000 vaccines to community members that were very appreciative of the compassion and care provided by our staff. These clinics demonstrated the commitment of the PMH staff to do everything they can to improve the health of our community, which is the Mission of PMH. Also related to the pandemic, we were able to pursue and receive over \$10 million in COVID-19 Relief Funds, which has enabled us to remain financially strong throughout the pandemic. Related to our Strategic Plan, we continued to be successful in recruiting new providers to PMH to expand our services and to meet the demand for services in the communities we serve. This strategy is certainly working as we provided record levels of services throughout Prosser Memorial Health in 2021. We also continued to make significant progress (e.g., obtained a Certificate of Need from the Department of Health and USDA financing for the project) on our plan to build a replacement facility. This is a huge project with many twists and turns, but currently we remain on schedule to open our new facility in 2024. These are just a few of our many accomplishments in 2021.



These accomplishments could not have happened without the support of the entire PMH Team thank you! We still have a lot of work to do in 2022, but I am confident that the PMH Team will take us to heights we have never seen before!

## 2. Replacement Facility Update

Much of the work currently being completed for our replacement facility project is happening behind the scenes in offices across the country (Washington, Minnesota, Missouri, Colorado, Utah). The flavor of some of this activity is captured in the January Owner's Representative Progress Report (**Attachment C**); the minutes from our last project team meeting (**Attachment D**); and the project schedule for the next four months (**Attachment E**). We continue to divide the project into three main categories: design; schedule/ budget/ construction; and financing. The primary focus of our design team currently is the completion of the construction documents. These documents will be completed January 24<sup>th</sup>, and are the foundation of the bidding process. In addition to completing the construction documents, the design team is reviewing the plans with an architect from USDA, representatives from the Washington Department of Health, the State Fire Marshal, City of Prosser, etc. To say the least, bcDG is involved in meetings regarding our project every day in addition to completing all construction documents. Their interior design experts are also working to finalize our wood laminate selection and hope to finalize it in February. While bcDG will not present to the Board in January, they will present the final construction documents for approval in February along with lighting options for the west side of the building (facing GAP Road). Finally, they are working to get the traffic study completed (expected to be completed by the end of January) which is the final component of the SEPA (State Environmental Protection Agency) Report which is required by the City of Prosser and the DOH for our CON.

As it relates to the schedule/ budget/ construction, our Owner's Representatives (NV5) and Graham Construction continue to work on schedule issues such as the coordination of utility connections, obtaining the necessary permits and dealing with USDA challenges that could impact the schedule. These issues will be discussed with the Board at the January Board Work Session. In addition, they will provide an update on the bidding process for the project, which began last week. As a follow-up to our appeal of the DOH's requirement that we complete a CON, we finally heard back from the DOH (**Attachment F**). The DOH rejected our appeal, but because we have subsequently received an intent to issue a CON to PMH from the DOH, we will not pursue the appeal any further. I do believe we would have a good case and could win since the next step is in the courts, outside of the DOH, however, it does not make any sense to commit additional resources to this effort. The last area we are working on is the financing of the project (**Attachment G**). Under the leadership of Gary Hicks, financial consultant, and Bradley Berg, legal counsel, a Board resolution has been prepared (**Attachment H**) for Board consideration in January regarding obtaining a \$57.5 million construction loan for the project. Gary Hicks will review the resolution and supporting documents with the Board at the January Board Work Session, and the Board will be asked to approve it at the January Board Meeting. The final terms of the loan will not be known until March/April, but the resolution authorizes me or David Rollins to execute the loan when the final terms are known and agreed to. There is a lot happening in the bond market at the present time which could impact the final terms we are able to secure (**Attachment I**). The good news is that our USDA loan is locked in at 2.25% or lower regardless of what happens to interest rates.

### 3. Radiologist Contracts

For the past three years we have had a contract with Drs. Zuckerman and Ballard to provide radiologist services to PMH 24- hours a day /365 day a year. While they provided most of the interpretations, they also contracted with Real-Radiology (a tele-radiology company) for some night, weekend, and holiday coverage. Unfortunately, this arrangement became overly burdensome for Drs. Zuckerman and Ballard, requiring PMH to, either change radiologist groups or revise the arrangement. After exploring several new options (outside radiologist companies), we decided the best option for PMH was to rework the contract with our current radiologists. In the new contract **(Attachment J)**, Drs. Zuckerman and Ballard will provide interpretive services Monday through Friday from 8:00 a.m. to 5:00 p.m. 52 weeks per year. PMH will contract with Real-Radiology **(Attachment K)** for after hour reads and reads on weekends and holidays. Currently plain films from ED patients on nights, weekends, and holidays will initially be interpreted by the ED provider and overread by the radiologist on their next workday. This arrangement addresses the concerns of our Radiologists and Medical Staff and is the most cost-effective option **(Attachment L)**. This arrangement was reviewed with the Medical Executive Committee and will be reviewed with the Board at the January Board Work Session. The Board will be asked to approve these contracts at the January Board Meeting.

### 4. Surgical Equipment

Two essential surgical services capital requests were not included in the 2022 Capital Budget prior to approval due to the late addition of GI services. These items are being presented to the Board for review and approval this month. To partially offset the total 2022 capital spend we have identified a reduction in cost for the Call Center Cubicle Setup of approximately \$15,000 and we can defer several purchases to later in the year to reduce the Depreciation Expense impact in 2022. We will also be evaluating which capital expenses can be purchased with COVID funds such as the BiPAP Interface and the Ventilator Interface that may offset the cash impact in 2022.

The following two items are presented for consideration:

#### Neptune:

The Neptune is a device that the OR/Procedure room uses in each case to provide suction. We currently have two and need to have a third for the procedure room to provide GI services. The Neptune is used for each case. The quote for this is \$16, 833 including tax and shipping, **(Attachment L1)**.

#### Olympus equipment:

With the integration of the new GI software (ProVation) it became apparent that we are unable to share the Olympic tower between urology and GI procedures, as originally planned. With the acquisition of Dr. Cohen, the current Olympus equipment is now hooked to a computer in the

procedure room that holds the ProVation software. This computer is designed to stay attached to the tower and in the room making it non-mobile to use for urology. The total price of the tower is quoted at \$85,337.95 including tax and shipping (**Attachment L1**).

## **Patient Loyalty**

### **1. Patient Satisfaction**

Arguably the most challenging, and important, Pillar Goal we have is Patient Loyalty. Patient Loyalty is measured through patient satisfaction but is supplemented through patient volumes. I am pleased to report that we exceeded our goals on all metrics. Our aggregate patient satisfaction score was 92.9% compared to 86.6% last year (**Attachment M**). In addition, we improved in every area we survey (Emergency Department, OB, Acute Care, Outpatient Services, Outpatient Surgery, and the Clinics). Considering all the challenges we faced in 2021, this is outstanding work by our PMH Team. Every employee, provider, and volunteer at PMH helped contribute to this outstanding performance. Well done! On top of the survey results, we also saw volumes grow in almost every department. We have now set the satisfaction bar very high for next year, but I am confident that our Team is up for the challenge!

## **Employee Development**

### **1. Employee Recognition**

Historically, every January we host a PMH Employee Recognition Luncheon to honor our staff for their dedication to our patients and PMH. We recognize staff every five years and award them with lunch, a service pin, and \$50 for every year of service they have provided to PMH. Unfortunately, due to the recent surge in COVID-19 cases we will not be able to host a luncheon. Instead, we are giving all 38 awardee's a \$50 gift certificate to an area restaurant of their choice (which also helps support our local businesses) in addition to the other gifts, and we will officially recognize and celebrate them online with a virtual event (**Attachment N**). In total, these individuals have provided 395 years of service to PMH. The longest tenured employees in this group are Paul Weisz, Maintenance and Suzanne Merk, Emergency Department with 25 years; and Karen Legerski who has worked at PMH for thirty years. Congratulations! Please join me in thanking these employees for their commitment to those we serve and Prosser Memorial Health!

### **2. 2021 Employee Engagement Results**

A key area of focus at PMH has been our Employee Development Pillar which focuses on staff satisfaction and engagement. A key to achieving high patient satisfaction scores is to have engaged staff and Medical Staff providers. The best way to objectively measure engagement/satisfaction is to conduct a survey of our staff, which we do annually. You can also look at turnover rates as a proxy for

satisfaction. While our turnover rate increased to 10.8% in 2021, it is still well below the industry average of 20+% (which is increasing every day).

Our engagement survey was once again conducted by People Element during the months of October/November. Our participation level was 82.0%, which was better than our participation level last year at 75.6%. The full results of the survey, including comments (**Attachment O**) will be shared with everyone at PMH on January 25<sup>th</sup>. Quinton Barrett from People Element will share the results with our staff at several sessions scheduled for employees to attend. He will not only share the results, but also seek ideas from our staff about ways to improve in the areas with the greatest concerns. One of the key metrics in the survey, and our Employee Development Pillar Goal, is an employee's satisfaction with PMH. Unfortunately, our performance dropped from our highest satisfaction level ever at 89.2% percent to 87.8% in 2021. While this was not a huge drop, we will work even harder in 2022 to increase our score to over 90% and we will never stop trying to improve regardless of what our score is. We also learned from People Element that while our results did not meet our goals, we outperformed most healthcare organizations that work with them (**Attachment OO**). In fact, our scores were only lower on one question in the entire survey! The results of the 2021 Employee Engagement Survey will also be presented to the Board by Quinton Barrett at the January Board Work Session.

### 3. PMH Clinics Leadership

As I reported last month, we began searching for a permanent leader for the PMH Clinics late last year and discontinued the services of our interim leader. We received interest in the position from individuals across the country, including internally. Conversations were held with several candidates, but many did not meet the education/or clinic experience needs. One candidate, however, not only met, but exceeded my expectations. That candidate is Riana "Annie" Parker (**Attachment P**). Annie was interviewed virtually and visited PMH to interview with members of our Medical Staff, Leadership Team, and Administrative Team. We have also checked her references and she received the highest reference scores we have ever seen. Annie has worked her way up through clinic management (starting out as a Medical Assistant) with several significant healthcare organizations in Washington. Most recently she experienced, and fell in love with rural healthcare. As a result, I offered her the position and I am pleased to report that she has accepted the offer. Annie will begin at PMH on January 31st and will also serve on our Administrative Team as our Chief Clinics Operation Officer. Please join me in welcoming Annie to Prosser Memorial Health!

### 4. Employee Engagement

On the heels of our holiday festivities, we are already planning for a bigger and better year of engagement activities in 2022. Despite the pandemic challenges, we were still able to have a good year due to everyone that helped plan and participated in our engagement activities. While we are still in managing around the pandemic, we will continue to develop creative ways to stay engaged. In the coming weeks we will hold our annual Super Bowl squares contest. In addition, Valentine's Day

and March Madness are just around the corner. Stay tuned for more details about each of these activities. I have also included our employee newsletter, The Pulse, which captures, some of the fun activities at PMH in December (**Attachment Q**).

## 5. Paid Time Off (PTO)

Periodically we evaluate our benefit plan and look for ways to improve it. One area that PMH varies from many hospitals is in Paid Time Off (PTO). Currently, PMH has Paid PTO divided into four major buckets (Vacation, Sick, Holidays and Floating Holidays). Vacation pay is based on the tenure an employee has at PMH. Holidays and floating holidays are the same for all exempt staff. Sick pay is required by state law, although PMH significantly exceeds the minimum of one hour of sick per 40 hours of work by awarding 8 hours of sick time per month or one hour of Sick time per 22 hours of work. Most hospitals combine these buckets into one PTO bucket.).

A generous Sick Policy can adversely incentivize employees to call in sick to utilize their accrued sick pay versus using their vacation hours. resulting in higher labor costs due to overtime to fill vacated shifts. This isn't an issue for exempt staff as their roles are not generally backfilled, and as a group they have a low utilization of Sick Pay in comparison to the overall staff. This model doesn't violate the state law requiring paid Sick Leave, it just combines it into one bucket that is then managed through our payroll system. The goal is to move all our staff to this model.

The new plan would combine vacation, seven days of sick time, holidays, and floating holidays into one accrual rate for PTO and five days of sick would be placed into an Extended Illness Bank (EIB) that an employee can utilize after they have been sick for more than three scheduled days. Employees current Sick Bucket would be grandfathered in until it reaches a zero balance; thereby not depriving the employee of any accrued benefits. We have also compared our planned PTO program against similar plans and found ours to be competitive with other hospitals (**Attachment R**). We have also written a new PTO policy to address these changes (**Attachment S**) and plan to implement it for exempt staff April 1, 2022. This plan will be discussed with our labor unions in future negotiations and with the Board at the January Board Work Session.

## 6. House Bill 1868-Labor and Workplace Standards

House Bill 1868: Improving worker safety and patient care in healthcare facilities by addressing staffing needs, overtime, meal and rest breaks, and enforcement, is returning to the legislature with significant proposed changes (**Attachment T**). Current language allows each hospital to establish a Nurse Staffing Committee (NSC), with no less than 50% of the committee composed of nurses providing direct patient care. One of the primary functions of the NSC is to establish safe staffing standards for each patient care department. The proposed legislative changes would take this critical function away from the NSC and mandate how "safe staffing" must be defined for every hospital and care area regardless of the acuity of the patient or the experience of the staff. Another proposed change would restrict the number of hours a nurse could be on call, therefore restricting our ability

to respond to increasing patient care needs, while at the same time penalizing the hospital for failing to respond to volumes we cannot control.

Surges in both the Emergency Department and the Family Birthplace occur day to day and shift to shift and we employ mechanisms to match staffing to the influx of patients. Doing so is daunting as the census in these departments can fluctuate dramatically from day to day or shift to shift. We have and will continue to actively cross-train staff to ensure our ability to respond to the care needs of the patients who present to our facility. We have no recourse but to care for every patient who seeks evaluation and treatment for an emergency condition or active labor and will continue to do so to the best of our ability. This bill is currently in the House, and we will keep you posted if or when it moves to the Senate.

## **Medical Staff Development**

### **1. Medical Staff Engagement Results**

The Medical Staff Engagement Survey was also conducted in October/November. The participation level in 2021 was 74.0% compared to 77.6% in 2020, but still represents strong Medical Staff participation. The results of the survey, including comments (**Attachment U**), will be distributed to the Medical Staff on January 25th. Quinton Barrett from People Element will review the results and lead a discussion about opportunities for improvement. The key metric (Pillar Goal) in the survey used to measure Medical Staff Satisfaction with PMH showed a very small decline from 85.8% in 2020 to 85.2% in 2021. We are disappointed with the decline, but a satisfaction score of 85.2% is still very good. We will work even harder in 2022 and already have some ideas about how we can improve. I would also like to thank all our CMO's (Drs. Sollers, Murphy, Hashmi, Rivero, and Wenger) for helping to make Medical Staff Engagement a priority at PMH. Quinton Barrett will also review the results of the Medical Staff Engagement Survey with the Board at the January Board Work Session.

### **2. Medical Staff Recruitment**

We have hit the ground running with Medical Staff Recruitment and our 2022 Recruitment Plan. Dr. Mitchell Cohen, Gastroenterologist, has joined the PMH Specialty Clinic and Dr. John Gilstad, Internal Medicine, is seeing patients at the Prosser Clinic on a per diem basis, but we hope to keep him long-term. A carry over position from last year is the family practice opportunity at the Benton City Clinic. We have identified an excellent candidate and are in the final stages of interviews and may have that position filled within the next couple of months. We have also been in discussions with an orthopedic surgeon who will complete his sports medicine fellowship in 2023. He is from the area and visited us in December. We plan to continue discussions with him and would like for him to commit to us before he starts his fellowship. Finally, we continue to pursue several emergency

medicine providers that have shown interest in PMH, and we hope they will join us in the coming months, at least on a part-time basis. The remainder of the positions in our 2022 Plan will be addressed in the second quarter of 2022.

## **Financial Stewardship**

### **1. Financial Performance-December**

We finished 2021 the same way it began, very strong. Our volumes exceeded budget and as a result our gross revenue was \$3.6 million (26%) better than budget. While our deductions from revenue were over budget, they were in proportion to our increased revenue. As a result, we experienced net revenue that was \$1.0 million (17%) over budget. The increased business (revenue) did result in our expenses being 12% over budget, primarily because of increased salary expenses. Despite the increased deductions from revenue and expenses, we still experienced an operating income of \$669,079, which was \$354,499 better than budget. For the first time all year, our non-operating income was negative due to timing issues with our investments, resulting in a loss of (\$146,092). After accounting for this loss, we finished the month with a net income of \$581,941 or 69% better than budget.

With another strong financial month, our year-to-date or year-end position continued to improve. Our gross revenue was \$197 million, which was 18% over budget and 37% over last year. Our deductions from revenue moved with our increased revenue, but we were able to recognize over \$10 million in COVID-19 Relief Funds. As a result, our net revenue (cash we expect to collect) was over \$88 million or 13% over budget. Our expense control was very good in 2021, with expenses only being 6% over budget despite the increased volumes. Most of our expense overruns were in salaries and supplies which tie directly to our volumes. The result was an operating income of almost \$16 million and a net income of \$16,293,330. This was by far the best financial year PMH has ever experienced. With the COVID-19 funds in the equation, we experienced a total margin of 20.8% and without the funds we still experienced a total margin of 7.76%, both of which exceed our annual goal of 6%. The strong operating performance resulted in a positive cash flow of \$3.2 million for the year and cash reserves of over \$30 million. It should also be noted that our net days in accounts receivable are down to 51.33 days, which has contributed to our strong cash position. Finally, I would like to point out that our net worth increased from \$32.6 million in 2020 to \$48.9 million in 2021. Outstanding!

### **2. Washington State Audit**

We recently met virtually with representatives from the Washington State Auditor's Office to open their 2020 audit. They reviewed the areas they will be auditing (**Attachment W**) and outlined their audit process, which will once again be virtual. We will be required to send them all the information

they need, which is fine, but can be challenging when we are also working on other major projects such as financing and constructing a new facility. We anticipate the audit will take several months to complete and at the same time, we will be working with DZA on our 2021 Financial Audit. Our financial staff deserve a lot of credit for providing outstanding financial services to all of us throughout the year in addition to special projects such as these audits. Well done!

### 3. PMH Foundation Update

Prosser Memorial Health Foundation's primary focus in 2022 will be to reach our \$2 million capital campaign target. Below is a breakdown of the 5-year pledge commitments we have to date as well as the outstanding proposals that are pending. Over the next month the Foundation team will reach out to these prospective donors to secure a pledge commitment. The Foundation Board plans to award the hospital the first installment of their \$2 million commitment during the groundbreaking ceremony at the site of the new hospital in March 2022. A donor appreciation event will be held Thursday, June 9 at Vintner's Village prior to the Bottles, Brews, and Barbecues event.

Our outstanding proposals include the following:

- Chateau Ste. Michelle: \$150,000
  - Sunheaven Farms: \$250,000
  - Milne Fruit: \$150,000
  - Wyckoff Farms: \$500,000
  - Tom & Linda Denchel: \$250,000
  - Patsy Mercer / Mercer Family: \$500,000
  - Dr. Sonnichsen: \$20,000
- Total: \$2.2 million**

To date internal pledges over the next 5 years, include:

- Employee contributions: \$186,600
  - Provider contributions: \$64,500
  - Board of Commissioner's contributions: \$71,460
- Total: \$322,560**

To date our external pledges over the next 5 years, include:

- The Whitehead Foundation: \$500,000
  - Yakima Federal Savings & Loan: \$10,000
  - Bovine Drive: \$2,000
  - Wolfe Winery: \$1,000
  - Ameriprise: \$500
- Total: 513,500**

The Bottles, Brews, and Barbecues Steering Committee held their meeting this month. The VIP event will be held Friday, June 10 from 5-10 pm and the main event will be held Saturday, June 11 from 10



am – 5pm at Vintner’s Village. Tickets can be purchased on the Foundation’s website: [Prosser Memorial Heath Foundation | PMH | WA \(prosserhealth.foundation\)](https://prosserhealth.foundation)

#### 4. PMH Clinic Financial Report

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 X**). 2021 continued to be a challenging year for our clinics because of the pandemic, however, most of the clinics exceeded their budgeted and prior year volumes. In total, the PMH Clinics provided 55,882 total visits in 2021 compared to 50,856 visits in 2020 and 53,883 visits in the 2021 budget. The only clinic that struggled with their volumes was the Benton City Clinic because they were down a physician for the entire year and an advanced practice clinician for half of the year. As a result of these strong volumes, the clinics in total exceeded their budgeted contribution margin of (\$3,255,844) as they combined for a contribution margin of (\$1,784,646), which was 45% better than budget. This calculation does not include any allocation of our COVID-19 Relief Funds to the clinics. If we did, this would significantly improve their contribution margins. It is also important to note that these clinics, and their providers, accounted for \$92,287,472 or 46.7% of all PMH gross revenue in 2021 through all of their patient visits, surgeries, lab work, radiology procedures, rehab, etc. Without the clinics we would not experience the financial success we have today.

#### Quality

##### 1. COVID-19 Update

For the past month we have been challenged to deal with the new COVID-19 variant, Omicron. The number of positive COVID-19 cases have increased significantly, as has the demand for COVID-19 testing. In addition, we have seen an increase in COVID-19 hospital admissions, but fortunately, in most cases this variant is less severe. The biggest issue that we have and continue to be challenged with is the number of our staff that have tested positive. We currently have between 25 and 30 staff that are out with COVID-19. Our staff have not gotten as sick with this variant and most return to work in 5 days. While we have not had any critical shortages of PPE beds, staff, etc., other hospitals in the State of Washington have not been as fortunate. As a result, on January 13th, Governor Inslee released a revised emergency proclamation that included the provision that hospitals could not perform elective surgeries for four weeks, starting January 17th (**Attachment Y**). We have discussed this with our surgeons and are using the decision aid provided by the State to determine which patients meet the definition for surgery (**Attachment Z**). We anticipate that this proclamation will result in a reduction of surgeries at PMH by 25-30% and will have a negative financial impact. We are hopeful that the incidence of Omicron will subside soon and that we will be a little closer to herd immunity. Stay tuned....

## 2. COVID-19 Financial Plan

Since November we have not received any additional COVID-19 Relief Funds (**Attachment AA**). We currently have just over \$1.5 million in relief funds available for use in 2022. With the broader definition of how these funds may be used, which was released late last year, we are confident that we will use all of these funds in 2022 and included them in our 2022 Operating Budget. There is also a significant effort throughout the healthcare industry (e.g., WSHA, AHA, major hospital systems, etc.) To seek additional COVID-19 Relief Funds from Congress. Many healthcare organizations have had financial challenges because of the pandemic, but fortunately, PMH is not among them.

## 3. 2022 Board Work Plan

Included in your Board Packet is a draft 2022 Board Workplan (**Attachment BB**). This document is a plan of routine, regulatory and special projects that the Board will need to address throughout the year based on our 2022 Strategic Plan. This Plan is not carved in stone and could change if our priorities change. The Plan is a good reminder of what we would like to accomplish each month this year and will be included in every Board Packet. If the Board would like to make any additions or deletions to the 2022 Board Work Plan, please let me know.

## 4. 2022 PMH Strategic Plan and Patient Care Scorecards

With the new year upon us it is time to draft new 2022 Scorecards based upon our Pillar Goals, 2022 Strategic Plan and regulatory (e.g., CMS) requirements. These draft scorecards will enable you to track several measures related to our Strategic Plan and Quality Goals monthly (**Attachment CC**) (**Attachment DD**). Each scorecard goal for 2022 is developed based on our 2021 actual performance, with an expectation of improvement on each metric. We shared these documents with the Joint Conference Committee and asked them for suggestions and/or other measures. We would also like the Board to review these documents and let us know if you would like to see changes. Like the Board Work Plan, these documents will be in all future Board Packets and reviewed with the Board on a quarterly basis. In addition, these documents will be distributed throughout the hospital and clinics and will enable everyone to determine with a quick glance, how Prosser Memorial Health is performing.

## 5. 2022 Quality Assurance and Risk Management Program Plans

The PMH 2021 Quality Assurance (**Attachment DD1**) and Risk Management Program (**Attachment DD2**) Plans will be presented to the Board for approval at the January Board Meeting. These Program Plans outline how, in 2022, PMH will maintain and enhance our quality performance and reduce our risk by developing and maintaining a culture of continuous improvement and safety. There have been no substantive changes to the Program Plans from last year.

## 6. Board Self-Evaluation

In December, the Board was asked to complete a Board Self-Evaluation, which is an activity the Board completes every year. Most Commissioners completed the survey, and the results are in the Board Packet (**Attachment EE**). The results show both the results from this year and prior years. The results will be discussed with the Board in the Executive Session of the January Board Meeting. Based on the survey results and discussion, a Board Action Plan will be developed and presented to the Board for approval in February. The 2021 Board Action Plan, complete with actions taken, is included in your packet for your review (**Attachment FF**).

## 7. 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 GG**) and second, the Washington State F-1 Personal Financial Affairs Statement (**Attachment HH**). Please complete these forms and return them to Rosemary at the January meeting and/or return the F-1 directly to the State. Thank you! In addition to the Board, our staff must be prepared for regulatory surveys at all times. Kristi Mellema prepared a guide (**Attachment II**) for our staff to help them be always prepared.

## 8. Board Officers & Committee

Per the Prosser Memorial Health Bylaws, the Board of Commissioners are required to annually elect officers for the coming year (**Attachment JJ**) and review their committee structure and membership. The Board is required to hold an election each January and elect a President, Vice President, and Secretary. The 2021 PMH Board Officers were President- Steve Kenny, Ph.D.; Vice President-Keith Sattler; and Secretary-Glen Bestebreur. The term of these offices is one year and there are no term limits thus there is no requirement for changes to be made to the current officers. The Board is also tasked with periodically evaluating their committee structure and the membership on the committees. The current Board Officers, committees, and membership are included for your review (**Attachment KK**). These items will be on the January Board Meeting Agenda for the Board to consider.

## 9. Annual Reports

Two organizations that we work with throughout the year recently sent us annual reports. The first is a report from the Washington Poison Center which highlights how we have used them and their utilization throughout the State of Washington (**Attachment LL**). We are fortunate to have such a solid organization to work with for services we could not possibly provide independently. The other annual report is from the American Hospital Association (**Attachment MM**). This past year the AHA was instrumental in passing along COVID-19 updates and best practices, and most importantly, it was some of their lobbying efforts that assisted us in receiving over \$10 million in COVID-19 Relief Funds. The AHA Annual Report highlights many of the activities that AHA participated in last year.

## 10. January Board Work and Regular Session

The January Board Work Session will be used for a presentation of our Employee and Medical Staff Engagement Survey results by Quinton Barrett from People Element. We will also receive a replacement facility update regarding the schedule and bidding process from NV5 and Graham Construction, and a review of the proposed construction loan by Gary Hicks. Other items that will be reviewed include: the acquisition of unbudgeted surgical equipment by Merry Fuller; and a review of a Paid Time Off (PTO) system for exempt PMH staff by David Rollins; and a review of proposed radiologist agreements by Merry Fuller. The January Board Meeting will be used to take formal action on the radiologist agreements; operating room equipment acquisition; 2022 Quality Assurance and Risk Management Program Plans; elect Board Officers for 2022; and committee structure and membership. The Board will also go into Executive Session to discuss the Board Self-Evaluation results and two other matters. No action is expected to be taken as a result because of the Executive Session.

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.

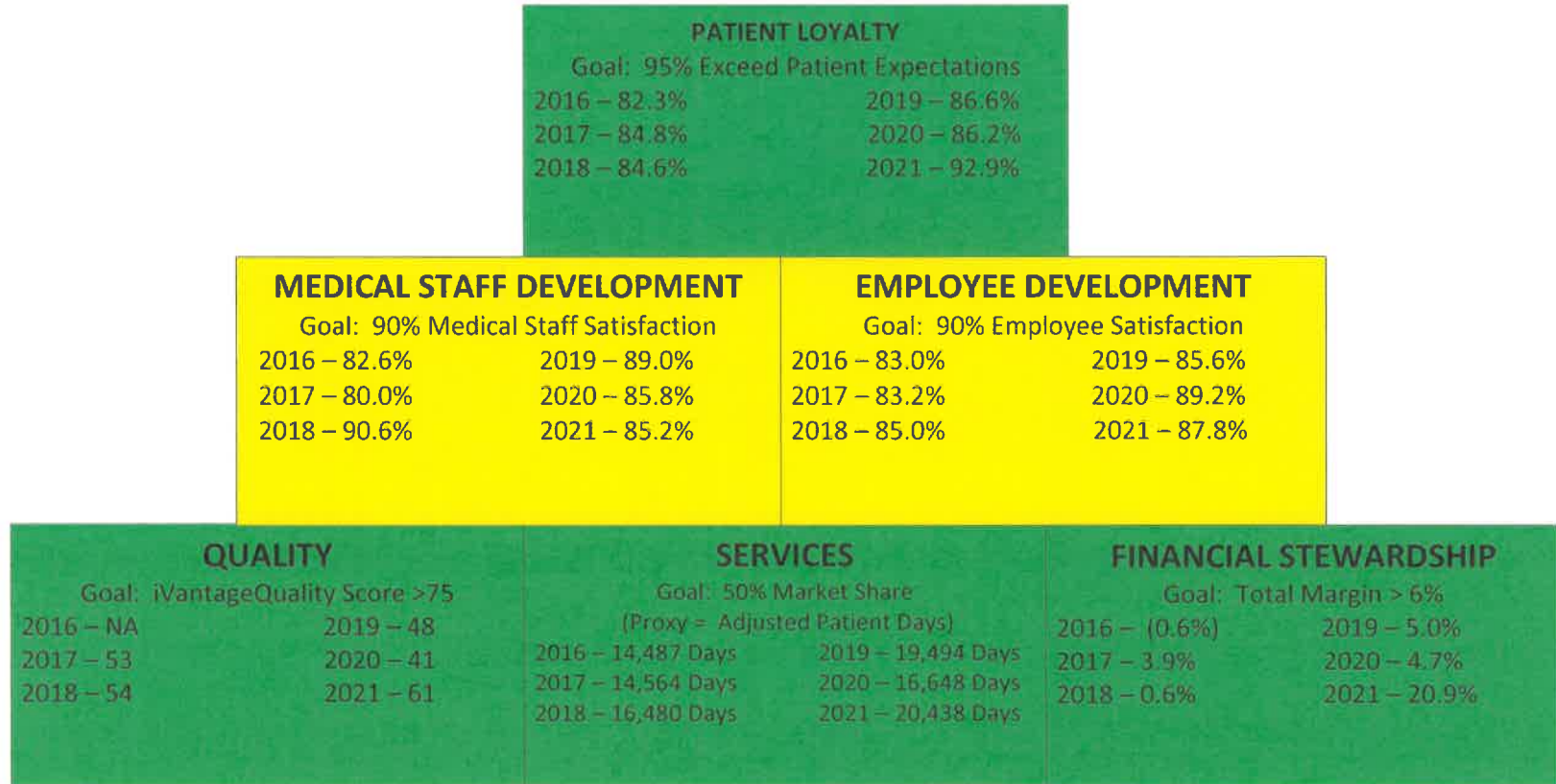


**Mission:**

*PMH will improve the health of our community.*

**Vision of Success FY2017 to 2021**

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



**Our Values**

**- ASPIRE -**

*Accountability      Service      Promote Teamwork      Integrity      Respect      Excellence*

Attachment B

	Strategic Goal	1-Year Objective Metrics	Quarter 4 Update	Strategies	Quarter 4 Update	Timing	Accountable
<p><b>MISSION</b> Prosser Memorial Health will improve the health of our community.</p> <p><b>VISION</b> Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country.</p> <p><b>VALUES</b> Accountability Service Promote Teamwork Integrity Respect Excellence</p> <p><b>MISSION</b></p>	<p><b>Patient Loyalty</b></p> <p>Prosser Memorial Health (PMH) will provide outstanding customer service, aspiring to treat those we serve the way they want to be treated.</p> <p><b>Goal:</b> PMH will achieve and maintain a patient satisfaction rate of 95% or higher.</p>	1. Demonstrate a 2% improvement in total patient satisfaction. (Actual 2020 – 86.2%)	1. Patient Satisfaction YTD score is 92.9%, which is a 6.8% increase over 2020.	<ul style="list-style-type: none"> <li>Transition our patient satisfaction survey vendor to Press Ganey and leverage this resource to analyze our current survey results and work with all stakeholders to develop and implement an action plan for improvement.</li> </ul>	<ul style="list-style-type: none"> <li>All departments and clinics exceeded their 2021 Patient Loyalty Benchmark.</li> </ul>	1/21	M. Fuller
		2. Demonstrate a 5% increase in the HCHAPS Transition of Care Metric and a 3% increase in PMH Hospitalists HCHAPS scores. (Actual 2020 - 51.48% and 79.85%)	2. The YTD HCHAPS Transition of Care Metric is 62.7%, which is an 18% increase over 2020. The YTD Physician score was 90.38%, which is a 12% increase over 2020.	<ul style="list-style-type: none"> <li>Each department satisfaction survey group will focus on one key indicator to improve each quarter based on their survey results.</li> </ul>	<ul style="list-style-type: none"> <li>Each department has established a patient satisfaction metric, predominantly around patient flow.</li> </ul>	Ea. Qtr. 2021	All Department Leaders
		3. Reduce LWBS (Left Without Being Seen) to ≤ 0.5%. (Actual 2020 - 0.08%)	3. YTD LWBS is 1.47% Year to date (3 of 12 months below target).	<ul style="list-style-type: none"> <li>The Care Transitions Team will lead process improvement projects centering around care transition opportunities to include discharge planning, discharge education, post-discharge follow-up, joint decision-making tools, Advanced Directives, and other beneficial opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>The Clinic RN working with Annual Wellness Visits and Medication Reconciliation has oriented with the hospital Care Transitions team to improve collaboration between the hospital and clinics. Additional resources were allocated to post discharge phone calls in Q2 and have increased d/c month over month. This initiative will continue in 2022 and will be tracked each month.</li> </ul>	1/21	Care Transitions Team
		4. Reduce the time from ED Admission decision to inpatient-bed to ≤ 55 minutes. (Actual 2020 – 70 mins.)	4. YTD time from ED Admission decision to inpatient bed is 60 minutes. (A 14.3% improvement over 2020).	<ul style="list-style-type: none"> <li>Utilize the Studer ED analysis and action plan to enhance ED flow.</li> </ul>	<ul style="list-style-type: none"> <li>The Studer analysis was utilized to benchmark ED staffing needs to match increased volumes. A mid-shift RN 7/or Tech were added to the ED. ED RN and Support staff was successfully managed in Q4.</li> </ul>	2/21	C. Doornink-Osborn
		5. Increase the number of certified patient educators by ≥ 3. (Actual 2020 - 1)	5. We currently have 2 Lactation Consultants and 1 diabetic educator and 1 Wellness educator.	<ul style="list-style-type: none"> <li>Leverage department leadership and Resource Staff to develop and implement strategies to successfully respond to shifts in department staffing demand and remove barriers to a seamless transition to the inpatient unit on admission.</li> </ul>	<ul style="list-style-type: none"> <li>A multi-disciplinary Patient Flow taskforce has been implemented and identified opportunities for streamlining admissions. Presentation to EKG hit a new low (3min). Admit to inpatient bed averaged 60 minutes by year end.</li> </ul>	4/21	M. Fuller/ Hospital Clinical Leaders
		6. Demonstrate patient safety as an organizational priority by achieving the following metrics:	6.	<ul style="list-style-type: none"> <li>Identify essential educator positions, recruit, train, and hire.</li> </ul>		5/21	M. Fuller/Clinic Leaders

	Strategic Goal	1-Year Objective Metrics	Quarter 4 Update	Strategies	Quarter 4 Update	Timing	Accountable
<p>Prosser Memorial Health will improve the health of our community.</p> <p><b>VISION</b> Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country.</p> <p><b>VALUES</b> Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p>Prosser Memorial Health (PMH) will provide outstanding customer service, aspiring to treat those we serve the way they want to be treated.</p> <p><b>Goal:</b> PMH will achieve and maintain a patient satisfaction rate of 95% or higher.</p>	<p>a. 90% Medication Reconciliation compliance. (Actual 2020 – 47.15%)</p> <p>b. 98% Compliance with patient influenza vaccination. (Actual 2020 – 98%)</p> <p>c. 95% Overall safe scanning compliance.</p> <p>d. 75% Reduction in immediate use medication compounding.</p> <p>e. 90% Compliance with bedside shift report.</p> <p>f. 90% Compliance with White Board Utilization.</p> <p>g. 95% Compliance with shift safety huddles.</p> <p>h. 100% Compliance with post fall huddles. (Actual 2020 – 59%)</p>	<p>a. YTD Medication Reconciliation is 46%.</p> <p>b. The 2021 employee vaccination rate was 90%.</p> <p>c. YTD safe scanning compliance is 93.7%.</p> <p>d. Auditing of immediate use medication compounding will begin in Q4 after pharmacy compounding has been initiated.</p> <p>e. Manual audits of bedside shift report will begin in 2022.</p> <p>f. Manual audits of white board utilization is deferred to 2022.</p> <p>g. Manual audit of shift safety huddles will begin was deferred to 2022</p> <p>h. YTD completion of post fall huddles are 100%.</p>	<ul style="list-style-type: none"> <li>Develop and implement a plan to increase self-registration and pre-registration for planned diagnostics, outpatient procedures, clinic visits, etc.</li> <li>Conduct Customer Service Training for all PMH Clinic Staff and Providers.</li> <li>Hardwire rounding for purpose with patients throughout PMH.</li> <li>Develop a “patient friendly” billing system which includes a thank you letter for choosing PMH along with a preliminary statement.</li> <li>Introduce nutrition services changes that improve patient satisfaction.</li> <li>Complete a gap analysis and develop a plan to ensure reliable services 24/7.</li> </ul>	<p>One Clinic RN is tracking patient education hours needed to obtain certification as an RN diabetic educator. An experienced Diabetic Educator was hired and will start 1/2022.</p> <ul style="list-style-type: none"> <li>Self-registration via MyChart launched in July.</li> <li>A plan for improved dietary services is being considered for implementation in 2022.</li> <li>Clinic training to be completed in 2022.</li> </ul>	<p>12/21</p> <p>6/21</p> <p>6/21</p> <p>06/21</p> <p>06/21</p> <p>2/21</p>	<p>D. Williams</p> <p>A. Pumphrey/ Dr. Sollers</p> <p>M. Fuller</p> <p>D. Rollins/ S. Titus</p> <p>V. Huyke</p> <p>Merry Fuller</p>
		7. Implement pre-registration and self-check-achieving a participation rate of 50%.	7. Auditing of pre-registration and self-check has been moved to 2022.	<ul style="list-style-type: none"> <li>Develop and implement a plan to increase self-registration and pre-registration for planned diagnostics, outpatient procedures, clinic visits, etc.</li> </ul>	12/21	D. Williams	
		8. Increase My Chart enrollment to 50% of inpatients and 50% of clinic patients.	8. Auditing of my chart utilization will be reported in 2022.	<ul style="list-style-type: none"> <li>Conduct Customer Service Training for all PMH Clinic Staff and Providers.</li> <li>Hardwire rounding for purpose with patients throughout PMH.</li> </ul>	6/21	A. Pumphrey/ Dr. Sollers	
				<ul style="list-style-type: none"> <li>Develop a “patient friendly” billing system which includes a thank you letter for choosing PMH along with a preliminary statement.</li> </ul>	6/21	M. Fuller	
				<ul style="list-style-type: none"> <li>Develop a “patient friendly” billing system which includes a thank you letter for choosing PMH along with a preliminary statement.</li> </ul>	06/21	D. Rollins/ S. Titus	
		9. Improve dietary HCHAPS scores by 5%. (Actual 2020 – 54.9%)	9. YTD dietary patient satisfaction score is 47.09% Top Box or 80.51% Mean YTD.	<ul style="list-style-type: none"> <li>Introduce nutrition services changes that improve patient satisfaction.</li> </ul>	06/21	V. Huyke	
		10. Assess and revise access and delivery of interpreter services across the organization.	10. An Interpreter Services Task Force was launched in Q4. All hospital staff providing language support have completed ALTA	<ul style="list-style-type: none"> <li>Complete a gap analysis and develop a plan to ensure reliable services 24/7.</li> </ul>	2/21	Merry Fuller	

	Strategic Goal	1-Year Objective Metrics	Quarter 4 Update	Strategies	Quarter 4 Update	Timing	Accountable
			<p>competency testing. An expansion of video language support is planned for Q1 2022.</p>	<ul style="list-style-type: none"> <li>Identify "My Chart" training champions at hospital and clinic care sites.</li> </ul>	<ul style="list-style-type: none"> <li>Patient rounding to be re-implemented in Q2 2022 or sooner with a reduction in COVID infections.</li> <li>Patients will be provided with an accurate estimate of co-pay required for outpatient diagnostics and surgical procedures with the implementation of the new centralized call center.</li> <li>New serving dishes have been purchased and implemented.</li> <li>Interpreter gap analysis is in process, exiting staff providing language support are completing competency testing, and the current tele-interpreter contract is under review. A taskforce has been developed and all staff providing language support of completed ALTA assessments. Expanded services will be implemented in Q1 2022.</li> <li>My Chart training and promotion has been implemented in the clinic and additional features activated.</li> </ul>	12/21	M. Fuller/A. Pumphrey



	Strategic Goal	1-Year Objective Metrics	Annual Progress	Strategies	Annual Progress	Timing	Accountable
<p><b>MISSION</b> Prosser Memorial Health will improve the health of our community.</p> <p><b>VISION</b> Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country.</p> <p><b>VALUES</b> Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p><b>Medical Staff Development</b></p> <p>PMH will respond to Medical Staff concerns and needs in a timely manner, pursue initiatives in collaboration with our Medical Staff and ensure the availability of the appropriate providers for those we serve.</p> <p><b>GOAL:</b> PMH will achieve and maintain an annual Medical Staff satisfaction rate of 90% or higher</p>	1. Demonstrate a 3% improvement in Medical Staff satisfaction.	1. Medical staff satisfaction with PMH was 85.8% in 2020 and 85.2% in 2021, 3.6% short of our goal.	<ul style="list-style-type: none"> <li>Develop the 2021 Medical Staff Recruitment Plan and recruit the identified providers.</li> </ul>	<ul style="list-style-type: none"> <li>The 2021 medical staff Recruitment Plan was developed and approved by the Board and the Medical Staff. Through the end of December, we successfully recruited a dermatologist two pediatricians, nurse practitioner, (NP) mental health counselor, and a physician assistant (PA).</li> </ul>	12/21	C. Doornink
		2. Increase Medical Staff participation in the Annual Medical Staff Engagement survey by 5%.	2. PMH Medical Staff participation in the Annual Medical Staff Engagement Survey was 75% in 2020 and 74% in 2021, 6% short of our goal.	<ul style="list-style-type: none"> <li>Develop and implement provider productivity standards based on Medicare expectations.</li> </ul>	<ul style="list-style-type: none"> <li>A provider specific projectivity system will be developed in first quarter of 2022 as we bring on a new Chief Clinic Operations Officer.</li> </ul>	2/21	Dr. Sollers
		3. Recruit 75% of the providers identified in the 2021 Medical Staff Recruitment Plan.	3. In 2021 we successfully recruited 85.7% (six out of seven) of the providers identified in the 2021 Medical Staff Recruitment Plan.	<ul style="list-style-type: none"> <li>Fully implement the DYAD Management structure throughout all PMH Clinics.</li> </ul>	<ul style="list-style-type: none"> <li>We continue to implement and enhance the Dyad Management Structure in the PMH Clinics and expect significant improvements in the first half of 2022 with new clinic management.</li> </ul>	2/21	Dr. Sollers
		4. Achieve the budgeted number of Active Medical Staff members.	4. We ended 2021 with 52 Active Medical Staff members compared to our budget of 52, and 45 in 2020.	<ul style="list-style-type: none"> <li>Develop and implement a comprehensive 2021 PMH Clinic Marketing Plan which will promote various PMH Medical Staff services.</li> </ul>	<ul style="list-style-type: none"> <li>A comprehensive 2021 PMH Marketing Plan, which included the marketing of our clinics, was approved by the Board in December. Marketing campaigns are scheduled and implemented each quarter by provider, service line and clinic. A Return on Investments (ROI) report was created to measure the effectiveness of our marketing efforts and the impact on our volume and revenue growth as well.</li> </ul>	1/21	S. Hitchcock/ A. Pumphrey
		5. Maintain the annual Medical Staff turnover rate at < 5%. (Actual 2020 – 2.4%)	5. The medical staff turnover rate in 2021 was 13.5% (7/52), 8.5% over expectations, an 11.1% increase from 2020.	<ul style="list-style-type: none"> <li>Continue to utilize the PMH CMO Model to engage the Medical Staff and enhance Medical Staff satisfaction (e.g. rounding, mentoring, education).</li> </ul>	<ul style="list-style-type: none"> <li>We continue to utilize the PMH CMO model to enhance Medical Staff Engagement. We have added Dr. Robert Wenger as an Assistant Chief Medical Officer (ACMO) to assist us with Medical Staff Engagement. We continue to meet quarterly to address</li> </ul>	12/21	C. Marks/Dr. Sollers

	Strategic Goal	1-Year Objective Metrics	Annual Progress	Strategies	Annual Progress	Timing	Accountable
		<p>6. Meet budgeted PMH Clinic volumes.</p> <p>7. Improve the provider productivity (visits/provider) by 5%.</p>	<p>6. In 2021 we provided <u>55,882</u> total PMH clinic visits compared to our budget of <u>53,883</u> visits for a 3.7% increase in visits. Total visits were also 9.9% greater than 2020 (50,856).</p> <p>7. Our visits by provider were 2,240 in 2021 compared to 2,089 in 2020 for an increase of 7.2 %.</p>	<ul style="list-style-type: none"> <li>Maintain strong communication strategies with the Medical Staff.</li> <li>Continue to optimize recognition and appreciation of the Medical Staff.</li> <li>Continue to generate and maintain EPIC-specific training and support for the Medical Staff.</li> <li>Enhance and expand the Telehealth Program within PMH Facilities, especially primary care.</li> </ul>	<p>Medical Staff concerns and opportunities.</p> <ul style="list-style-type: none"> <li>Strong communication strategies with the Medical Staff remains a top priority for our Chief Communications Officer and our entire Leadership Team. The weekly communications with the Medical Staff during the height of the pandemic have tapered off. We are currently working with the Medical Staff Team to determine what information the Medical Staff finds most valuable and how frequently to communicate this information.</li> <li>Our Medical Staff was formally recognized on National Providers Day and during National Hospital Week this year. The Board, Leadership Team and Foundation Board members enjoyed a Summer Social event with the PMH Medical Staff. The Medical Staff are invited to all PMH activities throughout the year.</li> <li>Providence has brought many new HealthStream modules (Epic) online which PMH is using to enhance education to providers for their specific areas in an on-demand mode. In addition, we have added new Epic Informatics Staff to provide more Epic support.</li> <li>In the third quarter of 2021 we partnered with Specialist Telemed (STEM) out of Denver, Colorado to begin providing Neurology Telehealth services on a weekly</li> </ul>	<p>12/21</p> <p>12/21</p> <p>12/21</p> <p>6/21</p>	<p>S. Hitchcock/ Dr. Sollers</p> <p>C. Marks/Dr. Sollers</p> <p>K. Hardiek</p> <p>K. Hardiek/A. Pumphrey</p>

	Strategic Goal	1-Year Objective Metrics	Annual Progress	Strategies	Annual Progress	Timing	Accountable
				<ul style="list-style-type: none"> <li>Collaborate with and strengthen the relationships with the Yakima Valley Farm Workers Clinic (including Sollus Residency Program) and other community providers.</li> <li>Develop a PMH Clinic expansion plan to accommodate future recruitment and expansion of services.</li> <li>Continue to explore and implement new PMH Clinic Services as appropriate (e.g. Urology, GI, Mental Health).</li> </ul>	<p>basis at the Prosser clinic in 2022. We will explore launching other telehealth specialties from STEM in 2022 to possibly include Pulmonology, Rheumatology, and/or Endocrinology.</p> <ul style="list-style-type: none"> <li>Our relationship with the Yakima Valley Farm Workers Clinic and Residency Program continues to grow and improve. The YVFW providers are active members of our Medical Staff and make positive contributions to PMH and our community every day. We have experienced a significant increase in our volumes as a result of this relationship, especially in the Family Birthplace (OB).</li> <li>We currently have enough space in our clinics to house our recruitment targets for 2021 and 2022 and we will develop a plan for future expansion in 2022.</li> <li>In 2021 we implemented new clinic services including dermatology and mental health counseling. We will also introduce gastroenterology services in January 2022. All while exploring other possible new/expanded services such as wound care, sleep medicine, pain management, etc.</li> </ul>	<p>12/21</p> <p>6/21</p> <p>12/21</p>	<p>Dr. Sollers/Dr. Hashmi</p> <p>Dr. Sollers</p> <p>Dr. Sollers</p>

	Strategic Goal	1-Year Objective Metrics	Quarter 4 Update	Strategies	Quarter 4 Update	Timing	Accountable
<p><b>MISSION</b> Prosser Memorial Health will improve the health of our community.</p> <p><b>VISION</b> Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country.</p> <p><b>VALUES</b> Accountability Service Promote Teamwork Integrity Respect Excellence</p> <p><b>MISSION</b></p>	<p><b>Employee Development</b></p> <p>PMH will encourage and provide for the ongoing development of our employees. We will provide an atmosphere that values our employees and promotes:</p> <ul style="list-style-type: none"> <li>• Open communication</li> <li>• Competitive wages and benefits</li> <li>• Selection and retention of effective, caring staff</li> <li>• Utilization and development of talent throughout the organization</li> <li>• On-going education</li> <li>• Employee recognition</li> </ul> <p><b>GOAL:</b> PMH will achieve and maintain an annual employee satisfaction rate of 90% or higher.</p>	1. Achieve an Employee Satisfaction rate of 92% or higher. (Actual 2020 rate was 89%)	1. The Employee Satisfaction rate for the 2021 Engagement Survey was 87.8%.	<ul style="list-style-type: none"> <li>• Obtain engagement input from all employees utilizing an Employee Satisfaction Survey.</li> </ul>	<ul style="list-style-type: none"> <li>• The 2021 Employee Engagement survey was completed as planned. Results will be share with leadership and employees in January 2022, followed by departmental action planning.</li> </ul>	11/21	B. Dirkes
		2. Achieve an annual employee turnover rate of 7.5% or less. (Actual 2020 rate was 8%)	2. The turnover rate for 2021 was 11.83%	<ul style="list-style-type: none"> <li>• Participate in appropriate area wage surveys to remain competitive.</li> </ul>	<ul style="list-style-type: none"> <li>• PMH participated in all pre-identified staff and executive wage &amp; benefits surveys in 2021 with results currently on file. PHM adjusted the exempt salary grades in April 2021 and communicated changes to impacted employees.</li> </ul>	1/21	B. Dirkes
		3. Increase employee education hours to 18 hours per staff member. (2020 Target was 25.8. 2020 actual rate was 13.2 hours)	3. Education hours for 2021 was an average of 1.05 hours per employee per month.	<ul style="list-style-type: none"> <li>• Assist leaders in preparing and implementing a re-recruitment plan in efforts to retain top talent.</li> </ul>	<ul style="list-style-type: none"> <li>• At two leadership meetings in 2021 resources were provided to leaders that support employee coaching and managing employees through transitions in the workplace. Additional work will continue into 2022.</li> </ul>	5/1	B. Dirkes
		4. Achieve an average recruitment time of 34 days. (Actual rate for 2020 was 32 days)	4. Average recruitment time for 2021 was 21 days.	<ul style="list-style-type: none"> <li>• Continue to enhance communication with all staff, e.g., publish a schedule of employee engagement events, conduct rounding, open forums to provide input on key initiatives, distribute monthly CEO report, publish Employee Newsletter, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• The Employee Newsletter was published monthly, including information about employee engagement events. Monthly rounding was a required expectation set in the LEM Validation Matrix that all leaders participated in with their direct reports. Training and resources were provide to leadership regarding the use of the My Rounding Tool. We held open forums in the fall for all employees to attend as part of our 2022 Strategic Planning process. The monthly CEO Memo was distributed to all staff and providers every month. It was strongly encouraged that leaders post the monthly newsletter, the CEO Memo</li> </ul>	1/21	S. Hitchcock
		5. Reduce the number of hours of overtime/total hours worked to less than 4.5%. (Actual 2020 rate was 5.7%)		<ul style="list-style-type: none"> <li>• Update Job Descriptions and Annual Performance Evaluation.</li> </ul>		7/21	B. Dirkes

	Strategic Goal	1-Year Objective Metrics	Quarter 4 Update	Strategies	Quarter 4 Update	Timing	Accountable
<p>Prosser Memorial Health will improve the health of our community.</p> <p><b>VISION</b> Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country.</p> <p><b>VALUES</b> Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p><b>Employee Development</b></p> <p>PMH will encourage and provide for the ongoing development of our employees. We will provide an atmosphere that values our employees and promotes:</p> <ul style="list-style-type: none"> <li>Open communication</li> <li>Competitive wages and benefits</li> <li>Selection and retention of effective, caring staff</li> <li>Utilization and development of talent throughout the organization</li> <li>On-going education</li> <li>Employee recognition</li> </ul> <p><b>GOAL:</b> PMH will achieve and maintain an annual employee satisfaction rate of 90% or higher.</p>	<p>6. Develop and implement a pre-employment assessment tool for 90% of all new employees.</p> <p>7. Reduce employee's unscheduled leave by 1%. Current unscheduled leave is 3%.</p> <p>8. Achieve the receipt of timely performance evaluations of 82% or higher. (2020 rate was 79.6%)</p> <p>9. Increase employee participation to 55% in 403b retirement matching program. (Actual 2020 – 46%)</p>	<p>5. Overtime/total hours worked for 2021 was an average of 7.7%</p> <p>6. The Employee Engagement team successfully developed an interview guide for all PMH positions that integrates the ASPIRE values. All PMH leaders have been instructed on use and the tool is now in place for continued use.</p> <p>7. The unscheduled leave for 2021 was 4.05%</p> <p>8. The average for timely performance evaluations for 2021 72.21%.</p> <p>9. Employee participation in the 403b retirement program for 2021 was 98%.</p>	<ul style="list-style-type: none"> <li>Develop and implement a comprehensive Education Plan, including Leadership Development.</li> <li>Ensure that all employee development tools align with the Pillars of Excellence and ASPIRE Values.</li> <li>Involve staff and their ideas in the development of the FY2022 Strategic Plan via strategic planning sessions with the CEO and Administration Team members.</li> <li>Conduct three (3) Leadership Development Institutes (LDI). Continue Administrative Rounding, e.g., enhance relationships, trust, teamwork, etc.</li> </ul>	<p>and the Employee Engagement events flyers on their ASPIRE Board.</p> <ul style="list-style-type: none"> <li>Job description updates were completed on several jobs. This work will continue into 2022.</li> <li>There were several tools introduced in 2021 during leadership training. Each tool aligns with the ASPIRE values, including the PMH coaching continuum, ASPIRE interview guide and feedback tools. All PMH leaders have been instructed on the use of the tools. There will be additional work in Leadership development in 2022.</li> <li>The FY 2022 Strategic Planning process was successfully completed, including PMH leaders, employees, Medical Staff and Board of Commissioners.</li> <li>There were two successful LDI's held in 2021 with the first LDI focused on Leaders' commitment to PMH goals and objectives, their role in healthcare, a personal reflection on striving for excellence and an opportunity to network with other PMH leaders. The second LDI held in October focused on leadership skill development related to employee coaching, performance management</li> </ul>	<p>7/21</p> <p>3/21</p> <p>1/21</p> <p>1/21</p>	<p>B. Dirkes</p> <p>C. Marks</p> <p>C. Marks/ LDI Committee</p> <p>B. Dirkes</p>

	Strategic Goal	1-Year Objective Metrics	Quarter 4 Update	Strategies	Quarter 4 Update	Timing	Accountable
				<ul style="list-style-type: none"> <li>Continue to enhance onboarding/New Employee Orientation (NEO) for all levels of staff.</li> <li>Involve staff in the hiring &amp; selection process for new employees.</li> <li>Improve the efficiency of the recruitment process by decreasing the overall time to hire from job posting until applicant acceptance date.</li> <li>Educate and promote the ASPIRE Values and Standards of behavior and embrace the Rewards and Recognition Program.</li> </ul>	<p>and behavioral-based interviewing. The group received education on several tools supporting the coaching continuum and interviewing / talent selection.</p> <ul style="list-style-type: none"> <li>A leadership focus group was convened in May to identify enhancement opportunities to the onboarding and NEO process. Modifications to the onboarding process were made with the focus on day-one employment requirements and enhancement of the tracking of employment documents required for regulatory compliance.</li> <li>Employment Selection training was held with all PMH leaders and the ASPIRE selection tool is now in use. It is designed to include peers in the selection process. Leaders report successfully using the tool and including their employees in the interviewing process.</li> <li>The 2021 year end average time to hire has been reduced from 32 days in 2020 to 21 days in 2022. HR continues to review recruiting processes which has incorporated the KRONOS platform. This work will continue in 2022.</li> <li>The Rewards and Recognition team met throughout 2021 to identify and then recognize employees who exemplify the ASPIRE values. The annual Service Award recognition event will occur the last week in January 2022.</li> </ul>	<p>7/1</p> <p>1/21</p> <p>7/21</p> <p>9/21</p>	<p>B. Dirkes</p> <p>B. Dirkes</p> <p>A. Weddle/ Rewards &amp; Recognition Committee</p> <p>B. Dirkes</p>

	Strategic Goal	1-Year Objective Metrics	Quarter 4 Update	Strategies	Quarter 4 Update	Timing	Accountable
				<ul style="list-style-type: none"> <li>Partner with Hiring Managers to create job position models for pre-employment assessments to help determine applicant's organizational fit.</li> <li>Review proposed revisions and implement benefit plans to be competitive with the current market.</li> <li>Continue to generate and implement ideas that support a variety of employee engagement activities and events.</li> <li>Continue to study the feasibility and implement, as appropriate, transitioning rehabilitation services staff (i.e. PT, OT, Speech Therapy) to employment status.</li> <li>Implement a consistent Uniform Policy for PMH to enhance professional appearance and increase customer satisfaction.</li> </ul>	<ul style="list-style-type: none"> <li>This project was replaced by the work of the Employee Engagement Team developing the ASPIRE selection tool that is universal for all PMH positions.</li> <li>The 2022 Benefits rollout/enrollment was successfully implemented using the new UKG platform. The enrollment technology/process assisted in the most PMH employees completing their enrollment on or before the deadline. The 2022 health &amp; welfare benefits structure remained the same as the 2021 structure.</li> <li>The Employee Engagement team met throughout the 2021 year, overseeing multiple employee engagement events. Clinic-based employees joined several events on-site at the hospital allowing them to interact with their peers.</li> <li>The project did not begin in 2021.</li> <li>A final Uniform Policy has been approved, uniforms fit kits have arrived at the Hospital and a soft roll-out of the policy will begin in January 2022.</li> </ul>	<p>1/21</p> <p>7/21</p> <p>7/21</p> <p>7/21</p> <p>9/1</p>	<p>B. Dirkes</p> <p>B. Dirkes</p> <p>B. Dirkes/ M. Fuller</p> <p>B. Dirkes/ Uniform Committee</p> <p>B. Dirkes/ Executive Team</p>

	Strategic Goal	1-Year Objective Metrics	Quarter 4 Update	Strategies	Quarter 4 Update	Timing	Accountable
				<ul style="list-style-type: none"> <li>Maintain an environment of positive employee relations with all exempt staff, AFSCME, IAFF and SEIU.</li> <li>Implement new HR software which will enhance HR operations.</li> </ul>	<ul style="list-style-type: none"> <li>PMH continues to maintain respectful relationships the Union representatives and Shop Stewards through regularly scheduled dialogue. The AFSCME Collective Bargaining Agreement was successfully negotiated in three (3) bargaining sessions and remains in place through December 2023. The renegotiated SEIU contract was finalized in December. The IAFF contract remains in place through December 2022.</li> <li>PMH successfully implemented KRONOS HR/Time and attendance integrated software with the first payroll pay date of 4/9/2021. Human Resources continues to integrate the software with benefits from the vendors' technology and evaluate additional HR modules for recruitment and position management. This work will continue into 2022.</li> </ul>	6/21	P. Braem/ B. Dirkes



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<p><b>MISSION</b> Prosser Memorial Health will improve the health of our community.</p> <p><b>VISION</b> Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country.</p> <p><b>VALUES</b> Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p><b>Quality</b></p> <p>Continue to support the systematic organization-wide approach to plan, design, measure, assess and improve organizational performance. Objectives are designed to:</p> <ul style="list-style-type: none"> <li>• Attain optimal patient outcomes and patient and family experience</li> <li>• Support an engaged and safe workforce</li> <li>• Enhance appropriate utilization</li> <li>• Minimize risks and hazards of care</li> <li>• Develop and share best practices</li> </ul> <p><b>GOAL:</b> Achieve an iVantage quality score of 75 or higher.</p>	<p>1. Achieve an iVantage quality score of 41 or higher. (Actual Q4 2020 - 41)</p> <p>2. Achieve an overall Patient Care Scorecard improvement of 5% above FY2020 across the selected Quality measures.</p> <p>3. Follow regulatory standards of applicable agencies (State of Washington, CMS, etc.).</p> <p>4. Achieve an overall medication bar code scanning compliance rate of 95% for the hospital. (Actual 2020 – 92.8%)</p> <p>5. Maintain the Healthcare Associated Infections (HAI) rate per 100 inpatient days at &lt; 0.1%. (Actual 2020 – 0.29%)</p> <p>6. Educate 80% or more of Leaders and staff on Environment of Care plans, policies, and procedures. (Actual 2020 – 100%)</p> <p>7. Complete 100% of audits identified in the 2021 Corporate Compliance Plan. (Actual 2020 – 70%)</p> <p>8. ED will direct schedule follow-up appointments for 50% of ED discharges needing a follow-up with a PMH care provider.</p> <p>9. Achieve and maintain a Hand Hygiene compliance goal of 100%. (Actual 2020 – 99.7%)</p>	<p>1. Q4 2021 iVantage Quality Score maintained at 61.</p> <p>2. Overall Patient Care Scorecard improvement from FY 2020 to FY 2021 is 4%.</p> <p>3. Ongoing audits are performed to ensure that regulatory standards are followed. These are reported at the Safety/EOC and Quality Committee meetings.</p> <p>4. As of year-end 2021, our compliance rate is 93.5%. This is a standing agenda item for the Quality Committee.</p> <p>5. As of year-end 2021, our HAI rate is 0%. This is reported monthly to the P&amp;T Committee.</p> <p>6. Updated EOC plans, policies and procedures were sent out to all leaders in August.</p> <p>7. 100% of all audits were completed throughout the year and reported out at each Compliance meeting.</p> <p>8. Per the ED Director, the ED staff do not have the ability to schedule on the Clinic schedule. There has been no progress on this objective to date.</p> <p>9. As of year-end 2021, our current compliance rate is 76%.</p>	<ul style="list-style-type: none"> <li>• Maintain an organization-wide Strategic Plan Scorecard of key performance indicators.</li> <li>• Maintain a Patient Care Scorecard to measure and trend selected Quality Measures.</li> <li>• Maintain a Clinic Patient Care Scorecard to measure and trend selected Clinic Quality Measures.</li> <li>• Submit 2021 Quality Assurance Plan to the Board for approval.</li> <li>• Develop a Regulatory Readiness Manual that will be distributed to all staff as a reference.</li> <li>• Pass all applicable regulatory surveys (e.g., DOH, Laboratory).</li> <li>• Report medication bar code scanning compliance at each monthly Quality meeting and clinical staff meeting.</li> <li>• Investigate post-pandemic infection control strategies and implement as appropriate (e.g., UV lights).</li> <li>• Complete Risk Assessment and Infection Control Plan for 2021.</li> </ul>	<ul style="list-style-type: none"> <li>• The Strategic Plan Scorecard is ongoing and is included in the monthly Board packet.</li> <li>• The Patient Care Scorecard is ongoing and is included in the monthly Board packet as well as discussed at each monthly Quality Committee meeting.</li> <li>• The Clinic Patient Care Scorecard was not completed. There was a transition in Clinic leadership during the year.</li> <li>• The 2021 Quality Assurance plan was reviewed and approved by the Board in January 2021.</li> <li>• The Regulatory Readiness-Quick Guide has been completed with plans to distribute to all departments by end of January 2022.</li> <li>• The CAH DOH survey was conducted on 6/15/21-6/17/21. Plan of Correction was submitted and approved by the DOH.</li> <li>• Medication bar code scanning is an ongoing/standing agenda item at each monthly Quality Committee meeting.</li> <li>• Research was completed on a variety of UV lights which resulted in the purchase of three Tru-D SmartUVC systems for room disinfection.</li> <li>• The 2021 Infection Control Plan was reviewed and</li> </ul>	<p>12/21</p> <p>12/21</p> <p>12/21</p> <p>1/21</p> <p>6/21</p> <p>12/21</p> <p>12/21</p> <p>12/21</p> <p>2/21</p>	<p>K. Mellema</p> <p>K. Mellema</p> <p>A Pumphrey</p> <p>K. Mellema</p> <p>K. Mellema</p> <p>K. Mellema</p> <p>L. McKie</p> <p>S. Miklas</p> <p>S. Miklas</p>

Strategic Goal	1-Year Objective Metrics	Quarter 4 Update	Strategies	Quarter 4 Update	Timing	Accountable
	<p>10. Improve Employee Health tracking (e.g. flu vaccines, new hire vaccinations, mask fitting, etc.).</p> <p>11. Achieve 95% compliance rate on IMM2 Flu Vaccine (inpatient). (Actual 2020 – 98%)</p>	<p>This is a standing agenda item at the monthly Quality Committee.</p> <p>10. Employee Health is experiencing a change in structure. Therefore, this objective has been paused until permanent structure has been defined.</p> <p>11. The IMM2 (Employee) Flu Vaccine compliance rate for 2020/2021 for 0.5 – 1.0 FTE = 90%.</p>	<ul style="list-style-type: none"> <li>Report OP29 – Enhance Colonoscopy follow up.</li> <li>Develop PMH Specific Environment of Care education for Leaders and staff.</li> <li>Update and submit 2021 Corporate Compliance Plan to the Board for approval.</li> <li>Implement ED scheduling Clinic follow-up appointments.</li> <li>Educate all employees about the importance of hand hygiene.</li> <li>Investigate Employee Health tracking software and implement as appropriate.</li> </ul>	<p>approved by the Board in August 2021.</p> <ul style="list-style-type: none"> <li>Annual reporting of OP29 to CMS was completed in April 2021.</li> <li>The Environment of Care HealthStream module has been assigned to all staff which must be completed by the end of the year. All new hires receive EOC education during New Employee Orientation (NEO).</li> <li>The 2021 Corporate Compliance Plan was reviewed and approved by the Board in February 2021.</li> <li>Per the ED Director, the ED staff do not have the ability to schedule on the Clinic schedule. There has been no progress on this strategy to date.</li> <li>Importance of hand hygiene is an ongoing strategy. This is a standing agenda item to discuss at each monthly Quality Committee meeting.</li> <li>Employee Health is experiencing a change in structure. Therefore, this project has been paused until permanent structure has been defined.</li> </ul>	<p>4/21</p> <p>6/21</p> <p>2/21</p> <p>6/21</p> <p>6/21</p> <p>6/21</p>	<p>K. Mellema</p> <p>S. Broussard</p> <p>K. Mellema</p> <p>A. Pumphrey/ C. Doornink</p> <p>S. Miklas</p> <p>K. Greene/ B. Dirkes</p>

	Strategic Goal	1-Year Objective Metrics	Quarter 4 Update	Strategies	Quarter 4 Update	Timing	Accountable															
<b>MISSION</b> Prosser Memorial Health will improve the health of our community.  <b>VISION</b> Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country.  <b>VALUES</b> Accountability Service Promote Teamwork Integrity Respect Excellence	<b>Services</b>  Develop appropriate facilities, technology, and services to meet the needs of those we serve.  <b>Goal:</b> Achieve 20,065 adjusted patient days for those services we provide.	1. Complete a feasibility study for a replacement facility, submit a formal/final USDA application and, finalize construction documents (programming, schematic design development).	1. We have completed the feasibility study for our replacement facility, submitted our final USDA and CON applications and completed 50% of our replacement facility construction documents.	<ul style="list-style-type: none"> <li>Continue the development process for the construction of a Replacement Hospital. Select a General Contractor/Construction Manager (GC/CM).</li> </ul>	<ul style="list-style-type: none"> <li>The development process for the construction of a replacement facility continued on schedule including the selection of a GC/CM (Graham Construction), MC/CM (Apollo Mechanical Contractor) and EC/CM Valley Electric Company).</li> </ul>	12/21	C. Marks															
		2. Meet budgeted volumes in the clinics and hospital.	2. 2021:  <table border="1"> <tr> <td>PMH Specialty Clinic</td> <td>15,819</td> <td>12,744</td> </tr> <tr> <td>PMH - Benton City Clinic Visits</td> <td>8,778</td> <td>12,062</td> </tr> <tr> <td>PMH - Prosser Clinic Visits</td> <td>14,724</td> <td>12,626</td> </tr> <tr> <td>PMH - Grant/Levy Clinic Visits</td> <td>9,334</td> <td>8,901</td> </tr> <tr> <td>PMH - Women's Health Clinic Visits</td> <td>7,227</td> <td>7,550</td> </tr> </table> *The Benton City Clinic trended down all year due to be down 2 providers (Steve Zirker and Dr. Johansing.)	PMH Specialty Clinic	15,819	12,744	PMH - Benton City Clinic Visits	8,778	12,062	PMH - Prosser Clinic Visits	14,724	12,626	PMH - Grant/Levy Clinic Visits	9,334	8,901	PMH - Women's Health Clinic Visits	7,227	7,550	<ul style="list-style-type: none"> <li>Develop and implement a comprehensive, multi-channel marketing plan for PMH inpatient and outpatient services to meet and exceed budgeted volumes.</li> </ul>	<ul style="list-style-type: none"> <li>The 2021 Marketing Plan was implemented, and ROI tracked.</li> </ul>	12/21	S. Hitchcock
		PMH Specialty Clinic	15,819	12,744																		
PMH - Benton City Clinic Visits	8,778	12,062																				
PMH - Prosser Clinic Visits	14,724	12,626																				
PMH - Grant/Levy Clinic Visits	9,334	8,901																				
PMH - Women's Health Clinic Visits	7,227	7,550																				
3. Increase aesthetic service volumes by 10%.	3. Aesthetic Service Volume will be reported at the end of 2021 after the Dermatologist has five months in practice to compare to 2020.  2021: Pam Morris: 106 Becky Morris: 46 Jessica Luther: 91 Dr. Nylander: 36 Total: 279 encounters 2020:  Luther: 41 Morris: 43 OConnor: 1 Total: 85  So therefore, the YOY increase over actual: 2020 to 2021 is 227%.	<ul style="list-style-type: none"> <li>Expand aesthetic services offered such as cool sculpting, massage therapy, tattoo removal, and laser hair removal that are cash pay.</li> </ul>	<ul style="list-style-type: none"> <li>Dr. Nylander and our Dermatology service line will open in the Fall of 2021 offering more aesthetic cash pay services.</li> </ul>	6/21	A. Pumphrey																	

	Strategic Goal	1-Year Objective Metrics	Quarter 4 Update	Strategies	Quarter 4 Update	Timing	Accountable
		<p>4. Increase staff satisfaction with EPIC by 5%.</p> <p>5. Develop a plan for future use of the current hospital.</p> <p>6. Understand the needs and areas where a licensed dietician can be deployed at the hospital and clinics.</p> <p>7. Develop a usage plan and workflow for a Diabetic Educator and develop Diabetic Patient Education Programs.</p>	<p>4. IT is currently conducting an Epic User Satisfaction Survey in partnership with Community Technology Partners (Providence). Results will be reported in August 2021.</p> <p>5. At this time, the plan is to use our current hospital facility for storage for several years and then raze it. This will allow the property to be repurposed for residential use.</p> <p>6. The CFO is analyzing cost, space/ office needs for this position and what resources are currently needed to maximize this investment:</p> <p>7. A Diabetic Educator has been hired and will begin seeing patients in both the clinics and hospital in 2021.</p>	<ul style="list-style-type: none"> <li>Explore the feasibility of providing arterial duplex ultrasound in DI and implement if appropriate.</li> <li>Research and review a proforma on adding a stereotactic to Diagnostic Imaging.</li> <li>Study the feasibility of providing home health services and implement if appropriate.</li> <li>Dr. Unger and Marla Davis presented the pro forma to the hospital board in December 2021. The contract with Healogics was signed at the end of December 2021. Healogics is planning a site visit for their kickoff the program on February 1. We can anticipate a 3 month roll out phase with them. Healogics will be meeting with the different department leads while here (finance, admitting, quality, nursing, marketing, billing, MR, etc) to review the roll out plan.</li> </ul>	<ul style="list-style-type: none"> <li>DI is ready to go with the TEE service line and has a patient scheduled the week of 1/10/22.</li> <li>Home Health Services are not feasible currently. COVID-19 has complicated the delivery of Home Health Services and access to care providers. The community need still exists and PMH will explore its feasibility in the future.</li> <li>Contract with Healogics was signed end of December 2021. Healogics is planning a site visit for their kickoff on February 1. We can anticipate a 3 month roll out phase with them. Healogics will be meeting with the different department leads while here (finance, admitting, quality, nursing, marketing, billing, MR, etc) to review the roll out plan .</li> <li>Epic Issues are logged into PMH IT Helpdesk and Providence Service Now Helpdesk as needed. Automatic system updates are communicated back to users from both helpdesks. Additionally, we have added new Epic Informatics staff to make resources more readily available. IT Plan is in place and will be updated again at the end of 2021.</li> </ul>	<p>6/21</p> <p>6/21</p> <p>6/21</p> <p>8/21</p> <p>6/21</p>	<p>A. Weddle</p> <p>A. Weddle</p> <p>M. Fuller</p> <p>M. Davis</p> <p>K. Hardiek</p>

	Strategic Goal	1-Year Objective Metrics	Quarter 4 Update	Strategies	Quarter 4 Update	Timing	Accountable
				<ul style="list-style-type: none"> <li>Beginning in August 2021 any Epic related issues staff reports an issue(s) to PMH IT then IT will triage and submit an incident to Providence support via their online helpdesk (servicenow). Once in servicenow the incidents and requests are tracked and follow a priority matrix based on impact and urgency until resolution.</li> <li>Contact nursing home companies, mental health organizations, long-term acute care companies, etc. that may be interested in our facility. Determine the cost to raze the current facilities and repurpose for other uses (e.g. housing)</li> <li>Hire a full-time dietician.</li> <li>Hire a diabetic educator.</li> </ul>	<ul style="list-style-type: none"> <li>PMH plans to use the existing building for storage and eventually raze it.</li> <li>Merry Fuller and Marla Davis are working on this project. They have interviewed a potential candidate who is interested in a part-time position. Laura Montanaro is working toward her certification to become an educator.</li> </ul>	<p>6/21</p> <p>6/21</p> <p>6/21</p>	<p>C. Marks</p> <p>D. Rollins</p> <p>M. Fuller</p>

	Strategic Goal	1-Year Objective Metrics	Quarter 4 Update	Strategies	Quarter 4 Update	Timing	Accountable
<p><b>MISSION</b> Prosser Memorial Health will improve the health of our community.</p> <p><b>VISION</b> Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country.</p> <p><b>VALUES</b> Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p><b>Financial Stewardship</b></p> <p>Prosser Memorial Health (PMH) will continue to strengthen its financial stewardship to enhance the ability to develop new services, obtain needed technology, modernize technology, recruit physicians, and ensure long-term viability.</p> <p><b>Goal:</b> PMH will achieve and maintain an annual total margin of 6% or more.</p>	1. Total Margin to exceed 6.0% and Operating Margin to exceed 4.5%. (Actual 2020 – 4.9%/3.5%) (Actual 2021-18.4%/18.1%)	1. Total Margin is 18.4% and Operating Margin is 18.1% due to outstanding growth in patient volumes and net revenue.	<ul style="list-style-type: none"> <li>Improve Revenue Cycle functions by utilizing charge audit, Workflow improvements, staff training and coordination of activities.</li> </ul>	<ul style="list-style-type: none"> <li>Increased training and workflow improvements in scheduling, pre-registration and patient flows for onsite registrations at time of service. We are adding scheduling staff to increase outpatient volumes.</li> </ul>	6/21	Dir Patient Financial Svcs/ Revenue Cycle
		2. Net Account Receivable Days lower than 52 Days. (Actual 2020: 59 days) (Actual 2021: 51 days)	2. Net Accounts Receivable reduced to 51 days as of 12/31. New Interim Director of Patient Financial Services began 11/22. Staffing deficiencies related FMLA absences currently resolved with plans to engage outsourced billing resources for future temporary staffing shortages.	<ul style="list-style-type: none"> <li>Utilize coding audits to improve clinic documentation by education of physicians and clinical staff.</li> </ul>	<ul style="list-style-type: none"> <li>Engaged Medac, Brown Consulting and AR Systems for coding audits to improve provider and coding compliance. We have hired additional coding staff and engaged outsourced coding to reduce claims backlog, denials and overall accounts receivables.</li> </ul>	9/21	A. Valle
		3. Days of Total Cash on Hand to exceed budget of 156 Days. (Actual 2020: 173 days) (Actual 2021: 155 days)	3. Total Days of Cash are at 155 Days. Thirteen (13) days of cash was spent on new hospital planning (\$2,541,411) in 2021 and DZA forecast \$3,986,013. PMH budgeted to spend \$1,969,205. The large increase in net revenue resulted in a positive net cash flow of \$3,211,045 YTD.	<ul style="list-style-type: none"> <li>Implement new Call Center to manage scheduling more effectively for visits, tests, and procedures.</li> </ul>	<ul style="list-style-type: none"> <li>New space has been completed for a new Call Center for the Clinic Inbound calls to include scheduling and pre-registration with Go-Live by April 2022.</li> </ul>	4/22	D. Williams
		4. Increase Average Net Revenue per Adjusted Patient Day by greater than 3%. (Actual 2020 - \$3,894) (Actual 2021: \$4,328)	4. Net Revenue per Adjusted Patient Day increased by 11% from the prior year and budget; whereas Net Revenue per FTE increased over 26% from the prior year and over 17% from budget.	<ul style="list-style-type: none"> <li>Implement Labor Productivity System that measures and reports the efficiency of labor utilization by departments utilizing labor hours and units of service.</li> </ul>	<ul style="list-style-type: none"> <li>PMH is implementing a labor productivity reporting and analytics tool with Premier Inc. which also happens to be our GPO. Expected Go-Live is February 2022.</li> </ul>	02/22	D. Rollins/S. Titus
		5. Increase Point of Service Collections by 50%. (Actual 2020 - \$91,609) (Actual 2021: \$227,054)	5. Point of Service Collections were up 149% with \$227,054 collected in 2021.	<ul style="list-style-type: none"> <li>Reduce unscheduled leave through positive changes to paid leave policies.</li> </ul>	<ul style="list-style-type: none"> <li>Human Resources and Accounting is finalizing the details of transitioning the leadership team from a Vacation, Sick and Holiday model to a Personal Time Off (PTO) model. It was delayed</li> </ul>	04/22	D. Rollins/ B. Dirkes

Strategic Goal	1-Year Objective Metrics	Quarter 4 Update	Strategies	Quarter 4 Update	Timing	Accountable
	6. Increase Pre-Registration of Ancillary Outpatient Visits to greater than 25%. (Actual 2020 – 0%)	6. Additional staffing and training are enabling PMH to significantly expand Outpatient scheduling and enable pre-registration of ancillary services. Go-Live for pre-registration is August.	<ul style="list-style-type: none"> <li>Conduct Quarterly Performance Reviews with all departments.</li> </ul>	<ul style="list-style-type: none"> <li>due to onset of COVID Pandemic.</li> <li>Quarterly Reviews for key departments began in July 2021 with all departments.</li> </ul>	7/21	D. Rollins/S. Titus
	7. Reduce Average Expense per Adjusted Patient Day by greater than 1%. (Actual 2020 - \$3,756) (Actual 2021: \$3,546)	7. Net Operating Expense per Adjusted Day decreased by (6%) from the prior year but was 5% greater than budget. Net Operating Expense per FTE increased 7% over the prior year and 11% over budget. The margin of Operating Income per FTE has increased to \$3,807 vs. the budget of \$2,365 vs prior year of \$592.	<ul style="list-style-type: none"> <li>Improve Physician Productivity by identifying and eliminating barriers to increase patient access.</li> </ul>	<ul style="list-style-type: none"> <li>My Chart now has enabled Online Scheduling for patients to self-schedule appointments. Provider productivity reviews are ongoing with improvements in scheduling.</li> </ul>	9/21	A. Pumphrey/ D. Williams
	8. Reduce temporary Contract Labor for Clinical Staff by 25%. (Actual 2020 - \$729,144) (Actual 2021: \$1,472,735)	8. Contract staffing for temporary clinical staffing was \$1,472,735 for 2022. Larger patient volumes combined with greater employee FMLA requests resulted in greater utilization of contract labor.	<ul style="list-style-type: none"> <li>Improve hiring practices of Clinical Staff and shorten vacancy rates through process improvements.</li> </ul>	<ul style="list-style-type: none"> <li>The launch of the new Kronos Human Resources modules includes recruitment and a streamlined onboarding process should enable a more efficient hiring process for PMH with Go-Live in 2021.</li> </ul>	4/21	B. Dirkes/M. Fuller/ D. Rollins/
	9. Reduce supply expenses per Adjusted Patient Day by 3%. (Actual 2020 - \$518) (Actual 2021: \$588)	9. Supply Expenses were greater in 2021 by 39% driven by three major areas. Surgery Supplies up 61% and volumes up 80%, Patient Drugs up 50% and Adjusted Patient Days up 23%, Reagents up 91% driven by COVID testing.	<ul style="list-style-type: none"> <li>Implement new GL/AP/MM software that allows for more effective and efficient expense management.</li> </ul>	<ul style="list-style-type: none"> <li>As of 12/31, PMH has reviewed three demonstrations by Enterprise Resources Planning (ERP) vendors (Premier, Multiview and Sage) that currently provide GL/AP/MM software to other Providence Community Connect Partners and actively interface with EPIC.</li> </ul>	06/22	D. Rollins/ S. Titus/
	10. Achieve funding approval for construction of a New Hospital.	10. PMH received initial approval by USDA for a \$78.4m hospital project with \$57.5m in direct loans, \$3.6m operating leases and \$17.3m in PMH contributions;	<ul style="list-style-type: none"> <li>Identify supply purchase savings by reducing supply usage, eliminate unnecessary stock items, and improve GPO compliance.</li> </ul>	<ul style="list-style-type: none"> <li>We initiated a GPO review by Healthtrust Purchasing Group to evaluate our current purchasing discounts as compared to our current GPO (Premier). The new Director is evaluating our product items</li> </ul>	12/21	Director of Materials Management

Strategic Goal	1-Year Objective Metrics	Quarter 4 Update	Strategies	Quarter 4 Update	Timing	Accountable
	11. Achieve Medicare provider productivity standards in all PMH Rural Health Clinics.	11. Provider productivity improved to 83.5% in 2020 and it improved to % in 2021.	<ul style="list-style-type: none"> <li>Submit a final/formal USDA application for the funding of a replacement hospital and identify guaranteed/construction lender(s).</li> <li>Implement a Capital Campaign for the replacement hospital project.</li> <li>Utilize the Cleverley Dashboard Report to identify opportunities for financial improvement. Identify and implement changes to enhance performance based on Cleverly. Discover top 3 best Cleverly opportunities for 2021.</li> </ul>	<p>and working with department leaders for greater efficiency and effectiveness.</p> <ul style="list-style-type: none"> <li>We have submitted a complete USDA application and are awaiting final CON approval. We are expecting to submit the USDA application for National Review in September and contingent approval expected, pending receipt of CON. The Interim Construction Financing is expected to be in place by the end of January 2022.</li> <li>The Foundation has officially kicked off its \$2M Community Capital campaign with further updates to the Board in coming weeks and months.</li> <li>The Cleverley Dashboard Report is focused on improving physician productivity with the new Director, labor productivity with a new labor benchmarking tool combined with better data through Kronos platform, managing supply costs by increased oversight in Purchasing and improving Revenue Cycle with new Director of PFS, Coding resources and improved Registration and Scheduling processes.</li> </ul>	<p>7/21</p> <p>7/21</p> <p>3/22</p>	<p>C. Marks/ D. Rollins</p> <p>S. Hitchcock/ C. Marks</p> <p>D. Rollins</p>



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

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DATE: January 18, 2022

**I. PROJECT TEAM:**

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

**II. PROGRESS:**

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- A. Contracts – The following is a status of professional services agreements:
- a. Agreements, contracts, and/or amendments *executed this period*:
    - i. Graham Construction – Early Procurement Contracts
  - b. Agreements, contracts and/or amendments *being finalized*:
    - i. Benton Public Utility District – New Electric Service Easement Agreement
    - ii. Sunnyside Valley Irrigation District – Irrigation Ditch Easement Agreement
- B. Design – Project Visioning
- a. The next project Visioning, Goals and Strategies review will occur in conjunction with the 100% Construction Documents milestone.
- C. Design – Utilities
- a. Water & Sewer – These utilities are currently under construction by the City of Prosser and the work was previously scheduled to be complete by this time.
    - i. The majority of the utility lines have been installed on-site, but final connections to services south of the site that run under the Highway remain on-hold during the irrigation season. After trying to make these connections in the late fall, the City approved a Change Order to utilize a revised drilling method under the highway.
    - ii. The City indicated in January that they plan to start the work on January 24, with full mobilization by February 1, 2022. They anticipate the work will be completed before May of 2022.
    - iii. The City intends to complete the work before Spring 2022.
  - b. Electric Service – The project team is coordinating with Benton Public Utility District.
    - i. BPUD received an executed service agreement in December of 2021. They plan to complete the new service work in 2022.
  - c. Fiber Servicer – The project team obtained pricing for new service from the Hospital's current fiber optic provider, LS Networks. However, at this time, the project team is proceeding with a public competitive bid process to obtain pricing from all capable providers. This process will also allow PMH to access funding from USAC sources, which

would fund up to 65% of construction costs.

- D. Design – Site
  - a. The project team set parameters for the site landscaping scope and provided this to Graham so they may procure a landscaping design-build contractor. Graham will procure this contractor during the GMP process in March 2022.
- E. Design – Building
  - a. bcDG will deliver 100% Construction Documents on January 24, 2022.
- F. Permitting
  - a. Certificate of Need (CoN) –
    - i. CoN Application – the State Department of Health granted PMH an Intent to Issue a Certificate of Need, on November 4. PMH formally responded to the State on November 18<sup>th</sup>, and will follow up with the documents listed in the Intent to Issue letter, which include a final State Environmental Protection Agency (SEPA) review and the final MACC.
  - b. State –
    - i. The State Department of Health is currently reviewing the project for code compliance. bcDG and NV5 continue to meet with state Department of Health representatives to review the project design. bcDG then takes any comments from their meetings and incorporates them into the design as and when required.
  - c. City –
    - i. The City continues to be invited to meetings with the project team and the DoH. The project team is collaborating with the following City staff:
      - 1. Steve Zetz, **Community Development Director**
      - 2. Marty Groom, **Public Works Director**
      - 3. Nick Alsbury, **Building Inspector**
- G. Pre-Construction
  - a. Graham continues to work on preconstruction efforts:
    - i. Building Information Modeling (BIM), in order to have a 4-D model of the building construction. This helps to reveal design coordination issues and mitigates the risk of encountering constructability and coordination issues during construction.
    - ii. Early Procurement, as noted in section III below.
    - iii. Maximum Allowable Construction Cost (MACC) process planning, including bid package development and generating subcontractor interest in our project.
- H. Operations / Activation
  - a. Feedback from the ‘Nurse Server’ mockup was incorporated into the overall building design documents.
  - b. The project team intends to reconvene monthly operations meetings in February, 2022. The meetings are intended to plan and strategize for the operational shift that will occur when PMH moves from their existing facility to the new facility in 2024.

### III. PROCUREMENT:

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

### IV. SCHEDULE:

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

### V. BUDGET

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

### VI. PROJECT CHALLENGES / RISKS:

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- A. **USDA** – As noted in previous reports, Gary Hicks Financial and Health Facilities Planning & Development are providing guidance to the project team for the USDA application process. USDA confirmed conditional funding approval in August 2021. The project is currently in contract review and design review with local and regional USDA representatives. The team continues to work with USDA to resolve any questions or concerns that they raise.
- B. **Construction Cost(s)** – As noted in previous reports, NV5, bcDG and Graham Construction, the project team’s GCCM, are all seeing volatile cost variability and increases in the market for materials and labor. The project team is working to mitigate these risks to the overall project budget by 1.) continuing and potentially expanding the value engineering process, 2.) shifting the bid process to early 2022 in hopes of encountering more favorable, or at least stable economic conditions, and 3.) evaluating early procurement options.

- C. **Traffic Study** – The City of Prosser indicated that per their development regulations PMH may be required to improve Gap Road in the immediate vicinity of the property in order to accommodate future traffic loads. The extents and scale of the improvements are determined by the outcomes of the City’s and PMH’s traffic studies. The project team is currently advocating that PMH’s contributions to local traffic in the area will be unchanged by this project, since PMH is merely relocating their existing facility. In addition, the forthcoming traffic study will hopefully validate the team’s opinion that traffic to/from the new facility will not necessitate substantial traffic control measures at the new drive entry. The abovementioned process is ongoing, and as such the team will have a better understanding of the effect on the project once the PMH traffic study is complete and reviewed by the City; the study should be ready in February, 2022.
- D. **City water and sewer construction** – As noted in Section II.C.a. above, the City approved a change order with their general contractor. The contractor will only complete the work outside of irrigation season, which is roughly October – April. While the current plan conveyed by the City appears to align with completing the work before April, there is still a risk that the contractor could encounter further issues with boring under the highway.

**VII. NEXT STEPS:**

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

**VIII. ATTACHMENTS:**

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- A. 4 Month Look-Ahead Project Schedule

4 Month Outlook

JANUARY 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26	27	28	29	30	31	01
02	03	04	05	06	07 PROJECT TEAM MEETING	08
09	10	11	12	13	14 PROJECT TEAM MEETING	15
16	17	18	19	20	21 PROJECT TEAM MEETING	22
23	24	25	26	27	28	29
	100% CD PACKAGE CUE	BOARD WORKSESSION		BOARD MEETING		
30	31	01	02	03	04	05

FEBRUARY 2022

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

LEGEND

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

**4 Month Outlook**

**MARCH 2022**

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

**APRIL 2022**

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



Owner Team Meeting Minutes

<b>3.</b>	<b>BUDGET</b>		
3.1.	<p><b>Budget Development</b> 12Nov21 – Finance costs for construction cost are lower than anticipated; need to incorporate this into master budget. PMN: per Gary Hicks, finance costs are not fixed/firm until the loans are executed, which is typically &lt;30 days from construction start. 10Dec21 – NV5 is developing cash flow report, to be reviewed at end of January. Graham to assist by providing construction cashflow. 07Jan22 – NV5 received cash flow from Graham; NV5 working on cashflow for end of January.</p>	01/28/22	NV5
3.2.	<p><b>Major Medical Equipment</b> 22Oct21 – Need to focus on when MRI will be selected, in order to construct appropriate supporting infrastructure (MEP etc.). NV5 to add to schedule. bcDG to review gauss lines and structural implications for final MRI selection. The drawings show imaging slabs withheld to allow for final selection without disruption to constructed areas. 05Nov21 – bcDG requested we begin coordination with major imaging equipment vendors specific to existing equipment being moved. 10Dec21 – bcDG needs site-specific drawings ahead of their 1/24 package; otherwise the design may end up being included with overall imaging package later on; earlier is preferable. 07Jan22 – Existing imaging vendors were engaged at the end of December. Site-specific drawings are forthcoming and will be incorporated as a general imaging design update. NV5 to gather and share existing site-specific drawings. 14Jan22 – We need to competitively bid all new equipment (lights/booms (Stryker), imaging). Note: lights from current ORs will be moved to new Procedure Rooms, for example. RBA advises against bidding the Steris system and Pyxis system. Need to provide specific dates for “required on site” for all equipment.</p>	IN PROGRESS	NV5, bcDG, R&B
3.3.	DZA Feasibility Study	CLOSED	
<b>4.</b>	<b>PROCUREMENT / OWNER-LED ACTIVITIES</b>		
4.1.	GC/CM RFP	CLOSED	
4.2.	<p><b>Furniture &amp; Demonstration Furniture</b> 05Nov21 – OpenSquare confirmed they will visit with PMH at Merchandise Mart in Chicago. 12Nov21 – Merry Fuller and Brooke may also join in Chicago. 03Dec21 – OpenSquare is developing a comprehensive furniture package for PMH review in January. 07Jan22 – NV5 to review the preliminary design package. NV5 to schedule 'Mart visit on 3/31/22. 14Jan22 – Per email correspondence, Open Square plans to meet with PMH at the 'Mart on 3/31/22.</p>	IN PROGRESS	NV5, OpenSquare



Owner Team Meeting Minutes

4.3.	<p><b>Site Clearing</b>                      PMN: per previous correspondence, SVID asked tenant to re-route overflow. NV5 to verify while on site the week of September 27.                      17Sept21 - NV5/PMH to check on rerouting of overflow. NV5 to send SVID updated site plan once it is complete. NV5 to include Graham with future SVID scheduling conversations.                      24Sept21 - NV5 to see if SVID can resolve.                      8Oct21 - NV5 spoke with current tenant; they will reroute overflow.                      05Nov21 - NV5 to confirm with tenant.                      12Nov21 - tenant confirmed on 11/11/21 that they still need to reroute.                      03Dec21 - NV5 to reach out to arborist re tree maintenance on CM Memorial tree.                      10Dec21 - Arborist will visit and provide estimate this week.                      07Jan22 - Arborist plans to complete the tree work 1/24/22. NV5 to share scope of work with Steve.                      14Jan22 - NV5 sent proposal to Steve. Work still slated for 1/24/22.</p>	IN PROGRESS	
4.4.	Geotechnical Engineer	CLOSED	
4.5.	Commissioning Agent	CLOSED	
4.6.	Security Design Consultant	CLOSED	
4.7.	<p><b>New Facility Operational Meetings</b>                      03Dec21 - resuming after the holidays.                      14Jan22 - Aiming for 2/7/2022 start.</p>	INFO	NV5
4.8.	BCDG Contract	CLOSED	
4.9.	Landscape Consultant	CLOSED	
4.10.	<p><b>Telecommunications Provider</b>                      07Jan22 - Phillip indicated we may want to competitively bid fiber services. NV5 and PMH to discuss next week.                      14Jan22 - Team meeting today to review competitive process.</p>	IN PROGRESS	NV5, PMH
5.	<b>DESIGN / PERMITTING</b>		
5.1.	Annexation & Zoning	CLOSED	
5.2.	<p><b>Certificate of Need</b>                      PMN: the application is now in the "ex-parte" period for 30-45 days, wherein the applicant may not contact the agency.                      05Nov21 - PMH received "Intent to Issue a Certificate of Need" on November 4<sup>th</sup>. PMH team to provide CoN team with the requested supporting documentation.                      12Nov21 - PMH to respond to DoH within 20 days; will do so after board approval next week. Then we need SEPA from ECE. NV5 to check on status.                      PMN: ECE submitted the SEPA application to City of Prosser on 11/12/21.                      03Dec21 - Team will submit approved SEPA application and fully executed MACC to DoH in accordance with conditions of the CoN.                      14Jan22 - SEPA is in progress; see notes in SEPA below.</p>	IN PROGRESS	

Owner Team Meeting Minutes

<p>5.3.</p>	<p><b>Water &amp; Sewer (City)</b>                  26Mar21 – City indicates the boring is delayed due to the method selected to bore under I-82. City is working to resolve this ASAP, but the work may need to stop due to irrigation season, and could be pushed to October 2021. NV5 to request continual updates with City.                  9Apr21 – NV5 to check on status. Also received “Will-Serve” letter. Graham asks if we will need booster pump for water service; BCDG says we won’t know until water service is in-place at property boundary.                  7May21 – PMH and NV5 to check in with City mid/late summer.                  21May21 – Graham to send NV5 “date needed by” for water utilities in order for NV5 to share with the City.                  4Jun21 – NV5 to follow up with City end of July.                  6Aug21 – NV5 to check in this week.                  13Aug21 – PMH and NV5 meeting with City on August 18.                  3Sept21 – Meeting / Call was held with City, work to resume through Highway after irrigation season. City mentioned potential need to widen and/or improve North Gap Road in accordance with City development regulations.                  8Oct21 – NV5 to check on status with City now that it’s October.  <b>PMN:</b> City will meet with their contractors on 10/14.                  22Oct21 – City received a change order for the work; earliest they’d do the work is Jan/Feb 2022. It will be presented on Tuesday to City Council for discussion; it could then be approved at the Nov 9 Council meeting.                  12Nov21 – <b>(PMN)</b> The City told PMH that the change order for alternate boring method is approved.                  03Dec21 – NV5 to check on status of work.                  10Dec21 – City indicates that the work will start in January, February at the latest.                  07Jan22 – NV5 to check on this. <b>PMN:</b> the City indicated on 1/12/22 that the contractors will mobilize on 1/24 and 2/1. The aim to have water working by May and be 100% complete by June 1.</p>	<p>IN PROGRESS</p>	<p>NV5; City of Prosser;</p>
<p>5.4.</p>	<p><b>City Permit Review</b>                  05Nov21 – PMH heard the City and/or the economic development commission were unclear as to project progress. NV5 to work with PMH to inform the public agencies.                  12Nov21 – NV5/team to check with City on their expectations and familiarity with the project.                  10Dec21 – The project team continues to involve the City through the design process. The City building inspector, Nick Alsbury, is now invited to all permit review meetings.                  07Jan22 – bcDG is meeting with Nick Alsbury next week to review the project.                  14Jan22 – bcDG to distribute meeting minutes to PMH so that they can respond to any concerns from the City regarding the City’s involvement.</p>	<p>IN PROGRESS</p>	<p>NV5, PMH</p>

Owner Team Meeting Minutes

5.5.	<p><b>State Permit Review</b>                  22Oct21 – Preliminary conversations indicate DoH will not approve the Caesarian suite’s proximity to an Operating Room. bcDG is hoping to get Matthew’s (DoH) opinion after reading the FP and reviewing the plans before drafting a formal appeal for DoH upper management to review. bcDG is also working to craft a supporting argument and/or alternative solution.                  05Nov21 – DoH meeting scheduled for Tuesday. bcDG requests PMH select a bubble diagram so that they may review it with DoH.                  12Nov21 – DoH distributed a project review letter this week; team to respond.                  03Dec21 – bcDG will host bi-weekly reviews with the DoH in order to break the project down into more manageable areas for review. Merry Fuller working on updating procedure matrix (exhibit to functional program).                  10Dec21 – NV5 and bcDG to confirm with DoH: can we commence sitework ahead of formal DoH approval? What happens if DoH review goes beyond 3/21/21? Need to ask this. Hilary to check with DoH.                  14Jan22 – Need to meet with DoH on requirements for the move process—transitioning from one building to another in compliance with the CoN. DoH indicates sitework may proceed ahead of formal DoH approval.</p>	IN PROGRESS	bcDG, DoH, PMH
5.6.	<p><b>Electric Service</b>                  07Jan22 – BPUD intends to start work soon.</p>	IN PROGRESS	
5.7.	Program Review	CLOSED	
5.8.	Nurse Server Mockup	CLOSED	
5.9.	NV5 DD Review	CLOSED	
5.10.	<p><b>Design Progress Update</b>                  10Dec21 – HEI is working on finalizing a lighting design, as well as a mockup at the existing hospital. That may be at the January board work session. bcDG will review/present the finalized floor plans at the board work session. PMH needs info on cost delta for adjusting floor plans. Design team, Graham, NV5 to develop this information for Tuesday 12/14.                  PMN_12/21: Review needs for lockers: <i>I think we need to understand better what is required for those before we get Open Square involved. I’m not sure who at the hospital would be able to answer those questions best. I assume there are different requirements for storing petty cash, vs patient valuables, vs evidence.</i>                  07Jan22 – Merry will email staff to understand needs.                  14Jan22 – Merry is working on a spreadsheet to log locker needs.</p>	1/19/22	bcDG, PMH

Owner Team Meeting Minutes

5.11.	<p><b>SVID coordination</b> 12Nov21 – Team to review title vs. ALTA survey and how we may formalize irrigation easements. PMH and NV5 will coordinate w/land attorney Bradley Berg. Team to investigate using SVID water for irrigation on-site. 03Dec21 – NV5 working with Perkins Coie on RoW certification and understanding SVID easement needs. NV5 to check on ability to obtain a waiver from USDA for RoW requirement. 07Jan22 – NV5 to check on design and easement. 14Jan22 – SVID has the new site plan with revised culverts. No response from SVID as of 1/13/22. Concerning using irrigation water, SVID indicated PMH could do so but would need to build their own cistern and takeoff from the ditch. Graham to work this into the landscape scope.</p>	IN PROGRESS	NV5
5.12.	PAR Process	CLOSED	
5.13.	<p><b>Traffic Study</b> 24Sept21 – bcDG to engage their consultant for traffic study. 8Oct21 – City transmitted the final traffic counts. bcDG is working with ECE to engage the traffic study. 05Nov21 – No update. PMH asked if there is any requirement for quantity of egress routes from the site. The site is somewhat restricted in other available routes, and to the team’s knowledge there are no such code requirements. 12Nov21 – bcDG to check on anticipated deliverable timeline. 03Dec21 – Transpo Group is working on the study; no ETA as of yet. 10Dec21 – bcDG to obtain an ETA by next week (12/17 latest). 07Jan22 – bcDG indicated traffic counts will be updated the week of January 10; the report issued two weeks later. 14Jan22 – Ongoing.</p>	IN PROGRESS	bcDG
5.14.	Helipad		
5.15.	Pneumatic Tube System		
5.16.	<p><b>USDA Review</b> 10Dec21 – NV5 and Gary to meet with USDA and review their needs for contract review. Previous experience shows they only want to see major contracts (GC, design team, OPM) but we need to confirm USDA expectations on this project. 07Jan22 – NV5 and PMH met with USDA on January 4. Drawings and Contracts are now with USDA for review, but they cannot provide concurrence for construction until they have drawings stamped by the DoH, an executed GMP, and the CoN. 14Jan22 – NV5 continues to work with USDA to resolve their questions and concerns. Team to work on affirmative acknowledgement from USDA on all comments to date(?) Team to meet separately to discuss a path forward with USDA.</p>	IN PROGRESS	GH, NV5, PMH,
6.	<b>PRE-CONSTRUCTION</b>		
6.1.	<p><b>Value Engineering (VE) Process</b> 8Oct21 – Next VE phase would make substantial changes to aesthetics and function. This step will only be pursued if needed in the future. Moving forward, the team continues to work to identify opportunities for value engineering within the current design.</p>	INFO	
6.2.	ECCM/MCCM Procurement	CLOSED	
6.3.	Preconstruction Contract Amendment	CLOSED	

**Owner Team Meeting Minutes**

6.4.	<b>CM Estimating</b> 03Dec21 – The next cost summary will be presented as a “Mini-MACC,” as noted in item 6.6 of these meeting minutes.	INFO	
6.5.	<b>Early Procurement</b> 05Nov21 – Graham will conduct bid opening at Spokane office and share a zoom link for the event on 2/10. 12Nov21 – Joists and deck bids were lower than budgeted. Graham will present the bid summary and recommendations to the board at the November board meeting. 03Dec21 – NV5 to finalize review of early procurement results with Perkins Cole so that Graham can execute on them the week of December 6. 10Dec21 – In process. 07Jan22 – Graham will open bids on 2/1/22 for the Early Work packages.	INFO	
6.6.	<b>MACC prep</b> 05Nov21 – NV5 would like to review the format and content of anticipated MASC/MACC deliverables. 03Dec21 – The MACC will include all subcontract costs for the project. Graham will present the MACC to the PMH board and recommend its approval. PMH will have the opportunity to approve (or not) the MACC. NV5 and Graham to present a review of how the MACC compares with initial/internal cost projections.		
6.7.	<b>Construction Commencement</b> 07Jan22 – Team to review internally, and then with board: we may commence sitework ahead of formal MACC approval in late March.	INFO	

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

**Next Online Meeting**

**Date:** [Friday, January 21, 2021 at 9:00am CT / 8:00am MT / 7:00am PT](#)

**Location:** [MS Teams Meeting](#)

**Upcoming In-Person Meetings**

[1/25 – Board Work Session \(Gary Hicks, NV5, PMH\)](#)

**Prosser Memorial Health  
Replacement Hospital**



**4 Month Outlook**

**JANUARY 2022**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26	27	28	29	30	31	01
02	03	04	05	06	07 PROJECT TEAM MEETING	08
09	10	11	12	13	14 PROJECT TEAM MEETING	15
16	17	18	19	20	21 PROJECT TEAM MEETING	22
23	24	25	26	27	28	29
	100% CD PACKAGE CME	BOARD WORKSESSION		BOARD MEETING		
30	31	01	02	03	04	05

**FEBRUARY 2022**

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

**LEGEND**

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

**4 Month Outlook**

**MARCH 2022**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	01	02	03	04 PROJECT TEAM MEETING	05
06	07 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	08	09	10	11 PROJECT TEAM MEETING	12
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03	04	05	06	07	08	09

**APRIL 2022**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	29	30	31	01 PROJECT TEAM MEETING	02
03	04 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	05	06	07	08 PROJECT TEAM MEETING	09
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24	25 CONSULTANT-PMH MEETINGS?	26	27	28	29	30
01	02 NEW FACILITY OPERATIONAL MEETING (NV5-Led)	03 BOARD WORKSESSION	04	05 BOARD MEETING	06	07

**Craig Marks**

---

**From:** Grimm, Brian W. (Perkins Coie) <BGrimm@perkinscoie.com>  
**Sent:** Wednesday, December 22, 2021 2:54 PM  
**To:** Craig Marks; Paul Kramer; David Rollins  
**Cc:** Greene, Andrew L. (Perkins Coie)  
**Subject:** PMH CN Appeal - DOH's Final Order re DOR  
**Attachments:** Declaration of Service FO.pdf; Prosser Final order.pdf

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

**External Email: Please Proceed with Caution**

---

Craig, David, and Paul,

Congratulations on your CN approval. Great news.

Today we received DOH's final order on our DOR request, affirming its initial order. (Although the order apparently was signed on Dec. 8, it was not sent until today.) It is disappointing that the review officer was unwilling to reverse the hearing officer's decision, but reversals at this step are quite rare and so this is the result we were expecting.

Although not relevant to the legal ruling, the review officer provided a rather interesting comment at the bottom of page 2, "recogniz[ing] the immense benefit critical access hospitals provide for the health and economy of rural communities across Washington State"; "commend[ing] Prosser Memorial for serving the great people of the city of Prosser and Benton County"; and "recogniz[ing] *the need for improvement of the CN Program ... so CN supports all Washingtonians' equitable access to high-quality care.*" (Emphasis added.)

The next step, should you wish to continue the DOR challenge, would be to file a petition for judicial review in superior court. The deadline to file a petition is January 21. The court would then set a briefing schedule and a time for oral argument. We could file the petition either in Thurston County or in Benton County.

However, in light of the CN approval, I assume that you do not wish to continue to challenge the DOR decision?

Please let me know how you wish to proceed, or if you would like to discuss this. And congratulations again on your CN approval.

Thanks,

Brian

**Brian Grimm | Perkins Coie LLP**  
PARTNER  
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Seattle, WA 98101-3099  
D. +1.206.359.6785  
F. +1.206.359.7785  
E. [BGrimm@perkinscoie.com](mailto:BGrimm@perkinscoie.com)



**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
ADJUDICATIVE CLERK'S OFFICE**

In the Matter of:	)	
	)	Master Case No. M2021-155
<b>DETERMINATION OF REVIEWABILITY</b>	)	
<b>#21-14 RELATING TO PROSSER</b>	)	
<b>MEMORIAL HEALTH,</b>	)	DECLARATION OF SERVICE
	)	
<b>PUBLIC HOSPITAL DISTRICT NO. 1</b>	)	
<b>BENTON COUNTY d/b/a PROSSER</b>	)	
<b>MEMORIAL HEALTH</b>	)	
	)	
Petitioner.	)	
_____	)	

I declare under penalty of perjury, under the laws of the state of Washington, that the following is true and correct:

On December 22, 2021, I served a true and correct copy of the Final Order on Summary Judgment, signed by the Review Officer on December 8, 2021 in the manner indicated, on the following parties to this case:

Brian Grimm bgrimm@perkinscoie.com	<input checked="" type="checkbox"/> ECF/Email <input type="checkbox"/> 1 <sup>st</sup> Class Mail
Janis Snoey, AAG Janis.snoey@atg.wa.gov	<input checked="" type="checkbox"/> ECF/Email <input type="checkbox"/> 1 <sup>st</sup> Class Mail
Jack Bucknell, AAG Jack.bucknell@atg.wa.gov	<input checked="" type="checkbox"/> ECF/Email <input type="checkbox"/> 1 <sup>st</sup> Class Mail

DATED: This 22<sup>nd</sup> day of December, 2021.



Michelle Singer, Lead Adjudicative Clerk  
Adjudicative Clerk's Office

cc: Eric Hernandez, Program Manager



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

*Olympia, Washington 98504*

December 22, 2021

Brian Grimm  
[bgrimm@perkinscoie.com](mailto:bgrimm@perkinscoie.com)

Janis Snoey, AAG  
[janis.snoey@atg.wa.gov](mailto:janis.snoey@atg.wa.gov)

Jack Bucknell, AAG  
[Jack.bucknell@atg.wa.gov](mailto:Jack.bucknell@atg.wa.gov)

RE Prosser Memorial Health  
Master Case No. M2021-155

Dear Parties:

Enclosed please find Declaration of Service and Final Order on Summary Judgment dated December 8, 2021.

Any questions regarding the terms and conditions of the Order should be directed to Eric Hernandez, Compliance Officer at (360) 236-2956.

Sincerely,

Michelle Singer, Lead Adjudicative Clerk  
Adjudicative Clerk's Office  
PO Box 47879  
Olympia, WA 98504-7879

cc: Eric Hernandez, Program Manager

Enclosure

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
OFFICE OF THE SECRETARY**

In the Matter of:

DETERMINATION OF  
REVIEWABILITY #21-14 RELATING  
TO PROSSER MEMORIAL HEALTH,

PUBLIC HOSPITAL DISTRICT NO. 1  
BENTON COUNTY d/b/a PROSSER  
MEMORIAL HEALTH,

Petitioner.

Master Case No. M2021-155

FINAL ORDER ON SUMMARY  
JUDGMENT

**APPEARANCES:**

Petitioner Prosser Memorial Health (Prosser), by  
Perkins Coie LLP, per  
Brian W. Grimm, Attorneys at Law

Department of Health Certificate of Need Program (Program), by  
Office of the Attorney General, per  
Janis Snoey and Jack Bucknell, Assistant Attorneys General

**PROCEDURAL HISTORY ON REVIEW**

This matter comes before the Review Officer, designee of the Secretary of Health, for administrative review of the Initial Order on Summary Judgment (Initial Order) dated August 2, 2021, by the Presiding Officer Jessica L. Blye.

On October 20, 2020, Prosser requested a Determination of Reviewability (DOR) from the Washington State Department of Health (DOH) Certificate of Need (CN) Program to

determine whether construction of a new critical access hospital in Prosser to replace the existing Prosser Memorial Health was subject to CN requirements.

On January 13, 2021, the Program issued DOR #21-14 and determined the proposed replacement hospital is subject to CN review under Chapter 70.38 RCW and Chapter 246-310 WAC because it is the construction, development, or other establishment of a new health care facility.

Subsequently, Prosser filed a Request for Adjudicative Proceeding to contest the Program's decision. The Presiding Officer issued the Initial Order after Prosser and Program each filed a Motion for Summary Judgment. The Initial Order granted Program's Motion for Summary Judgment and affirmed Program's determination in DOR #21-14. The Initial Order was served on the parties on August 3, 2021. Prosser filed a timely Petition for Administrative Review (Petition) on August 24, 2021. Program filed a timely response.

The Review Officer reviewed the administrative record including, but not limited to, the petition and responses, application records, motions, and supporting records.

This Final Order **AFFIRMS** the Initial Order for the reasons stated below. The Review Officer would like to take this opportunity to recognize the immense benefit critical access hospitals provide for the health and economy of rural communities across Washington State and commends Prosser Memorial for serving the great people of the city of Prosser and Benton County. DOH recognizes the need for improvement of the CN Program and intends to work closely with interested parties to make improvements, so CN supports all Washingtonians equitable access to high-quality care.

## **PROSSER'S PETITION FOR REVIEW**

Prosser requests the Review Officer reverse the Initial Order, enter summary judgment in favor of Prosser, and determine that the replacement critical access hospital did not require CN approval. *Prosser Pet.* at 5. First, Prosser argues the Program can only require CN approval for a new critical access hospital, not a replacement critical access hospital. *Id.* at 5 – 10. Second, Prosser argues the CN approval for a critical access hospital should not be required because the Program did not require CN approval to replace eight previous critical access hospitals. *Id.* at 10 – 11. Third, Prosser argues Program's change in longstanding policy fails to abide by the precedence of a superior court's Polyclinic Order. *Id.* at 11 – 14. Fourth, Prosser argues DOH must engage in rulemaking to change this longstanding policy. *Id.* at 14 – 15. Fifth, Prosser argues the Presiding Officer should not have relied on the Court of Appeals *Multicare* Court decision. *Id.* at 15 – 16. Finally, Prosser argues the recent review of Mary Bridge Children's hospital is distinguishable from this case because the case involved a pediatric medical center. *Id.* at 16 – 17.

## **THE PROGRAM'S RESPONSE**

The Program requests that the Review Officer affirm the Initial Order. The Program argues the Presiding Officer correctly interpreted RCW 70.38.105(3) and (4)(a) to determine Prosser proposed a new facility that required CN approval. *Program Resp.* at 2. The Program responded to the legal arguments raised by Prosser. *Id.* at 3 – 10.

## REVIEW OFFICER'S ANALYSIS

The reviewing officer shall exercise all the decision-making power that the reviewing officer would have had to decide and enter the final order had the reviewing officer presided over the hearing. RCW 34.05.464(4). The reviewing officer shall personally consider the whole record or such portions of it as may be cited by the parties. RCW 34.05.464(5). [An] opposing party may file a response to a petition for administrative review filed as provided in this section. WAC 246-10-701.

### I. Statutory Authority

Prosser contends the Department may only require CN approval for a new critical access hospital, not a replacement critical access hospital. Prosser argues a “new” health care facility is not being created because “Prosser Memorial” already exists and Prosser is merely upgrading the physical plant of an existing hospital. Prosser relies on *Centennial Villas, Inc. v. Dep’t of Soc. & Health Services*, 47 Wn. App. 42 (1987), to assert “new health care facility” occurs with the assumption of an additional identity.

A brand-new hospital built from the ground up on new land is a “new” hospital within the statutory framework of Chapter 70.38 RCW. RCW 70.38.105(4)(a) states “[t]he following shall be subject to certificate of need review under this chapter ... [t]he construction, development, or other establishment of a new health care facility...” Chapter 70.38 RCW does not define “new.” Undefined statutory terms are given their common dictionary meaning. *Budget Rent A Car Corp. v. Dep’t of Licensing*, 144 Wn.2d 889, 899-900 (2001). “New” means of recent origin ... having but lately come or been brought into being. See *Webster’s Encyclopedic Unabridged Dictionary of the English Language*, page 961 (1989).

From a common meaning perspective, a person who owns a home, buys raw land several miles away, does the dirt work on the raw land, lays the foundation, and raises a house, would not say the house built on this raw land already exists; neither would the county review and permitting office, the assessor's office, or the post office. The mere fact someone owns a house that exists does not give them carte blanche authority to build anywhere else.

To take this metaphor one step further to consider "identity", the issue at hand is not whether the homeowner wants to run a daycare or barber shop out of this "new" house which may be a new "identity" from residential, but rather whether a facility built from the ground up is "new," so *Centennial Villas* is inapplicable.

## II. Prior Department Applicability Determinations

Prosser contends prior DOH applicability determinations consistently concluded CN approval was not required to replace critical access hospitals, but the Program's prior erroneous decisions do not create a specific legal exemption for critical access hospitals that build a new hospital to replace an old hospital.

To fulfill legislative intent stated in RCW 70.38.015, CN review is necessary when a hospital relocates so the department can consider CN criteria, including financial feasibility, structure and process of care, and cost containment. Given the current statutory backdrop discussed by the *MultiCare* Court, any department action that would exempt hospital relocation from CN review should be clearly identified in statute or rule. Chapter 70.38 RCW clearly exempts CN approval under certain circumstances. For example, RCW 70.38.105(4)(e) exempts critical access hospitals from CN approval for changes in licensed

beds. Likewise, RCW 70.38.115(13) specifically exempts replacement of beds by a nursing home beds in the same planning area. This language shows our legislature is aware of the distinction between “replacement” beds and “new” beds, as well as the existence of critical access hospitals within the CN statutory framework and yet the legislature did not specifically exempt replacement of a critical access hospital in our current statutory framework.

### III. Polyclinic Precedence

Prosser next contends the Department should interpret RCW 70.38.105(4)(a) consistently with the superior court in *Polyclinic v. Department of Health*, Thurston County Super. Ct., No. 14-2-01413-6, and determine the Department will not require CN approval for the replacement of an existing healthcare facility within the same planning area unless and until the Department adopts such a requirement pursuant to a formal rulemaking process.

The Department is not acting inconsistently with *Polyclinic* when it required CN approval for a hospital to relocate to a different premise. The *Polyclinic* decision arose from a petition for declaratory judgment pursuant to Chapter 34.05 RCW to determine the validity of a rule. The *Polyclinic* decision observed the CN Program’s practices related to ambulatory surgical facility and determined rulemaking was necessary for the agency to require CN review. The *Polyclinic* decision did not address the meaning of RCW 70.38.105(4)(a) or interpret the applicability of RCW 70.38.105(4)(a) to a hospital relocation. The *Polyclinic* decision was related to ambulatory surgical facilities, not hospitals. Finally, the *Polyclinic* decision is not precedence unlike a reported appellate case. In this case, statutory interpretation and precedence of *MultiCare v. Dep’t of Health*, 118 Wn.App. 597 (2003)



provide legal authority determination that Prosser must obtain CN review to relocate its hospital.

#### IV. Agency Rulemaking

Prosser next contends DOH must adopt new rules to require CN approval for the replacement of an existing critical access hospital because this establishes a new requirement to build a new critical access hospital to replace an old critical access hospital.

“[A]n agency is restricted in its interpretation of a statute and, by its rule-making authority, may not amend or nullify a statute under the guise of interpretation. *Green River Community College District No. 10 v. Higher Education Personnel Board*, 95 Wash.2d 108, 112, 622 P.2d 826 (1980).” *Loyal Pig, LLC v. Washington State Dep’t of Ecology*, 13 Wn. App. 2d 127, 145, 463 P.3d 106, 115.

The *Loyal Pig Court* goes on to state:

An administrative agency's practice does not qualify as a rule, for purposes of the Administrative Procedure Act, when the practice does not create a new standard, formula, or requirement, but simply applies and interprets a statute. *Budget Rent A Car Corp. v. Department of Licensing*, 144 Wash.2d 889, 896, 31 P.3d 1174 (2001). An agency does not engage in rulemaking when following an explicit statute. *Department of Ecology v. Campbell & Gwinn, LLC*, 146 Wash.2d 1, 19, 43 P.3d 4 (2002). If the language of a provision of a statute that an agency is empowered to administer and enforce leaves no room for substantial debate over its meaning, an administrative rule reiterating the inevitable statutory consequence would not by definition constitute either a statutory interpretation or a statutory implementation that must be expressed by a rule promulgated pursuant to the Administrative Procedure Act. *Equitable Life Mortgage & Realty Investors v. New Jersey Division of Taxation*, 151 N.J. Super. 232, 376 A.2d 966, 971 (N.J. Super. Ct. App. Div. 1977). Even if an agency announces a new statutory interpretation, the agency may do so through adjudication, and may give retroactive effect to the interpretation in the case in which the new interpretation is announced without rule making, because the agency is not really effecting a change in the law. *Andrews v. District of*

*Columbia Police & Firefighters Retirement & Relief Board*, 991 A.2d 763, 771 (D.C. App. 2010).

As discussed above, the Program's prior erroneous decisions were not conferred by law. DOH is merely implementing the will of the elected legislature through enforcement of this statute adopted by the legislature.

#### V. MultiCare Precedence

Prosser next contends the Court of Appeals *Multicare* decision is not applicable here because Prosser does not propose to split one hospital into two. Reliance on *MultiCare* is appropriate in this case because it is published, binding precedent and expressly engages in the plain meaning of the statutes that govern whether relocation of a hospital to a new premises is subject to CN review. See *MultiCare v Dep't of Health*, 118 Wn. App. 597 (2003).

#### VI. Distinguishing Mary Bridge Children's Hospital

Prosser finally argues the Review Officer explicitly distinguished critical access hospitals from other hospitals in a recent administrative decision. This assertion misreads that decision as evidenced by the closing remarks in that final order: "Given the current statutory backdrop discussed by the *MultiCare* Court, any department action that would exempt hospital relocation from CN review should be clearly identified in statute or rule." *Mary Bridge Fin. Ord.* 6.

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## I. FINDINGS OF FACT

1.1 The Findings of Fact in the Initial Order dated August 2, 2021, are adopted herein except.

## II. CONCLUSIONS OF LAW

2.1 The Department of Health is authorized and directed to implement the CN Program. RCW 70.38.105.

2.2 The Secretary is authorized to designate a Review Officer to review initial orders and to enter final orders. RCW 43.70.740.

2.3 Prosser's Petition for Administrative Review and the Program were timely filed. WAC 246-10-701.

2.4 The Conclusions of Law in the Initial Order dated August 2, 2021, are adopted herein.

## III. FINAL ORDER

Based on the foregoing, IT IS HEREBY ORDERED that the Initial Order dated August 2, 2021, is AFFIRMED.

Dated this 8th day of December, 2021



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MICHAEL ELLSWORTH  
REVIEW OFFICER

## NOTICE TO PARTIES

Any Party may file a petition for reconsideration. RCW 34.05.461(3); RCW 34.05.470. The petition must be filed within ten (10) days of service of this Order with:

Adjudicative Clerk Office  
Adjudicative Service Unit  
PO Box 47879  
Olympia, WA 98504-7879

A copy must be sent to the other parties. If sending a copy to the Assistant Attorney General in this case, the mailing address is:

Agriculture and Health Division  
Office of the Attorney General  
P.O. Box 40109  
Olympia, WA 98504-0109

The petition must state the specific grounds upon which reconsideration is requested and the relief requested. WAC 246-10-704. The petition for reconsideration is considered denied twenty (20) days after the petition is filed if the Adjudicative Clerk Office has not responded to the petition or served written notice of the date by which action will be taken on the petition.

A petition for judicial review must be filed and served within thirty (30) days after service of this Order. RCW 34.05.542. The procedures are identified in chapter 34.05 RCW, Part V, Judicial Review and Civil Enforcement. A petition for reconsideration is not required before seeking judicial review. If a petition for reconsideration is filed, the thirty (30) day period for requesting judicial review does not start until the petition is resolved. RCW 34.05.470(3).

The Order remains in effect even if a petition for reconsideration or petition for judicial review is filed. "Filing" means actual receipt of the document by the Adjudicative Clerk Office. RCW 34.05.010(6). This Order was "served" upon you on the day it was deposited in the United States mail. RCW 34.05.010(19).

Final orders are public documents, and may be placed on the Department of Health's website and otherwise released as required by the Public Records Act, chapter 42.56 RCW.

**TO: INTERESTED PARTIES****FROM: GARY HICKS****DATE: JANUARY 14, 2022****RE: PROSSER PUBLIC HOSPITAL DISTRICT, BENTON COUNTY, WASHINGTON  
USDA RURAL DEVELOPMENT DIRECT LOAN & INTERIM CONSTRUCTION LOAN  
FINANCING & PROJECT SCHEDULE**

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

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

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

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

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

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<u>DATE</u>	<u>TASK TO BE COMPLETED</u>
October 19, 2021	* Distribution of revised draft of Appendix A and Request for Terms.
October 26, 2021	* Send Request for Terms and Appendix A to prospective interim lenders.
November 9, 2021	* Receipt of bank Term Sheets for interim construction financing.
November 10, 2021 2:00 p.m.	* Evaluate Term Sheets received. Decision to recommend a private placement or a public offering of BANs for the interim construction financing.
November 11, 2021	* Send materials to the District for inclusion in Board member packets, including an analysis of Term Sheets received and preferred Term Sheet.
November 12, 2021	* Send recommended Term Sheet to USDA if private placement is selected.
November 16, 2021 6:00 p.m.	* District Board meeting – review of financing status and review of analysis of Term Sheets for construction financing and decision on financing options.
December 15, 2021	* Distribution of interim construction loan documents and Note Resolution (the “Financing Documents”) by Stacie Amasaki.
January 5, 2022 10:00 a.m.	* Initial financing update and document review conference call/virtual meeting.
January 7, 2022	* Distribution of revised Financing Documents.
January 18, 2022 10:00 a.m.	Final financing update and document review conference call/ meeting.
January 19, 2022 9:00 a.m.	USDA update and LOC review conference call/ meeting.
January 19, 2022	Send Note Resolution and other documents to the finance team and send the Note Resolution to the District for inclusion in Board member packets.
January 25, 2022	Construction documents (100% CDs) sent to USDA for review and approval.
January 25 & 27, 2022 6:00 p.m.	District Board meetings – review and approval of Note Resolution. Send executed Note Resolution to USDA.
January 31, 2022	NV5 provides monthly project cash flow schedule, executed USDA Right-of-Way Certificate, USDA Legal Counsel Opinion and Traffic Impact Study.



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

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<b>DATE</b>	<b>TASK TO BE COMPLETED</b>
February 15, 2022	USDA provides letter of intent to Western Alliance.
February 28, 2022	NV5 provides approved SEPA report.
March 14, 2022	Receipt of bids from sub-contractors for the project.
March 15, 2022	Department of Health provides Certificate of Need.
March 17, 2022	Complete Section I requirements to LOC and submit documentation and information to USDA (including draft GMP/MACC).
March 22, 2022	Final signed GMP/MACC contract submitted to USDA.
March 25, 2022	On or before this date, execute all opinions, documents and certificates.
March 31, 2022	GMP/MACC contract and LOC requirements approved by USDA.
April 1, 2022	Construction loan financing closing (assumes no increase in project cost).
April 4, 2022	Commencement of construction.
April 11, 2022	Pre-construction meeting.
April 25, 2022	Ground breaking ceremony at project site. Invite USDA and other officials.
January __, 2024	Distribution of USDA Revenue & LTGO Bond documents and resolution (the "Direct Loan Documents") to finance team members by Brad Berg.
January __, 2024	Document review and financing update conference call at 10:00 a.m.
January __, 2024	Distribution of revised Direct Loan Documents.
February __, 2024	Document review and financing update conference call at 10:00 a.m.
February __, 2024	Distribution of revised Direct Loan Documents.
February __, 2024	Send Direct Loan Documents and other materials to the District for inclusion in Board member packets.
February __, 2024 6:30 p.m.	District Board meeting – review of project and financing status and approve Resolution and Direct Loan Documents for USDA Loans.

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

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February 28, 2024	Completion of construction.
March __, 2024	Pre-closing conference call for USDA Loans with all finance team.
March __, 2024	Closing of USDA Loans. Go live to admit patients.

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

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*\* Task Completed*

PROSSER PUBLIC HOSPITAL DISTRICT  
BENTON COUNTY, WASHINGTON

RESOLUTION NO. 1062

A RESOLUTION of the Board of Commissioners of Prosser Public Hospital District, Benton County, Washington, providing for the issuance, sale and delivery of not to exceed \$57,500,000 aggregate principal amount of a hospital revenue bond anticipation note or notes to provide funds to finance a new hospital and other medical buildings and improvements; fixing or setting parameters with respect to certain terms and covenants of the note(s); appointing the District's representative to approve the final terms of the note(s); and providing for other related matters.

Adopted: January 27, 2022

*Prepared by:  
Foster Garvey P.C.  
1111 Third Avenue, Suite 3000  
Seattle, Washington  
(206) 447-4400*

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*\*The cover page, table of contents and section headings of this Resolution are for convenience of reference only, and shall not be used to resolve any question of interpretation of this Resolution.*

PROSSER PUBLIC HOSPITAL DISTRICT  
BENTON COUNTY, WASHINGTON

RESOLUTION NO. 1062

A RESOLUTION of the Board of Commissioners of Prosser Public Hospital District, Benton County, Washington, providing for the issuance, sale and delivery of not to exceed \$57,500,000 aggregate principal amount of a hospital revenue bond anticipation note or notes to provide funds to finance a new hospital and other medical buildings and improvements; fixing or setting parameters with respect to certain terms and covenants of the note(s); appointing the District's representative to approve the final terms of the note(s); and providing for other related matters.

WHEREAS, Prosser Public Hospital District, Benton County, Washington (the "District") has been duly established covering a portion of Benton County, Washington, for the purpose of owning and operating hospitals and other health care facilities and providing hospital services and other health care services for the residents of the District and other persons pursuant to the provisions of Chapter 70.44 RCW; and

WHEREAS, the District owns and operates Prosser Memorial Health, including Prosser Memorial Hospital and other District facilities (the "District Facilities"); and

WHEREAS, pursuant to chapters 35.41, 39.46 and 70.44 RCW, the District is authorized to conduct proceedings and to issue revenue bonds for the purpose of accomplishing the Project (as defined in Section 1 of this Resolution); and

WHEREAS, USDA (as defined in Section 1 of this Resolution) has provided the District with a Letter of Conditions-Community Facilities Program dated September 2, 2021, offering to make loans to the District, evidenced by five hospital revenue bonds in the maximum principal amounts of \$9,975,000, \$8,975,000, \$8,520,000, \$7,515,000 and \$9,515,000 and by two limited tax general obligation bonds in the maximum principal amounts of \$7,975,000 and \$5,025,000 to pay a portion of the costs of carrying out the Project (as defined in Section 1 of this Resolution). Chapter 70.44.110 RCW authorizes public hospital districts to issue short-term obligations in anticipation of the receipt of bond proceeds; and

WHEREAS, it is advisable for the District to construct and equip the Project (as defined in Section 1 of this Resolution and as further described in Section 2 of this Resolution); the Commission has estimated that the total costs of the Project will be at least \$78,400,000; and it is advisable for the District to provide funds for defraying a portion of the cost of the Project from the proceeds of the sale of one or more hospital revenue bond anticipation note or notes pending the issuance of the revenue and limited tax general obligation bonds; and

WHEREAS, the Commission (as defined in Section 1 of this Resolution) deems it to be in the best interests of the District to borrow money and issue one or more hospital revenue bond anticipation note or notes payable from Net Revenues (as defined in Section 1 of this Resolution)

pending the issuance of the revenue and limited tax general obligation bonds under the terms set forth in this Resolution; NOW, THEREFORE,

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

Section 1. Definitions. As used in this Resolution, the following capitalized terms shall have the following meanings:

*“Annual Debt Service”* means, for any Fiscal Year, all amounts required to be paid in respect of interest on and principal of the Revenue Note and all other long-term debt secured by a pledge of the Net Revenue of the District (excluding interest payments paid from capitalized interest deposited in the Interest Account and principal payments paid from proceeds of the Revenue Bonds and the LTGO Bonds or other obligations issued by the District).

*“Authorized Denomination”* means \$0.01 and any integral multiple thereof.

*“Chief Executive Officer”* means the Chief Executive Officer of the District or such other officer of the District who may in the future perform the duties of that office, if any.

*“Chief Financial Officer”* means the Chief Financial Officer of the District or such other officer of the District who may in the future perform the duties of that office, if any.

*“Code”* means the United States Internal Revenue Code of 1986, as amended, and applicable rules and regulations promulgated thereunder.

*“Commission”* means the Board of Commissioners of the District, acting as the legislative authority of the District, as duly and regularly constituted from time to time.

*“Construction Account”* means the account created by Section 9 of this Resolution for the purpose of paying costs of the Project.

*“Costs of Issuance Subaccount”* means the subaccount of that name created within the Construction Account by Section 12 of this Resolution from which money will be used to pay the costs associated with issuance of the Revenue Note, the Revenue Bonds and the LTGO Bonds.

*“Coverage Requirement”* means 125% of the Net Income Available for Debt Service divided by the sum of all Annual Debt Service.

*“Days Cash on Hand”* means as of the date of calculation, the District’s [unrestricted cash and cash equivalents + marketable securities and investments + board designated cash and investments for capital acquisitions] x 365 / [net operating expenses – depreciation and amortization expense – any other non-cash expenses].

*“Designated Representative”* means the officer of the District appointed in Section 4 of this Resolution to serve as the District’s designated representative in accordance with RCW 39.46.040(2).

*“District”* means Prosser Public Hospital District, Benton County, Washington, a municipal corporation of the State of Washington duly organized pursuant to the provisions of Chapter 70.44 RCW.

*“District Facilities”* means Prosser Memorial Hospital located in Prosser, Washington, and all other health care facilities now owned or hereafter acquired by the District.

*“Draws”* shall have the meaning given such term in Section 5 of this Resolution.

*“Final Terms”* means the terms and conditions for the sale of the Revenue Note including the principal amount, date or dates, interest rate or rates (or mechanism for determining interest rate or rates), and other terms or covenants.

*“Fiscal Year”* means the fiscal year of the District, as such fiscal year may change, currently, the calendar year.

*“Government Obligations”* has the meaning given in RCW 39.53.010, as now in effect or as may hereafter be amended.

*“Gross Revenue of the District”* means the proceeds of all operating and nonoperating revenues derived by the District at any time from any source, including any proceeds on deposit in any general or special fund maintained by the District, but excluding (i) all grants, donations and trust funds, including investment income earned thereon, which have been specifically restricted to a particular purpose inconsistent with the payment of expenses or debt service on any indebtedness incurred by the District, (ii) income derived from investments irrevocably pledged to the payment of any defeased bonds payable from Gross Revenue of the District, (iii) investment income earned on money in any fund or account created or maintained solely for the purpose of complying with the arbitrage rebate provisions of the Code, and (iv) all proceeds of tax levies, including any investment income earned thereon, all as determined in accordance with generally accepted accounting principles.

*“Hospital Consultant”* means any regionally recognized hospital consultant or consultants or any regionally recognized firm of certified public accountants with experience in the preparation of feasibility studies for use in connection with the financing of hospitals or evaluation of hospital operations selected by the District.

*“Interest Account”* means the account of that name created by Section 12 of this Resolution in the Note Fund from which money will be used to pay the interest on the Revenue Note.

*“Interest Payment Date”* means the first day of each month beginning with the month subsequent to closing of the Revenue Note.

*“Interest Rate”* means the rate or rates as determined by the Designated Representative and agreed to by the Purchaser.

“*Letter of Conditions*” means the letter from USDA to the District dated September 2, 2021, establishing the conditions under which USDA would loan money to the District to finance the Project and/or to repay the Revenue Note.

“*Liquidity Requirement*” means 60 Days Cash on Hand.

“*LTGO Bonds*” means the taxable limited tax general obligation bonds in one or more series authorized to be issued by Section 3 of this Resolution.

“*Maturity Date*” means September 1, 2024, or such other date as determined by the Designated Representative and agreed to by the Purchaser.

“*Net Income Available for Debt Service*” means:

(i) The excess of the operating and nonoperating revenue derived by the District from any source over all expenses and other proper charges incurred by the District plus: interest expenses on all indebtedness of the District; amortization expense of the District; and depreciation expense of the District; and less: proceeds of tax levies allocated to pay debt service on general obligation debt and all grants, donations, and trust funds, including investment income earned thereon, which have been specifically restricted to a particular purpose inconsistent with the payment of Operating and Maintenance Expenses; income derived from investments irrevocably pledged to the payment of any defeased bonds payable from Gross Revenue of the District; and investment income earned on money in any fund or account created or maintained solely for the purpose of complying with the arbitrage rebate provisions of the Code.

(ii) For purposes of paragraph (i), above, such calculation shall be made in accordance with generally accepted accounting principles and shall exclude: profits or losses resulting from the sale or other disposition, not in the ordinary course of business, of investments or fixed or capital assets; profits or losses resulting from the early extinguishment of debt; the net proceeds of insurance (other than business interruption insurance); and other extraordinary items.

“*Net Revenue*” means the Gross Revenue of the District less Operating and Maintenance Expenses incurred by the District.

“*Note Fund*” means the Revenue Note Fund, 2022 created by Section 12 of this Resolution for the purpose of paying the principal of and interest on the Revenue Note.

“*Note Purchase Offer*” means the final offer to purchase the Revenue Note from the Purchaser, setting forth certain terms and conditions of the issuance, sale and delivery of the Revenue Note, which offer is authorized to be accepted or ratified by the Designated Representative on behalf of the District, if consistent with this Resolution.

“*Note Register*” means the books or records maintained by the Note Registrar for the purpose of identifying ownership of the Revenue Note.

“*Note Registrar*” means the Chief Financial Officer, or any successor note registrar selected by the District for the Revenue Note.



“*Operating and Maintenance Expenses*” means all the operating expenses and other proper charges incurred by the District, as applicable; in each case, as determined in accordance with generally accepted accounting principles, but excluding interest, depreciation, and amortization expenses.

“*Permitted Investments*” means any lawful investments for public hospital districts under State law.

“*President*” means the President of the Commission (including the Vice President of the Commission in case of the President’s absence or disability), or any presiding officer or titular head of the Commission, or any successor to the functions of the President.

“*Principal Account*” means the account of that name created by Section 12 of this Resolution in the Note Fund from which money will be used to pay the principal of the Revenue Note.

“*Project*” means the construction of a new 25-bed critical access hospital offering clinical and support services, construction of an education center and medical office building to be attached to the hospital, construction of a maintenance support building, construction of a helipad, and other capital purposes, as deemed necessary and advisable by the District. Incidental costs incurred in connection with carrying out and accomplishing the Project, consistent with RCW 39.46.070, may be included as costs of the Project. The Project includes acquisition, construction and installation of all necessary furniture, equipment, apparatus, accessories, fixtures, and appurtenances.

“*Purchaser*” means Western Alliance Business Trust, a Delaware statutory trust, or such other corporation, firm, association, partnership, trust, bank, financial institution or other legal entity or group of entities selected by the Designated Representative to serve as purchaser of the Revenue Note.

“*RCW*” means the Revised Code of Washington.

“*Record Date*” means the Note Registrar’s close of business on the 15th day of the month preceding an interest payment date. With respect to prepayment of the Revenue Note prior to its maturity, the Record Date shall mean the Note Registrar’s close of business on the date on which the Note Registrar sends the notice of prepayment as required by the Purchaser.

“*Registered Owner*” means, with respect to the Revenue Note, the person in whose name the Revenue Note is registered on the Note Register.

“*Resolution*” means this Resolution, as originally approved by the Commission or as it may from time to time be supplemented, modified or amended.

“*Revenue Bonds*” means the taxable hospital revenue bonds in one or more series authorized to be issued by Section 3 of this Resolution.

“*Revenue Note*” means the Hospital Revenue Bond Anticipation Note, 2022 (Non-Revolving Line of Credit) authorized by this Resolution pursuant to USDA requirements, to pay

the costs of the Project pending receipt of Revenue Bond and LTGO Bond proceeds. The Revenue Note may be issued as a single note, or with multiple maturities.

“*Secretary*” means the Secretary of the Commission, or other officer of the District who is the custodian of the records and proceedings of the Commission, or any successor to the functions of the Secretary.

“*State*” means the State of Washington.

“*USDA*” means the United States of America, acting through the United States Department of Agriculture, Community Facilities Program in Rural Housing Service, an agency in Rural Development.

Section 2 The Project. The District hereby specifies, adopts and authorizes a plan for the Prosser Memorial Hospital replacement project and other capital purposes, as deemed necessary and advisable by the District (the “Project”). The total cost of the Project is estimated to be at least \$78,400,000. The Commission may make such changes prior to or during the actual construction of the Project where, in its judgment, it appears advisable.

Section 3 Authorization of the Revenue Bonds and LTGO Bonds. For the purpose of paying a part of the costs of the Project and retiring the Revenue Note, the District shall issue the Revenue Bonds and LTGO Bonds in the maximum aggregate principal amount of \$57,500,000. The District irrevocably pledges to take all actions required to issue the Revenue Bonds and LTGO Bonds in compliance with the conditions specified in the Letter of Conditions. The Revenue Bonds shall be special obligations of the District payable from Net Revenue. The Revenue Bonds shall not be general obligations of the District. The District’s full faith, credit and resources are not pledged for the payment of the Revenue Bonds. The general indebtedness to be incurred through the issuance of the LTGO Bonds shall be within the limit of up to 3/4% of the value of the taxable property within the District permitted without a vote of the qualified voters therein. The LTGO Bonds shall be general obligations of the District and the full faith, credit and resources of the District are pledged irrevocably for the prompt payment of the principal of and interest on the LTGO Bonds and such pledge shall be enforceable in mandamus against the District.

Section 4. Authorization and Description of the Revenue Note; Appointment of Designated Representative. The Chief Financial Officer, or the Chief Executive Officer in the absence of the Chief Financial Officer, is appointed as the Designated Representative of the District and is authorized and directed to approve the Final Terms of the Revenue Note, with such additional terms and covenants as the Designated Representative deems advisable, within the following parameters.

(a) The aggregate principal amount of the Revenue Note shall not exceed \$57,500,000.

(b) The Revenue Note shall bear interest at a rate or rates per annum as acceptable to the Designated Representative.

(c) The Revenue Note shall be dated as of its date of delivery to the Purchaser, which date may not be later than December 31, 2022.

(d) Interest will be payable monthly on each Interest Payment Date. Interest will be computed on the basis of a year comprised of 360 days consisting of 12 months with 30 days in a month. Principal will be due and payable on the Maturity Date.

(e) The Revenue Note shall mature on the Maturity Date.

(f) The purchase price for the Revenue Note will be at par.

The Designated Representative may accept such additional terms, conditions and covenants as the Designated Representative determines are in the best interests of the District, consistent with this Resolution.

In determining the final principal amount, date of the Revenue Note, the Interest Rate, the Designated Representative, in consultation with other District officials, staff and advisors, shall take into account those factors that, in their judgment, will result in the most favorable terms on the Revenue Note to its maturity, including, but not limited to current financial market conditions and current interest rates for obligations comparable to the Revenue Note.

Section 5. Draws on the Revenue Note. Upon satisfaction of applicable requirements of the USDA, the District may make incremental draws upon the Revenue Note (the “Draws”) on the last business day of each month up to and including August 31, 2024 during the term of the Revenue Note, or such other dates as agreed to by the Designated Representative, the Purchaser and USDA, for the purpose of providing the funds with which to pay costs of the Project. Draws may be in any dollar amount as determined by the Designated Representative, and agreed to by the Purchaser and USDA. No Draw may exceed the total amount of the costs to be paid from such Draw, and the proceeds of each Draw shall be used immediately to pay those costs. Draws shall be recorded on the Draw Record attached to the Revenue Note, or in such other form as the Designated Representative and the Registered Owner may agree. The District shall submit to the Registered Owner, with each request for a Draw, a draw certificate as provided by the Purchaser, an outlay report, and written approval from USDA for the release of funds, not less than ten days prior to the requested disbursement date (unless the Registered Owner consents to honor a Draw request on less than ten days’ advance notice).

The Commission has determined it to be in the best interest of the District that the Designated Representative be and hereby are severally authorized to make Draws in the amounts and at the times as such officials may determine hereafter in accordance with the terms and provisions set forth herein.

Each Draw shall bear interest at the Interest Rate and shall accrue from the date of that Draw on the principal amount of the Draw outstanding. Interest on the Revenue Note shall be payable on each Interest Payment Date. Principal of the Revenue Note is payable on the Maturity Date or, if earlier, the date of prepayment. If the Revenue Note is not paid when properly presented for payment on the Maturity Date or date of prepayment, the District shall be obligated to pay interest on the Revenue Note at the Interest Rate from and after its maturity or prepayment date until the Revenue Note, both principal and interest, is paid in full or until sufficient money

for that payment in full is on deposit in the Note Fund, and the District has given the Registered Owner notice that such money is available to make such delinquent payment.

Section 6. Note Registrar; Registration and Transfer of the Revenue Note.

(a) *Registration of the Revenue Note.* The Revenue Note shall be issued only in registered form as to both principal and interest and the ownership of the Revenue Note shall be recorded on the Note Register.

(b) *Note Registrar; Duties.* The District's Chief Financial Officer is the initial Note Registrar for the Revenue Note. The Note Registrar shall keep, or cause to be kept, sufficient books for the registration and transfer of the Revenue Note, which shall be open to inspection by the District at all times. The Note Registrar is authorized, on behalf of the District, to authenticate and deliver the Revenue Note transferred or exchanged in accordance with the provisions of the Revenue Note and this Resolution, to serve as the District's paying agent for the Revenue Note and to carry out all of the Note Registrar's powers and duties under this Resolution. The Note Registrar shall be responsible for its representations contained in the Note Registrar's Certificate of Authentication on the Revenue Note. The Note Registrar may become an Owner with the same rights it would have if it were not the Note Registrar and, to the extent permitted by law, may act as depository for and permit any of its officers or directors to act as members of, or in any other capacity with respect to, any committee formed to protect the rights of Owners.

(c) *Note Register; Transfer and Exchange.* The Note Register shall contain the name and mailing address of each Registered Owner and the principal amount and number of the Revenue Note held by each Registered Owner. The Revenue Note surrendered to the Note Registrar may be exchanged for a Revenue Note in any Authorized Denomination of an equal aggregate principal amount and of the same series, interest rate and maturity. The Revenue Note may be transferred only if endorsed in the manner provided thereon and surrendered to the Note Registrar. Any exchange or transfer shall be without cost to the Owner or transferee. The Note Registrar shall not be obligated to exchange the Revenue Note or transfer registered ownership during the period between the applicable Record Date and the next upcoming interest payment or prepayment date.

Section 7. Form and Execution of the Revenue Note.

(a) *Form of the Revenue Note; Signatures.* The Revenue Note shall be prepared in a form consistent with the provisions of this Resolution and State law. The Revenue Note shall be signed by the President, or Vice President if the President is unavailable, and Secretary, either or both of whose signatures may be manual or in facsimile. If any officer whose manual or facsimile signature appears on the Revenue Note ceases to be an officer of the District authorized to sign bonds before the Revenue Note bearing their manual or facsimile signature is authenticated by the Note Registrar, or issued or delivered by the District, the Revenue Note nevertheless may be authenticated, issued and delivered and, when authenticated, issued and delivered, shall be as binding on the District as though that person had continued to be an officer of the District authorized to sign bonds. The Revenue Note also may be signed on behalf of the District by any person who, on the actual date of signing of the Revenue Note, is an

officer of the District authorized to sign bonds, although they did not hold the required office on its date of issuance.

(b) *Authentication.* Only a Revenue Note bearing a Certificate of Authentication in substantially the following form, manually signed by the Note Registrar, shall be valid or obligatory for any purpose or entitled to the benefits of this Resolution: “Certificate of Authentication. This Note is the fully registered Prosser Public Hospital District, Benton County, Washington, Hospital Revenue Bond Anticipation Note, 2022, described in the Note Resolution.” The authorized signing of a Certificate of Authentication shall be conclusive evidence that the Revenue Note so authenticated has been duly executed, authenticated and delivered and is entitled to the benefits of this Resolution.

Section 8. Payment of the Revenue Note. Principal of and interest on the Revenue Note shall be payable in lawful money of the United States of America. Interest on the Revenue Note is payable by electronic transfer on the interest payment date, or by check or draft of the Note Registrar mailed on the interest payment date to the Registered Owner at the address appearing on the Note Register on the Record Date. However, the District is not required to make electronic transfers except pursuant to a request by a Registered Owner in writing received on or prior to the Record Date and at the sole expense of the Registered Owner. Principal of the Revenue Note is payable upon presentation and surrender of the Revenue Note by the Registered Owner to the Note Registrar. The Revenue Note is not subject to acceleration under any circumstances.

Section 9. Construction Account; Disposition of Revenue Note Proceeds; Costs of Issuance Subaccount.

(a) *Construction Account.* A special account to be known and designated as the Construction Account, 2022 (the “Construction Account”) is hereby created by the District. The principal proceeds received as a result of Draws on the Revenue Note shall be paid into the Construction Account and used to pay costs of the Project. In addition, on or before the date of initial delivery of the Revenue Note to the Purchaser, the District shall deposit into the Construction Account from its own funds the amount of \$2,600,000, which shall be used to pay the interest on the Revenue Note as it comes due. Interest earnings on Draws and other amounts deposited in the Construction Account, if any, shall be retained in the Construction Account and used to pay costs of the Project.

(b) *Costs of Issuance Subaccount.* A subaccount within the Construction Account to be known and designated as the Costs of Issuance Subaccount is hereby created by the District. The Costs of Issuance Subaccount shall be funded by the District on or before the date of initial delivery of the Revenue Note to the Purchaser in an amount determined by the Designated Representative and not objected to by USDA. All money in the Costs of Issuance Subaccount may be kept in cash or may be invested in Permitted Investments maturing in sufficient amounts at such times as shall be necessary to pay costs associated with the issuance of the Revenue Note, the Revenue Bonds and the LTGO Bonds. All net earnings on money and investments in the Costs of Issuance Subaccount shall be deposited in the Costs of Issuance Subaccount. If the District fails to set aside and pay into the Costs of Issuance Subaccount the amount determined above, the Purchaser may bring an action against the District to compel the

setting aside and payment of such money. Upon the repayment of the Revenue Note, all monies remaining in the Costs of Issuance Subaccount will be transferred to a similar account(s) or fund(s) for the payment of costs associated with issuing of the Revenue Bonds and the LTGO Bonds.

Section 10. Prepayment. The Revenue Note may be prepaid from proceeds of the Revenue Bonds and the LTGO Bonds, at the option of the Designated Representative, in whole or in part, on any date on or after March 1, 2023, at par, plus accrued interest to the date of prepayment, without premium.

Section 11. Failure To Pay the Revenue Note. If the principal of the Revenue Note is not paid when the Revenue Note is properly presented at its maturity or date fixed for prepayment, the District shall be obligated to pay interest on the Revenue Note at the same rate provided in the Revenue Note from and after its maturity or date fixed for prepayment until the Revenue Note, both principal and interest, is paid in full or until sufficient money for its payment in full is on deposit in the Note Fund, or in a trust account established to refund or defease the Revenue Note, and the Revenue Note has been called for payment by giving notice of that call to the Registered Owner.

Section 12. Note Fund; Pledge of Revenue Bond and LTGO Bond Proceeds; Payment Source and Lien Position of the Revenue Note.

(a) Note Fund. A special fund to be known and designated as the Revenue Note Fund, 2022 (the "Note Fund") is hereby created by the District. The Note Fund shall be divided into a Principal Account and an Interest Account. So long as any Parity Bonds are Outstanding and payable from the Note Fund, the District shall set aside and pay into the respective accounts of the Note Fund out of the Net Revenue, the proceeds of the Revenue Bonds and LTGO Bonds and the Construction Account, fixed amounts without regard to any fixed proportion, namely:

(1) Into the Interest Account such amounts necessary, together with other money on deposit therein, to pay interest next due on the Revenue Note; and

(2) Into the Principal Account such amounts necessary, together with other money on deposit therein, to pay the principal of the Revenue Note on the Maturity Date or date of prepayment.

All money in the Interest Account and the Principal Account may be kept in cash or may be invested in Permitted Investments maturing in sufficient amounts at such times as shall be necessary to pay the principal of and interest on the Revenue Note. All net earnings on money and investments in the accounts in the Note Fund shall be deposited in the Note Fund, except any earnings which are subject to a federal tax or rebate requirement may be withdrawn from the Note Fund for deposit in a separate fund or account for that purpose. If the District fails to set aside and pay into the Note Fund the amounts determined above and as set forth herein, the Registered Owner may bring an action against the District to compel the setting aside and payment of such money.

(b) Pledge of Revenue Bond and LTGO Bond Proceeds. The District irrevocably pledges to redeem the Revenue Note on the Maturity Date or date of prepayment from the proceeds of the Revenue Bonds and LTGO Bonds, or from Net Revenue.

(c) Payment Source and Lien Position. The Revenue Note is payable solely out of all Net Revenue of the District and the proceeds of the Revenue Bonds and LTGO Bonds, and shall not be a general obligation of the District. All Net Revenue of the District is pledged to the payments required to be made into the Note Fund, and the Revenue Note shall constitute a lien and charge upon such Net Revenue of the District prior and superior to any other charges whatsoever, other than the District's Master Conditional Sales Agreement by and between Banc of America Public Capital Corp and the District, which has a lien on Net Revenue on a parity with the Revenue Note.

### Section 13. Tax Covenants.

(a) Preservation of Tax Exemption for Interest on the Revenue Note. The District covenants that it will take all actions necessary to prevent interest on the Revenue Note from being included in gross income for federal income tax purposes, and it will neither take any action nor make or permit any use of proceeds of the Revenue Note or other funds of the District treated as proceeds of the Revenue Note that will cause interest on the Revenue Note to be included in gross income for federal income tax purposes. The District also covenants that it will, to the extent the arbitrage rebate requirements of Section 148 of the Code are applicable to the Revenue Note, take all actions necessary to comply (or to be treated as having complied) with those requirements in connection with the Revenue Note.

(b) Post-Issuance Compliance. The Chief Financial Officer is authorized and directed to review and update the District's written procedures to facilitate compliance by the District with the covenants in this Resolution and the applicable requirements of the Code that must be satisfied after the date of issuance of the Revenue Note to prevent interest on the Revenue Note from being included in gross income for federal tax purposes.

Section 14. Refunding or Defeasance of the Revenue Note. The District may issue refunding bonds pursuant to State law or use money available from any other lawful source to carry out a refunding or defeasance plan, which may include (a) paying when due the principal of and interest on any or all of the Revenue Note (the "defeased Revenue Note"); (b) redeeming the defeased Revenue Note prior to their maturity; and (c) paying the costs of the refunding or defeasance. If the District sets aside in a special trust fund or escrow account irrevocably pledged to that prepayment or defeasance (the "trust account"), money and/or Government Obligations maturing at a time or times and bearing interest in amounts sufficient to redeem, refund or defease the defeased Revenue Note in accordance with their terms, then all right and interest of the Owners of the defeased Revenue Note in the covenants of this Resolution and in the funds and accounts obligated to the payment of the defeased Revenue Note shall cease and become void. Thereafter, the Owners of defeased Revenue Note shall have the right to receive payment of the principal of and interest on the defeased Revenue Note solely from the trust account and the defeased Revenue Note shall be deemed no longer outstanding. In that event, the District may apply money remaining in any fund or account (other than the trust account) established for the payment or prepayment of the defeased Revenue Note to any lawful purpose.

Unless otherwise specified by the District in a refunding or defeasance plan, notice of refunding or defeasance shall be given, and selection of the Revenue Note for any partial refunding or defeasance shall be conducted, in the manner prescribed in this Resolution for the prepayment of the Revenue Note.

Section 15. Covenants. The District covenants and agrees with the Registered Owner of the Revenue Note, for so long as the Revenue Note remains outstanding, beginning with Fiscal Year 2022, to maintain compliance with the Coverage Requirement and Liquidity Requirement. If the financial reports of the District to be provided to the Purchaser as described in Section 18 (a), disclose that the Coverage Requirement or the Liquidity Requirement is not being met, the District shall retain a Hospital Consultant for the purpose of making recommendations with respect to rates, fees, charges and operations of the District with a view to restoring compliance with the Coverage Requirement or the Liquidity Requirement, as applicable, which such report shall be provided to the Registered Owner. The District, to the extent feasible and lawful, shall follow the reasonable recommendations of such Hospital Consultant. If and so long as the District complies in all material respects with the recommendations of such Hospital Consultant, and so long as Net Income Available for Debt Service is at least equal to Annual Debt Service on all outstanding debt secured by the Net Revenue of the District in any Fiscal Year for which the Hospital Consultant's recommendations are made and any subsequent Fiscal Year for which such recommendations are renewed, the Coverage Requirement and the Liquidity Requirement, as applicable, shall be deemed satisfied, and the failure of the District to comply with this covenant shall not be deemed an event of default under the Revenue Note.

Section 16. Future Debt. The District covenants and agrees that for so long as the Purchaser is the Registered Owner and the Revenue Note is outstanding it will not hereafter issue any additional debt (except refunding revenue obligations that reduce the District's Annual Debt Service and up to \$3,600,000 in equipment obligations included in the District's plan of finance included in the Letter of Conditions) or other debt or obligations which shall constitute a lien and charge against the Net Revenue prior, on a parity with or subordinate to the lien and charge against the same for payments required to be made for the Revenue Note without the prior written consent of the Purchaser, so long as the Purchaser is the Registered Owner, and USDA.

Section 17. Costs Associated with Sale of the Revenue Note. The Purchaser has presented its Note Purchase Offer, which written offer is on file with the District and is incorporated herein by this reference. The Commission finds that accepting the Note Purchase Offer is in the District's best interest and therefore accepts or ratifies acceptance of the same. The Purchaser is charging an upfront fee of 15 basis points for the Revenue Note and the District will pay directly for expenses incurred by the Purchaser in connection with the preparation and execution of the Revenue Note, including the Purchaser's legal counsel fee in an amount not to exceed \$20,000.

Section 18. Reporting Requirements. For as long as the Revenue Note is outstanding, the District shall provide (a) its audited annual financial reports within nine months after the end of the District's Fiscal Year, (b) its approved annual operating budget within one month of its adoption, (c) its interim financial information on a quarterly basis within 45 days after the end of each fiscal quarter, beginning with the quarter in which the Revenue Note is delivered to the



Purchaser, (d) monthly construction progress reports on or around the 15<sup>th</sup> day of each month, or on such other date(s) as agreed to by the District, the Purchaser and USDA, and (e) such other information that the Purchaser may reasonably request from time to time.

Section 19. Defaults and Remedies. In connection with the Revenue Note, if any of the following “Events of Default” occur, the District will work with the Registered Owner to cure such default:

(a) *Events of Default.* The following shall constitute “Events of Default” with respect to the Revenue Note:

(i) If a default is made in the payment of the interest on or principal of the Revenue Note when the same shall become due and payable; or

(ii) If the District defaults in the observance and performance of any other of the covenants, conditions and agreements on the part of the District set forth in this Resolution or any covenants, conditions or agreements on the part of the District, which default continues, and is not cured, for a period of more than 60 days after the Registered Owner has made written demand on the District to cure such failure; or

(iii) If the District files a petition in bankruptcy or is placed in receivership under any state or federal bankruptcy or insolvency law.

(b) *Suits at Law or in Equity.* Upon the happening of an Event of Default and during the continuance thereof, the Registered Owner may take such steps and institute such suits, actions or other proceedings, all as it may deem appropriate for the protection and enforcement of its rights to collect any amounts due and owing to or from the District, or to obtain other appropriate relief, and may enforce the specific performance of any covenant, agreement or condition contained in this Resolution.

Nothing contained in this Section 19 shall, in any event or under any circumstance, be deemed to authorize the acceleration of maturity of principal on the Revenue Note, and the remedy of acceleration is expressly denied to the Registered Owner of the Revenue Note under any circumstances including, without limitation, upon the occurrence and continuance of an Event of Default.

Section 20. Supplemental and Amendatory Resolutions. The District may supplement or amend this Resolution for any one or more of the following purposes without the consent of any Registered Owner of the Revenue Note:

(a) To add covenants and agreements that do not materially adversely affect the interests of a Registered Owner, or to surrender any right or power reserved to or conferred upon the District.

(b) To cure any ambiguities, or to cure, correct or supplement any defective provision contained in this Resolution in a manner that does not materially adversely affect the interest of the Registered Owner of the Revenue Note.

Section 21. General Authorization and Ratification. The Commission, Chief Executive Officer, Chief Financial Officer and other appropriate officers of the District are severally authorized to take such actions and to execute such documents as in their judgment may be necessary or desirable to carry out the transactions contemplated in connection with this Resolution, and to do everything necessary for the prompt delivery of the Revenue Note to the Purchaser thereof and for the proper application, use and investment of the proceeds of the sale thereof), and all actions heretofore taken in furtherance thereof and not inconsistent with the provisions of this Resolution are hereby ratified and confirmed in all respects. If any one or more of the covenants or agreements provided in this Resolution to be performed on the part of the District shall be declared by any court of competent jurisdiction to be contrary to law, then such covenant or covenants, agreement or agreements, shall be null and void and shall be separable from the remaining covenants and agreements in this Resolution and shall in no way affect the validity of the other provisions of this Resolution or of the Revenue Note.

Section 22. Severability. The provisions of this Resolution are declared to be separate and severable. If a court of competent jurisdiction, all appeals having been exhausted or all appeal periods having run, finds any provision of this Resolution to be invalid or unenforceable as to any person or circumstance, such offending provision shall, if feasible, be deemed to be modified to be within the limits of enforceability or validity. However, if the offending provision cannot be so modified, it shall be null and void with respect to the particular person or circumstance, and all other provisions of this Resolution in all other respects, and the offending provision with respect to all other persons and all other circumstances, shall remain valid and enforceable.

Section 23. Counterparts. This Resolution may be executed in several counterparts each of which shall be regarded as an original (with the same effect as if the signatures thereto and hereto were upon the same document) and all of which shall constitute one and the same document.

Section 24. Effective Date of Resolution. This Resolution shall become effective immediately upon its adoption.

ADOPTED and APPROVED by the Commission of Prosser Public Hospital District, Benton County, Washington, at a regular meeting thereof, notice of which was provide pursuant to law, the 27<sup>th</sup> day of January, 2022, the following Commissioners being present and voting.

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President and Commissioner

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Vice President and Commissioner

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Commissioner

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Commissioner

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Commissioner

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Commissioner

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Secretary and Commissioner

## CERTIFICATION

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

1. The attached copy of Resolution No. 1062 (the "Resolution") is a full, true and correct copy of a resolution duly adopted at a regular meeting of the Commission held on January 27, 2022, as that resolution appears on the minute book of the District; and the Resolution is now in full force and effect.

2. That such meeting was duly convened and held in all respects in accordance with law (including Proclamation 20-28 made by the Governor of the State of Washington on March 24, 2020, as extended, and acts of the legislative leadership of the State of Washington); that a quorum was present throughout the meeting through telephonic, electronic, internet, or other means of remote access, and a majority of the members of the Commission of the District so present at the meeting voted in the proper manner for the adoption of the Resolution; and

3. That all other requirements and proceedings incident to the proper adoption of the Resolution have been duly fulfilled, carried out and otherwise observed, and that I am authorized to execute this Certificate.

Dated: January 27, 2022.

PROSSER PUBLIC HOSPITAL DISTRICT,  
BENTON COUNTY, WASHINGTON

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Secretary, Board of Commissioners

January 2022

PIPER | SANDLER

# Healthcare Public Finance Update

## 2021 Year in Review and Look Ahead to 2022

### Executive Summary

In *True Detective*, Matthew McConaughey's character Rust Cohle philosophized, "Time is a flat circle. Everything we've ever done or will do, we're gonna do over and over and over again." As we head into the third year of the pandemic, this statement feels unfortunately relevant. No one has felt the ongoing sting of the pandemic more than healthcare providers as they work tirelessly to care for their communities while navigating the uncertainties and challenges that the pandemic has presented. As we close the books on 2021 and move into 2022, we hope the new year allows our provider clients to break out of the cycle and forge ahead to a brighter path.

This report provides an overview of the past year in the municipal market and looks ahead to key themes for 2022 for the market and healthcare providers.

### 2021 Municipal Market By the Numbers

**Municipal bond funds experienced 43 consecutive weeks of inflows as demand for municipal bonds remained strong in 2021.**

43

**Taxable issuance composed 59% of total long-term fixed rate healthcare supply in 2021, continuing the trend from last year of taxable financings constituting a majority of issuance.**

59%

**The average 10-year MMD yield was 0.97% in 2021. At year end, the 10-year yield has only been lower than its current rate 10.9% of the time since 2010.**

0.97%

**Aggregate 30-year "A" rated healthcare spreads declined 19 basis points to approximately 55 basis points between the beginning and end of the year.**

19

**Annual CPI rose 6.8% in November, the largest increase since 1982. The increase stoked concerns about the transitory nature of inflation.**

6.8%

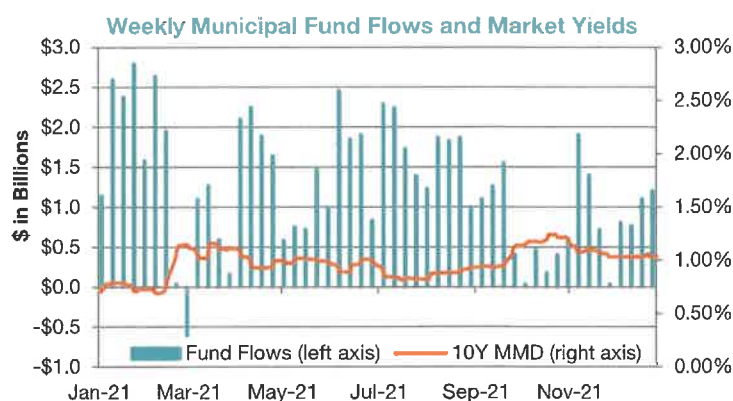
**December Fed projections indicated three prospective rate increases in 2022 as the Fed looks to combat inflation.**

3

# Healthcare Public Finance Update

## 2021 Municipal Market Overview and Trending Topics

Limited supply in early 2021 led to municipal yields staying in a tight range. However, an increase in supply and growing concerns of rising inflation lead to relatively higher Treasury and municipal yields in the fall. While increasing slightly in 2021 compared to 2020, interest rates remained near historic lows. Strong demand helped limit the increase in rates and led to a compression of credit spreads as municipal bond funds experienced inflows in every week except for one during the year.



### Taxable Issuance

As was the case in 2020 when taxable issuance exploded, healthcare borrowers continued to explore and use taxable issuance as a major financing approach in 2021. The use of taxable issuance to advance refund debt and fund discretionary borrowing needs has remained very attractive to healthcare borrowers as low rates coupled with the removal of the administrative burden of tax-exempt compliance has often made a taxable financing too enticing to pass up.

### Modernization of Security Packages

With interest rates at historically low levels, many borrowers have looked to recapitalize their debt structure. Concurrently with the restructuring, borrowers have taken the opportunity to modernize their Master Trust Indentures (MTI) to reflect market changes.

### Notable Amendments to MTIs

- “Free pass” for 1 year failure to meet 1.00x debt service coverage.
- Addition of a Force Majeure exception to coverage and liquidity covenant to negate a consultant call-in or event of default.
- Carve out of operating leases from covenant definitions negating lease accounting changes made by FASB and GASB.

### ESG Investing

Environmental, social, and governance (ESG), or sustainable finance, has seen a dramatic rise in recent years and has reached all sectors of finance including the municipal market. In a recent article the *Bond Buyer* noted that through September 2021, \$354 billion of green-labeled bonds had been issued which surpassed the amount of green issuance for all of 2020. While the majority of this issuance were corporate bonds, the discussion around ESG in the municipal market continues to grow.

### Bond Insurance

After seeing very little bond insurance in the healthcare market following the credit crisis, the use of bond insurance has increased in the last two years. Initially, insurance was utilized to increase investors’ acceptance of credit at the onset of the pandemic but now has become a strategic tool to lower borrowing costs. Importantly, insurers have not imposed restrictive covenants on highly rated borrowers.

# Healthcare Public Finance Update

## Looking Ahead to 2022

As the calendar turns to 2022, Piper Sandler is focused on rating agencies' attitudes towards the healthcare sector, Fed interest rate policy, and the sunset of LIBOR and transition to SOFR.

### Rating Agency Outlooks for 2022

Moody's and S&P began 2021 with the healthcare sector on negative outlook while Fitch had the sector on stable outlook. Halfway through the year, S&P upgraded its outlook to stable leading S&P and Fitch to end the year with a stable outlook and Moody's with a negative outlook on the sector.

All three rating agencies have published their 2022 outlooks for the healthcare sector. Moody's has kept a negative outlook as the rating agency expects 2022 operating cash flow to decline 2%-9% compared to 2021. Moody's expects nursing shortages and increased labor costs to push expenses higher while revenue growth to lag behind.

S&P has maintained a stable outlook for 2022. The rating agency believes that strong balance sheets and a pivot towards virtual health will help providers navigate challenges in 2022.

Fitch has a neutral outlook on the healthcare sector for 2022. Fitch expects margins to be pressured in the new year but will be offset by strong balance sheets. Fitch does not foresee circumstances leading to a significant deterioration of healthcare providers' financial position and substantial rating downgrades.

In 2021, upgrades outpaced downgrades for Moody's and Fitch. In their outlook report, Fitch stated they anticipate a balanced numbers of upgrades to downgrades in 2022.

Moody's INVESTORS SERVICE	S&P Global	FitchRatings
<ul style="list-style-type: none"> <li>○ Negative outlook for 2022</li> <li>○ Staffing shortages will increase labor costs and drive expense growth</li> <li>○ Repayment of Medicare advances will cut into providers' liquidity</li> </ul>	<ul style="list-style-type: none"> <li>○ Stable outlook for 2022</li> <li>○ Low interest rates and access to capital has helped provide additional flexibility</li> <li>○ Credit quality gap between stronger and weaker rated providers will likely widen</li> </ul>	<ul style="list-style-type: none"> <li>○ Neutral outlook for 2022</li> <li>○ Weaker margins will be offset by strong balance sheets</li> <li>○ Possible pause in population health due to expense environment</li> </ul>

### Fed Interest Rate Policy

At the December FOMC meeting, the Fed signaled they favor raising interest rates in 2022 at a faster pace than expected. The December Fed projections showed three rate increases in 2022 which marks a major shift from September, when Fed officials were split on the need for any increases at all in 2022. The new projections also showed another three increases in 2023 and two more in 2024, bringing the Fed funds average target rate to 2.10% by the end of 2024. In its FOMC statement, the Fed flagged concerns over the new Omicron strain, saying that "risks to the economic outlook remain, including from new variants of the virus."

# Healthcare Public Finance Update

## Sunset of LIBOR and Transition to SOFR

As people around the world counted down the end of 2021 and start of 2022, a familiar friend in financial markets said its final goodbye. LIBOR, often described as the world's most important number, saw 24 of its 35 permutations discontinued on December 31 as regulators neared completion on the winding down process of the reference rate which was manipulated during the financial crisis. Five USD LIBOR rates, including 1-month and 3-month LIBOR, will continue for 18 months until June 2023 for existing transactions but new contracts will require new reference rates.

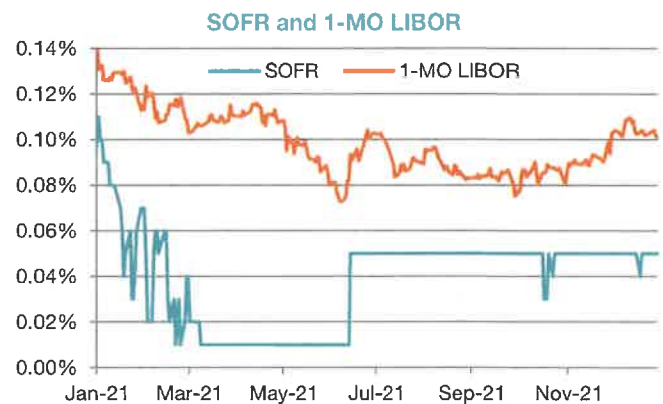
To avoid a Y2K moment for a rate tied to \$265 trillion, numerous financing regulators have worked to transition the reference rate in derivative transactions from LIBOR to an alternative rate. In the US, the Secured Overnight Financing Rate ("SOFR") was selected as the recommended replacement for LIBOR. SOFR is based on completed financial transactions while LIBOR relies on quotes from reporting banks that are not necessarily from actual financial transactions which led to insider manipulation. SOFR is calculated based on a daily volume of a nearly \$1 trillion of transactions. SOFR is highly correlated with movement in Treasury bills.

In the case of existing transactions where the reference rate will transition from LIBOR to SOFR, a spread adjustment will be added to make the rate more comparable to LIBOR and minimize the impact on borrowers and lenders.

## Conclusion

Healthcare providers were unwavering in the face of the many challenges presented in 2021, continuing to serve their communities and execute on their missions despite all the obstacles put in front of them. At Piper Sandler, we are proud to partner with healthcare providers to provide access to the capital markets, enabling them to continue to execute their mission during this extraordinary time. We look forward to continuing to partner with our clients to navigate the expected and unexpected in 2022.

*We encourage you to reach out to the banking professionals on the following page to learn more about Healthcare Public Finance at Piper Sandler.*



LIBOR Tenor	Benchmark Adjustment (%)	LIBOR Cessation Date
1-Month	Add 0.11448	June 30, 2023
3-Month	Add 0.26161	June 30, 2023
6-Month	Add 0.42826	June 30, 2023



# Healthcare Public Finance Update

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**-RADIOLOGY-  
Professional Services Agreement**

THIS AGREEMENT made and entered into this 1<sup>st</sup> day of January, 2022, by and between Prosser Public Hospital District, Benton County, Washington, d/b/a Prosser Memorial Health, a Washington non-profit corporation (hereinafter referred to as “PMH”) and Jeffrey Zuckerman, MD (hereinafter referred to as “Provider”).

**W I T N E S S E T H:**

**WHEREAS**, Prosser Memorial Health owns and operates a hospital to perform outpatient and inpatient medical and surgical services in the State of Washington and is a licensed, Medicare certified, acute care Hospital; and

**WHEREAS**, Prosser Memorial Health owns and operates medical practice offices located in the Benton City, Prosser, Grandview or Sunnyside area and such other practice sites as may be reasonably designated by Prosser Memorial Health from time to time;

**WHEREAS**, Prosser Memorial Health is desirous of contracting, to ensure the provision of professional radiology services and certain administrative functions related thereto in the PMH;

**WHEREAS**, Provider is radiologist licensed, Medicare and Medicaid certified physician, board certified in radiology; and

**WHEREAS**, Provider is willing to provide radiology services to the extent necessary to meet the radiology needs in a quality and timely manner at Prosser Memorial Health, all on and subject to the terms and conditions of this Agreement.

**NOW THEREFORE**, in consideration of the mutual promises herein contained and other good and valuable consideration the adequacy and sufficiency are acknowledged, it is agreed as follows:

**1. DEFINITIONS**

1.1. Professional Services. The professional services, duties and responsibilities to be rendered by Provider to patients of Prosser Memorial Health are listed in Appendix A attached to and hereby made a part of this Agreement. “Professional Services” include those services which:

- (a) Are personally furnished for an individual patient by a physician; and
- (b) Contribute directly to the diagnosis or treatment of an individual patient; and
- (c) Ordinarily require performance by a physician; and
- (d) Meet the additional requirements of the regulations for participation in the Medicare and Medicaid programs.

1.2. The above defined services include those that are of a type directly billable to and collectible from the Part “B” Medicare Trust Fund pursuant to the requirements of the Social Security Act and the administrative regulations promulgated by the United States Department of Health and Human Services or the Center for Medicare and Medicaid Services (“CMS”) (formerly the Health Care Financing Administration).

## **2. PROVIDER COVENANTS**

2.1. Provider agrees to assume and execute the following covenants and responsibilities:

- (a) Physician must, as a continuing condition precedent of the Prosser Memorial Health’s obligations under this Agreement and the provisions of services hereunder: (i) hold a current valid and unlimited license to practice medicine in the State of Washington; (ii) be capable and qualified to interpret/perform x-ray procedures, radiography, fluoroscopy, mammography, ultrasound, nuclear medicine, CT and MRI, (iii) stay abreast and current of technological developments and procedures relating to a radiology practice; (iv) will use reasonable efforts to maintain eligibility to provide Professional Services to patients through all managed care and third party contracts secured by or for PMH for Facility and perform, in a timely fashion, all paperwork required thereby; (v) be members in good standing on the medical staff with appropriate privileges of the Facility; (vi) be board certified in the specialty of radiology; (vii) be certified as provider for the Medicare and Medicaid programs and not be subject to any exclusion or suspension from either of such programs or any other state or federally funded health care program; (viii) be available to provide prompt consultation with physicians on the medical staff of Prosser Memorial Health as to radiological or other medical procedures performed in the Facility; (ix) exhibit high quality professional behavior and courtesy at all times as may be measured by patient satisfaction surveys or data; and (x) obtain the initial and continuing approval of PMH to provide services in its Facility. Continuing approval of an approved Provider may only be withdrawn as described below. Provider shall, upon request of PMH, provide evidence of compliance with the foregoing qualifications of Physician. Provider shall notify PMH promptly if Physician no longer meets any of the foregoing qualifications and thereafter such Physician, at PMH’s option, shall not provide any services hereunder.

2.2 Hours of Service; Other Commitments. Provider is required to provide all Professional Services required by PMH Monday through Friday, 8:00 a.m. to 5:00 p.m. excluding weekends and holidays. This schedule shall be inclusive of hours providing patient care at the facilities operated by PMH, and any and all Medical Staff obligation, consistent with the usual and customary radiology services. After business hours, (weekdays 5:00 p.m. to 8:00 a.m. weekends and holidays), PMH will contract with an external Teleradiology Service for interpretation for Radiology exams preformed.

Compensation. Hospital shall pay Provider a monthly fee of seventy-five thousand dollars (\$75,000) per calendar month to equal an annual amount of nine hundred thousand dollars (\$900,000) during the term of this Agreement.

Incentive Compensation. PMH will also pay Provider Incentive Compensation in the amount of \$48.33 for each Medicare worked RVU performed by Provider each contract year in excess of 14,074 RVU's. If any regulatory authority or legal counsel for PMH believes that the compensation paid hereunder is in excess of fair market value, the parties will renegotiate said compensation.

2.3. Provider shall ensure to provide Professional Services for the Facility during mutually acceptable hours of the Facility as established by the Provider and Prosser Memorial Health. In consultation with the Provider, PMH shall establish Providers work schedule, which schedule shall be inclusive of hours providing patient care at the facilities operated by PMH, and any and all Medical Staff obligation, consistent with the usual and customary radiology services, and shall be subject to change from time to time, as mutually agreed upon in writing by Provider and PMH.

2.4. Provider agrees to be responsible for dictating all radiological reports within 24 hours of the time Provider receives the images (excluding weekends and legal holidays), unless otherwise controlled by policies or rules or regulations of PMH. In addition, Provider agrees to be responsible for:

- (a) Diagnostic radiology interpretations will be provided during normal working hours with a work schedule which is mutually agreeable between the PMH and Provider. Normal working hours is defined as being between the hours of 8:00 AM and 5:00 PM, Monday through Friday, not including holidays and weekends. All emergent after hour's radiology images will be transmitted to a Teleradiology company via teleradiology equipment and lines provided and maintained by the PMH for a final interpretation. PMH has defined "STAT" studies to be read within 20 minutes and "emergent" studies within 30 minutes.
- (b) PMH, when referring exams for diagnostic radiology interpretations, will provide Provider with pertinent medical history for radiological services.
- (c) Provider will provide consultation to physicians on diagnostic imaging studies which are interpreted by Provider with consultation occurring during normal working hours.
- (d) Interpretations to be provided will be for all diagnostic modalities provided by PMH including interventional, invasive or other procedures requiring the presence of a radiologist. Examinations that do not produce appropriate images as determined by Provider will not be interpreted.

2.5. Insurance. Prosser Memorial Health will obtain and maintain medical professional malpractice insurance covering Provider with limits of not less than those established and in effect from time to time for qualification in the State of Washington, but never less than One Million

Dollars (\$1,000,000.00) per individual claim and Three Million Dollars (\$3,000,000.00) annual aggregate professional liability. Insurance coverage shall provide coverage for incidents, claims and suits arising from activities performed pursuant to this Agreement which are reported during the Agreement period, as well as for incidents, claims and suits arising from activities performed pursuant to this Agreement which are reported after termination of this Agreement.

2.6. Compliance With laws, Rules and Regulations. In the performance of Professional Services, Administrative Services or any other services hereunder, Provider, shall at all times comply and ensure with the terms of this Agreement, PMH's policies and procedures, all standards of the profession and the specialty of diagnostic radiology, and all laws, standards and regulations, including those of the Occupational Safety and Health Administration, the Joint Commission on Accreditation of Healthcare Organizations, the Medicare and Medicaid programs, Health Insurance Portability and Accountability Act of 1996, and PMH's medical staff bylaws and rules and regulations. Prosser Memorial Health warrants that to the extent it bills for radiology services, it will perform such function in conformance with applicable law and Medicare regulations. Provider shall be allowed, at its request, to review the billing techniques used by PMH (including a review of actual claims submitted) relating to radiology services. The review may be performed before, during and after termination of this Agreement at Provider's discretion.

2.7. Support Growth of Prosser Memorial Health in Communities Served. Provider agrees to work with Prosser Memorial Health to develop new health care opportunities and services at the Facility. Subject to a mutually agreed upon time commitment and schedule, Provider shall assist PMH in its efforts to obtain and negotiate alternative delivery system and managed care contracts and shall cooperate promptly as requested by PMH to achieve a mutually acceptable contractual arrangement with third party payors.

2.8. Managed Care Arrangements. With respect to all services provided pursuant to this Agreement, PMH and Provider mutually agree each shall use reasonable efforts to enter into managed care plans or other third party plans. Provider shall use reasonable efforts to seek and obtain agreements for participation in all such contracts.

- (a) Both parties, in responding to complaints and inquiries of patients concerning services of the Radiology Department and, upon request of the other party, shall furnish an analysis of complaints and recommendations for correcting deficiencies.
- (b) Assist the PMH in assuring the community standard of quality is maintained in the Radiology Department. Upon request, assist Hospital Medical Staff in the maintenance and implementation of credentialing, quality assurance and utilization review programs.
- (c) Assist in the development of well-defined utilization review criteria for patients of the Radiology Department to assure appropriateness of treatment.
- (d) Notify the Administrator of PMH of any actions for malpractice that are served against Physician and of any disciplinary proceedings instituted against Physician relating to this Agreement.

2.9. Medical Records. Provider shall use all reasonable efforts to complete, in a legible and appropriate manner, dictated reports made for all services rendered in the Facility and assist in maintaining the confidentiality of such records as required by law. All charts and medical records of patients seen in the Radiology Department shall be the property of Prosser Memorial Health.

2.10. Quality Assessment and Improvement and Care Management Initiatives. Provider agrees to participate in quality improvement and care management initiatives of PMH upon request. Such obligations shall include participation in the electronic medical record and all other information system initiatives of PMH. Provider also shall be responsible to undertake quality assessments on their interpretations to satisfy any Joint Commission on Accreditation of Healthcare Organization requirements.

### 3. OTHER MATTERS

3.1. Facility, Supplies, Equipment. Hospital shall provide such Facility, space, equipment, supplies, and support (e.g., nursing and technical personnel) services Prosser Memorial Health deems necessary to ensure, in its discretion, the adequate provision of radiology services at the Facility, teleradiology services, and for the proper functioning of the Radiology Department.

3.2. Billing. Except as otherwise provided herein, Prosser Memorial Health shall be solely responsible for billing and collection of the Professional Services performed by Provider performed hereunder. Hospital agrees its charges for Professional Services shall be reasonable.

- (a) PMH shall bill the Facility fee for services hereunder and Provider agrees not to render any bill for such Facility service. Provider shall not bill for Administrative Services hereunder.

3.3. Information Sharing. Provider and Prosser Memorial Health mutually agree each shall share information with each other as reasonably necessary to facilitate billings and collections with respect to services provided hereunder for which an assignment of the right to bill and collect has been made. PMH shall be deemed to have breached this Agreement if it fails to provide to Provider such information as requested by Provider within five (5) days of the date of the request. Such request may be oral or in writing.

3.4. Medicare Assignment. Provider shall accept Medicare assignment, as provided in applicable sections of the Social Security Act, with respect to all Professional Services rendered to patients in the Facility.

3.5. Independent Contractor. It is expressly acknowledged by the parties hereto that Provider is an "independent contractor" with respect to PMH and that nothing in this Agreement is intended nor shall be construed to create an employer/employee relationship, a joint venture relationship, or a lease and landlord/tenant relationship, nor to allow PMH to exercise control or direction over the manner or method by which the Provider performs the Professional Services, provided always, that the Professional Services to be provided hereunder by Provider shall be provided in a manner consistent with the standards of the professional and the specialty and in accordance with the provisions of this Agreement.

It is agreed that:

- (a) Neither Provider will be treated as an employee of PMH for any purpose.
- (b) In the event that the Internal Revenue Service, State of Washington Department of Revenue, or any other governmental agency should question or challenge the independent contractor status of Provider, it is agreed that PMH shall have the right to participate in any discussion or negotiation occurring with such agency or agencies, irrespective of whom or by whom such discussions or negotiations are initiated.

3.6. Access to Books and Records. Prosser Memorial Health and Provider mutually agree to provide, upon written request in accordance with 42 C.F.R. § 420.304, reasonable access to its books and records to the extent necessary for duly authorized representatives of the Comptroller General of the United States or the Secretary of the United States Department of Health and Human Services to evaluate the nature and extent of costs of Medicare reimbursable services provided under this Agreement. Such access shall be allowed for a period of four (4) years after such Medicare reimbursable services are furnished.

3.7. If Medicare reimbursable services provided by Provider under this Agreement are carried out by means of a subcontract with any organization "related to" Provider, as defined in 42 C.F.R. § 420.301, and such related organization provides services the cost or value of which is \$10,000 or more over a twelve-month period, then the subcontract between Provider and the Physicians and the related organization will, until the expiration of four (4) years after the furnishing of Medicare reimbursable services pursuant to said subcontract, upon proper request made in conformance with 42 C.F.R. § 402.304, allow the Comptroller General of the United States, the Secretary of Health and Human Services, and their duly authorized representatives access to the subcontract and to the related organization's books, documents, and records as necessary to certify the nature and extent of costs of Medicare reimbursable services provided under the subcontract.

3.8. Notices. Any notice required to be or which is given hereunder shall be in writing and shall be sufficiently given if personally delivered, if delivered by recognized overnight delivery service (such as Federal Express) or if deposited in the U.S. Mail, postage prepaid, certified mail, return receipt requested, addressed as follows:

If to Hospital:

Prosser Public Hospital District,  
Benton County, Washington,  
d/b/a Prosser Memorial Health  
Attn: Administrator  
723 Memorial Street  
Prosser, WA 99350

If to Provider:

Jeffrey Zuckerman, MD  
3603 West 48<sup>th</sup> Ave  
Kennewick, WA 99337

Either party may change the address for notice by a notice given in conformance herewith.

3.9. Assignment. Neither party, PMH or Provider may assign this Agreement in whole or in part. This Agreement may be amended during its term only by a writing signed by both parties which is attached hereto as an addendum.

3.10. Execution. This Agreement and amendments thereto shall be in writing and executed in multiple copies on behalf of Prosser Memorial Health by a duly authorized official, on behalf of Provider by a duly authorized official. Each multiple copy shall be deemed an original, but all multiple copies together shall constitute one and the same instrument.

3.11. Integration. This Agreement supersedes all previous contracts and constitutes the entire agreement between the parties hereto. Provider shall be entitled to any benefits other than those specified herein. No oral statements or prior written material not specifically incorporated herein shall be of any force and effect, and no changes in or additions to this Agreement shall be recognized unless incorporated herein by amendment as provided herein, such amendment(s) to become effective on the date stipulated in such amendments. Provider specifically acknowledges that in entering into and executing this Agreement, shall rely solely upon the representations and agreements contained in this Agreement and no others.

3.12. Jurisdiction and Venue; Governing Law. The parties agree that personal jurisdiction and venue with respect to any controversy or dispute arising hereunder shall be appropriate in the courts located in Prosser, Washington, and no party or person may object to personal jurisdiction in, or venue of such courts or assert that such courts are not a convenient forum. Washington State law shall govern the interpretation of this Agreement.

3.13. Waiver. No waiver of any covenant, condition or limitation herein contained shall be valid unless in writing and duly executed by the party to be charged therewith, and no evidence of any waiver or modification shall be offered or received in any proceeding between the parties arising out of or affecting this Agreement or the rights or obligations of any party hereunder, unless such waiver or modification is in writing and signed by the parties thereto. No waiver of any provision hereof shall be construed as a waiver of any other provision hereof.

3.14. Severability. Should any provision of this Agreement be found by any court to be invalid or unenforceable for any reason, the invalidity or unenforceability of such provision shall not affect the validity of the remaining provisions hereof.

3.15. Statement of Intent. The parties acknowledge and agree that it is their intent to comply at all times with the fraud and abuse and physician self-referral laws. Both parties acknowledge and agree that all compensation herein complies with fair market value in the communities of the Facility and no part of the compensation is intended or shall induce a referral. In the event that any government representative shall question the legality of any term or provision hereof the parties shall consult legal counsel and make every effort to make confirming amendments.

3.16. No Offer. This Agreement is not effective until signed by all parties hereto. Presentation of it for consideration in combination with correspondence and oral discussion shall not



constitute an agreement binding on any party. No party shall be bound unless and until all parties sign a final written agreement.

3.17. Radiology Services. During the duration of this agreement, Provider has exclusive rights to the interpretation of all imaging services performed in the Prosser Memorial Health and affiliated clinics that include but are not limited to ultrasound, radiography, fluoroscopy, MRI, mammography, nuclear medicine, and computed tomography. The addition of any imaging related services will fall under this exclusive agreement. Echocardiography, ABI and carotid ultrasound requested by the hospital medical staff and all vascular imaging will be interpreted by Provider, unless otherwise specified by the ordering provider.

3.18. Agreement Not to Compete: The parties agree that during the term of this Agreements and/or for a period of two (2) years from the date of termination of employment of Provider (the "Noncompetition Period"), Provider will not, within a twenty (20) mile radius of Prosser Memorial Hospital (the "Noncompetition Area"), directly or indirectly participate or otherwise engage in Radiology Services, or enter into an agreement to do so, or solicit patients or customers for radiological services or products with regard to such services, or agree to do so, whether as principal, agent, employee, or independent contractor, or through the agency of any corporation, partnership, association, or other entity without the expressed prior written consent of the Prosser Memorial Health. Furthermore, in the event PMH terminates this Agreement without cause or materially breaches this Agreement then this covenant shall be deemed null and void. Notwithstanding anything to the contrary contained herein, if Provider chooses to enter private practice within the aforementioned mileage or time restriction while continuing on the active staff of Prosser Memorial Health, PMH, at its sole election, may choose to waive this covenant.

(a) Because of the difficulty of measuring the economic loss suffered by Prosser Memorial Health as a result of a violation of this Section, a reasonable estimate of the damages to be suffered by Hospital in such instance, will be the amount which Provider will have earned in compensation pursuant to this Agreement during the six (6) months preceding termination of employment plus the amount equal to recruiting fees and that liquidated damages equal to that aggregate amount shall be payable by Provider to PMH in the event of violation of the noncompetition agreement made under this Agreement.

#### **4. TERM AND TERMINATION**

4.1. Term. The term of this Agreement shall be for a period beginning on and effective as of January 1, 2022 and expiring on December 31, 2024. This Agreement may automatically renew for successive one (1) year terms.

4.2. Termination. This Agreement may be terminating in any of the following events:

- (a) Expiration. This Agreement shall be terminated on the expiration of its original term or expiration of any renewal term, in either case on six months' prior written notice.
- (b) Consensual. Prosser Memorial Health and Provider may terminate this Agreement, with 90 days notice at any time on any terms to which the parties mutually agree in writing.

- (c) Without Cause. It is agreed that Provider may terminate this agreement at any time without cause with one hundred eighty (180) days written notice to PMH. It is further agreed that PMH may terminate this agreement at any time without cause with one hundred eighty (180) days written notice to the Provider.
- (d) Specific Breach by Provider. In the event Provider fails by omission or commission to provide the services specified in this Agreement, or otherwise breaches the terms and conditions of this Agreement, or there are several documented patient, physician and/or staff complaints concerning community standard quality of care or service, and any such failure or breach, continues for a period of ten (10) days after written notice, this Agreement may be terminated at the option of Prosser Memorial Health upon written notice to Provider.
- (e) Specific Breach by Hospital. If Provider notifies PMH in writing that PMH has defaulted in the performance of any obligation under this Agreement, and such default is not fully cured within ten (10) days following the giving of such notice, Provider shall have the right to immediately terminate this Agreement.
- (f) Legislative or Administrative Regulation. In the event there shall be a change in, or clarification of the Medicare or Medicaid laws, regulations, general instructions or application thereof, or in the interpretation of or regulations implementing the fraud and abuse laws or the so-called Stark law, or in the event of the passage of new legislation by any legislative body, any of which materially affect this Agreement or the reimbursement hereunder or which, in the view of legal counsel to either party (i.e., Provider and PMH), violates any law, then either party to this Agreement may on notice to the other propose a revision designed to modify the Agreement to make it comply with applicable law or interpretations. Upon notice of such a proposed new provision, if the parties are unable within thirty (30) days to negotiate and agree upon modifications bringing it into compliance, either party may terminate this Agreement by giving written notice to the other.
- (g) Effect of Termination. The expiration of this Agreement, or its earlier termination, with or without cause, shall not require compliance with any Medical Staff hearing or other procedures and shall automatically result in the termination of the Medical Staff membership and privileges at Prosser Memorial Health. Physician agrees that his/her Medical Staff membership and privileges at Prosser Memorial Health will terminate without any notice or right to any hearing. Upon expiration or earlier termination of this Agreement, with or without cause, Physician shall vacate the space in each Facility and surrender all furniture, fixtures and equipment therein forthwith upon demand of the applicable Hospital Affiliate. Any right of either party of this agreement to terminate this Agreement or any part thereof may be

exercised by either party terminating either the entire agreement or only the application of the Agreement as it relates to services at the Facility.

IN WITNESS WHEREOF, the parties hereto have caused their signatures and seals to be affixed on the date hereinabove indicated.

**JEFFREY ZUCKERMAN, MD**  
**3603 West 48<sup>th</sup> Ave**  
**Kennewick, WA 99337**

**PROSSER PUBLIC HOSPITAL DISTRICT,**  
**BENTON COUNTY, WASHINGTON,**  
**D/B/A PMH MEDICAL CENTER**

Jeffrey Zuckerman, MD

Craig J. Marks

By: \_\_\_\_\_

By: \_\_\_\_\_

Its: Physician

Its: CEO

## APPENDIX A

### Professional Radiology Services

Provider shall provide diagnostic radiology services to patients upon the request for a consultation of an attending physician. Such diagnostic radiology services for which payment will be made hereunder shall be limited to requests for diagnostic radiology services performed by a radiologist as a result of a consultation requested by another physician. Provider agrees:

(1) To perform radiographic, MRI, CT, and diagnostic interpretations of images deemed appropriate for interpretation by Provider after coinciding the equipment and personnel used to create the images.

(2) To interpret films ordered as may be a part of the pre-employment physical examination or any subsequent reexamination of a PMH employee or leased to PMH, and to interpret films ordered as a result of any employee incident. The term "employees" as used herein shall include, without limitation by reason of specification, interns, residents, student nurses, and other students in any department or program of PMH. Prosser Memorial Health agrees to reimburse the Provider reasonable and fair market rates for these aforementioned services provided in conjunction with the PMH's employee health program or workers compensation insurance plan.

(3) To prepare in a timely fashion dictated reports of radiological interpretations, and consultations as referenced in Section 2.2.

(4) Provider will provide consultation to physicians on diagnostic imaging studies which are interpreted by Provider with consultation occurring during normal working hours. Provider will not provide consultation on diagnostic radiology studies which are interpreted or performed by physicians not employed by or contracted with Provider.

(5) Provider will participate with Prosser Memorial Health to provide Quality Assurance for studies interpreted by Provider.

(6) Quality Assurance studies for diagnostic radiology studies interpreted by physicians **not** employed by Provider will be provided by an outside service chosen by the Hospital.

(7) Participate in the evaluation and, as requested, development of the Radiology Department's policies and procedures.

(8) As may be requested by the Medical Staff Committee, assist development and implement quality assurance activities including audit/monitoring mechanisms and to assist in the evaluation of the utilization of radiology services by the general medical staff.

## APPENDIX B

### Administrative Services

Provider covenants and agrees to assume primary responsibility for the management and supervision of the professional medical activities in the specialty of radiology at the Facility and to devote its best efforts and energies in the discharge of this responsibility, including, without limitation by reason of its specification:

1. Provider will assist the Prosser Memorial Health to provide medical direction and medical management for the provision of radiology services at the Facility;
2. To work in conjunction with the radiology director, or other hospital personnel as may be necessary to develop and maintain policies, procedures and protocols related to the provision of radiology services at the Facility;
3. To respond to requests for recommendations from the administration regarding the number and types of employees necessary for the provision of radiology services and suggested qualifications, and in conformity with the personnel policies and practices of the Facility;
4. To assist in recruitment of qualified radiologists as Prosser Memorial Health determines are necessary for the efficient provision of radiology services at the Facility;
5. To cooperate with the chief administrative person within the Facility so as to facilitate the efficient and orderly provision of radiology services so as to meet the needs of physicians, patients and employees using the Facility and in accordance with such standards of quality as may from time to time be established by Hospital.
6. Provider will assist the Medical Staff in designing and delivering education and training programs for the medical staff, hospital personnel, residents and students.
7. Work in conjunction with the Prosser Memorial Health to establish and maintain the community standards of radiology services. Diagnostic services shall be implemented as agreed upon by the appropriate representatives of the Medical Staff of PMH and the Physician and approved by Hospital.
8. To participate in the review, in cooperation with the facility administration, of an itemized budget for the provision of radiology services for each fiscal year, which shall include equipment, remodeling, and a list of the goals and objectives for the ensuing year.
9. To recommend, subject to the limitations herein and in the aforesaid budget, appropriate equipment and supplies as determined by Provider and Prosser Memorial Health to be necessary or desirable for the provisions of radiology

services; provided, however, all purchases made hereunder shall be made through PMH's purchasing agent in accordance with PMH's purchasing policies;

10. To assist the administration of the Facility in the financial and billing aspects and functions related to the provision of radiology services;
11. To promote, as mutually agreed upon, the Facility radiology services within the professional community;
12. To cooperate in initiating and maintaining accurate and complete medical records, including a proper filing system therefore, for all patients receiving radiology services. Such patient medical records shall be retained in original form for a period of not less than five (5) years; thereafter, said patient records shall be reproduced on microfilm and retained indefinitely;
13. To create and compile a record of the provision of radiology services as reasonably requested by PMH;
14. To assist Prosser Memorial Health in complying with the requirements of the Health Insurance Portability and Accountability Act of 1996.

## APPENDIX C

### Performance Standards

- In performing services under this Agreement, Physician shall comply with the following performance standards.
1. Promote cooperation and teamwork among other physicians and other employees and personnel of Prosser Memorial Health;
  2. Develop standardization of radiology practices, policies and procedures in coordination with Radiology Department Director;
  3. Attend all required management and Medical Staff meetings;
  4. Assist Prosser Memorial Health as requested in the efficient and effective day to day management of radiology services;
    - A. Regular punctuality is an important part of performance standards. Any tardy should be reported to the department director as soon as aware. Excessive tardiness may result in progressive discipline. HR Policy 865-1036.
  5. Respond to patient and referring physician needs and concerns regarding patient diagnosis and treatment as expeditiously as reasonably possible;
  6. Support Prosser Memorial Health's overall quality improvement and quality assurance initiatives;
    - A. As requested by the Medical Staff Committee, assist development and implement quality assurance activities including audit/monitoring mechanisms and to assist in the evaluation of the utilization of radiology services by the general medical staff.
    - B. Quality Assurance studies for diagnostic radiology studies interpreted by physicians not employed by PMH will be provided by and outside service chosen by Prosser Memorial Health.
  7. Adhere to all Policies and Procedures adopted by Prosser Memorial Health;
  8. Adhere to such other performance standards as established by Prosser Memorial Health from time to time.
  9. Promote and adhere to Prosser Memorial Health Mission, Vision, Values, and Standards of Behavior.

10. Promote and participate in community outreach, education, and events.
11. Communication of concerns will be directed initially to radiology department director within a timely and reasonable period. If the radiology director is not available concerns can be taken to the chief nursing officer for timely follow-up.
  - A. Communication steps will be as follows:
    - (i) Verbal
    - (ii) Written follow-up
    - (iii) Meeting with pertinent parties initiated and coordinated by department director.
    - (iv) Written summary provided to all pertinent parties after meeting held.



**TELERADIOLOGY MASTER SERVICES AGREEMENT**

DATED 16 December 2021 (“EFFECTIVE DATE”) BY AND BETWEEN:

REAL RADIOLOGY, LLC, a Delaware Limited Liability Company (“Real Radiology”)  17310 Wright Street, Suite 103 Omaha NE 68130	Benton County Health District, a Washington Corporation (“Client”) Benton County Health District dba Prosser Memorial Health, 723 Memorial Street Prosser, WA 99350
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**RECITALS**

Whereas, Client provides imaging and diagnostic radiology services to medical patients; and

Whereas, Real Radiology provides teleradiology services to hospitals, imaging centers, medical groups, physician offices, and various health care providers; and

Whereas, Client desires to engage Real Radiology to provide teleradiology services to assist Client in providing prompt and cost-effective radiology reading services, and Real Radiology desires to provide such services upon the terms and subject to the conditions in this Agreement.

NOW, THEREFORE, in consideration of the mutual agreements and covenants contained herein, the parties agree as follows:

1. **Retention of Real Radiology.** Client hereby retains Real Radiology to provide, and Real Radiology hereby agrees to provide, teleradiology services to Client upon the General Terms and Conditions and as further provided in Exhibit A attached to this Agreement. The parties may subsequently revise Exhibit A by having an authorized representative from each party execute a new Exhibit A addendum. This Teleradiology Master Services Agreement and any Exhibit associated with this Agreement is not valid until signed by an authorized representative of Real Radiology and Client.
2. **Counterparts.** This Master Services Agreement and Exhibit A hereto may be executed in counterparts, each of which shall be deemed an original and all of which shall constitute one and the same instrument. Any signature on a copy of this Master Services Agreement or Exhibit A sent by electronic transmission or facsimile shall be deemed an original and shall be admissible as evidence of the document and the signer’s execution.

IN WITNESS WHEREOF, the parties hereto have executed this Master Services Agreement by their duly authorized representatives.

Benton County Health District, Inc.

REAL RADIOLOGY, LLC

\_\_\_\_\_  
Craig Marks, CEO

\_\_\_\_\_  
Jon Jaksha, MD, Managing Partner

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**TELERADIOLOGY MASTER SERVICES AGREEMENT  
GENERAL TERMS AND CONDITIONS**

**1. General Terms and Conditions.** These General Terms and Conditions form and are a part of the Teleradiology Master Services Agreement and are incorporated therein.

**2. Duties of Real Radiology.**

**2.1 Time.** Real Radiology shall be on-call to provide the Services (as defined in Section 2.2) during the days and hours of coverage as specified on Exhibit A (the "Hours of Coverage").

(a) Turnaround Time. Turnaround Time (TAT) as specified in Exhibit A shall be defined as and understood to mean for purposes of this agreement as follows: "the time Real Radiology receives all images and pertinent priors, and the order is appropriately confirmed, to the time the report is available to be viewed by the Client".

**2.2 Services.** Real Radiology shall provide (through one or more physicians, each a "Reader"), during the Hours of Coverage, the following services ("Services") to Client for images or studies of the type and within the scope specified on Exhibit A (the "Scope") that are received by Real Radiology at the reading site designated by Real Radiology (the "Reading Site") from each service site of the Client as mutually designated by Client and Real Radiology a ("Service Site"):

(a) Review of the images or studies received by Real Radiology at the Reading Site designated by Real Radiology from a Service Site of Client;

(b) Prepare a report in the form designated by Real Radiology (the "Report"), interpreting Client's sent data and images, providing diagnoses based thereon, recommendations for further diagnostic procedures, and such other services reasonably related thereto as are customarily rendered by diagnostic radiologists and considered part of the professional component of radiology services;

(c) Transmit the Report by means mutually agreed to by Real Radiology and Client in writing to the Service Site of Client; and

(d) Have a Reader available for a telephone consultation with a physician at the Service Site of Client during the Hours of Coverage.

(e) To maintain a quality assurance program, following the Radpeer model including a 2% peer review of all studies; to make results accessible, to maintain consistency, and to strive to hold reporting discrepancies to a minimum.

Real Radiology will have no authority, directly or indirectly, to perform and will not perform any medical or other services requiring any other professional, facility, clinical or agency licensure.

**2.3 Qualifications of Readers.** Each Reader for Real Radiology shall:

- (a) be a physician licensed and in good standing to practice medicine in the state where the Service Site of Client is located;
- (b) maintain medical staff privileges at Client or affiliated hospital, if required by Real Radiology and Client; and
- (c) be United States Board Certified or Board Eligible in Radiology.

**3. Duties of Client.**

**3.1 Equipment, Security, and Supplies.** Client shall provide or arrange for the following items, at no cost to Real Radiology:

- (a) computer hardware and software that is compatible with Real Radiology's hardware and software, to be used at each of the Service Sites of Client;
- (b) network and security systems that are compatible with Real Radiology's network and security systems, to be used at each of the Service Sites of Client;
- (c) T-1 Internet Access (or other high-bandwidth internet connectivity) from each of the Service Sites of Client and facsimile, telephone, and other communications equipment to be used at each of the Service Sites of Client; and
- (d) any supplies, services, maintenance, repairs, and upgrades reasonably required at the Service Sites of Client in connection with the foregoing.

**3.2 Function and Compatibility of Equipment and Software.** Client shall cause all of the equipment and software and supplies referenced in Section 3.1 to be fully functional and fully compatible with Real Radiology's equipment, software, and supplies at all times from the Effective Date throughout the term of this Agreement, subject to reasonable periods of short duration, not to exceed one business day, during which maintenance, repair, upgrade or replacement may be required.

**3.3 Personnel.** Client shall employ or cause to be employed at each of the Service Sites of Client, physicians and/or certified radiological technologists, who are trained in using the computer hardware and software at the Service Sites of Client to properly transmit images to the Reading Sites of Real Radiology.

**3.4 Final Interpretations.** For all Services provided by Real Radiology and its Readers that are "preliminary" interpretations, as such term is used and understood in the radiology community, Client will perform the "final" interpretation as soon as possible following the delivery of the preliminary interpretation, and, in any event, within the professional standards and timelines promulgated by the

American College of Radiology. Study Archiving for a minimum of 7 years, or to the age of majority plus seven years for pediatric patients.

**3.5 Maintenance of Digital Images, Films, and Patient Records.** Client shall maintain all radiographic digital images, films, and related patient records pertaining to images and studies interpreted by the Readers of Real Radiology in accordance with applicable federal and state laws and shall discharge any obligation that Real Radiology and/or the Readers may have under such laws with respect to such films, images and records, including but not limited to the preservation of confidentiality at the Service Sites at Client. Upon request by Real Radiology or the Readers (whether during or after the term of this Agreement), for reasonable business purposes, including patient treatment or in connection with a professional liability claim, the Client shall provide access to and copies of such films and records by the requesting party or its authorized agent, to the extent allowed by applicable law. Client shall make available to Real Radiology all records of Client which are necessary or appropriate for Real Radiology to render the Services required under this Agreement, subject to all applicable laws governing privacy of medical records.

**3.6 Additional Obligations of Client.**

(a) If Client or its agent or representative at a Service Site at Client experiences difficulty in transmitting or receiving an image to or from the Reading Site of Real Radiology, Client shall notify Real Radiology of such difficulty by telephone immediately within one hour of the occurrence of such difficulty. Neither Real Radiology nor its Readers shall be responsible for delays caused by insufficient patient information, receipt of incomplete or inadequate images at the Reading Site of Real Radiology, or facsimile or other reception or connectivity failure at a Service Site of Client.

(b) Each party shall cooperate with the other party in the delivery of the Services to be provided under this Agreement, including providing reasonable assistance to Readers seeking medical staff privileges at Client. Client shall waive or pay for any credentialing, application, medical staff dues, fee renewals, and or any other fees that are needed for the Readers to obtain and maintain the appropriate staff privileges and credentialing at Client. Real Radiology shall not be responsible for the payment of such fees if any are required.

(c) Client shall be responsible for obtaining any necessary informed consents and any other necessary or advisable authorizations from patients and third-party payors relating to the provision of teleradiology services, including for the Services rendered under this Agreement, and use of the patient medical record in accordance with the terms of the Agreement.

(d) Client shall maintain all required and appropriate licenses and accreditations with appropriate governmental agencies, including Medicare, Medicaid, and other payor certifications for Client to operate as a medical care provider and provide and bill for radiology services. Client shall comply with all applicable billing requirements (under Medicare, Medicaid, and other governmental programs, state law, any managed care agreement, insurance program, third party payor agreement or otherwise) pertaining to the provision of the Services covered by this Agreement for which Client may render a bill

or claim for payment. Client shall comply with all applicable federal, state, and local laws, rules, and regulations and Joint Commission standards of accreditation related to electronic data transmission, security, and privacy, including, but not limited to, the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Health Economic and Clinical Health Act ("HITECH"), as amended, supplemented and replaced from time to time.

#### **4. Compensation.**

**4.1 Amount of Compensation.** Client shall pay Real Radiology the compensation set forth on Exhibit A attached hereto and incorporated by reference, which Exhibit may be amended from time to time by Real Radiology upon thirty (30) days written notice to Client. The parties agree that the compensation set forth in Exhibit A represents the fair market value for comparable services rendered in the area. Client acknowledges that its obligation to pay Real Radiology for the Services is in no way conditioned upon Client's ability to bill and collect from its patients or their insurers for any of the Services.

**4.2 Billing.** Real Radiology shall invoice the Client in accordance with the terms set forth in Exhibit A. All billing disputes must be presented to Real Radiology within 30 days of the invoice date and resolved no later than 45 days from the billing date.

**4.3 Payment.** All compensation payable to Real Radiology under this Agreement shall be paid by Client within thirty (30) days of the date of the invoice from Real Radiology for the Services rendered by Real Radiology. Payments made by credit card will include a surcharge of 3% of the invoice amount for use of the credit card (including but not limited to American Express, MasterCard, Visa, Discover, or other credit cards). Client shall not withhold any sums from the amounts payable to Real Radiology for tax or any other purpose. Real Radiology shall be responsible to report to the appropriate taxing authorities the amounts received under this Agreement consistent with being an independent contractor. A late charge of one and one-quarter percent (1¼ %) per month (or the maximum rate permitted by law if less) of any amount remaining unpaid after thirty (30) days from the date of the invoice from Real Radiology shall be charged to Client and added to the amount owed to Real Radiology by Client. If any amount is not paid by Client when due and is given to a third party for collection, or if a suit or any arbitration or other proceeding is commenced under this Agreement that relates to or includes a late or non-payment claim, Client agrees to pay, in addition to the unpaid amounts for services rendered under this Agreement and late charges, any fees, expenses, costs, charges and all other amounts (including but not limited to attorneys' fees and costs of investigation) incurred by Real Radiology to collect, sue or pursue any such collection, arbitration or other proceedings on this Agreement.

**4.4 Referrals.** The parties acknowledge that none of the benefits granted Client or Client physician employees or contractors, or Real Radiology is conditioned on any requirements that Real Radiology or any of its Readers make referrals to, be in a position to make or influence referrals to, or

otherwise generate business for Client. The parties further agree that physician services provided hereunder are non-exclusive and physicians, including the Readers, may establish privileges at, refer any service to, or otherwise generate any business for any other entity of physician's choosing.

**5. Independent Contractor.** Real Radiology at all times shall be an independent contractor of Client and nothing contained in this Agreement shall be construed as Real Radiology being a partner or employee of, or joint venture with, Client or authorizing Real Radiology to represent Client in any manner. Client shall neither have nor exercise any control or direction over the methods by which Real Radiology or its Readers shall perform its work and functions. Real Radiology may render the services required under this Agreement at any location determined by Real Radiology, including, but not limited to, at Real Radiology's office, at Reading Sites designated by Real Radiology, and via the phone, facsimile, the internet, or other means of communication designated by Real Radiology. No provision of this Agreement shall be construed as limiting in any way Real Radiology's right to provide teleradiology services or other services, including but not limited to, the Services, to any other hospital, imaging center, provider, medical group, physician office, person or entity.

**6. Term and Termination.**

**6.1 Term.** This Agreement shall commence on the Effective Date and remain in effect for a term of one year unless sooner terminated as provided herein. This Agreement shall be automatically renewed for successive one-year periods unless earlier terminated in accordance with the provisions contained in Section 6.2 of this Agreement. Each renewal of the term of this Agreement shall be upon the same terms and conditions contained in this Agreement unless otherwise agreed to in writing by the parties.

**6.2 Termination.**

(a) This Agreement may be terminated by Real Radiology in the event of any failure by Client to pay the invoiced amount on the date the same is due under the terms of this Agreement, where such failure continues for five (5) days after written notice by Real Radiology to Client that the services will be terminated unless payment is received within such five-day period.

(b) This Agreement may be terminated by Real Radiology in the event of any failure by Client to make any payment when due for other than an invoiced amount required to be made under the terms of this Agreement where such failure continues for five (5) days after written notice by Real Radiology to Client that the services will be terminated unless payment is received within such five-day period.

(c) If there is a breach of the terms of this Agreement by either party, the other party may terminate this Agreement with cause, by giving notice of termination to the breaching party in accordance with Section 10.1 of this Agreement. The notice shall specify in reasonable detail the nature of the breach, and the breaching party shall have thirty (30) days in which to cure such breach. If such breach is not cured within such thirty (30) day period, this Agreement shall be deemed terminated as of the expiration of such cure period or on such later date as may be specified in such notice.

(d) In the event that Real Radiology reasonably determines that the equipment and/or software or supplies or connectivity required to be provided by Client under this Agreement is not fully functional or is not fully compatible with Real Radiology's equipment and/or software, Real Radiology shall have the right to terminate this Agreement under Section 6.2(c), subject to the applicable notice and cure provisions set forth in Section 6.2(c).

(e) This Agreement may be terminated by either party, with or without cause, upon one hundred and eighty (180) days prior written notice to the other party.

(f) Any termination of this Agreement shall not affect: (i) any payment due or to become due for Services rendered prior to the date of termination; (ii) any claim, right, remedy, obligation or defense of either party with respect to any breach of any obligation under this Agreement which breach arose prior to the date of termination; or (iii) any provision of this Agreement which by its terms survives the termination of this Agreement.

## **7. Indemnification and Insurance.**

**7.1 Indemnification.** Each party hereby agrees to indemnify, defend and hold harmless the other party, and its officers, directors, shareholders, employees, and agents (including Readers), from and against any and all claims, liabilities, losses, actions, damages, costs, and expenses of any kind (including, without limitation, reasonable attorneys' fees) caused by or arising from: (a) any negligent or intentional act or omission by that party or its employees or agents; or (b) any breach of any representation, warranty, covenant or other agreement of such party contained in this Agreement. This Section 7.1 shall survive the termination of this Agreement.

### **7.2. Insurance.**

(a) Real Radiology shall maintain or cause to be maintained professional liability insurance of not less than one million dollars (\$1,000,000) per claim and three million dollars (\$3,000,000) annual aggregate, covering Real Radiology, its agents, employees, and the Readers. Real Radiology shall notify Client at least thirty (30) days prior to the termination, cancellation, or lapse of such policy.

(b) Client shall maintain or cause to be maintained professional liability insurance of not less than one million dollars (\$1,000,000) per claim and three million dollars (\$3,000,000) annual aggregate, covering Client, its agents, and employees. Client shall notify Real Radiology at least thirty (30) days prior to the termination, cancellation, or lapse of such policy.



**8. Legislative/Judicial Limitations.** Notwithstanding any other provision of this Agreement, if any federal or state law or regulation (including, but not limited to, state or federal anti-kickback statutes and Medicare or Medicaid reimbursement principles) is enacted or amended by a legislative or other governmental body, or interpreted by a judicial or administrative body, or there is any change in enforcement policies related to such law, regulation or reimbursement principle, which makes the continuation of this Agreement in its present form illegal or the parties to it subject to prosecution, either party may give the other party written notice of its intent to amend this Agreement in such a manner, if possible, to continue this Agreement without being subject to the constraints imposed by such law, regulation or reimbursement principle. Any such amendment to this Agreement shall be approved in writing by both of the parties to this Agreement. If this Agreement is not so amended in writing within thirty (30) days after the notice was given, this Agreement shall terminate as of midnight on the thirtieth (30th) day after the notice was given.

**9. Verification of Costs.** If Client is a hospital, to the extent necessary to avoid dis-allowances of reimbursement pursuant to Section 1395x(v)(1) of Title 42 of the United States Code and the regulations promulgated by the Centers for Medicare and Medicaid Services (formerly, the Health Care Financing Administration) to implement Section 1395x(v)(1), until the expiration of four (4) years after the termination of this contract, Real Radiology shall make available, upon written request to the Secretary of the United States Department of Health and Human Services, or upon request to the Comptroller General of the United States General Accounting Office, or any of their duly authorized representatives, a copy of this contract and such books, documents and records as are necessary to certify the nature and extent of the costs of the services provided by Real Radiology under this Agreement.

**10. Miscellaneous**

**10.1 Notices.** Whenever under the terms of this Agreement a written notice is required or permitted to be given by any party to any other party, such notice shall be deemed to have been sufficiently given if personally delivered, delivered by overnight courier service such as Federal Express, or sent certified mail by the United States Postal Service, in a properly stamped envelope, addressed to the party to whom it is to be given, at the address set forth on the signature page of the Teleradiology Master Services Agreement, and deemed made in each case on the earlier of the day actually received or two (2) business days after the notice is given in accordance with this Section. Either party may change its respective address by written notice in accordance with this Section.

**10.2 Entirety; Amendment.** This Agreement, including the Exhibits (which are attached hereto and incorporated into this Agreement by reference), contains the sole, entire and final agreement between the parties and shall supersede any and all prior written or oral negotiations, understandings,

and agreements between the parties. The parties acknowledge and agree that neither of them has made any representations or warranties with respect to the subject matter of this Agreement, except such representations and warranties as are specifically set forth in this Agreement, and each of the parties acknowledges that it has relied on its own judgment in entering into the same. This Agreement may not be amended, modified, or supplemented except by a writing signed by both parties. This provision does not relate to section 4.1 Compensation; whereas adjustments can be made by Real Radiology to Exhibit A (section 5) upon 30 days written notice.

**10.3 Waiver.** No waiver of any term of this Agreement shall be valid unless in writing and duly signed by the party to be charged therewith, and no evidence of any waiver or modification shall be offered or received in evidence in any arbitration or other proceeding between the parties hereto arising out of or affecting this Agreement, or the rights or obligations of any party under this Agreement, unless such waiver or modification is in writing, duly signed as specified above. The waiver of any term of this Agreement, or of the breach thereof, shall not be construed as a waiver of any other term or breach, or a waiver of the same term or breach in any other instance.

**10.4 Assignment.** Neither Client nor Real Radiology shall have the right to assign this Agreement or any of the rights or obligations inuring to or imposed upon it herein without the advance written consent of the other party, except to a successor entity which has acquired substantially all of the business of such party. Notwithstanding the foregoing, Real Radiology shall have the right to subcontract with other parties, including physicians and Readers, for the provision of any of the Services or its obligations under this Agreement, provided that Real Radiology shall remain responsible for the performance of any subcontractor it uses. Subject to the foregoing prohibitions, this Agreement shall be binding upon and inure to the benefit of the successors and assigns of the parties hereto.

**10.5 Publicity.** Neither party shall disclose the terms of this Agreement unless required by law. Neither party will disparage or denigrate the other party, or any of their officers, directors, shareholders, managers, employees or agents, or any Reader. Neither party will issue any press release or otherwise comment to or in or through the media about the terms of this Agreement, any dispute or other matter relating to this Agreement, or the other party (whether in print, news, internet, or other forms or formats of media), without the prior written consent of the other party. This Section 10.5 shall survive the termination of this Agreement.

**10.6 Counterparts.** This Agreement may be executed in counterparts, each of which shall be deemed to be an original.

**10.7 Governing Law.** This Agreement and all amendments, modifications, alterations, or supplements hereto, and the rights of the parties hereunder, shall be construed under and governed

by the laws of the State of Delaware, excluding any choice of law rules which may direct the application of the laws of any other jurisdiction.

**10.8 Captions.** Section headings are inserted herein solely for the purpose of convenience of reference and shall not be construed as part of this Agreement.

**10.9 Further Action.** The parties hereto agree to execute such further and other documents and to take such further and other actions as may be necessary or appropriate in order to carry out the purposes of this Agreement.

**10.10 Arbitration.** In the event of any dispute, claim or controversy between the parties hereto arising out of or relating to the formation, performance, or termination of this Agreement, the parties hereby agree that such dispute, claim or controversy shall be submitted to a single arbitrator in Omaha, Nebraska for binding arbitration in accordance with the commercial arbitration rules of the American Arbitration Association. Each party will have discovery rights as provided by the Federal Rules of Civil Procedure within the limits imposed by the arbitrator; provided, however, that all such discovery will be commenced and concluded within 60 days of the selection of the arbitrator. The arbitrator shall decide any such matter in accordance with Delaware law. The arbitrator shall have the authority to award the prevailing party its fees and costs of arbitration, including reasonable attorneys' fees. The parties expressly waive any claim of or right to any punitive or exemplary damages, any special, consequential, incidental or indirect damages, specific performance, or injunctive or equitable relief (even if a party has been advised of the possibility of such damages). All such arbitration proceedings shall be conducted on a confidential basis. The determinations of the arbitrator shall be final and shall not be subject to judicial review; provided, however, that any award of the arbitrator may be entered in any court of competent jurisdiction.

## **11. Confidentiality HIPAA Compliance.**

**11.1 Mutual Covenant of Confidentiality.** Neither party shall disclose, communicate, or divulge to, or use for the direct or indirect benefit of any person or entity, at any time during or after the term of this Agreement, any information regarding the business methods, business policies, procedures, techniques, trade secrets, software, or any other confidential information relating to or dealing with the business operations of the other, or the terms, conditions, and fees established by this Agreement (collectively, the "Confidential Information"), except as may be expressly authorized by the non-disclosing party or any successor, or as required by law. Confidential Information shall not include information that the receiving party can demonstrate: (i) was in the party's possession prior to this Agreement; (ii) is or has become generally available to the public without action by that party; (iii) is independently developed without the use of the other party's Confidential Information; or (iv) is required to be disclosed by law.

**11.2 HIPAA.** The parties shall comply with all laws regarding the protection of the confidentiality of patient health information, including, but not limited to, compliance with HIPAA and HITECH, as may be amended and similar acts and laws. Real Radiology shall be considered a Business Associate of Client and shall execute a Business Associate Agreement in a form acceptable to both parties

**12. Non-Solicitation of Clients and Employees.** The Parties acknowledge both have expended and will continue to expend considerable time, effort, and resources to develop and market its products and services, that the relationships between each of The Parties and its employees, independent contractors, clients, prospective clients, vendors, and suppliers are valuable assets of each of The Parties and keys to their success, and that employees of The Parties establish close professional relationships with other employees, independent contractors, clients, vendors, and suppliers of The Parties in the course of their relationship with each of The Parties, all of which constitute goodwill of for each of The Parties respectively (“Goodwill”). In order to prevent the improper use of Confidential Information and the resulting unfair competition and misappropriation of Goodwill and other proprietary interests, The Parties agree that while Real Radiology is providing services to Client as provided in this Agreement and for a period of twelve (12) months following the termination of this Agreement for any reason whatsoever, whether such termination is voluntary or involuntary, and regardless of cause, each of The Parties will not, directly or indirectly, on each of The Parties own behalf or by aiding any other individual or entity, call on, solicit the business of, sell to, service, or accept business from, any of the other Parties clients for the purpose of providing said clients with products and/or services of the type, or character typically provided to such clients by either of The Parties. For the same period of time as provided in this section, The Parties also agree that neither of The Parties will contact, solicit, offer or engage any of the other Parties’ employees or contractors without first obtaining permission in writing from the other Party.

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**EXHIBIT A**

**Date: 12/16/2021**

Exhibit A is effective as of the date indicated below by and between Real Radiology, LLC., a Delaware limited liability company ("Real Radiology"), and Benton County Health District if dba applies: Prosser Memorial Health ("Client"). This Exhibit A is an addendum to the Teleradiology Services Agreement between Real Radiology and Client dated and forms a part of the Teleradiology Services Agreement. Terms that are capitalized but not defined in this Exhibit A shall have the meaning given to such terms in the Teleradiology Services Master Agreement.

**Report Types (Scope of Service): Finals**

- 1. **Hours of Coverage:** 1700-0800 M-F, 24 Hrs S, S, Holidays (6) Standard
- 2. **Client's Time Zone:** AST  EST  CST  MST  PSTx AKST  HST  Multiple

Below, in CENTRAL TIME, the coverage hours are entered for consistency in Real Radiology physician scheduling. Day indicates Start and End time in military time (2400 clock).

DAY	MON	TUES	WED	THURS	FRI	SAT	SUN	HOLS*
Start	0000	0000	0000	0000	0000	0000	0000	0000
End	0600	0600	0600	0600	0600	-	-	-
Start	1900	1900	1900	1900	1900	-	-	-
End	2400	2400	2400	2400	2400	2400	2400	2400

ROUTINE	STAT/CRITICAL
18 Hours	30/15 Mins.

**3. Client Service Sites: Three (3)**

Prosser Women's Health Clinic 336 Chardonnay Ave. Suite B Prosser, WA 99350

Prosser Memorial Health 723 Memorial Street Prosser WA 99350

Prosser Specialty Clinic 820 Memorial Street Suite 3 Prosser WA 99350

#### 4. Anticipated Start Date: Dec 16, 2021

(\*Any date noted is an estimate and subject to completion of all required physician licensing, credentialing, privileges, as well as the completion of information technology interface connection and testing. Real Radiology will not provide site coverage until these objectives have been met and implemented.)

#### 5. FEES: All fees posted are per eligible CPT Code

STUDY	ROUTINE PRELIM	ROUTINE FINAL	STAT PRELIM	STAT FINAL
CT	\$41	\$46	\$44	\$48
CTAP	\$54	\$60	\$55	\$62
CTA	\$54	\$58	\$58	\$62
CTAP BiLat LE Run-Off	\$95	\$104	\$102	\$110
MG (FFDM) Screen	\$35	\$36	\$35	\$38
MG (TOMO) Screen	-	\$45	-	\$48
MRI	\$59	\$65	\$60	\$68
MRA	\$59	\$65	\$60	\$68
NM Cardiac	\$62	\$62	\$62	\$62
NM	\$33	\$36	\$34	\$38
PET	-	\$120	-	\$120
US Breast	\$33	\$36	\$34	\$38
US Head Neck Thyroid	\$46	\$48	\$48	\$50
US	\$33	\$36	\$34	\$38
US OB Complete 14wks+ (non-STAT)	\$40	\$46	\$40	\$46
DEXA	\$33	\$36	-	-
XR	\$13	\$14	\$14	\$15

**\*Where Applicable, Emergent Nuclear Medicine Includes gallbladder, VQ, brain-death, 3-phase bone scan.**

**5.1 Holiday Rates** - a 75% premium on the fee per study will be charge for all studies interpreted on the day of a designated holiday between 0000-2400 Central Time. \*When Holiday coverage applies, they include New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

**5.1 Technology Fees:**

Real Radiology's PACS (OnePacs) has an established bi-directional HL7, with prior fetching images, auto confirmation with the Client. Any additional interfaces are available and require a cost assessment to determine applicable fees. The fees for these advanced connection features will be the responsibility of the Client. A separate agreement will be executed for technology fees and connections.

**6. Invoicing:** Real Radiology will provide an invoice to Client monthly for services provided. Invoices to be sent no later than the 5<sup>th</sup> business day of the following month. Encrypted invoices will be emailed using Real Radiology's standard invoice to the Client contact indicated below or as updated from time to time by Client. Any invoice format deviation or detail required by Client will result in an additional monthly billing fee to Client at the rate of \$50 dollar per hour with a minimum 1-hour charge. Real Radiology will not bill any third-party payer or patient of Client for the Services provided under this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Exhibit A

Benton County Health District, Inc.

REAL RADIOLOGY, LLC

\_\_\_\_\_

\_\_\_\_\_

Craig Marks, CEO

John Jaksha, MD  
Managing Partner

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**[The remainder of this page was intentionally left blank]**

## Exhibit B

### Business Associate Agreement

**By and Between Real Radiology, LLC (“Business Associate”) and Benton County Health District, INC, if dba applies: Prosser Memorial Health, (“Covered Entity”).**

This agreement is entered by and between Real Radiology, LLC (Business Associate) and Covered Entity. It sets forth the terms and conditions under which Protected Health Information (PHI) created or received by the Business Associate on behalf of the Covered Entity may be used or disclosed.

This agreement shall commence on 12/16/2021, and shall continue in effect so long as the Business Associate uses, discloses, creates, or otherwise possesses any protected health information created or received on behalf of the Covered Entity and until all protected health information created or received by the Business Associate is destroyed or returned to the Covered Entity.

This agreement is entered into as part of Real Radiology, LLC’s Health Care Portability and Accountability Act of 1996(HIPAA) compliance procedures, policies, and efforts.

The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

#### Specific definitions:

(a) Business Associate. “Business Associate” shall generally have the same meaning as the term “Business Associate” at 45 CFR 160.103, and in reference to the party to this agreement, shall mean Real Radiology, LLC

(b) Covered Entity. “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 CFR 160.103, and in reference to the party to this agreement, named above.

(c) HIPAA Rules. “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

#### **Obligations and Activities of Business Associate**

Business Associate agrees to:



(a) Not use or disclose protected health information other than as permitted or required by the Agreement or as required by law;

(b) Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of protected health information other than as provided for by the Agreement;

(c) Report to covered entity any use or disclosure of protected health information not provided for by the Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware;

(d) In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information;

(e) Make available protected health information in a designated record set to the covered entity as necessary to satisfy the covered entity's obligations under 45 CFR 164.524;

(f) Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the covered entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy the covered entity's obligations under 45 CFR 164.526;

(g) Maintain and make available the information required to provide an accounting of disclosures to the covered entity as necessary to satisfy the covered entity's obligations under 45 CFR 164.528;

(h) To the extent the Business Associate is to carry out one or more of covered entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the covered entity in the performance of such obligation(s); and

(i) Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.

#### **Permitted Uses and Disclosures by Business Associate**

(a) Business Associate may only use or disclose protected health information as necessary to perform the services set forth in the Service Agreement.

(b) Business Associate may use or disclose protected health information as required by law.

(c) Business Associate agrees to make uses and disclosures and requests for protected health information consistent with the covered entity's minimum necessary policies and procedures and as applicable and required by law.

(d) Business Associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by covered entity except for the specific uses and disclosures set forth below:

1. Business Associate may use protected health information for the proper management and administration of the Business Associate or, to carry out the legal responsibilities of the Business Associate.
2. Business Associate may disclose protected health information for the proper management and administration of Business Associate or to carry out the legal responsibilities of the Business Associate, provided the disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
3. Business Associate may provide data aggregation services relating to the health care operations of the covered entity.

#### **Provisions for Covered Entity to Inform Business Associate of Privacy Practices and Restrictions**

(a) Covered Entity shall notify Business Associate of any limitation(s) in the notice of privacy practices of the Covered Entity under 45 CFR 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of protected health information.

(b) Covered Entity shall notify Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose his or her protected health information, to the extent that such changes may affect Business Associate's use or disclosure of protected health information.

(c) Covered Entity shall notify Business Associate of any restriction on the use or disclosure of protected health information that covered entity has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of protected health information.

Notices given; if to:

Business Associate

Covered Entity

Real Radiology, LLC  
17310 Wright Street Suite 103  
Omaha, NE 68130  
Attn: Chief Operations Officer

Benton County Health District  
("Covered Entity")  
723 Memorial Street Prosser, WA 99350  
Attn: Chief Operations Officer

### **Permissible Requests by Covered Entity**

Covered Entity shall not request Business Associate to use or disclose protected health information in any manner that would not be permissible under Subpart E of 45 CFR Part 164 if done by the Covered Entity as the same applies to the Business Associate

### **Term and Termination**

(a) Term. The Term of this Agreement shall be effective as dated, and shall remain in effect until the expiration or termination of the Master Services Agreement or

(b) Termination for Cause. Business Associate authorizes termination of this Agreement by Covered Entity if covered entity determines Business Associate has violated a material term of the Agreement [and Business Associate has not cured the breach or ended the violation within the time specified by Covered Entity

(c) Obligations of Business Associate Upon Termination.

Upon termination of this Agreement for any reason, the Business Associate, with respect to protected health information received from covered entity, or created, maintained, or received by the Business Associate on behalf of Covered Entity, shall:

1. Retain only that protected health information which is necessary for Business Associate to continue its proper management and administration or to carry-out its legal responsibilities;
2. Return to Covered Entity [or, if agreed to by covered entity, destroy] the remaining protected health information that the Business Associate still maintains in any form;
3. Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent use or disclosure of

the protected health information, other than as provided for in this Section, for as long as Business Associate retains the protected health information;

4. Not use or disclose the protected health information retained by Business Associate other than for the purposes for which such protected health information was retained and subject to the same conditions set out at [Insert section number related to paragraphs (e) and (f) above under "Permitted Uses and Disclosures by Business Associate"] which applied prior to termination; and
5. Return to the covered entity [or, if agreed to by the covered entity, destroy] the protected health information retained by Business Associate when it is no longer needed by Business Associate for its proper management and administration or to carry-out its legal responsibilities.

(d) Survival. The obligations of the Business Associate under this Section shall survive the termination of this Agreement.

**Miscellaneous**

(a) Regulatory References. A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended.

(b) Amendment. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law.

(c) Interpretation. Any ambiguity in this Agreement shall be interpreted to permit compliance with HIPAA Rules.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement effective as of the date stated.

Real Radiology, LLC

Benton County Health District, Inc.

\_\_\_\_\_  
Jon Jaksha, MD, Managing Partner

\_\_\_\_\_  
Craig Marks, CEO

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Attachment L



**Radiologist Proforma**

	FYE 2022					FYE 2023				FYE 2024			
	Current	Option A	Option B Inland	Option C Inland	Option D	Option A	Option B Inland	Option C Inland	Option D	Option A	Option B Inland	Option C Inland	Option D
	Radiology Interpreting & PMH Bill	Radiology Interpreting & PMH Bill	Imaging W/PACS & PMH Bill	Imaging W/PACS & Bill	Radiology Partners & Bill	Radiology Interpreting & PMH Bill	Imaging W/PACS & PMH Bill	Imaging W/PACS & Bill	Radiology Partners & Bill	Radiology Interpreting & PMH Bill	Imaging W/PACS & PMH Bill	Imaging W/PACS & Bill	Radiology Partners & Bill
Net Pro Revenue	\$ 915,564	\$ 915,564	\$ 915,564	\$ -	\$ -	\$ 915,564	\$ 915,564	\$ -	\$ -	\$ 915,564	\$ 915,564	\$ -	\$ -
PACS	70,574	70,574	160,746	240,434	70,574	70,574	482,239	240,434	70,574	70,574	482,239	240,434	70,574
Professional Fees	1,011,350	900,000	1,181,799	-	315,156	900,000	1,181,799	-	315,156	900,000	1,181,799	-	315,156
Real Radiology After-Hours		149,380				149,380	-	-	-	149,380	-	-	-
Malpractice Insurance	14,544	14,544				14,544	-	-	-	14,544	-	-	-
First Year Costs	32,375	32,375	94,256	94,256	32,375					-	-	-	-
<b>Total</b>	<b>\$ 1,128,843</b>	<b>\$ 1,166,873</b>	<b>\$ 1,436,801</b>	<b>\$ 334,690</b>	<b>\$ 418,105</b>	<b>\$ 1,134,498</b>	<b>\$ 1,664,038</b>	<b>\$ 240,434</b>	<b>\$ 385,730</b>	<b>\$ 1,134,498</b>	<b>\$ 1,664,038</b>	<b>\$ 240,434</b>	<b>\$ 385,730</b>
<b>Net Income / (Loss)</b>	<b>\$ (213,279)</b>	<b>\$ (251,309)</b>	<b>\$ (521,237)</b>	<b>\$ (334,690)</b>	<b>\$ (418,105)</b>	<b>(218,934)</b>	<b>(748,474)</b>	<b>(240,434)</b>	<b>(385,730)</b>	<b>(218,934)</b>	<b>(748,474)</b>	<b>(240,434)</b>	<b>(385,730)</b>



Olympus America Inc.  
3500 Corporate Parkway  
P.O. BOX 610  
Center Valley, PA 18034-0610

TEL: (800) 848-9024  
FAX: (800) 228-4963

andrew.cooper@olympus.com  
www.olympusamerica.com

Quote Number: Q-01208935

Please refer to this number on all correspondence

Effective Date: January 7, 2022

Expiration Date: March 15, 2022

**Customer Information**

Contact Name: Sara Dawson

Contact Email: sdawson@prosserhealth.org

Account Name: PROSSER PUBLIC HOSPITAL DISTRICT  
OF BENTON COUNTY

DBA PMH MEDICAL CENTER

Customer Address: 723 MEMORIAL ST  
PROSSER, Washington  
99350-1593

Customer Number: 20011601  
(Sold To)

Payment Terms: Net 30 subject to Olympus credit approval

F.O.B.: Shipping point, unless otherwise mutually  
agreed upon in writing

Tax: Applicable taxes are not included in this quote  
and are the responsibility of the customer

Freight Term: Third Party Shipper

**Olympus Information**

Representative: Andrew Cooper

Phone: (509) 688-7916

Email: andrew.cooper@olympus.com

Cage code: 32212

DUNS#: 017018859

Tax ID: 11-2416961

**Comments**

To ensure proper shipping, please provide the following information on your Purchase Order at the time of purchase:

- 1) Can your facility accommodate a 53 semi truck? \_\_\_\_\_  
A. If not, what size can be accepted? \_\_\_\_\_
- 2) Does your facility have a loading dock? \_\_\_\_\_  
A. If not, will a lift gate be needed? \_\_\_\_\_
- 3) Does your facility require inside delivery? \_\_\_\_\_  
A. If yes, what is the floor number? \_\_\_\_\_  
B. Does your facility have a freight elevator? \_\_\_\_\_  
C. How many doors will the equipment need to go through? \_\_\_\_\_
- 4) Receiving/ Delivery dock Contact Name: \_\_\_\_\_
- 5) Receiving/ Delivery dock Contact Phone #: \_\_\_\_\_

\*\*Please be sure to inspect thoroughly before signing the delivery documents.\*\*



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#	Item Type	Model And Description	Kit Component(s)	Qty	List Price	Contract Price	Unit Price	Total Price
<b>WIDE PROCEDURE CART</b>								
1	New	WM-DP3 20A : WM-DP3 MOBILE WORKSTATION US		1	\$7,464.10	\$6,866.97	\$6,866.97	\$6,866.97
2	New	MAJ-2216 : MAJ-2216 LCD MONITOR ARM 6.5-12kg		1	\$1,464.89	\$1,327.78	\$1,327.78	\$1,327.78
3	New	MAJ-2159 : MAJ-2159 SCOPE POLE KIT		1	\$488.30	\$442.59	\$442.59	\$442.59
4	New	MAJ-2146 : MAJ-2146 SLIDING KEYBOARD TRAY		2	\$157.83	\$145.69	\$145.69	\$291.38
5	New	MAJ-2165 : AAJ-2165 DRAWER UNIT		1	\$491.04	\$445.08	\$445.08	\$445.08
6	New	MAJ-2166 : MAJ-2166 STERILE WATER HOLDER		1	\$87.79	\$79.57	\$79.57	\$79.57
7	New	MAJ-1653 : MAJ-1653 DUAL CO2 CYLINDER HOLDER WM-P2		1	\$590.00	\$480.94	\$480.94	\$480.94
							<b>Sub Total</b>	<b>\$9,934.31</b>
<b>190 VIDEO TOWER</b>								
8	New	CV-190 : CV-190 EVIS EXERA III VIDEO PROCESSOR		1	\$31,100.00	\$26,314.85	\$26,314.85	\$26,314.85
9	New	CLV-190 : CLV-190 EVIS EXERA III LIGHT SOURCE		1	\$18,200.00	\$11,505.00	\$11,505.00	\$11,505.00
10	New	MAJ-1430 : MAJ-1430 VIDEOSCOPE CABLE		1	\$3,440.00	\$2,151.50	\$2,151.50	\$2,151.50
11	New	MAJ-1916 : MAJ-1916 EVIS EXERA II CV-190 INTERFACE CONVERT DEVICE		1	\$955.00	\$784.92	\$784.92	\$784.92
12	New	MAJ-1918 : MAJ-1918 REMOTE CABLE		1	\$26.30	\$21.16	\$21.16	\$21.16
13	New	PERIPH DEVICE 1.8M 55645L10-1 :		1	\$210.00	\$131.30	\$131.30	\$131.30
14	New	55645L10-1 10'CV-140/160/190 DIGI FILE MAJ-1951 : MAJ-1951 SDI CABLE 2.5M		1	\$73.50	\$59.85	\$59.85	\$59.85
							<b>Sub Total</b>	<b>\$40,968.58</b>
<b>MONITOR &amp; ROLLSTAND</b>								
22	New	OEV-262H : OEV-262H HIGH DEFINITION LED LCD MONITO		1	\$9,200.00	\$5,810.02	\$5,810.02	\$5,810.02
23	New	OL-0015-08 : OL-0015-08 GCX TALL ROLLSTAND		1	\$1,450.00	\$1,228.59	\$1,228.59	\$1,228.59
24	New	OL-0015-21 : OL-0015-21 4OUTLET PWR STRIP+CABLE CLEAT		1	\$236.00	\$197.01	\$197.01	\$197.01
							<b>Sub Total</b>	<b>\$7,235.62</b>
<b>ELECTROSURGICAL GENERATOR</b>								
25	New	ESG-150-C : ESG-150 w/Footswitch & Cables		1	\$14,565.60	\$12,880.00	\$12,880.00	\$12,880.00
25			:ESG-150 w/Footswitch	1				



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#	Item Type	Model And Description	Kit Component(s)	Qty	List Price	Contract Price	Unit Price	Total Price
25			: WA95622A: USA POWER CORD FOR ESG	1				
26	New	MAJ-860 : MAJ-860 A-CORD FOR VALLEY ERBE BOVIE		1	\$269.00	\$136.50	\$136.50	\$136.50
<b>Sub Total</b>								<b>\$13,016.50</b>
<b>CO2 REGULATOR</b>								
27	New	UCR : UCR ENDOSCOPIC CO2 REGULATION UNIT		1	\$8,600.00	\$5,433.92	\$5,433.92	\$5,433.92
<b>Sub Total</b>								<b>\$5,433.92</b>
<b>FLUSHING PUMP</b>								
28	New	OFF-2 : OFF-2 FLUSHING PUMP		1	\$2,270.00	\$1,991.14	\$1,991.14	\$1,991.14
<b>Sub Total</b>								<b>\$1,991.14</b>

\* DENOTES OPEN MARKET ITEM  
 Pricing may be based on a local agreement or the following contract(s):  
 Premier PP-OR-1774 GI Tier 2  
 Premier PP-OR-1775 VIS Tier 3  
 Premier PP-OR-1607 ET Tier 5

**PROSSER PUBLIC HOSPITAL DISTRICT OF BENTON COUNTY DBA PMH MEDICAL CENTER**

Total List Price: \$101,497.18  
 (Before Trade-Ins)

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_  
 Purchase Order #: \_\_\_\_\_

Total Net Price: \$78,580.07  
 (Before Trade-Ins)  
 Total Trade-In Value: \$0.00  
 Sub Total: \$78,580.07  
 Freight: \$0.00  
 (Third Party Shipper)  
**Grand Total: \$78,580.07**

- I. Olympus Standard Terms and Conditions apply to this quote, unless otherwise mutually agreed upon in writing
- II. Errors & Omissions Excepted. Price quotes and the total package prices are for the quoted items only.
- III. Changes and additions to, or deletions from this quote may cause pricing adjustments.
- IV. Service manuals and additional operator manuals are not included and may be ordered by contacting the Customer Care Center at (800) 848 9024.
- V. If freight charge is included, the freight charge may not necessarily reflect the exact charge paid by Olympus to the carrier due to the volume incentive discount agreements entered into between Olympus and carrier, unless otherwise mutually agreed upon in writing.

Based on the products purchased, the following terms may apply:

ScopeLocker storage product: Please take note of the ScopeLocker's specifications and dimensions and carefully measured the space where the ScopeLocker will be installed to ensure a good and proper fit. By submitting payment and/or a purchase order for any ScopeLocker, customer acknowledges and agrees that Olympus' standard return goods policy does not apply. ScopeLockers may only be returned if they have been delivered to the customer damaged. Customer is responsible for noting and reporting any external shipping damage prior to signing the carrier's receipt form for the ScopeLocker. Once customer signs the carrier's receipt form for the ScopeLocker, it is understood that the customer has





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Center Valley, PA 18034-0610

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www.olympusamerica.com

**Quote Number: Q-01208935**

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**Expiration Date:** March 15, 2022

inspected the shipment and has found no evidence of external shipping damage. Customer has seven (7) days after customer's receipt of the ScopeLocker to notify Olympus of any internal shipping damage which was undetectable at time of product receipt. Only returns with a valid Return Merchandise Authorization ("RMA") number issued by Olympus will be accepted and eligible for return. All authorized returns must be sent prepaid to Olympus or its designee and the RMA number must be prominently displayed on the shipping carton and all paperwork. Merchandise returned with proper RMA identification, with all accompanying items and manuals (as shipped to customer), shall be credited at the original customer's purchase price. No returns will be accepted more than 14 days from date of invoice. Credits will be given against customer's account; no cash refunds will be issued.



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Quote Number: 10512592  
 Prepared For: PROSSER MEMORIAL HOSP  
 Quote Date: 12/29/2021  
 Division: Instruments



Ship To	From
Name: PROSSER MEMORIAL HOSP	Rep: Amy Ancira
Account #: 224770	Title: Northwest Sales Rep
Address: 723 MEMORIAL ST	Mobile: 509.901.4267
PROSSER, Washington 99350-1524	Email: amy.ancira@stryker.com
Phone: +15097862222	
Fax: +15097866683	

**Equipment Products:**

Product	Description	Qty	GPO Name	Tier	List Price	Discount %	Total
0703-001-000	Neptune 3 Rover (120V)	1	PREMIER	1.0	\$30,396.03	49.01%	\$15,500.00

**Price Totals:**

<b>Total Discount %:</b>	<b>49.01%</b>
<b>Grand Total:</b>	<b>\$15,500.00</b>

**Pricing does not include applicable taxes and shipping.**

F.O.B. Shipping Point  
 Prices: In effect for 60 days  
 Terms: Net 30 days  
 Contact your local Sales Representative for more information about your flexible payment options.

\_\_\_\_\_  
 STRYKER REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
 AUTHORIZED CUSTOMER SIGNATURE

*Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as maybe requested by law or by lawful order of any applicable government agency.*

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

Data pulled: 1.13.21 mf

Survey Group	2021 Goal	Dec 2021	# Of Surveys	YTD 2021	# Of Surveys	Patient Survey Comments	
Emergency Depart.	>81.4%	87.5	36	84.0	302	"Dr. Murphy was excellent. When I heard she was the Doctor there I knew I was in good hands. She has treated some of my family members in the past and done an exceptional job. She listens and is very caring. I am so grateful for the care she gave me." "I am 76 and visited many emergency rooms. This was the quickest and most caring time of all. If I go to an ER again, I hope it's in Prosser."	
HCAHPS-Inpatient	>87.9%	89.71	17	93.05	174	"The food was delicious & filling." "I felt heard, safe, & well taken care of."	
Acute Care	>84.1%	89.21	7	91.77	79	"All of the nursing & respiratory therapists were extremely kind & attentive." "Dr. Hashmi and Dr. Joshi were awesome! They helped me at my lowest."	
Family Birthplace	>92.3%	90.63	8	93.55	62	"All of the nurses who helped me were extremely kind, helpful, and sweet." "Overall, the staff was amazing. Every single person who walked into my room made sure I was okay. I felt at home."	
Out-Patient Surgery	>87.3%	100	7	96.55	54	"The nursing staff was outstanding!" "It was a very good experience."	
Clinic Network	>87.3%	78.57	154	90.98	640	"Great experience and great doctor." (Dr. C. Tieu) "Great customer service in the lab as well" (BCC)	
Out-Patient Services	>88.4%	96.71	38	94.14	546	"My experience from Registration to procedure was excellent." "My experience was great. I have already told my friends about how well I was treated there."	
	2020 Goal	YTD Score	Equation			<b>*Composite score based on 2020 departmental revenue contributions</b>	
<b>Composite Score</b>	86.62%	<b>92.9%</b>	ED	0.12x	84.0	10.1	ED: 12%
			IP	0.17x	93.05	15.8	IP: 17%
			OR	0.21x	96.56	20.3	OP-Surgery: 21%
			Clinics	0.11x	90.98	10	Clinic: 11%
			OP	0.39x	94.4	36.7	Outpatient: 39%

## Prosser Memorial Health 2021 Service Awardees

First Name	Last Name	Date Hired	Year Hired	2021 YOS	Department(1)	Job(1)
Tricia	Hawley	6/23/2016	2016	5	Prosser Specialty Clinic	Clinic Director
Susan	Whitakerhill	6/1/2016	2016	5	ER Physicians	Physician Emergency
Stephanie	Turner	9/12/2016	2016	5	Medical/Surgical	RN
Lourdes	Tlatchi	3/30/2016	2016	5	Laboratory	Lab Assistant II
Maricela	Rivera	11/15/2016	2016	5	Patient Registration	Patient Registrar
Monica	Ramirez	1/28/2016	2016	5	Family Birthplace	RN
Beth	Phinney	3/15/2016	2016	5	Benton City Clinic	Patient Services Rep - Clinic
Sara	Parrasal	4/5/2016	2016	5	Medical/Surgical	Acute Care Tech
Maria	Flores	6/7/2016	2016	5	Surgical Services	RN Lead
Irma	Mendoza	2/15/2016	2016	5	Grandview Clinic	Patient Services Rep - Clinic
Olena	Larsen	9/12/2016	2016	5	Surgical Services	Central Sterilizing Technician
Justin	Herzog	5/18/2016	2016	5	Diagnostic Imaging	CT Technologist - R Eligible
Jennifer	Hare	8/11/2016	2016	5	Emergency Services (ER)	RN
Dorien	Garcia	3/2/2016	2016	5	Health Information Management	HIM Tech II
Veronica	Bonilla	10/10/2016	2016	5	Patient Financial Services	Collector
Amanda	Benton	8/8/2016	2016	5	Emergency Services (ER)	RN
Wellanie	Bautista	11/14/2016	2016	5	Laboratory	Microbiologist
Craig	Marks	8/29/2016	2016	5	Administration	CEO
Roxane	Snider	12/5/2011	2011	10	Human Resources	HR Generalist Recruitment
Sunshine	Zavala	10/26/2011	2011	10	Surgical Services	Environmental Services Technician
Sasha	Thomasson	9/6/2011	2011	10	Care Transition Department	Director of Care Co-ordination
David	Stowman	5/26/2011	2011	10	Diagnostic Imaging	CT Technologist - Registered
Consuelo	Sandoval	7/7/2011	2011	10	Diagnostic Imaging	Ultrasonographer - R
Walburga	Martin	12/1/2011	2011	10	ER Physicians	Physician
Imelda	Herrera	11/2/2011	2011	10	Prosser Clinic	Patient Services Rep - Clinic
Cassandra	Cazares	6/28/2011	2011	10	Medical/Surgical	Acute Care Tech
Helen	Blankenship	4/29/2011	2011	10	Prosser Clinic	LPN Clinic
Nora	Newhouse	10/4/2006	2006	15	Human Resources	HR Generalist-Benefits
Julieta	Martinez	3/27/2006	2006	15	Benton City Clinic	Patient Services Rep - Clinic

## Prosser Memorial Health 2021 Service Awardees

Ana	Martin	12/8/2006	2006	15	Emergency Services (ER)	ED Tech
Rita	Galvan	9/25/2006	2006	15	Prosser Specialty Clinic	Surgery Scheduler Coordinator
Mary Lee	Dawsey	7/31/2006	2006	15	Accounting	AP Clerk
David	Moon	5/7/2001	2001	20	Emergency Med Services (EMS)	EMT B2
Jeffrey	Fitzjarrald	2/8/2001	2001	20	Emergency Med Services (EMS)	Paramedic
Hilda	Campos	3/20/2001	2001	20	Scheduling Call Center	Outpatient Hospital Scheduler
Paul	Weisz	8/19/1996	1996	25	Maintenance	Maintenance Mechanic
Suzanne	Merk	1/4/1996	1996	25	Emergency Services (ER)	RN
Karen	Legerski	6/11/1991	1991	30	Emergency Services (ER)	RN



# Prosser Memorial Health

## Comment Report

January 20, 2022



**Report based on**

Engagement 2021  
Data from 08/23/2021 - 11/23/2021

**Data level access applied**

Pulse Survey does not include YES

**Report filters applied**

Employee Type : Employees

## If you answered 3 or below to the previous item, please explain how communication between departments could be improved(61)

I think communication could always be better between all departments. Communication gets dropped from shift to shift.

All clinics following the same policy/procedures. PMH Departments and Clinics improving communication vs the current us against them mentality. Refresher trainings quarterly for staff and providers on billing/coding.

All that's needed is to try. No real efforts are ever made. Just a band aide approach. .

As I began working I was not signed up for employee email and while I know my supervisor is aware and contacted the department to get this corrected I still feel uncertain about receiving all employee information.

By discussing how to accomplish things to be more easier together.

By having an understanding of the duties each department has and what their day to day workflow is.

communicate better

communication between clinics can improve

Communication between departments is very poor. There are times where communication department to department is not always professional. We work in a high stress environment and allowing that to always get the best of you and forgetting we all are experiencing the same stress.

communication between departments starts with the Directors clearly communicating with each other so that the employees can be filled in on the need to know information.

Communication between other clinics is not always the best. We need to work better together as a team.

Communication continues to be an issue between departments. There is always improvement that can be made in this area. Sometimes patients fall through the cracks because something wasn't communicated properly or in a timely manner.

Communication could be improved if upper management actually would read their e-mails. If they do read their e-mail, it would be nice to get a response.

Communication is a challenge wherever one works. Communication within departments as well as between them could be enhanced by cc'ing all those who are affected/impacted by the bottomline issue. Word of mouth often ends up with the core message changed and/or lost in translation. A detailed email w/ read receipt could improve/ensure the correct message was sent/received and also open dialogue for questions and/or concerns to be voiced.

Communication remains an issue

Consideration of the affect on other departments when decisions are made without their input or involvement.

directors/managers need to directly communicate with each other rather than around each other

Especially for new services, EVERY department affected needs input. My department often times finds out about new procedures/services in the hospital/clinics when the work enters our WQ's.

Everyone needs to be on same page follow policy not just when convenient

Expectations should be made clear, and equal for all employees across the board. Team building and communication building exercises to improve teamwork and ability to receive constructive criticism in a professional manner.

Having an Administration we can trust and treats people fairly and is honest

I believe the house supervisors need to be more involved in assisting with communication from department to department. Often time they forget to relay important information to departments and great patient care is sacrificed because of it.

I believe this is slightly better than previous years, but this is a tough one to answer as all hospitals I have worked at have this problem. I would have to think on this a little more. There will not be a quick and easy fix to this ongoing problem.

i dont feel like we get paid enough for what we do. The minimum is right next to my pay and I have over 10years of experience.

I feel like we all need to remember we are a team. When issues between departments happen we should clearly communicate to solve the problem. There are times that departments get railroaded & decisions are made for them without consultation or knowledge. When this happens it is by people who do not do those jobs so they do not have full understanding of the situation, the laws in which that department follows.

I love the open door policy in administration. Not only can anyone walk in and talk with the CEO, CNO or CFO anytime they need to, they are always willing to take text messages, phone calls, or emails. They take the time to explain how a decision was made and want to hear what everyone thinks. .

I think that the every one should have some kind of phone on them so instead of calling them at the nurses station you can call them on their on phone. The same communication that the hospital is doing isnt working, so change it. Make the units work together.

I would say our biggest issue is communication with EKG's. We have patients that go to the lab to get blood work and wanting to get there EKG done there as well. We don't have control over them wanting to go there instead of coming to the clinic. The order is in for clinic and so there has been issues with this. And not sure on how this could be fixed. Other then someone calling our office asking us to change the order. We do communication with patient to come to office to do the EKG but then end up just wanting to complete it at the hospital.

if an issue is identified it would be nice to hear about it when it is identified, not after the issues has snowballed into a bigger situation.

If there are changes in co workers schedules and changes with holidays, all co workers should be aware. If administration is making changes with holiday work schedule, we need to know ahead of time

interdepartmental supervisor's could improve when changes are taking place

It seems the more this organization communicates with staff, the more I hear "No one is communicating" I don't understand.

It's very difficult to communicate with RT Dept. They are always putting stopper /blocks to schedule patients. Always having schedulers reschedule their patient due to, Manager. not being able to schedule the staff according to patient needs. When we have contacted the patient 2 or 3 times to reschedule per Manager requests, Patients are getting upset and refuse to come to PMH and want exams done another the facility. Also lack of communication within RT Dept.

Just communicate, keep us in the loop.

Lack of communication concerning transfers, admits and delays need to be communicated between nurses better.

Maybe have a staff meeting once a quarter with ALL departments!

More understanding of the roles/limitation we each do.

N/A

Our fellow nurses (RN) need to be valued and supported.

Probably just email. Usually when there's a communication problem it's a case of people in other departments not being in the loop on things until it's right on top of them.

recognize emergency situations when they arise. Don't ask for an order before running a cord gas.

Responding to emails in a timely manner; even if you don't have an answer just a simple response confirming you received the email.

Show more respect when talking to other departments and people won't shut down when your speaking and quit listening.

Some directors continually think of just their own departments and not the group as a whole. They do not want their staff floated to other departments to help when needed but have no problem insisting other departments float to theirs.

Sometimes between departments it is hard to get information to us since we are offsite.

Sometimes I don't receive emails that other coworkers receive that contain great information. Maybe since I am a perdiem. However, I feel we should be included in the loop since we are part of the team.

Sometimes things are borrowed from one department for another, and is unable to be found when needed.

Sometimes when an email is sent for information needed and no response is giving in a timely matter for stuff to go on in a timely matter.

Stephanie and Diana do no value my opinion only theirs seem to matter even though i am the one working accounts with patients. my current supervisor, Katie, values and respects my decisions and we make a it a team effort to solve issues. communication between departments can be crucial to patients. Benton City clinic is bad about notifying business office to adjust accounts or give out patient discounts too late when the patients have already gotten a bill from something they should not have. BCC should notify right away by email or phone call to prevent angry patients from calling billing office.

Suggesting possibly having leads at the clinics (not managers) have a meeting once a month to let each clinic know what their patient scheduling is like, How each clinic is proceeding with each day to day operations. What instructions are to patients if needing to have them go to a sister clinic.

The nurses on Medical could be more friendly when calling other departments. They could be more helpful at getting their patients ready for procedures ahead of time.

There are some issues when patients are admitted from the ED to acute care or surgery. Much fewer cases now have issue than a year ago but the issue seems to happen more frequently when certain people are working.

there is a lack of communication between clinics.

There is no communication between departments. We need better communication between clinical and hospital staff.

There still seems to be silos. If department leaders could all think about and make decisions with the entire organization in mind, not just their department, it could go a long way.

They discharge patients without clearing them in the computer so we get stuck sending food for patients that aren't here. They call down for food and we send it up and they don't pick up the food items in a timely manner

They should pick up a phone and communicate

This is an ongoing issue every year. This is more of a respect issue than a communication issue, therefore I am not confident in change at this point. The best approach is to accept it, and find avenues to get the information needed.

This is an on going effort between departments. There is at times an unclear leadership tree with in the hospital of who is in charge in each department. It is hard to track down and get report or even speak to a nurse on the phone when needing report to the OR.

training on ordering. How to check what is on back order. ? just feel need better communication with not to techy personnel

WA Cares could have been communicated to us in a more timely manner.

## What do you enjoy most about working at Prosser Memorial Health?(236)

I like my schedule and the people I work with.

..I like the way in which the ASPIRE values are actually valued and not just something on the wall or on paper. I love the people and the comradery between them

a strong sense of community, i feel valued as a person and as an employee

All the social events

All the staff members are like family, you know they have your back whenever you need help.

always feeling like I'm part of the organization and not just another body

BEING ABLE TO MAKE OUR PATIENTS HAPPY WITH OUR SERVICE

Being informed of everything being done.

Being part of an organization that is so well respected in the community. Giving back to the community/veterans day/summer events. Providing access to the community for covid vaccine clinics.

Caring for the people in my own community.

caring of staff and visitors and patients

Challenging work environment

Close to home.

Community and the people.

community involved

Continued learning and community engagement

Coworker. Family we have here

Coworkers including physicians, and patients.

Coworkers that make the days easier.

Dedicated staff and support amongst fellow leaders

Employee engagement activities, administration does a good job at having lots of fun days throughout the year that allow us to break away from the desk and enjoy each others company.

Employees are given importance compared to the other hospitals I've worked with..

employees are rewarded for their work and appreciated.

Environment and the people

Everyone is kind to eachother, and tries to communicate is positive ways.

everyone is nice and friendly alway say goodmoring or goodnight

everything about PMH, its a great place to work for! i love this place.

Family oriented environment, good patient care, and caring coworkers

Feels like family

friendly staff

great people

Helpful friendly staff, camaraderie, a;;-staff activities, little perks

Helping people and co-workers.

Helping the patients out when needed and co-workers

How everyone truly cares and treat each other with respect!!!

How progressively minded we are as a group. Most of the people I work with.

How we all work together and we get along very well. I know a lot of the people with this being a small rural hospital.

how welcoming everyone is to new team members, Everyone is at different levels in there career but still open to teaching and bouncing ideas off of each other.

I been here for quite a while and this is my home every one is very friendly, caring, i can talk to some workers and enjoy working in departments that would help me with my learn more in my work

I am given the autonomy to perform my primary job functions with a minimum of micromanaging. However, am provided the support to resolve discrepancies that are beyond my scope.

I appreciate how welcoming coworkers are and how willing they are to assist and problem solve.

I appreciate that --for the most part-- we all try to work together to accomplish what needs to be done. I love that we are part of a big family and care not only for eachother but our community as well.

I appreciate the time and effort put in by administration to put together many events to show appreciation to the staff for all of our work especially in these tough times. It truly feels like a home away from home when coming to work. When you enjoy what you do its always a pleasure coming to work with a company that shows you appreciation.

I can honestly say that I am happy to work here and I feel like I am appreciated here. The employee appreciation here at PMH is amazing and unlike anything I've ever experienced. It's nice to be acknowledged for holidays and all of the fun events that happen year round definitely bring the morale up at

the workplace.

I enjoy being able to demonstrate my skills and knowledge.

I enjoy building relationships with my patients. My patients care and needs come before anything. When you get a simple "thank you" for your time and your help it means so much knowing you made a difference in this patients life.

I enjoy coming to work everyday because I know I work in a place that holds the same values that I hold and that is Aspire

I enjoy having a team that wants to be here and provide the very best care for every patient we care for.

I enjoy helping others and strongly believe that Mental health is very important.

I enjoy how friendly every staff member is, if you see anyone in the hallway you always get a good morning. Prosser Memorial Health is an amazing company to work for.

I enjoy meeting and interacting with new people.

I enjoy most the colleagues I work with.

I enjoy my co workers and the workflow of my department.

i enjoy my coworkers within my clinic and how we get along and help one another out when needed as a team should

I enjoy my job and the staff I work with. I also like how my supervisor is flexible with my schedule and I am able to work the days I am available.

I enjoy my patients the most. I also love working with my team.

I enjoy my shift (grave) I overall enjoy the work flow and prosser community

I enjoy the atmosphere of people caring for people within the community.

I enjoy the feeling of community and that we're all in this together. Everyone seems to be engaged in putting the patient first and helping each other out to ensure a positive patient experience. The staff is friendly, kind, professional, and always striving to do their best.

I enjoy the friendly atmosphere, the welcoming faces that greet me in the hall or just say hello.

I enjoy the patients, staff engagement and that everyone's voice matters.

i enjoy the people and environment

I enjoy the people I work with and the people who work around me.

I enjoy the people that I work with and the job that I do. It is always interesting and ever changing.

I enjoy the people that I work with.

I enjoy the staff and patients I serve. I enjoy getting to know the patients as well.

I enjoy what PMH does for the community and for the patients it's a great place to work and establish a career.

I enjoy working and communicating with the whole team

I enjoy working at a hospital that has such a good reputation. My patients tell me often that they won't go to other facilities in the area because they prefer the patient care here. Also, I absolutely love my patients! They're amazing!

I enjoy working for a hospital that allows me to take really good care of patients by not overwhelming me with too many to manage. I feel like I get to be the nurse I want to be. I also feel I am compensated fairly for my work and offered good benefits that allow me to also take care of my own family. I do not plan to ever work anywhere else.

I enjoy working here at PMH because of the feeling that I really belong to this family. I'm happy coming to work because I'm comfortable and I love my job.

I enjoy working in the community I live in.

i enjoy working with my coworkers, when we are busy we are all chipping in to help one another and that is what helps make it through the day.

I enjoy working with PMH because everyone here at the Prosser Clinic is so helpful and welcoming.

I enjoy working with team players.

I enjoy working with the Leadership team and staff members. We have a good working rapport.

I feel appreciated as an employee

I feel like I am appreciated as an employee and feel part of a team that does what is best for our patients.

I feel respected as a provider, supported and heard.

I feel valued and supported working here, lots of communication

I have enjoyed the ability to gain knowledge and skill in my chosen field. For the most part I have been treated with respect.

I have enjoyed with here since day one. Everyone here has always been very helpful and welcoming. I love it here!

I learn something new everyday.

I like that Admin keeps the Pillars in everything they try and do in our Healthcare System and In the Community.

I like that the providers can treat the employees at little to no cost. And more specialty providers are coming on board. It's pretty nice of PMH to have very reasonable affordable insurance plans.

I like working in this environment, making people happy or feel better by feeding them good meals.

I like working with my co-workers on the General and urology side. Also the providers are excellent to work with. Makes it enjoyable to come to work.

I like working with the people I do and being involved with helping the community.

I love being a part of something larger that makes a difference. I love that my job challenges me every day in different ways.

I love being able to show up to work every day and make a meaningful contribution to our team , our patients, and our community. I love that despite sometimes disagreeing on small things, we all agree that patient safety and quality care is most important.

I love helping others especially when they are not feeling well. Teaching patients is something pmh has allowed me to do in my department.

i love how administration is involved and active with employees

I love my coworkers and that we are generally given the opportunity to give excellent care.

I love my job and the patients and staff are mostly friendly

I love my manager and co workers, I work with quality people and give quality care to the patient's we serve. I am able to do the job I do because of the coworkers and providers that I do work with. I feel I am well paid and do enjoy my clinic.

I love PMH's friendly staff and environment!

I love that we are growing, expanding and opening people's eyes to the fact that we can provide quality services in our area.

I love the administration open door- easily approached attitude. thank you I appreciate the new security. thank you!

I love the family feel of Prosser. I have worked a few different facilities over the years and this is by far the best.

I love the warm environment.

I love working with my provider and my team on the Gen Surg/Urology side. We work together to provide the best service for our patients.

I most enjoy my coworkers and sense of community. I also appreciate the "thank you's" from administration that we don't always expect.

I mostly enjoy having a great team in Family Birthplace, my coworkers are amazing. I Feel like we have amazing teamwork. Overall I love working at this hospital.

I really enjoy and appreciate how PMH recognizes our hard work and treats us with a meal or awards. It really shows and motivates us to continue to being part of this team when you feel appreciated. I also like how PMH is planning to grow and expand into a bigger Hospital. I think that will benefit our community and the surrounding community so much.

I really enjoy the teamwork and that everyone genuinely Cares for patients and fellow employees.

I've only been working here for 2 months but within those 2 months, I love it. Best thing I ever did was taking this position, especially since I'm close to home. My co-workers are great and my supervisor is one of the best I've ever had.

It feels good to be part of the community through my PMH employment.

It is a pleasant environment to work at.

It's a positive place to work

It's always something new

Its fun and very welcoming

kind and supportive coworkers and management

Location

love to provide high quality work i can preform

Meeting new patients and allowing us (EVS) to interact with them while we do our job.

Most of the people. Providers are FANTASTIC

My Co workers

My co-employees are amazing and always work as a team

My co-workers

My co-workers

my co-workers

my co-workers and the clinic manager, I feel the clinic manager listens to what I have to say and my concerns and I get the support I need to do my job

my co-workers are very helpful and provider's

My co-workers, great caring staff.

My coworker, and everyone is very polite and nice.

My coworkers

My coworkers and all the staff is very welcoming. we are a second family.

my coworkers!!!!

My coworkers, everyone is amazing and such great teamwork.

my coworkers, the physicians, and my boss.

My department and manager!

my job and the area where i sit away from distractions and very capable of working independently

My job is challenging and rewarding. I am encouraged to speak up when I see an area where we can improve or gain efficiencies. I feel heard and that I have value with the organization.

My job, the people and the culture.

my night shift coworkers and supervisors

My patients and working with the staff in Labor and delivery

My team

n/a

n/a

Patient care

Patient care is important.

PMH is constantly doing something to engage it's employees from handing out treats during holidays, recognizing staff through the ASPIRE program, dressing up for Halloween, corn hole competitions, etc. the list goes on!

PMH is very supportive of their employees and makes them feel valued.

Prosser Memorial Health is a GREAT place to work, I enjoy my co-workers and the people I get to help everyday that come trough the ER

Prosser Memorial Health is like a family. Everyone is great to work with and everyone is very friendly

Quality services; benefits; wage; friendly staff.

Real feel of working with true professionals who care for what they do and take pride in there abilities.

Respect and friendship with staff. Manager hears our concerns and works well to get things completed in a timely manor. Providers are very compassionate with our patients. Feels good and I'm proud to work with such great staff. I see every day how staff gives Great service.

Sense of community; helping others.

small hospital environment

support of my staff on my scheduled work week

Supportive co-workers

taking care of the patients

Team Work

team work

team work

Teamwork and Quality Service

Teamwork and friendly staff

The ability to see my patients through their care from the field to the ER and then the CPP. I am thankful Prosser values patient education and taking the time to ensure the patient has the resources they need.

the atmosphere

the co-workers i have on my rotation are great and we compliment each other's workflow.

The collegial work between nurses and providers.

The community aspect and that everyone in my department is willing to help when they can

The Community Paramedic Program

The community that PMH has created with everyone associated with PMH. It feels like one big family that everyone knows everyone.

The community.

The commute, I only drive an hour a day instead of 3 hours like I did for my last job. Yay for sleep! My coworkers. The nurses, techs, and doctors are all awesome to work with. My rotation has an awesome team that works together well.

The compassionate and caring staff and team of physicians. Everyone is very nice and quality of work is top priority.

The continued effort of the admin staff to have staff from all departments involved in a monthly event that allows for fun, respect and memories to be created while at work!

The crew that I work with is like family.

The employees at PMH they are all very nice and friendly.

The employees.

#### THE ENVIRONMENT

the environment

The environment, working with good nurses and working with people who really care about our community.

the events they do with the community

The fact that most people seems happy, and likes to have a good time.

The fact the every shift i have worked so far, everyone tried their best to work as a team.

the family atmosphere and pride each employee has in the hospital

#### THE FAMILY FEELING, AND MAKING A DIFFERNCE IN PEOPLES LIVES

The friendly staff we have.

The friendly staff. Ease of people's attitudes. I love my compensation!

The friendship and bond that develops with the pts from the community. Getting to know each and every one of them and being able to serve and help with the needs they require.

The hospital truly cares about their employees and about providing excellent care to our community.

The idea of growth

The mission, vision, and values. The cohesiveness of staff working together for the good of the organization.

The opportunity to improve peoples lives.

The overall atmosphere.

the patients

#### THE PATIENTS IN THE COMMUNITY, MOST OF MY CO-WORKERS

The people

the people

The people and it's close to home.

The people I get to work with everyday

The people I work with

The people I work with and the environment in which I work in - it's an awesome place with awesome people

The people I work with are nice.

The people I work with are phenomenal, we work well as a team. The ability to learn new things and enhance my skills as an RN has been wonderful.

The people I work with on a day to day basis and the many, many ways we help our patients and communities.

the people i work with, location, benefits

The people we serve in our own community and people we work with.

The people who work here are great!

The people, everyone is great and kind.

The people, we are all like a family.

The people.

The sense of purpose is readily apparent and the friendliness is contagious.

The staff

the staff

The staff in my department, and the rest of the staff in the whole hospital, and seeing patients and being a part of their care team

The staff make it a wonderful place to work.

The staff that I work with-we are a family.

The staff, it feels like family and a happy place to be at every day!

The strong sense of comradery and commitment to high quality patient care.

The team work



The team work and the staff.

The team work is growing and developing in each of the departments. As we have hired new staff, the ground work is consistently been set with expectations of floating, cross training.

The teamwork

The teamwork and camaraderie formed between staff of different departments.

The thing i enjoy most about working at PMH is that everyone treats each other as Family. I have worked at other major facilities and its different to be known as a number than by name. Here at PMH we strive to give Amazing quality care that lets people know and feel as though we treat them as Family.

The tight knit community

The work environment and helping attitude of all staff.

There are many things I enjoy here at PMH. It's a Great place to work, great environment, and everyone including admin focuses hard on our Mission Values. It's a joy and honor to be a part of a great, successful team/family who is not only focused on helping each other, but helping each and every person/patient that walks thru our doors.

we are a family and I love working with everyone

We are all included as a whole, no one is left out.

We are treated with respect

We strive to improve

We treat each other like family.

we work for the common goal- excellent health care for our community.

Well the team that I currently work with they are superstars

What I enjoy most about working at PMH is most of the people that work here.

What I enjoy most about working at PMH is the amount of growth and support shown to our community and staff. I am very satisfied working here and I consider PMH as my forever home.

What I enjoy most working at Prosser Memorial Hospital is knowing that my supervisor (Marla) is always there when we need her, she makes sure we have sufficient staff when we need it, over all the team work in my unit is great!

when we receive bonus

WORKING WITH A great TEAM! AND HAVING A MANAGER THAT IS AWESOME!

working with great people

Working with the community, and my co workers

## What 1 or 2 things would most improve Prosser Memorial Health as a place to work? (193)

filling all the vacant positions for better staffing, The HR process is slow, a better onboarding process for nurses and physicians

..

1) flexible/self scheduling for floor nurses as staffing allows. This is extremely important for work/life balance. 2) adequate staffing for busy shifts, reduces burnouts and call ins

1) More transparency between admin and the departments when deciding important issues that effect the jobs of those in the department. Having a heads up on current plans would not cause any more panic than having secret meetings that are never very secret.. 2) Other than what I stated above I am happy working at PMH. It would be nice to have admin looking at what they could do to save the EMS department and not just how to get rid of it without giving the hospital a black eye.

1). To make providers accountable to standard work ethics and abide by what their contracts say so the rest of us could do our jobs efficiently. 2). To get another quality manager in PFS and not allow bullying and disrespect of them where they feel like they hate to work at PMH. PMH is a good place to work unless you have to put up with certain people who are never held accountable to their awful behavior.

1. Hire a permanent Director of Clinic Operations that is vested in ALL clinics (not just Prosser Clinic). A Director of Clinic Operations that builds professional relationships in all clinics vs making rude unprofessional remarks when he visits clinics. A clinic leader that "leads by example", wearing a mask at the front desk/lobby area with patients and practices infection control. 2. Improve/reduce time from interviews , hiring process, start date. 3. Hire an additional Mental Health Counselor in the Prosser Clinic.

1. Stop the FAVORITISM. Special position made up that have not been posted and when someone complains, manager says it was posted by the time clock. Thats bulls\*\*t!

1. Better pay for specialized nursing. 2. CEO to understand the capabilities and capacity limits to the OR department with adding on additional services.

1. better pay for the MA's they do a lot for the pay 2. less load on the MA's the providers dont want to do much anymore

1. COMMUNICATION. Communication between departments with respect. Also follow up after filing a concern or event report form. I have filed a complaint as a patient and heard nothing. Even as an employee we never receive an update on event reports. 2. Hiring only friends and family. Although they may be adequate employees, it is difficult for other employees to be honest if a concern arises. New positions are held/made for friends/family.

1. Food service- things are improving greatly with them coming to take patient orders, I feel like we are wasting much less food than before. If they would be more accomodating to staff with orders that would be nice, I was told once I could only order the special of the day (I ordered a hamburger patty with a slice of cheese), one of the Residents had just been down there and had a sandwich specially ordered.

1. Hiring individuals who actually want to work. 2. not taking advantage of individuals who are working hard. When an employee is underperforming we need to hold that individual and not give their workload to others simply because we know the other will get the job done.

1. Implement some email edict. We are all getting buried alive in emails and it is impossible to keep up and not miss important messages. 2. Clean up Sharepoint, so that it is a reliable source for all important information and archive information that is no longer applicable.

1. Long wait times when calling PFS. 2. It would save time if we could reach staff directly at PMH surgical group. We currently have to go through an automated service to reach the person we need to talk to.

1. The purchase on an inventory system would be greatly beneficial and save time. 2. To assess if the time spent on programs, processes and systems is necessary or is there a better way to do things.

1. When staff are first brought on board it would be nice for a tour of the hospital. I know this would be much easier when the new hospital is built then a tour could be arranged.

1.) we need a designated Spanish interpreter 2.) less travelers and the money spent on travelers instead spent on compensating the staff with better vacation, and a 5/4/3 compensation increase.

A change in management particularly respiratory, and admitting. More part time positions or more flexible work schedule.

A new facility!!!

a new hospital that is in place will be very helpful.

Accountability for staff members with effective follow through. Those not doing their jobs should have consequences. Instead their titles and workload are removed are given to those who are working hard to go above and beyond. This creates an environment of resentment and frustration. After years of being told "we're working on it" and seeing no change, distrust for leadership develops. When there are multiple employees who make it clear they won't work with someone, this should be taken seriously and addressed. I'm disappointed to see the lack of pride and ownership in our department.

Adequate Staffing. Knowledgeable EMS management Administration transparency

Adequate staffing. More Per diem staff to pick up sick calls or short staffed days.

Administration just pats us on the head when suggestions are offered and our voice is rarely heard, they have their ideas and then go with them instead of listening to concerns of the staff that is working consistently in those departments.

Administration needs to all be on the same page, lots of passive aggressive behavior among leadership

All leaders being held to the same standard. Room to grow professionally.

At the moment I can not think of anything that would Improve PMH as a work place.

At this time I am very pleased with my role and function at PMH. I think there are always things I can do to improve and feel I am in an environment that supports my growth.

BE Honest with people

Being heard and respected

Benefits could be a little better explained.

better adherence to putting a schedule out on time

Better benefits package. More PTO.

Better communication from Admin/Supervisors Better staffing

better communication from leadership and supervisors

better communication from one department to another

Better communication on recruiting physicians into clinics.

BETTER PAY

better pay

better pay and having ideas or concerns addressed in a timely manner.

Better pay and more staffing.

Better space to meet with staff on a daily basis from other departments like the cafeteria in the new hospital. Emphasis on retraining staff on EPIC

better support of the RN's by the ER manager and recruitment of competant tech's and the separation of the interpreters from the ER Tech's position. And the addition of 24/7 admitting staff for this 24/7 institution!!!

better teamwork w/ MA's everyone seem to just work one and one and it gets busy so everyone should help whenever the help is needed

better understanding of respect

better wages for surgical techs

bigger OR rooms

chick-fil-a and a trader joe's.....LOL

Child care-doesn't have to be on site even a daycare or location where staff can get a discount. Useful if near by!

Choose a job you love, and you will never have to work a day in your life.

Communicate with other departments, respect

communication

Communication

Communication

communication

Communication and communication

Communication between other clinics.

Communication within all the clinic's

Communication. Leadership

Communication. Sometimes I have to hear it from 2 or 3 other people before I hear anything from my supervisor

Compensating the nurses to what they deserve and agreeing to our requests for the new union contract. We deserve better than what is being offered or rather not even offered.

consistent scheduling of adequate and core staffing.

cost of living in SEUI contracts against the color coordinated scrubs that will be in effect next year.

Cost of living raise implemented, free coffee once a pay period

Customer Service from the time patient step into our admitting office down to the department they need to be.

Directors being more supportive to there employees for the evening/night crew

Everything is great!

Faster lab results

filling open positions w appropriately trained staff. EMS having 2 crews on to facilitate transports due to heavy ER tranfers numbers

First and foremost would be job security. Coming to work and hearing from other departments about how the hospital wants to get rid of your department is disheartening. I would like to be kept in the loop about my job future for my family. I would prefer transparency, instead of hearing from other departments about possible job loss instead of administration.

Focusing in having more Caring staff. Evaluating pay would be nice. Getting extra bilingual staff so it doesn't fall on one person especially on weekends.

For the planning of the new hospital to be truly taking into consideration the needs and voices of the employees.

Full staffing of all departments.

Get rid of Cloak & Dagger stuff. Follow the rules. Two people have been hired with out giving others the opportunity to apply. Seriously? Union positions? yes, a lot of people have noticed. This destroys the trust in administration .

Have at least one more part or full-time pharmacist

HAVING A BIGGER PLACE TO TAKE A BREAK OR LUNCH (WITHOUT GETTING KICKED OUT FOR A MEETING)

Having a team dedicated to safety in the hospital. I feel this would encourage people to always, always put there best foot forward when it comes to helping patients and making patient safety a priority. This could be done by having a monthly success stories of safety being shared. This could also be done by having trainings on safety techniques, safety policies, and having safety meetings every so often with staff to address safety concerns.

Having house supervisors who have more experience and are reliable and have great communication skills. Management could be more involved with day to day operations.

Having managers deal with department issues.

Having The Board completely replace all the directors. We need a CEO that won't just surround himself with "Yes" people and then setting people up to fail. We need Administrators who follow up with things instead of making empty promises they never follow up or communicate with us on. We need a Board of Directors that will check to see if the Administrators are actually doing all the things that they tell the board they are doing, and aren't. (eg staffing issues, payroll issues, computer issues)

Higher wages and more bonuses.

Higher wages especially since Covid hit and federal minimum wage has gone up for people who did not attend college but for those of us that did we should be compensated

Hire more staff and make wise staffing decisions. Do not expect your staff to " soldier on " when there is not enough staff to handle the amount of high risk patients. We have had pretty dangerous situations that were made worse because we didn't have enough staff to back each other up. Do not expect a nurse to float to Med/Surg and still run to L&D when there is a crisis that could have been avoided simply by having her stay in her home department.

Hiring competent, motivated staff. Administration listening and problem solving in a real way with those who are the experts in their area of work when starting new programs.

Hiring experienced employees and giving adequate training like a good 2 weeks to 3 weeks before allowing to be on your own. Hiring enough employees; some departments are working with the same number of employees or less as of when we only had one clinic and not many surgeries or deliveries. PMH is

growing in services and providers however the number of employees are still at the same or less; which makes it very difficult to give the results we are expected to give..

Hiring or retaining skilled and well knowledge nurses for better patient care, as well for support for other nurses that might need the help or lack skills.

Hold staff accountable for ongoing and unchanging issues that create an unsatisfactory work environment.

Holdig employees accountable for being late, excessive ill calls, and poor job performance.

I already think its a wonderful place to work.

I believe every clinic should be on the same page as in within providers, MA's, nurses, receptionist, etc. A lot of miscommunication going on within clinics, it should be discussed.

I don't have anything that comes to mind right now.

I feel that the majority of the days we are short handed and we don't have the staffing to be able to stay afloat with two extra providers and not enough MA's

I really think that the "Aspire" awards needs to be changed. The same people are always winning and it is unfair to others who are also being nominated. If you won the previous year you shouldn't be able to win the following year.

I think having more bed/ room space for patients would be a great addition.

I think it needs better training system.

I think PMH is the employee of choice in the area now, which it has not always been that way. In my personal job, I am asked to do too many things which can create a chaotic environment at times where I do not feel I am performing at my highest level. In my opinion, PMH needs to hire a FT salaried person to do employee health along with another area of responsibility so this very important role is given the appropriate level of attention and time.

I think that bringing overall Health and Wellness (not just masks & vaccines) to the forefront of our Hospital and Community will GREATLY improve our overall health and testimony as Prosser Memorial "Health"

I think we still need to work on recruiting more Providers but I also know it is being worked on.

I would feel safer with more training about compounding medications; this may already exist. Is there a list somewhere that shows best ways to mix common drugs that are used?

I would like the sick hour to be paid when the employee did not get sick. It's a big consolation to the employee. It will serve as a huge encouragement for the people to keep and stay healthy and no more call in sick too.

I would like to see pharmacy improve / mix more of the medication they should already be mixing so nursing staff would not be responsible for it.

I would say our clinic is overall a very good place to work. One thing we do lack at times is communication.

Implementing a late policy so patients who showed up on time for their scheduled appointments aren't waiting because the person before came late.

In house MRI magnet

Incentives for longevity employees, additional training or education to help improve growth of employees.

increase in staffing to offer patients the best care. Maybe a random coupon for a free coffee at the Busy Bean. :)

Increase staffing for fluctuations and appreciate and respect the nurses and staff that dedicate their heart and soul to this company.

Increased opportunities for continuing education

Institution does not appear to value nor solicit input from employees that are not part of the "Management Team." Many processes are broken as key people are not part of the discussions.

Job security, wages that reflect my experience

Keep compensation and benefits for maintaining a work environment that attracts and retain workers in a rural community.

Keep up the great work!!!!

Less turnover rates, and having the fam med clinics ran the same across the board.

More (some?) recognition or appreciation when large projects are accomplished. Less gaslighting of big clinically based projects.

more appreciation on CMA and receptionist

more communication amongst all coworkers

More equipment such as vital machines

More opportunities to work remote to save on commute.

more people working besides two

More providers MD, DO in all clinics

More recognition for things done not for financial gain

more respect and vocal language

More space.

more staff in each department

more staff in the b/o department

MY PET-PEEVE IS PICKING UP THE SLACK OF LAZY PEOPLE.

n/a

N/A

n/a

N/A

NA

Need space. Need to listen to staff when they say they are tired...look at body language.

New facility

new facility.

Not forgetting about departments that should be represented in planning for additional services.

Nothing

Nothing

Nothing

Of course it's always communication. Sufficient staff in every department not just clinical.

Open honest communication, an administration you feel cares about your well being

Pay

pay

Pay for scrub techs should be increased. I feel like there needs to be more recognition as to what a scrub tech does here at PMH on a day-to-day basis.

Pay scale

People need to realize that every single department is extremely busy. Sometimes it can be hard to respond to emails and/or phone calls at the drop of a hat. We need to work on our patience with one another.

Phone cameras should be turned on so you see the face of the person you are talking to-makes for a better working relationship. People are less apt to be negative.

PMH, is a great place to work and is constantly improving. However, one thing and so far the only thing that has bother me a bit. Is that new employees are getting higher wages than existing employees, employees that has also had more experience elsewhere

professional communication from management to staff

Recognition/incentive for staff/employees commended by patients.

Reduce the cliques in leadership

Reliable backup/relief as I am the sole technologist that performs what I do and have had a grand total of 2 consecutive (non-illness) working days off over the last 2 calendar years.

reminded my others how important each title plays into company

Responsibility, pride

Safe staffing. Seriously someone needs to work on a plan to get better staffing for acute care/denry admissions due to staffing and acuity. Y'all stuff the floor full of patients and then expect the nurses to run an ICU with 6 patients each.

Slow down to recognize & celebrate success

Sometimes we Techs/ Cna's get floated to other department and we don't get differential pay, if we would get some type of incentive that would be great.

staffing

Staffing individual departments can be a nightmare as our census and acuity is constantly increasing. The use of employees vacation and sick hours are not used as they are built to. I see staff using vacation hours, then calling in sick so they can save the vacation hours. The last minute call in cost the hospital increased revenue in overtime, burns out other team players as they now are working a extra day to help cover the department. There needs to be some way to hold repeat offenders consistently accountable.

Staffing. Recognition.

Staffing..

Starting those with even office setting experience or customer service experience at a higher wage. Every position at every department requires great customer service. Clinical things can be taught, that comes with the position. You can not always teach great customer service, some individuals have the gift and that in itself is a great skill that needs to be compensated for.

Stop holding onto employees that are not fit to do there job. Managers need reprimand and document poor performance. At least two instances in the past 2-3 years were an RN was not fit (lacked skills, habitually "sick" on Mondays/Friday, "milked" out work assignment) to do their job. These RN's were pawned off to other departments and given minimal task and have made unsafe conditions for hardworking RN's that have to pick up the slack of ineffective RN's. Management needs to have more of a backbone and fire these types of RNs.

Strong Clinic Director who works and supports as well as reflects the ASPIRE values of our organization.

Supervisor communication.

Take action when an ER physician isn't appropriately ordering exams. that is ultimately hurting patients. i would love 4 ten hour shifts!!

Teamwork spirit within each department and between the departments. Also, Department managers being given the time to regularly meet with staff and find out what issues need addressing.

That all personnel realize that we are all on the same team. Without one department the system does not work well. it takes everyone together.

the buddy system ( that you have to be someones friend to work in an area, or get special treatment.) Privacy of patients aren't taken seriously and the use of HIPPA is not important at this facility.

the dietary department could be improved. the patients are only getting their orders taken on select days, not every day. there is still a lot of food waste because a lot of it is inedible/gross. breakfast is the best meal of the day, and it gets worse as the day goes on. we don't use what we eat as a way to help cure. homemade chicken noodle soup would be great, homemade desserts would be a treat. more liquid meal ideas, such as smoothies, fruit smoothies, green smoothies. better salad choices. maybe get some from actual chefs for menu choices. thank you for any consideration in this manner. IT, maintenance and housekeeping are usually short staffed, which leaves a lot of loose ends.

The Emergency Department needs better organization in order to be more efficient. We need a bigger and newer hospital to attract more patients to come here instead of Tri-cities. We have amazing staff that work here and that is why we have so many repeat patients to choose to come back.

The hospital used to do a wellness program, I feel like maybe bringing back some sort of wellness program. And having a healthy option when we do events. Maybe allow after hours use of the Physical Therapy office for staff to exercise.

The new hospital being built.

The pay

the staffing i just feel as if it always a budget or number issue and i feel that we are underpaid to be handling 2-3 providers and paperwork at a time. I do not feel as if that is taken into consideration we do not only room patients we also have to take phone calls, incoming paperwork from pharmacies, other doctors offices, and prior authorizations on medications that are not covered by patients insurance. this is a lot for one person to do and this also i feel a safety problem being we can always make a mistake as we have a lot on our plate and a lot of things going on at once.

The work load on specific things.

there are still a couple of departments who do not do anything extra

There is nothing to improve. Prosser Memorial Health is a very good place to work at.

Things that I would improve would be yet to be determined

To feel equal no matter what department you work in.

to soon to tell

Training and IT

Training, but I understand things are short staffed right now as well.

treating every one as equals

Upper management needs to involve employees more when they need answers or knowledge about something (ask the person that actually does the job), instead of asking the department head.

Value and support the nurses.

We are continuously working towards improving, so this is a hard question to answer. 1.Continue seeking out the areas that need improving. 2.Recognize areas that are working well and strive for that team work in the areas that need improvement.

We could benefit from a permanent translator, often times we are pulling others away from their work to translate. At times exams and patient education is delayed because a translator isn't available, we could provide more consistent care if we had one in house.

We have a great general surgeon in Dr. Unger. I feel he has too much on his plate. We have hired additional staff to assist him and we are in the process of hiring locum general surgeons. I don't think these measures will be enough to retain Dr. Unger long term. We need another general surgeon to serve the new hospital we are building and a growing community.

We have made great strides in 2021 and certainly seem to be heading in the right direction. With all the growth and development we need to keep the under structures supported to stay successful and not fall apart. Fixing sick calls!

We need to evaluate some of our processes and workflow to improve as we have grown. What made sense ten years ago might not make sense now. I believe we need to develop a comprehensive customer service policy and training that can be rolled out at all patient facing areas at the hospital and clinics.

With the minimal amount of staff members that can do my job, I do not feel we are adequately compensated for the copious amounts of cases and the enormous amount of additional work required to keep the OR running at its highest potential. We are constantly willing to provide numerous hours of quality care any hour of the day or night regardless if we are required to be here(on call).

workers needed

you are doing a great job



# Prosser Memorial Health

## Engagement 2021

### Dashboard Report

December 7, 2021

## **Report based on**

Engagement 2021  
Data from 08/23/2021 - 11/23/2021

## **Data level access applied**

Pulse Survey does not include YES

## **Report filters applied**

Employee Type : Employees



# Dashboard

Total Invited

374

Total Response

306

Overall Favorability



Total Questions

64

Total Comments

490

## Suggested Areas of Action

Communication

Communication between departments is effective

Staffing & Resource Management

There is sufficient staff in my department to maintain quality work

Compensation & Benefits

I am paid fairly for the work I do

## Highest and Lowest Rated Items

### High

- 95% I agree with the Mission, Vision, and Values of Prosser Memorial Health
- 95% I feel proud to work for Prosser Memorial Health
- 93% I would recommend Prosser Memorial Health to my friends and family for care
- 93% Patient satisfaction is a top priority at Prosser Memorial Health
- 92% Prosser Memorial Health emphasizes the importance of safety

### Low

- 63% Communication between departments is effective
- 64% There is sufficient staff in my department to maintain quality work
- 66% I am paid fairly for the work I do
- 68% The EPIC EMR/EHR training helps me better understand the Epic software and my department's Epic workflow
- 71% There is sufficient communication from Administration

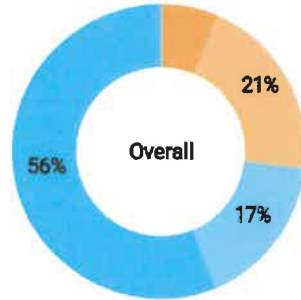
## Summary

Question	Category	N	Mean	%Favorable	Comparison to Company	Engagement 2020
Administration actions show they care about employees and medical staff	Administration	302	4.06	76	-1	▼-2
Administration communicates a clear vision and plan for Prosser Memorial Health's future	Administration	300	4.17	81		▼-2
Communication between departments is effective	Communication	297	3.69	63		0
I agree with the Mission, Vision, and Values of Prosser Memorial Health	Culture & Climate	301	4.61	95		▲1
I am encouraged to share ideas for improving service and quality	Service & Quality	298	4.29	85	1	▲3
I am given flexibility in my schedule when I need it	Staffing & Resource Management	301	4.47	89		▲4
I am motivated to go beyond what is normally expected of me to help Prosser Memorial Health be successful	Job Satisfaction	304	4.49	91		▼-1
I am paid fairly for the work I do	Compensation & Benefits	301	3.79	66		▼-9
I am satisfied with the EPIC EMR/EHR	Training & Career Development	283	3.96	72		▼-5
I don't consider looking for a new job elsewhere	Culture & Climate	293	4.20	77		▼-1
I feel comfortable voicing my opinion and offering suggestions	Communication	299	3.94	72	-1	▲2
I feel proud to work for Prosser Memorial Health	Culture & Climate	304	4.60	95		0
I have the resources and equipment I need to be successful at my job	Staffing & Resource Management	303	4.28	85		▲3
I plan to be with Prosser Memorial Health at least 1 year from now	Culture & Climate	296	4.55	91		0
I receive adequate training to be successful at my job	Training & Career Development	302	4.22	86		▲2
I receive important company information in a timely manner	Communication	299	4.17	82		▼-1
I trust the information I receive from Prosser Memorial Health	Communication	298	4.37	89		▲2
I would recommend Prosser Memorial Health as a good place to work	Culture & Climate	302	4.54	91		▼-1
I would recommend Prosser Memorial Health to my friends and family for care	Culture & Climate	302	4.57	93		0
My benefits are clearly communicated so that I understand them	Compensation & Benefits	283	4.06	77		▼-2
My benefits are competitive with other healthcare organizations in the area	Compensation & Benefits	279	4.17	82		▲1
My compensation is competitive with other healthcare organizations in the area	Compensation & Benefits	294	3.88	72		▼-5
My coworkers are committed to delivering high quality work	Service & Quality	300	4.26	82		▲1
My ideas and suggestions are given consideration	Communication	295	3.94	72		▲4
My supervisor clearly communicates expectations for my performance	Immediate Supervisor	298	4.26	81		▲5

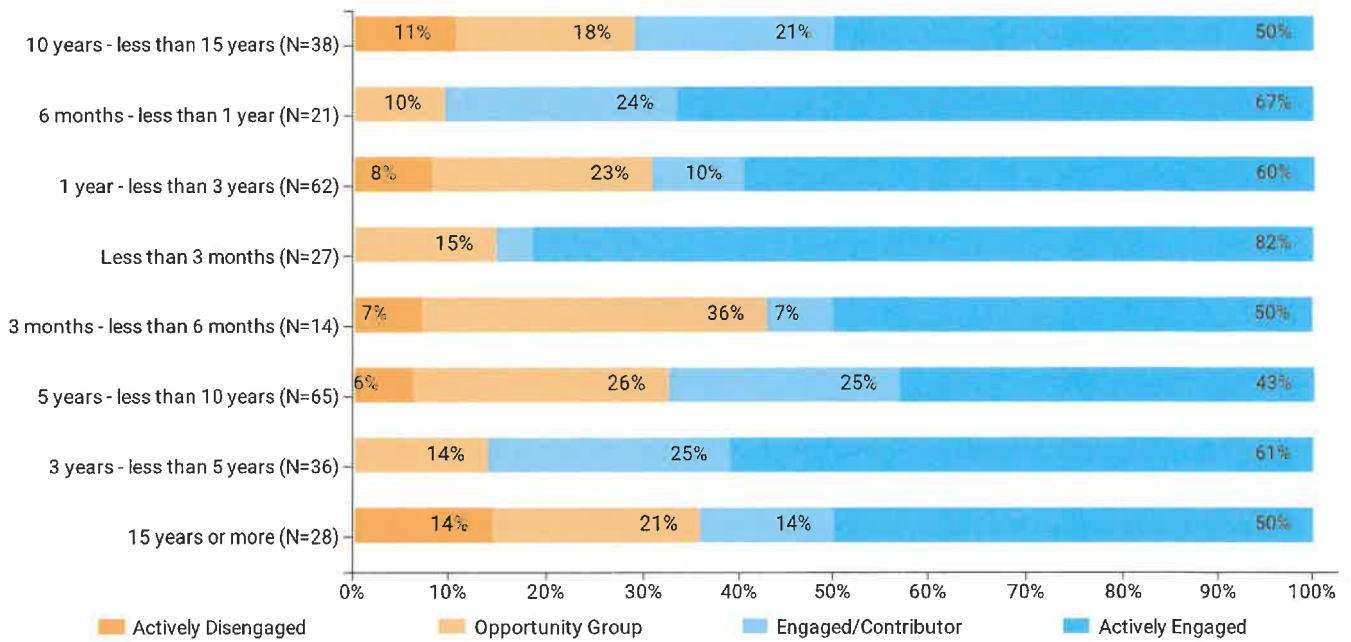
Question	Category	N	Mean	%Favorable	Comparison to Company	Engagement 2020
My supervisor gives me useful feedback on my performance	Immediate Supervisor	297	4.23	79		▲5
My supervisor is effective in resolving issues	Immediate Supervisor	296	4.06	74		▲12
My supervisor provides recognition for good work	Immediate Supervisor	299	4.13	76		▲11
My supervisor supports my professional development	Immediate Supervisor	297	4.31	84		▲6
My supervisor treats employees respectfully	Immediate Supervisor	298	4.37	87		▲9
My work gives me a sense of personal accomplishment	Job Satisfaction	303	4.48	90		0
My workload allows me to maintain a good work/life balance	Job Satisfaction	305	4.05	76	1	▲1
Overall, I am satisfied working at Prosser Memorial Health	Culture & Climate	302	4.39	87		▼-2
Overall, the benefit package meets my needs	Compensation & Benefits	285	4.19	86		▼-2
Patient satisfaction is a top priority at Prosser Memorial Health	Service & Quality	299	4.56	93		▼-2
Prosser Memorial Health does a good job of recruiting quality people	Staffing & Resource Management	302	4.11	77		▲2
Prosser Memorial Health emphasizes the importance of safety	Service & Quality	300	4.48	92		▼-1
Prosser Memorial Health provides me with opportunities to grow professionally	Training & Career Development	299	4.17	81		▲2
Prosser Memorial Health shows recognition for meeting goals	Culture & Climate	300	4.21	79		▲4
Prosser Memorial Health's communication tools are useful (i.e. newsletters, bulletin boards, emails, company website)	Communication	301	4.36	90		0
Safety standards are consistently enforced	Service & Quality	298	4.35	87		0
The EPIC EMR/EHR training helps me better understand the Epic software and my department's Epic workflow	Training & Career Development	280	3.83	68	-1	▼-2
The amount of work I am expected to do is realistic	Staffing & Resource Management	303	4.15	81		▲6
There is a high level of respect between medical staff and employees	Culture & Climate	303	4.17	78		▲2
There is sufficient communication from Administration	Administration	302	3.89	71	2	0
There is sufficient staff in my department to maintain quality work	Staffing & Resource Management	303	3.77	64		▲6

# Engagement

## 73% Engaged



### Engagement index for demographics (Tenure Groupings)



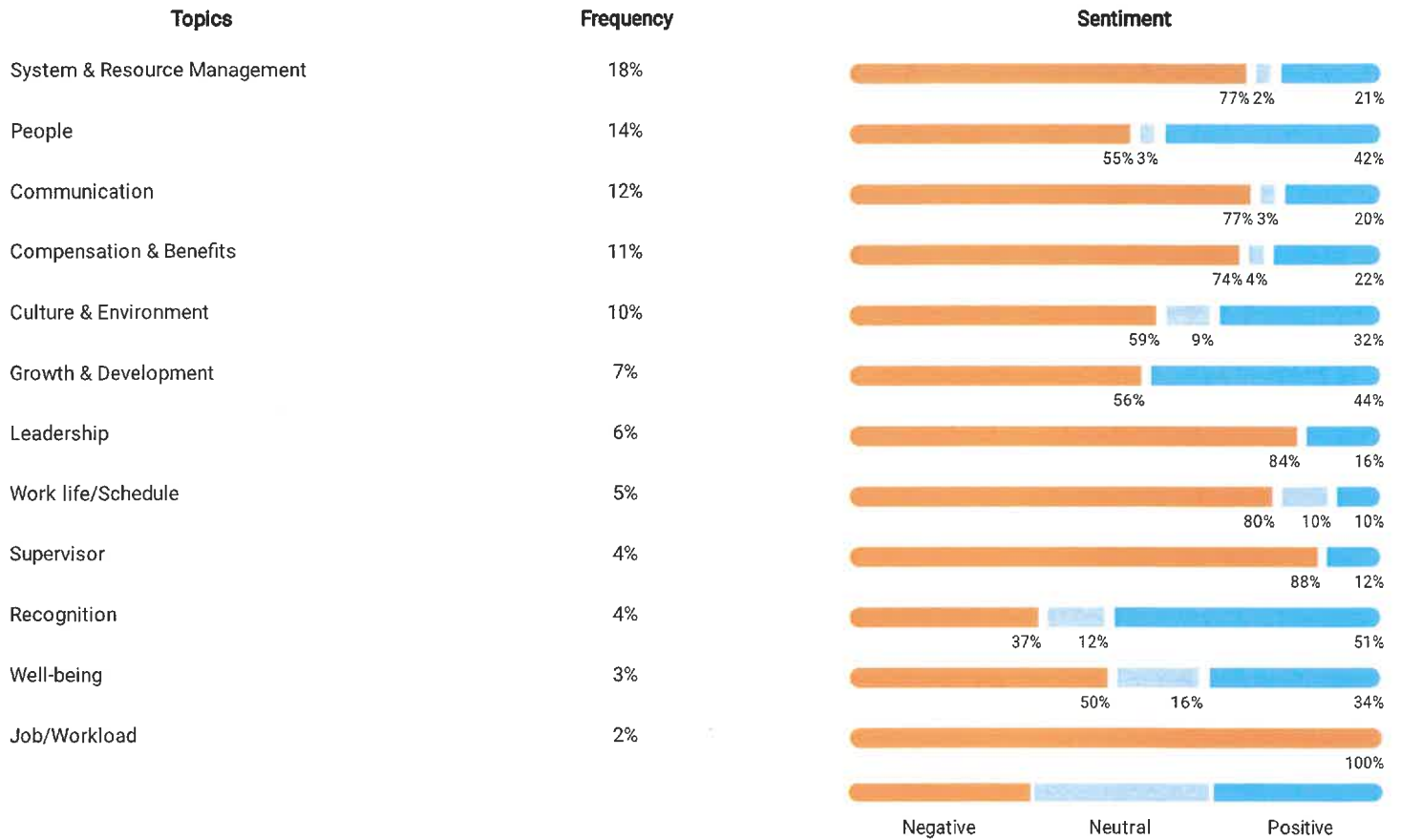
## Hotspot (Tenure Groupings)

Category	Overall	15 years or more	10 years - less than 15 y	1 year - less than 3 year	5 years - less than 10 ye	3 months - less than 6 mo	3 years - less than 5 yea	6 months - less than 1 ye	Less than 3 months
Respondents	306	30	42	65	69	15	36	21	28
Overall	81%	74	78	80	80	84	84	86	95
Administration	76%	61	71	79	70	90	79	79	93
Communication	78%	68	72	77	76	85	80	83	95
Compensation & Benefits	77%	76	80	72	75	81	76	72	90
Culture & Climate	87%	83	83	84	87	88	91	95	98
Immediate Supervisor	80%	71	75	77	81	81	83	87	94
Job Satisfaction	86%	78	81	82	86	84	90	94	99
Service & Quality	88%	86	85	86	83	91	91	93	99
Staffing & Resource Management	79%	69	78	79	77	73	80	90	93
Training & Career Development	77%	66	72	80	78	76	78	76	87

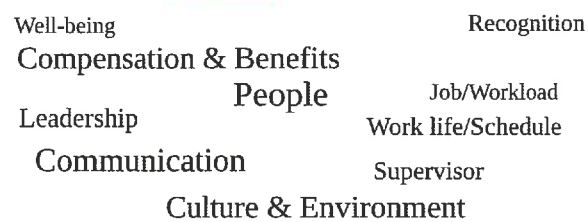
Minimum                      Median                      Maximum

# Comment Analysis

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

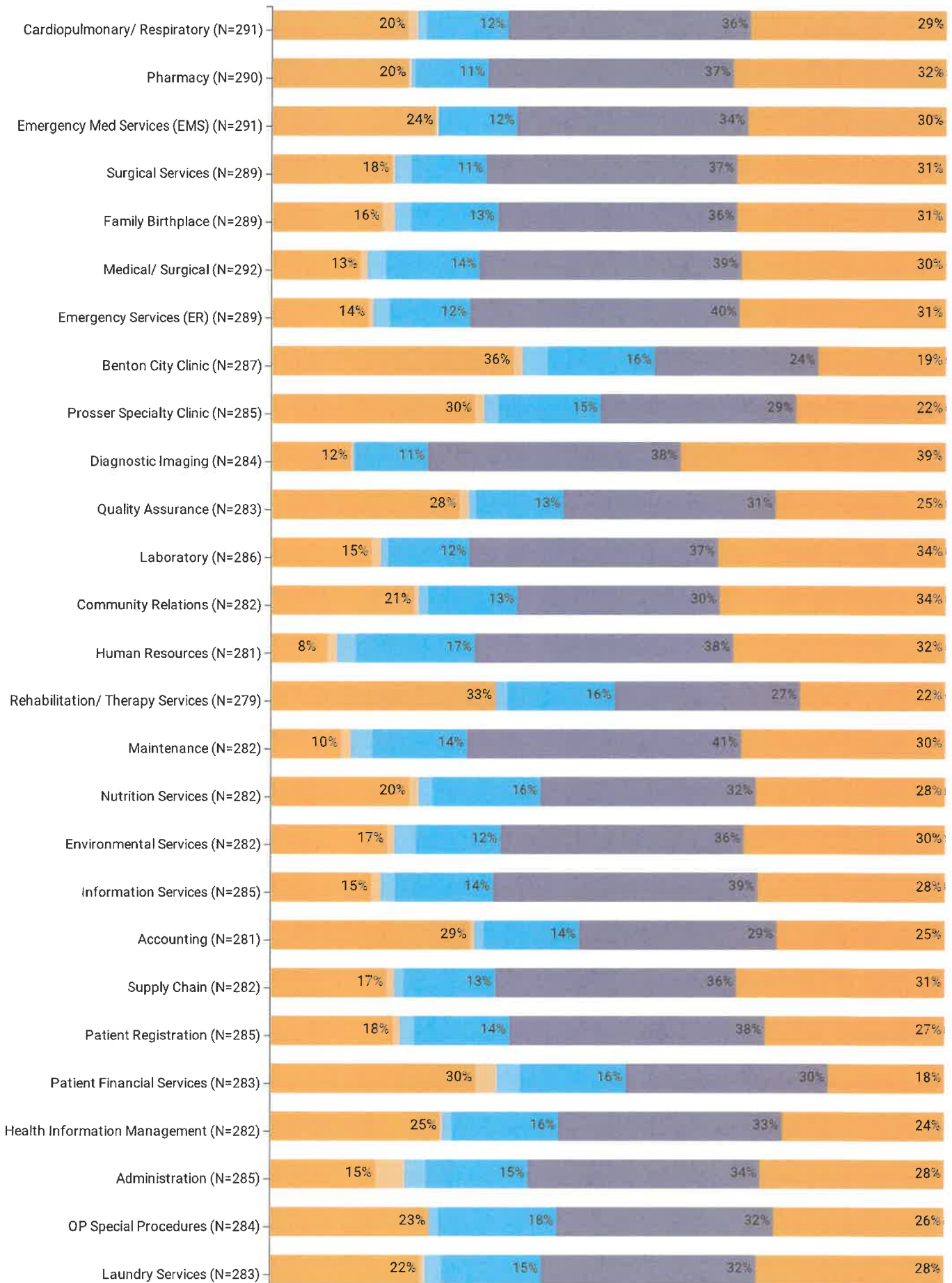


Topics Words

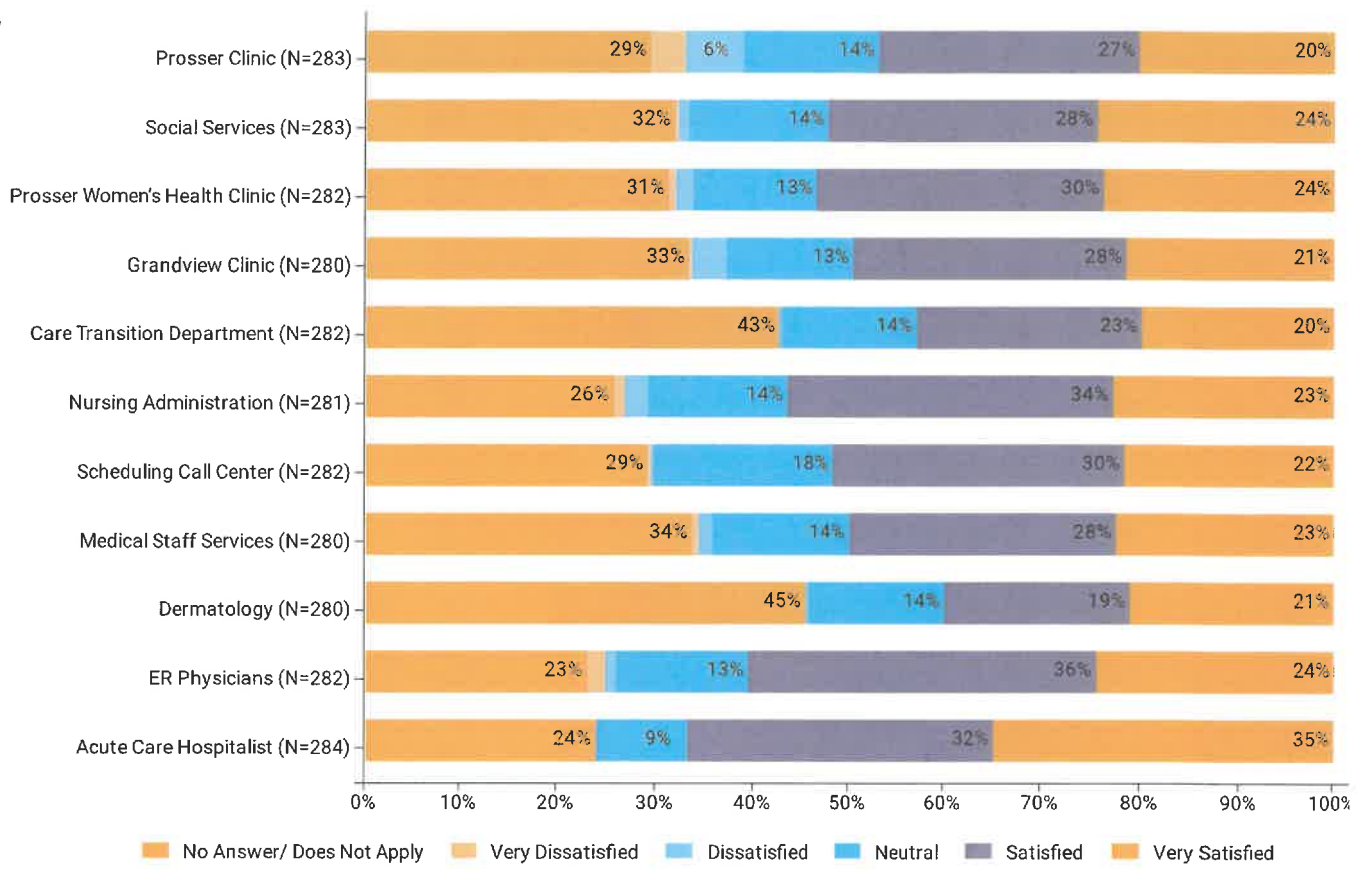


## Matrix Questions

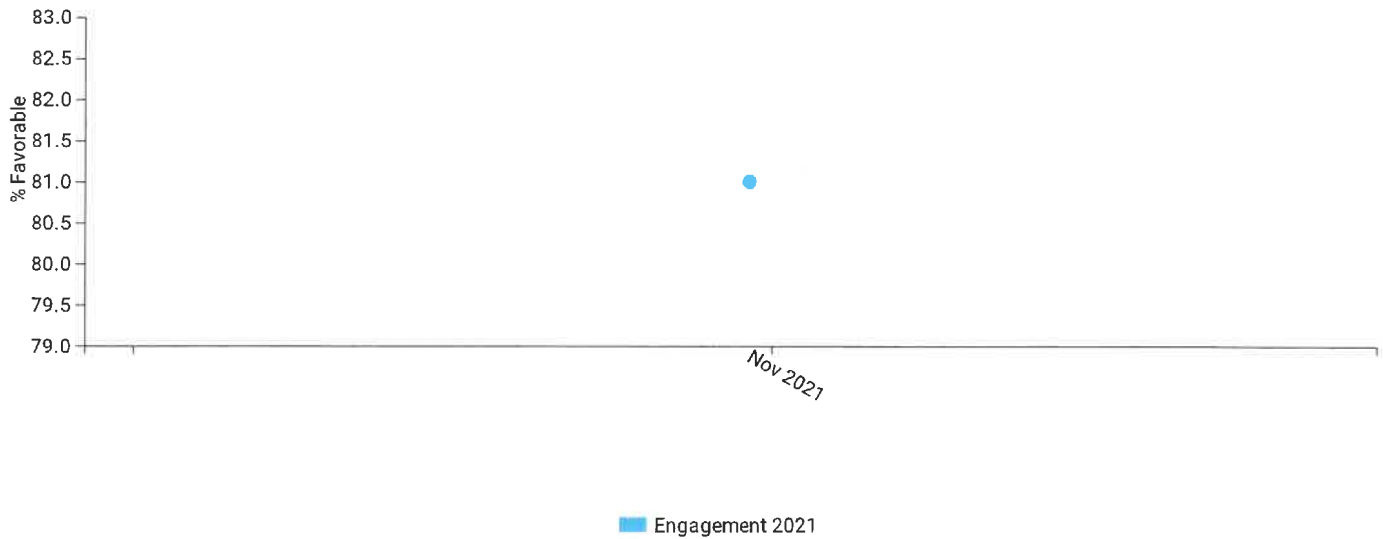
Please indicate your level of overall satisfaction in working with the following departments







## Trends Over Time





# Prosser Memorial Health

## Benchmark Report

January 18, 2022

† **Report based on**

Engagement 2021  
Data from 06/01/2021 - 12/29/2021

# Healthcare Provider Comparison

Questions	Category	Your % Favorable	Healthcare Provider Comparison
Overall, the benefit package meets my needs	Compensation & Benefits	86	19
My benefits are competitive with other healthcare organizations in the area	Compensation & Benefits	82	18
I would recommend Prosser Memorial Health as a good place to work	Culture & Climate	91	14
Administration communicates a clear vision and plan for Prosser Memorial Health's future	Administration	81	14
Prosser Memorial Health provides me with opportunities to grow professionally	Training & Career Development	81	13
I receive important company information in a timely manner	Communication	82	12
Administration actions show they care about employees and medical staff	Administration	77	11
My compensation is competitive with other healthcare organizations in the area	Compensation & Benefits	72	11
Communication between departments is effective	Communication	63	10
I feel proud to work for Prosser Memorial Health	Culture & Climate	95	10
I receive adequate training to be successful at my job	Training & Career Development	86	10
Prosser Memorial Health's communication tools are useful (i.e. newsletters, bulletin boards, emails, company website)	Communication	90	10
There is sufficient staff in my department to maintain quality work	Staffing & Resource Management	64	10
I am given flexibility in my schedule when I need it	Staffing & Resource Management	89	9
The amount of work I am expected to do is realistic	Staffing & Resource Management	81	9

Questions	Category	Your % Favorable	Healthcare Provider Comparison
I don't consider looking for a new job elsewhere	Culture & Climate	77	8
I have the resources and equipment I need to be successful at my job	Staffing & Resource Management	85	8
I plan to be with Prosser Memorial Health at least 1 year from now	Culture & Climate	91	8
I am paid fairly for the work I do	Compensation & Benefits	66	7
There is sufficient communication from Administration	Administration	69	7
I am encouraged to share ideas for improving service and quality	Service & Quality	84	6
I feel comfortable voicing my opinion and offering suggestions	Communication	73	6
Overall, I am satisfied working at Prosser Memorial Health	Culture & Climate	87	6
My ideas and suggestions are given consideration	Communication	72	5
My supervisor supports my professional development	Immediate Supervisor	84	5
I am motivated to go beyond what is normally expected of me to help Prosser Memorial Health be successful	Job Satisfaction	91	4
My supervisor is effective in resolving issues	Immediate Supervisor	74	4
My supervisor treats employees respectfully	Immediate Supervisor	87	4
Safety standards are consistently enforced	Service & Quality	87	4
My supervisor clearly communicates expectations for my performance	Immediate Supervisor	81	3
My supervisor gives me useful feedback on my performance	Immediate Supervisor	79	3
My supervisor provides recognition for good work	Immediate Supervisor	76	3
My work gives me a sense of personal accomplishment	Job Satisfaction	90	3

Questions	Category	Your % Favorable	Healthcare Provider Comparison
Patient satisfaction is a top priority at Prosser Memorial Health	Service & Quality	93	3
My coworkers are committed to delivering high quality work	Service & Quality	82	1
Prosser Memorial Health is effective in resolving staff concerns	Job Satisfaction	47	-12

**The comparison bar indicates the difference from your score to our benchmark.**

**Riana “Annie” Parker**  
annierparker@yahoo.com  
253-332-4400

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**Professional Experience:**

7/2017 – 8/2021

**Snoqualmie Valley Hospital**

**Director, Clinic Operations**

- Responsible for operations, financial viability, and growth of the hospital’s outpatient clinics.
- Developed and responsible for the organizations centralized referral team. Reduced referral processing time from over three weeks to less than three days.
- Compare specific business strategies against community needs and market data.
- Centralized and responsible for patient inbound calls and scheduling for all clinic locations. Reduced return call wait time from 5+ days to same day.
- Annual budget development and monthly variance preparation and reporting.
- Developed and deployed a business plan for an occupational medicine program.
- Implemented the Sleep Medicine service line.
- Successfully prepared and achieved Rural Health Clinic Designation for the outpatient clinics. Increased overall clinic revenue.
- Review, authorize and analyze staffing costs.
- Implemented a new RN role responsible for managing patients with chronic health conditions, management of value based contracting care gaps, and performs Medicare Annual Wellness Visits.
- Reduced wellness exam scheduling errors by 30%. Current error rate is less than 1%.
- Oversee the state vaccine for children program in the primary care clinics.
- Improved patient satisfaction scores by 30%.
- Director for the Employee Health program.
- Responsible for the organizations drive-up services that include COVID-19 testing and vaccinations. Maintain a five-star rating on Solv.
- Developed a business plan for a 7-day/week walk-in clinic.

6/2015 – 7/2017

**UW Medicine Valley Medical Center**

**Director, Patient Resource Center**

- Responsible for the development, implementation, and leadership of Valley Medical Center’s new Patient Resource Center.
- The Resource Center is responsible for all inbound calls from patients, registration, insurance verification, scheduling, messaging, referral management, patient outreach services and answering of the UW Medicine Valley Medical Center Accountable Care Network hotline.
- Participation in union contract negotiations.
- Direct responsibility for the 47 resource center staff to include two supervisors and two trainers.
- Reduced over 30 pages of scheduling guidelines to two pages.
- Developed provider directories that allow staff to keep call handle times as low as possible.
- Developed and implemented a robust SharePoint site within Microsoft’s new 365 platform.
- Developed processes and guidelines for the management (hand-off) of urgent and emergent calls by unlicensed staff.
- Work collaboratively with the resource center Medical Director to reduce the variability in provider scheduling.
- With the assistance of two trainers, re-designed a three day training program into a four week training program to ensure maximum efficiency of all resource center work.
- Reduce referral authorization wait times from 1-2 weeks to 2.5 days and improved referral conversion rate by 10% in the first 120 days of operation.
- Reduced call abandonment rates from double digit percentages, at many of the primary care sites, to less than 5%.

- Responsible for continuous process improvement and standardization of the new resource center.
- Responsible for the strategic growth plan for the resource center that includes a two year plan to increase the resource centers responsibility for 11 clinics to approximately 32 clinics.

7/2013 – 5/2015

**Providence Health & Services**

**Director, Primary Care SW Region**

- Overall direction and leadership of the primary care service line to include the family medicine residency program, the diabetes education program and the centralized services center.
- Project leadership and implementation of new program-based practices.
- Oversight and leadership of the primary care practice management team.
- Responsible for comparing specific business strategies against community needs and market data.
- Worked with internal and external stakeholders to develop business plans for identified projects and oversaw project implementation and process of evaluation.
- Assured compliance with the laws, rules and standards of regulatory bodies and accreditation agencies.
- Provided relevant operational feedback to and from providers, managers, the hospital and program administrators.
- Supported the day-to-day operations of clinics and programs, including supplies, staffing, facilities, information systems, referrals and scheduling.
- Assisted in the development and revision process of organizational policy and procedure manuals.
- Worked to develop and implement lean processes.
- Led the work that resulted in the primary care practices NCQA patient centered medical home level III recognition.
- Sponsored, developed and implemented new staffing models with the practices. Through a primary care beta test we were able to increase provider productivity, reduce ED utilization, one touch message resolutions went from zero to 120 in one month, patient visits increased by four per day and staff and provider satisfaction improved.
- Developed and implemented a primary care centralized scheduling center. In one month new patient scheduling success went from 20% to over 50%.
- I was instrumental in the development of the RN care navigator (population health management) program in all 10 primary care clinics. Re-design of the program has lead to improved quality outcomes, reduced ED visits and improved patient and provider satisfaction.
- Worked closely with our ACO leadership to ensure contract requirements with payors and employers were met.

9/2007 – 7/2013

**Virginia Mason Medical Center**

**Director, Clinic**

- Managed a multi-specialty medical facility with 96 FTEs to include 12 primary care provides and 16 specialists.
- Responsible for operations and compliance for the facility as a whole; Adult Primary Care (FM/GIM), Pediatrics, Dermatology, Gastroenterology/Ambulatory Surgery Center, Urology, ENT, Ophthalmology/Optical Shop, Sleep Medicine, Neurology, Psychiatry, General Surgery, Cardiology, Pulmonary Medicine, Podiatry, Orthopedics, Audiology, Nutrition, Anticoagulation Clinic, Lab, Radiology, Mammography, Ultrasound, MRI, CT, and DEXA.
- Responsible for comparing specific business strategies against community needs and market data.
- Staff turnover less than 1%; average employee longevity at 25 years.
- Responsible for 28 cost centers that included analyzing variances and utilizing general ledger to investigate any variances as well as monthly variance reporting to the Vice President.
- Review, authorize and analyze staffing costs to include approving overtime and weekly time cards.
- Worked directly with four RN care mangers to monitor and manage diabetic, high risk and chronic disease patients.
- Pilot site for nurse transitional care management processes.
- Through Kaizen (lean management) work in 2012, reduced inbound call abandonment in call room from a rate of between 15-18% to between 2-3%.
- Managed a \$200,000 clinic remodel project in 2012.
- Responsible for drug and supply inventory control.



- Responsible for patient, staff and provider satisfaction.
- Helped to develop community and outreach programs and partnerships.
- Graduate of Virginia Mason's Production System for leaders program.

**Memberships/Committees:**

- 2018 – Present      **Rural Health Clinic Association of Washington - Board Member**
- 2019 - Present      **American College of Healthcare Executives**
- 2021 - Present      **WSHA Women's Leadership Alumni Committee**

**Education:**

- 2012 – 2014      **Western Governors University of Washington**  
MBA, Healthcare
- 2009 – 2011      **Ottawa University**  
Bachelor's Degree in Health Care Management  
Graduated Summa Cum Laude
- 2007 – 2009      **University of Phoenix**  
Associates Degree in Health Care Administration



PROSSER MEMORIAL HEALTH EMPLOYEE NEWSLETTER

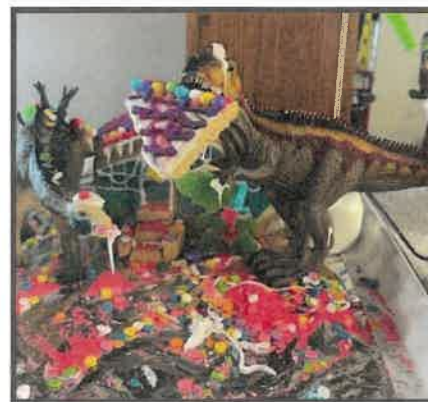
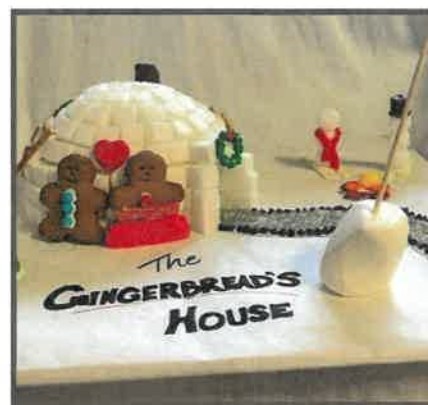
# THE PULSE

# News & Events



## Gingerbread House Contest

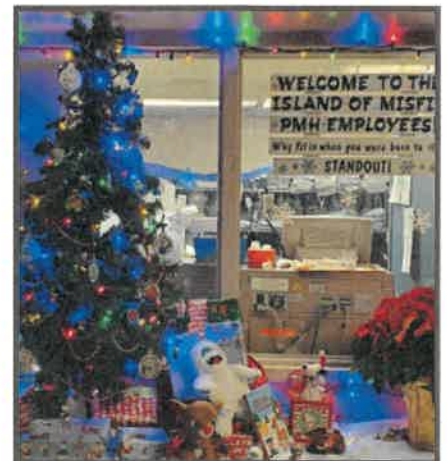
The Prosser Therapy & Rehab Center had a gingerbread house contest!





# Holiday Festivities

PMH employees showing their holiday spirit!





# Boys & Girls Club

HUGE thanks to Prosser Memorial Health for bringing holiday cheer to our teens! Hospital staff put backpacks together full of goodies, including snacks, notebooks, hygiene products and more. Thank you for putting a smile on their faces! #thisishowtheycare #Prosseryouth #hospitalfriends #caringforkids





# Cookie Contest

- 1st Place: Marta Meza from Patient Financial Services
- 2nd Place: Amy Shook from Surgical Services
- 3rd Place: Carling Vaux from Surgical Services



PMH Cookie Contest. Judging the cookies was not an easy task as there were over 20 entries.



# Adopt a Family

Thank you to all that participated in the Adopt a Family program this holiday season! Prosser Memorial Health provided gifts for 9 families.





# Welcome Dr. Cohen

Help us welcome Dr. Mitchell L. Cohen, Board Certified Gastroenterologist. Dr. Cohen is now seeing patients at our new Prosser Digestive Health Center.



# Christmas Ornament Contest

- 1st Place: Family Birthplace
- 2nd Place: Maintenance
- 3rd Place: Patient Financial Services



# Thank You Card

A heartfelt Thank You card from the Heritage nursing students.

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

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

The nursing staff has been really amazing towards us nursing students, thank you. It is not easy to do your work while showing us how to work like a nurse. So, thank you for your time, respect, love you showed toward us. I do appreciate everything you do.  
 -Luis Juarez  
 EVEN IF I THANKED YOU A MILLION TIMES, IT STILL WOULDN'T BE ENOUGH.  
 KNOW THAT YOU'RE APPRECIATED.

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

# Retirement PARTY



for  
**Jeff  
Fitzjarrald**

**19<sup>th</sup> Jan.** | **12-2<sup>p.m.</sup>**

**Vineyard Conference Room**

Thank you for 20 years of outstanding service!

## Jeff Fitzjarrald Retirement Party

Join us on January 19th in the Vineyard Conference Room from 12-2pm as we celebrate Jeff's retirement after working for 20 years at PMH!

### CHILDBIRTH EDUCATION

Virtual Class  
January 25  
5-8 PM

Topics Include:  
• Labor  
• Delivery  
• Postpartum Care



Prosser Women's Health Center  
509.786.0031

Family Birthplace  
509.786.6677

#### Call to RSVP!

Certified Nurse Midwife, Bailey Padilla and Registered Nurse, Liz Gonzalez from PMH Family Birthplace, are hosting a virtual Childbirth Education class. Expectant mothers and their partners are encouraged to attend!

## Childbirth Education Virtual Class

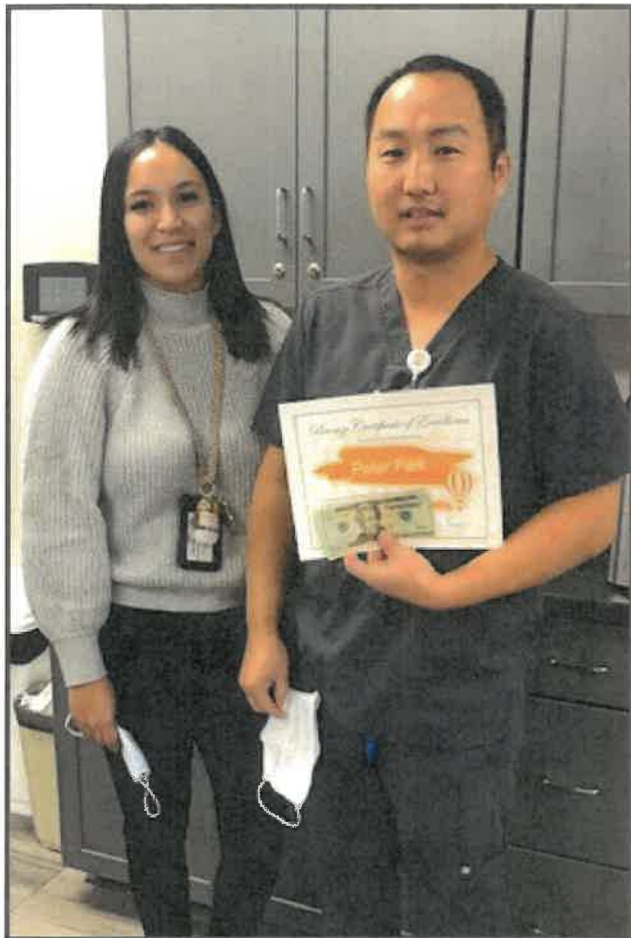
Join us on January 25th from 5-8pm as Certified Nurse Midwife, Bailey Padilla and Registered Nurse, Liz Gonzalez host a virtual childbirth education class!



# ASPIRE Awards



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



## Peter Park & Dr. Brian Proctor

Congratulations to Peter Park and Dr. Proctor for receiving Bronze ASPIRE awards! While in the hospital parking lot, Peter and Dr. Proctor witnessed an elderly patient having trouble getting out of their car. Both sprung into action to help this patient safely into the hospital. Thank you Peter and Dr. Proctor for demonstrating #ThisIsHowWeCare in all that you do.



## Jessica Luther

Congratulations to Jessica Luther our Benton City Clinic Nurse Practitioner for receiving a Bronze ASPIRE Award! Jessica changed her vacation plans to ensure patients were taken care of while another provider was ill. Jessica consistently demonstrates excellent service to our patients, community and team.



## Justin Herzog

Congratulations to Justin Herzog, CT Technologist for receiving a Bronze ASPIRE award! If you've had the pleasure of meeting Justin, you've experienced his contagious positive attitude and smile. Justin is recognized for frequently going above and beyond helping his colleagues by answering call lights and assisting patients. Thank you Justin for being an amazing team player everyday!



## Dr. Jose Santa-Cruz

Congratulations Dr. Santa-Cruz for receiving a Bronze ASPIRE award! Knowing most of his patients scheduled could not wait to see him, Dr. Santa-Cruz worked the day following the birth of his son. Dr. Santa-Cruz is always willing to stay late or come in early for his patients. He gives guidance and help without hesitation and always with a smile. We are so incredibly lucky to have him part of the Prosser Memorial Health family!

# Anniversaries

## Happy Anniversary!

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

### Happy 1 Year

- **Ann Brunner**  
Surgical Services Technician
- **Dr. Richard Unger**  
Prosser General Surgery Center
- **Brian Fischer**  
Supply Chain Director

### Happy 2 Years

- **Jesse Hale Jr.**  
Laboratory Medical Assistant
- **Cindi Pineda**  
Benton City Clinic CMA
- **Judy McCormick**  
Diagnostic Imaging Mammographer
- **Sheryl Ricard**  
Outpatient Special Procedures RN

### Happy 3 Years

- **Kristi Shoman**  
Nursing Administration  
RN Resource Nurse
- **Kimberly Crosby-Orosco**  
EMS Paramedic
- **Samantha Santos**  
Diagnostic Imaging  
CT Technologist - R
- **Christopher Murphy**  
Cardiopulmonary Respiratory  
Therapist

### Happy 4 Years

- **Molly Schutt**  
Grandview Clinic Director
- **Stephen Kenny**  
Board Member

### Happy 5 Years

- **Rachel Boyle**  
Laboratory Assistant II

### Happy 6 Years

- **Monica Ramirez**  
Family Birthplace RN

### Happy 7 Years

- **Marla Davis**  
Medical/Surgical Nurse Director
- **Menalyn Herrero**  
Medical/Surgical RN
- **Susie Cervantes**  
Emergency Department RN

### Happy 8 Years

- **Victor Huyke**  
Director of Food Services
- **Ingrid Mortensen**  
Emergency Medical Services  
Advanced EMT
- **Jonathan Friend**  
Emergency Medical Services  
Paramedic

### Happy 9 Years

- **Maria Rubalcaba**  
Patient Financial Services Biller

### Happy 10 Years

- **Keith Sattler**  
Board Member

### Happy 12 Years

- **Casey Hollenbeck**  
Care Transition Department  
RN Resource Nurse

### Happy 13 Years

- **Mariann Vanguardia**  
Laboratory Microbiologist
- **Stephen Herrero**  
Laboratory Microbiologist
- **Eric Heinlein**  
Surgical Services RN

### Happy 20 Years

- **Maria Cardenas**  
Scheduling Call Center  
Outpatient Hospital Scheduler

### Happy 22 Years

- **Billy Wilson**  
Emergency Medical Services  
EMT - B2

### Happy 26 Years

- **Suzanne Merk**  
Emergency Department RN

# Birthdays



## Free 20oz Busy Bean Coffee on your birthday!

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

- **Stephen Kenny**  
Board Member
- **Lizbet Razo**  
Prosser Women's Health Center  
Patient Representative
- **Michelle Morgan**  
Medical/Surgical RN
- **Jennifer Cantu**  
Medical/Surgical Nurse Technician
- **Kai Jones**  
Emergency Department  
Physician Assistant
- **Verna Yoes**  
Cardiopulmonary CRT
- **Jason Raver**  
Emergency Medical Services  
Advanced EMT
- **Maria Elena Gonzalez**  
Medical/Surgical Technician
- **Meghan Luther**  
Laundry Worker
- **Rosita Rivera**  
Prosser Specialty Clinic CMA
- **Maryann Hildebrandt**  
Nursing Administration  
RN Resource Nurse
- **Alysia Saenz Christensen**  
Prosser Clinic Patient Services  
Representative
- **Eileen Sheppard**  
Surgical Services RN
- **Melissa Jensen**  
Supply Chain Courier
- **Helen Blankenship**  
Prosser Clinic LPN
- **Susan Miklas**  
Director of Laboratory/Infection  
Preventionist
- **Maria Padilla**  
Pharmacy Technician II
- **Maria Amezquita**  
Medical/Surgical Technician
- **Tabitha Troutman**  
Family Birthplace Technician
- **Andrew Wickwire**  
Cardiopulmonary Respiratory  
Therapist
- **Jennifer Hare**  
Emergency Department RN
- **Heather Ferritto**  
Clinical Informatics Specialist
- **Lynn Smith**  
Medical Staff Coordinator
- **Annie Colvin**  
Emergency Department RN
- **Hillary Baker**  
Laboratory Assistant II
- **Cassandra Cazares**  
Medical/Surgical Technician
- **Kristie De La Rosa**  
Care Transition Department  
RN Resource Nurse
- **Liliana Rangel**  
Emergency Department RN
- **Sandi McCall**  
Environmental Services Technician
- **Gaudencio Pedroza**  
Environmental Services Technician
- **Brianna Saenz**  
Busy Bean Barista
- **Keith Sattler**  
Board Member
- **Sheri Allen**  
Emergency Department RN
- **Jessenia Garcia**  
Prosser Clinic Patient Services  
Representative
- **Rocio Moran**  
Emergency Department Technician
- **Lorie Santoy**  
Prosser Specialty Clinic  
Surgery Scheduler Coordinator
- **Daniel Solis**  
Prosser Specialty Clinic CMA
- **Victoria Torrico**  
Family Birthplace RN



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## INFLATION AND YOUR RETIREMENT SECURITY

What are the things that could threaten your retirement security? A job loss, ill health, or a serious accident could set you back financially and may force you to reduce the amount you contribute to your retirement plan, even if only temporarily. Contributing only a small amount to your retirement account or taking multiple loans from your account could also impact the type of retirement you'll likely experience. However, one of the biggest and least understood dangers to retirement security is inflation. Even a low annual rate of inflation can, over time, reduce the spending power of the money you have accumulated for retirement.

There are several steps you can take to minimize the impact of inflation on your retirement assets.

### What Inflation Can Do

Inflation is generally defined as a rise in the price of goods and services. When prices go up, your money will not buy as much today as it did yesterday and thus, your spending power is reduced. While you are retired, inflation could continue to increase the amount of income you'll need each year just to maintain your standard of living. Retirees, like all people living on a fixed income, are especially vulnerable to inflation.

One other cause for concern: Some expenses, such as health care costs, may increase faster than the inflation rate. Since a growing number of employers do not provide retirees with health insurance coverage, this could be an issue when it comes to determining how much income you'll need during retirement.

### Protection From Inflation

Having a good asset allocation strategy can help protect your retirement savings from inflation. By investing your savings in different asset classes, you'll be able to take advantage of some investments that have the potential to grow faster than the inflation rate, such as stocks. While past performance is not a guarantee of future results, historically, stocks have outpaced inflation and produced higher long-term returns than bonds and various other types of investments.

Specifically, over the past 10 years, stocks delivered higher rates of return than inflation. Stocks had an average annual total rate of return of 13.89% for the 10 years ending December 2020, while the average annual inflation rate was 1.06% for the same period. Bonds earned a 3.84% average annual return over that same 10-year period.<sup>1</sup>

Remember, though, that stocks are riskier than bonds and certain other investment types.

### Boost Your Contribution Level

One other effective way to protect your savings from inflation is to increase your savings rate. Contributing more each year will help your retirement account keep pace with the inflation rate. Try setting aside a portion of any pay raise you receive and contribute that sum to your retirement plan. In time, that additional contribution has the potential to boost your account value at retirement.

Talk with a financial professional for ideas on how you can meet your retirement goals and still sleep well at night.

<sup>1</sup>Stocks are measured by the S&P 500 Index, an unmanaged index of stocks of 500 major corporations. Inflation is represented by the Consumer Price Index (CPI). Bonds are measured by Barclays Capital U.S. Aggregate Bond Index, an unmanaged index of U.S. government, corporate, and mortgage-backed securities. Past performance does not guarantee future results. Your investment results will be different. Investments cannot be made in an index. Source: DST Retirement Solutions, LLC, an SS&C company.

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

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

# Health & Wellness

## Creamy Southwest Chicken Soup



### Ingredients:

- 4 tablespoons of ghee or avocado oil
- 2 - 2 1/2 pounds of boneless, skinless chicken breasts or thighs (about 3 large breasts)
- 1 tablespoon + 1 teaspoon sweet potato fry seasoning (see note)
- 1 large onion, diced
- 4 medium carrots, diced
- 4 celery stalks, diced
- 2 bell peppers (any color), diced
- 2 4-ounce cans of diced green chiles
- 6 cups chicken broth
- 1/2 teaspoon sea salt
- 1 cup almond milk
- 1/2 cup heavy cream (optional -- you can use more almond milk if you like)
- 2 tablespoons freshly squeezed lime juice, plus additional limes for serving
- A handful of fresh chopped cilantro (about 2/3 cup), plus more for serving
- Sliced avocado and hot sauce, for serving

### Instructions:

1. Turn your Instant Pot on to the Saute mode. When it beeps, add the ghee/oil to the pot.
2. Sprinkle 1 teaspoon of the SPF seasoning on the chicken. Add the chicken to the pot and let it sit, undisturbed for 3-4 minutes, flip and sear the other side until golden brown. You don't have to cook them all the way through. Remove the chicken from the pot and set aside.
3. Add the onion, carrots, celery, and bell peppers to the pot. Cook, stirring to scrape up any bits the chicken left behind. Put the chicken back in the pot with the green chiles, chicken broth, 1 Tablespoon of SPF seasoning, and 1/2 teaspoon of salt. Put the lid on the pot and seal, making sure the vent is set to "sealing".
4. Cancel the Saute setting and set the Instant Pot to Manual mode for 20 minutes. Let the steam naturally release for 5 minutes, and then flip the vent switch to finish releasing the steam manually.
5. When the lid unlocks, remove it. Remove the chicken, shred it, and stir it back into the pot.
6. Stir in the almond milk, cream (if using), lime juice, and cilantro. Let it sit for 5 minutes or so.
7. Serve with sliced avocado, hot sauce, lime wedges, and additional cilantro.

### Slow Cooker:

Sear the chicken in a skillet on medium-high heat as directed. Add the first 4 vegetables to the skillet and saute for 2-3 minutes. Use a little chicken broth to deglaze the pan if you need help getting those browned bits off the pan (that's flavor!) Transfer the vegetables, chicken and everything through step 3 to a 6 quart slow cooker. Cook on low for 5-6 hours or on high for 2-3 hours. Shred the chicken, then stir in the remaining ingredients as directed in step 6. Serve.



**Prosser**  
Memorial Health

[ProsserHealth.org](http://ProsserHealth.org)

Attachment R

(Multiple Items)	CURRENT BANKS			PTO Current				PTO (56Hrs Sick/Vac/Hol)				PTO (64Hrs Sick/Vac/Hol)				KITITAS VALLEY				LEGACY HEALTH				NEWPORT		
				0-4	4-9	9-14	14+	0-4	4-9	9-14	14+	0-4	4-9	9-14	14+	0-5	5-10	10+	0-5	5-15	15-20	20+	0-6	6-15	15+	
				1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3
				152	176	200	240	296	320	344	384	304	328	352	392	240	280	320	360	240	280	296	304	216	256	280
Employee #	SICK	VAC MGR	Total Sum	2021 STRUCTURE																						
	Sum of HOURS	Sum of HOURS	of HOURS	SICK	VAC	HOL	TOTAL																			
	19	22	25	30																						
Florida	73	330	403	240	96	240	88	424	\$ 14,255																	
Arizona	495	331	826	240	96	240	88	424	\$ 25,177																	
Maine	574	148	722	240	96	240	88	424	\$ 15,836																	
Illinois	491	372	863	240	96	240	88	424	\$ 14,942																	
Georgia	494	79	573	216	96	216	88	400	\$ 52,880																	
Alabama	234	216	450	200	96	200	88	384	\$ 10,195																	
Idaho	234	151	385	200	96	200	88	384	\$ 22,902																	
Maryland	324	247	571	200	96	200	88	384	\$ 24,177																	
Massachusetts	533	186	719	200	96	200	88	384	\$ 20,436																	
Iowa	144	371	515	200	96	200	88	384	\$ 11,474																	
Kentucky	510	202	711	200	96	200	88	384	\$ 13,544																	
Louisiana	267	273	540	200	96	200	88	384	\$ 23,697																	
New Mexico	165	117	281	200	96	200	88	384	\$ 38,600																	
Arkansas	22	182	204	176	96	176	88	360	\$ 8,744																	
Hawaii	43	156	200	176	96	176	88	360	\$ 10,080																	
Colorado	401	262	663	176	96	176	88	360	\$ 24,336																	
Delaware	408	163	572	176	96	176	88	360	\$ 12,082																	
Kansas	228	356	584	176	96	176	88	360	\$ 13,594																	
Alaska	357	339	696	176	96	176	88	360	\$ 24,232																	
California	215	263	478	176	96	176	88	360	\$ 24,336																	
Indiana	(5)	34	29	176	96	176	88	360	\$ 9,022																	
Connecticut	331	89	419	176	96	176	88	360	\$ 12,301																	
Michigan	347	169	517	152	96	152	88	336	\$ 30,126																	
Minnesota	57	155	213	152	96	152	88	336	\$ 19,770																	
Missouri	88	275	363	152	96	152	88	336	\$ 13,346																	
Montana	178	119	298	152	96	152	88	336	\$ 22,425																	
Nebraska	214	116	330	152	96	152	88	336	\$ 18,403																	
Nevada	134	82	217	152	96	152	88	336	\$ 22,018																	
New Hampshire	62	153	215	152	96	152	88	336	\$ 21,682																	
New Jersey	251	121	373	152	96	152	88	336	\$ 9,731																	
Mississippi	6	67	73	152	96	152	88	336	\$ 13,853																	
New York	97	86	183	152	96	152	88	336	\$ 13,816																	
North Carolina	68	159	227	152	96	152	88	336	\$ 10,933																	
North Dakota	56	84	140	152	96	152	88	336	\$ 22,888																	
Ohio	64	149	213	152	96	152	88	336	\$ 16,154																	
Oklahoma	16	38	54	152	96	152	88	336	\$ 11,972																	
Oregon	18	28	46	152	96	152	88	336	\$ 13,569																	
Pennsylvania	-	-	-	152	96	152	88	336	\$ 24,555																	
	8,193	6,670	14,863	2432	3,648	6,792	3,344	13,784	\$ 712,081																	
				16		9		9		4																



Employee #	Uvalde Memorial Hospital				QUINCY VALLEY PTO							Ocean Beach Hospital										KADLEC					ASTRIA HEALTHCARE								
	PTO (40Hrs Sick/Vac/Hol)+32ESL				PTO (Sick/Vac/Hol)							PTO (Sick/Vac/Hol)										PTO (Sick/Vac/Hol)					PTO (Sick/Vac/Hol)								
	0-6	6-10	10-15	15+	0-1	1-6	6-10	10-15	15-20	20-25	25-30	0-2	3	4-5	6-7	8	9	10	11-12	13-15	16+	0-3	3-5	5-10	10-15	15+	0-4	4-10	10-11	11-13	13-15	15-17	17-19	19+	
	1	2	3	4	1	2	3	4	5	6	7	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	1	2	3	4	5	6	7	8	
	184	224	264	304	184	192	208	224	240	256	271	232	252	272	280	288	296	304	312	328	344	256	292	316	352	376	262	298	334	341	348	355	362	370	
	23	28	33	38	23	24	26	28	30	32	34	29	31.5	34	35	36	37	38	39	41	43	32	36.5	39.5	44	47	33	37	42	43	44	44	45	46	
Florida				304							271										344				376									370	
Arizona				304							271											344				376								370	
Maine				304						256												344				376								370	
Illinois				304				240												328					376							355			
Georgia			264				224													328				352								348			
Alabama			264				224													328				352								348			
Idaho			264				224													328				352								348			
Maryland			264				224													328				352								348			
Massachusetts			264				224													328				352								348			
Iowa			264				224												312				352								341				
Kentucky			264				224											304					352								334				
Louisiana			264				224											304					352								334				
New Mexico		224				208										296							316									334			
Arkansas		224				208										296							316								298				
Hawaii		224				208									288								316								298				
Colorado		224				208									280								316								298				
Delaware		224				208									280								316								298				
Kansas		224				208									280								316								298				
Alaska		224				208									280								316								298				
California		224				208									280								316								298				
Indiana		224				208									280								316								298				
Connecticut	184				192	208									272								316								298				
Michigan	184				192										272								292								298				
Minnesota	184				192										272								292								298				
Missouri	184				192										252								292								262				
Montana	184				192										252								292								262				
Nebraska	184				192										252								292								262				
Nevada	184				192										252								292								262				
New Hampshire	184				192						232												256								262				
New Jersey	184				192						232												256								262				
Mississippi	184				192						232												256								262				
New York	184				192						232												256								262				
North Carolina	184				192						232												256								262				
North Dakota	184				192						232												256								262				
Ohio	184				184						232												256								262				
Oklahoma	184				184						232												256								262				
Oregon	184				184						232												256								262				
Pennsylvania	184				184						232												256								262				
	3128	2016	2112	1216	736	2496	2080	1792	240	256	542	2320	1008	816	1680	288	592	608	312	1968	1032	2560	1752	3160	2816	1504	3662	3274	1001	340.8	1740	355.2	0	1109	
	17	9	8	4	4	13	10	8	1	1	2	10	4	3	6	1	2	2	1	6	3	10	6	10	8	4	14	11	3	1	5	1	0	3	

Employee #	64 Hrs Sick, VAC, HOL	56 Hrs Sick, VAC, HOL	56 Hrs Sick, VAC, HOL (-2)	PMH (Current)	KITTITAS VALLEY	LEGACY PTO	Newport PTO	UVALDE PTO	QUINCY VALLEY PTO	Ocean Beach PTO	KAC
Florida	392 \$ 13,179	384 \$ 12,910	368 \$ 12,372	424 \$ 14,255	320 \$ 10,758	304 \$ 10,220	280 \$ 9,414	304 \$ 10,220	271 \$ 9,111	344 \$ 11,565	376
Arizona	392 \$ 23,277	384 \$ 22,802	368 \$ 21,852	424 \$ 25,177	320 \$ 19,002	304 \$ 18,052	280 \$ 16,626	304 \$ 18,052	271 \$ 16,092	344 \$ 20,427	376
Maine	392 \$ 14,641	384 \$ 14,342	368 \$ 13,745	424 \$ 15,836	320 \$ 11,952	304 \$ 11,354	280 \$ 10,458	304 \$ 11,354	256 \$ 9,562	344 \$ 12,848	376
Illinois	392 \$ 13,814	384 \$ 13,532	368 \$ 12,968	424 \$ 14,942	320 \$ 11,277	296 \$ 10,431	280 \$ 9,867	304 \$ 10,713	240 \$ 8,458	328 \$ 11,559	376
Georgia	368 \$ 48,650	360 \$ 47,592	344 \$ 45,477	400 \$ 52,880	320 \$ 42,304	280 \$ 37,016	256 \$ 33,843	264 \$ 34,901	224 \$ 29,613	328 \$ 43,362	352
Alabama	352 \$ 9,346	344 \$ 9,133	328 \$ 8,708	384 \$ 10,195	320 \$ 8,496	280 \$ 7,434	256 \$ 6,797	264 \$ 7,009	224 \$ 5,947	328 \$ 8,708	352
Idaho	352 \$ 20,993	344 \$ 20,516	328 \$ 19,562	384 \$ 22,902	320 \$ 19,085	280 \$ 16,699	256 \$ 15,268	264 \$ 15,745	224 \$ 13,359	328 \$ 19,562	352
Maryland	352 \$ 22,162	344 \$ 21,658	328 \$ 20,651	384 \$ 24,177	320 \$ 20,147	280 \$ 17,629	256 \$ 16,118	264 \$ 16,621	224 \$ 14,103	328 \$ 20,651	352
Massachusetts	352 \$ 18,733	344 \$ 18,308	328 \$ 17,456	384 \$ 20,436	320 \$ 17,030	280 \$ 14,902	256 \$ 13,624	264 \$ 14,050	224 \$ 11,921	328 \$ 17,456	352
Iowa	352 \$ 10,518	344 \$ 10,279	328 \$ 9,801	384 \$ 11,474	320 \$ 9,562	280 \$ 8,366	256 \$ 7,649	264 \$ 7,888	224 \$ 6,693	312 \$ 9,323	352
Kentucky	352 \$ 12,415	344 \$ 12,133	328 \$ 11,569	384 \$ 13,544	320 \$ 11,286	280 \$ 9,876	256 \$ 9,029	264 \$ 9,311	224 \$ 7,900	304 \$ 10,722	352
Louisiana	352 \$ 21,722	344 \$ 21,228	328 \$ 20,241	384 \$ 23,697	320 \$ 19,747	280 \$ 17,279	256 \$ 15,798	264 \$ 16,291	224 \$ 13,823	304 \$ 18,760	352
New Mexico	352 \$ 35,383	344 \$ 34,579	328 \$ 32,971	384 \$ 38,600	240 \$ 24,125	280 \$ 28,146	256 \$ 25,733	224 \$ 22,516	208 \$ 20,908	296 \$ 29,754	316
Arkansas	328 \$ 7,967	320 \$ 7,773	304 \$ 7,384	360 \$ 8,744	280 \$ 6,801	280 \$ 6,801	256 \$ 6,218	224 \$ 5,441	208 \$ 5,052	296 \$ 7,190	316
Hawaii	328 \$ 9,184	320 \$ 8,960	304 \$ 8,512	360 \$ 10,080	280 \$ 7,840	280 \$ 7,840	256 \$ 7,168	224 \$ 6,272	208 \$ 5,824	288 \$ 8,064	316
Colorado	328 \$ 22,173	320 \$ 21,632	304 \$ 20,550	360 \$ 24,336	280 \$ 18,928	280 \$ 18,928	256 \$ 17,306	224 \$ 15,142	208 \$ 14,061	280 \$ 18,928	316
Delaware	328 \$ 11,008	320 \$ 10,739	304 \$ 10,202	360 \$ 12,082	280 \$ 9,397	280 \$ 9,397	256 \$ 8,591	224 \$ 7,517	208 \$ 6,980	280 \$ 9,397	316
Kansas	328 \$ 12,385	320 \$ 12,083	304 \$ 11,479	360 \$ 13,594	280 \$ 10,573	280 \$ 10,573	256 \$ 9,667	224 \$ 8,458	208 \$ 7,854	280 \$ 10,573	316
Alaska	328 \$ 22,078	320 \$ 21,539	304 \$ 20,462	360 \$ 24,232	280 \$ 18,847	280 \$ 18,847	256 \$ 17,231	224 \$ 15,077	208 \$ 14,000	280 \$ 18,847	316
California	328 \$ 22,173	320 \$ 21,632	304 \$ 20,550	360 \$ 24,336	280 \$ 18,928	280 \$ 18,928	256 \$ 17,306	224 \$ 15,142	208 \$ 14,061	280 \$ 18,928	316
Indiana	328 \$ 8,220	320 \$ 8,019	304 \$ 7,618	360 \$ 9,022	280 \$ 7,017	280 \$ 7,017	256 \$ 6,415	224 \$ 5,613	208 \$ 5,212	280 \$ 7,017	316
Connecticut	328 \$ 11,208	320 \$ 10,934	304 \$ 10,388	360 \$ 12,301	280 \$ 9,568	280 \$ 9,568	216 \$ 7,381	184 \$ 6,287	400 \$ 13,668	272 \$ 9,294	316
Michigan	304 \$ 27,257	296 \$ 26,539	280 \$ 25,105	336 \$ 30,126	240 \$ 21,518	240 \$ 21,518	216 \$ 19,367	184 \$ 16,497	192 \$ 17,215	272 \$ 24,388	292
Minnesota	304 \$ 17,887	296 \$ 17,417	280 \$ 16,475	336 \$ 19,770	240 \$ 14,122	240 \$ 14,122	216 \$ 12,709	184 \$ 10,827	192 \$ 11,297	272 \$ 16,004	292
Missouri	304 \$ 12,075	296 \$ 11,757	280 \$ 11,122	336 \$ 13,346	240 \$ 9,533	240 \$ 9,533	216 \$ 8,580	184 \$ 7,308	192 \$ 7,626	252 \$ 10,009	292
Montana	304 \$ 20,289	296 \$ 19,755	280 \$ 18,687	336 \$ 22,425	240 \$ 16,018	240 \$ 16,018	216 \$ 14,416	184 \$ 12,280	192 \$ 12,814	252 \$ 16,818	292
Nebraska	304 \$ 16,650	296 \$ 16,212	280 \$ 15,336	336 \$ 18,403	240 \$ 13,145	240 \$ 13,145	216 \$ 11,830	184 \$ 10,078	192 \$ 10,516	252 \$ 13,802	292
Nevada	304 \$ 19,921	296 \$ 19,397	280 \$ 18,348	336 \$ 22,018	240 \$ 15,727	- \$ -	- \$ -	- \$ -	192 \$ 12,582	252 \$ 16,514	292
New Hampshire	304 \$ 19,617	296 \$ 19,101	280 \$ 18,068	336 \$ 21,682	240 \$ 15,487	240 \$ 15,487	216 \$ 13,938	184 \$ 11,874	192 \$ 12,390	232 \$ 14,971	256
New Jersey	304 \$ 8,804	296 \$ 8,572	280 \$ 8,109	336 \$ 9,731	240 \$ 6,950	240 \$ 6,950	216 \$ 6,255	184 \$ 5,329	192 \$ 5,560	232 \$ 6,719	256
Mississippi	304 \$ 12,534	296 \$ 12,204	280 \$ 11,544	336 \$ 13,853	240 \$ 9,895	240 \$ 9,895	216 \$ 8,906	184 \$ 7,586	192 \$ 7,916	232 \$ 9,565	256
New York	304 \$ 12,500	296 \$ 12,172	280 \$ 11,514	336 \$ 13,816	240 \$ 9,869	240 \$ 9,869	216 \$ 8,882	184 \$ 7,566	192 \$ 7,895	232 \$ 9,540	256
North Carolina	304 \$ 9,892	296 \$ 9,632	280 \$ 9,111	336 \$ 10,933	240 \$ 7,810	240 \$ 7,810	216 \$ 7,029	184 \$ 5,987	192 \$ 6,248	232 \$ 7,549	256
North Dakota	304 \$ 20,708	296 \$ 20,164	280 \$ 19,074	336 \$ 22,888	240 \$ 16,349	240 \$ 16,349	216 \$ 14,714	184 \$ 12,534	192 \$ 13,079	232 \$ 15,804	256
Ohio	304 \$ 14,615	296 \$ 14,231	280 \$ 13,462	336 \$ 16,154	240 \$ 11,538	240 \$ 11,538	216 \$ 10,385	184 \$ 8,846	184 \$ 8,846	232 \$ 11,154	256
Oklahoma	304 \$ 10,832	296 \$ 10,546	280 \$ 9,976	336 \$ 11,972	240 \$ 8,551	240 \$ 8,551	216 \$ 7,696	184 \$ 6,556	184 \$ 6,556	232 \$ 8,266	256
Oregon	304 \$ 12,277	296 \$ 11,954	280 \$ 11,308	336 \$ 13,569	240 \$ 9,692	240 \$ 9,692	216 \$ 8,723	184 \$ 7,431	184 \$ 7,431	232 \$ 9,369	256
Pennsylvania	304 \$ 22,216	296 \$ 21,632	280 \$ 20,462	336 \$ 24,555	240 \$ 17,539	240 \$ 17,539	216 \$ 15,785	184 \$ 13,447	184 \$ 13,447	232 \$ 16,955	256
	12,568 \$ 649,303	12,264 \$ 633,608	11,656 \$ 602,219	13,784 \$ 712,081	10,440 \$ 536,413	9,848 \$ 503,318	8,928 \$ 460,925	8,288 \$ 423,771	8,142 \$ 415,622	10,624 \$ 550,361	11,792
	\$ 62,778	Current) \$ 78,473	\$ 109,862		\$ 175,668	\$ 208,763	\$ 251,156	\$ 288,310	\$ 296,460	\$ 161,720	
	\$ 1,652	mployee \$ 2,065	\$ 2,891		\$ 4,623	\$ 5,494	\$ 6,609	\$ 7,587	\$ 7,802	\$ 4,256	
	\$ 475,793	inization \$ 594,742	\$ 832,638		\$ 1,331,382	\$ 1,582,206	\$ 1,903,501	\$ 2,185,089	\$ 2,246,851	\$ 1,225,668	
	\$ 285,476	l Savings \$ 356,845	\$ 499,583		\$ 798,829	\$ 949,324	\$ 1,142,100	\$ 1,311,053	\$ 1,348,111	\$ 735,401	

Employee #	LEC PTO	ASTRIA PTO	2021 Vacation Only		VAC + HOL		2021 SICK USED thru 11/18		Current Balance SICK		2021 SICK ACCRUAL	HOLIDAY PAY	SICK PAY
Florida	\$ 12,641	370 \$ 12,426	240 \$ 8,069	328 \$ 11,027	32	1,067	73 \$ 2,468	96 \$ 3,228	88 \$ 2,959	56 \$ 1,883			
Arizona	\$ 22,327	370 \$ 21,947	240 \$ 14,251	328 \$ 19,477	16	918	495 \$ 29,368	96 \$ 5,700	88 \$ 5,225	56 \$ 3,325			
Maine	\$ 14,044	370 \$ 13,805	240 \$ 8,964	328 \$ 12,251	212	7,728	574 \$ 21,454	96 \$ 3,586	88 \$ 3,287	56 \$ 2,092			
Illinois	\$ 13,250	355 \$ 12,517	240 \$ 8,458	328 \$ 11,559	-	-	491 \$ 17,306	96 \$ 3,383	88 \$ 3,101	56 \$ 1,973			
Georgia	\$ 46,534	348 \$ 46,006	216 \$ 28,555	304 \$ 40,189			494 \$ 65,299	96 \$ 12,691	88 \$ 11,634	56 \$ 7,403			
Alabama	\$ 9,346	348 \$ 9,239	200 \$ 5,310	288 \$ 7,646	8	212	234 \$ 6,202	96 \$ 2,549	88 \$ 2,336	56 \$ 1,487			
Idaho	\$ 20,993	348 \$ 20,755	200 \$ 11,928	288 \$ 17,176	56	3,323	234 \$ 13,978	96 \$ 5,725	88 \$ 5,248	56 \$ 3,340			
Maryland	\$ 22,162	348 \$ 21,910	200 \$ 12,592	288 \$ 18,132	-	-	324 \$ 20,402	96 \$ 6,044	88 \$ 5,540	56 \$ 3,526			
Massachusetts	\$ 18,733	348 \$ 18,521	200 \$ 10,644	288 \$ 15,327	32	1,703	533 \$ 28,355	96 \$ 5,109	88 \$ 4,683	56 \$ 2,980			
Iowa	\$ 10,518	341 \$ 10,183	200 \$ 5,976	288 \$ 8,605	16	477	144 \$ 4,291	96 \$ 2,868	88 \$ 2,629	56 \$ 1,673			
Kentucky	\$ 12,415	334 \$ 11,766	200 \$ 7,054	288 \$ 10,158	-	-	510 \$ 17,973	96 \$ 3,386	88 \$ 3,104	56 \$ 1,975			
Louisiana	\$ 21,722	334 \$ 20,586	200 \$ 12,342	288 \$ 17,772	69	3,611	267 \$ 16,500	96 \$ 5,924	88 \$ 5,430	56 \$ 3,456			
New Mexico	\$ 31,764	334 \$ 33,533	200 \$ 20,104	288 \$ 28,950	48	4,771	165 \$ 16,544	96 \$ 9,650	88 \$ 8,846	56 \$ 5,629			
Arkansas	\$ 7,676	298 \$ 7,476	176 \$ 4,275	264 \$ 6,413	130	3,138	22 \$ 525	96 \$ 2,332	88 \$ 2,138	56 \$ 1,360			
Hawaii	\$ 8,848	298 \$ 8,333	176 \$ 4,928	264 \$ 7,392	86	2,070	43 \$ 1,215	96 \$ 2,688	88 \$ 2,464	56 \$ 1,568			
Colorado	\$ 21,362	298 \$ 20,118	176 \$ 11,898	264 \$ 17,846	179	11,982	401 \$ 27,125	96 \$ 6,490	88 \$ 5,949	56 \$ 3,786			
Delaware	\$ 10,605	298 \$ 9,987	176 \$ 5,907	264 \$ 8,860	16	537	408 \$ 13,701	96 \$ 3,222	88 \$ 2,953	56 \$ 1,879			
Kansas	\$ 11,932	298 \$ 11,237	176 \$ 6,646	264 \$ 9,969	8	302	228 \$ 8,595	96 \$ 3,625	88 \$ 3,323	56 \$ 2,115			
Alaska	\$ 21,270	298 \$ 20,031	176 \$ 11,847	264 \$ 17,770	34	1,768	357 \$ 24,004	96 \$ 6,462	88 \$ 5,923	56 \$ 3,769			
California	\$ 21,362	298 \$ 20,118	176 \$ 11,898	264 \$ 17,846	226	15,236	215 \$ 14,521	96 \$ 6,490	88 \$ 5,949	56 \$ 3,786			
Indiana	\$ 7,919	298 \$ 7,458	176 \$ 4,411	264 \$ 6,616	124	3,107	(5) \$ (127)	96 \$ 2,406	88 \$ 2,205	56 \$ 1,403			
Connecticut	\$ 10,798	298 \$ 10,169	176 \$ 6,014	264 \$ 9,021	64	2,138	331 \$ 11,297	96 \$ 3,280	88 \$ 3,007	56 \$ 1,914			
Michigan	\$ 26,181	298 \$ 26,683	152 \$ 13,628	240 \$ 21,518	24	2,152	347 \$ 31,130	96 \$ 8,607	88 \$ 7,890	56 \$ 5,021			
Minnesota	\$ 17,181	298 \$ 17,511	152 \$ 8,944	240 \$ 14,122	88	5,045	57 \$ 3,371	96 \$ 5,649	88 \$ 5,178	56 \$ 3,295			
Missouri	\$ 11,598	262 \$ 10,391	152 \$ 6,037	240 \$ 9,533	48	1,907	88 \$ 3,485	96 \$ 3,813	88 \$ 3,495	56 \$ 2,224			
Montana	\$ 19,488	262 \$ 17,459	152 \$ 10,144	240 \$ 16,018	53	3,537	178 \$ 11,888	96 \$ 6,407	88 \$ 5,873	56 \$ 3,737			
Nebraska	\$ 15,993	262 \$ 14,328	152 \$ 8,325	240 \$ 13,145	40	2,176	214 \$ 11,714	96 \$ 5,258	88 \$ 4,820	56 \$ 3,067			
Nevada	\$ 19,135	262 \$ 17,143	152 \$ 9,961	240 \$ 15,727	24	1,535	134 \$ 8,797	96 \$ 6,291	88 \$ 5,767	56 \$ 3,670			
New Hampshire	\$ 16,520	262 \$ 16,881	152 \$ 9,809	240 \$ 15,487	106	6,608	62 \$ 4,009	96 \$ 6,195	88 \$ 5,679	56 \$ 3,614			
New Jersey	\$ 7,414	262 \$ 7,576	152 \$ 4,402	240 \$ 6,950	8	232	251 \$ 7,276	96 \$ 2,780	88 \$ 2,548	56 \$ 1,622			
Mississippi	\$ 10,555	262 \$ 10,786	152 \$ 6,267	240 \$ 9,895	139	5,738	6 \$ 259	96 \$ 3,958	88 \$ 3,628	56 \$ 2,309			
New York	\$ 10,527	262 \$ 10,757	152 \$ 6,250	240 \$ 9,869	64	2,392	97 \$ 3,973	96 \$ 3,948	88 \$ 3,619	56 \$ 2,303			
North Carolina	\$ 8,330	262 \$ 8,512	152 \$ 4,946	240 \$ 7,810	72	2,321	68 \$ 2,203	96 \$ 3,124	88 \$ 2,864	56 \$ 1,822			
North Dakota	\$ 17,439	262 \$ 17,820	152 \$ 10,354	240 \$ 16,349	40	2,712	56 \$ 3,818	96 \$ 6,540	88 \$ 5,995	56 \$ 3,815			
Ohio	\$ 12,308	262 \$ 12,577	152 \$ 7,308	240 \$ 11,538	16	769	64 \$ 3,086	96 \$ 4,615	88 \$ 4,231	56 \$ 2,692			
Oklahoma	\$ 9,121	262 \$ 9,321	152 \$ 5,416	240 \$ 8,551	8	285	16 \$ 571	96 \$ 3,420	88 \$ 3,135	56 \$ 1,995			
Oregon	\$ 10,338	262 \$ 10,565	152 \$ 6,138	240 \$ 9,692			18 \$ 716	96 \$ 3,877	88 \$ 3,554	56 \$ 2,262			
Pennsylvania	\$ 18,708	262 \$ 19,118	152 \$ 11,108	240 \$ 17,539			- \$ -	96 \$ 7,016	88 \$ 6,431	56 \$ 4,092			
	\$ 609,056	11,482 \$ 595,301	6,792 \$ 351,106	10,136 \$ 523,746	2,084	\$ 101,497	8,193 \$ 457,293	3,648 \$ 188,335	3,344 \$ 172,640	2,128 \$ 109,862			
	\$ 103,025	\$ 116,780											
	\$ 2,711	\$ 3,073											
	\$ 780,823	\$ 885,073											
	\$ 468,494	\$ 531,044											



<b>SUBJECT:</b>	Personal Time Off (PTO) for Managers/Exempt Personnel			<b>NO:</b>	865-2009
<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Protocol/Pre-Printed Order <input type="checkbox"/> Other:					
<input type="checkbox"/> New <input checked="" type="checkbox"/> Supersedes #865-2009 (11/06); (12/2007) (11/2010)				<b>Effective Date</b>	03/28/2022
<b>Author</b>	Administration: Human Resources		<b>Date of Electronic Distribution</b>		
<b>Dept. Manager</b>	Bryon Dirkes		<b>Medical Director/ CAH Oversight</b>		
<b>Administrative</b>			<b>Policy Committee</b>		
<b>Committee</b>			<b>Other</b>		
<b>Audit Review:</b>	Initials:	rk	CB	DR	
	Date:	11.2017	5/2018	01/2022	

**POLICY:**

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

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

	Overall	Vacation Time	Unscheduled Sick Leave	Floating Holidays
0-4 years	31 days	19	7	5
5-9 years	34 days	22	7	5
10-14 years	37 days	25	7	5
15 plus years	42 days	30	7	5

**PTO will accrue as follows:**

0-4 years	31 days	.11923 per hour
5-9 years	34 days	.13077 per hour
10-14 years	37 days	.14231 per hour
15 plus years	42 days	.16154 per hour

## **PROCEDURE:**

- PTO begins to accrue upon employment and accrues each pay period. This time becomes available for use after the completion of 90 (Ninety) days of employment.
- A change in the PTO accrual due to a promotion to an exempt/manager role is determined by date of transfer into the new role. The new accrual will be effective with the PAR effective date within the payroll cycle in which the transfer occurs.
- Accrual rates are based on years of service and change in the pay period in which a service anniversary is reached that increases PTO eligibility.
- Accrual rates for those working less than 40 hours per week are adjusted proportionally based on FTE (full-time equivalency) status eligibility.
- Accruals will cease when the employee has reached the maximum of 480 hours in their PTO bank. Once this maximum is accrued, no additional hours will accrue until PTO is utilized or the cash out provision is exercised.
- Employees will still utilize Sick Leave and PTO codes on their timesheets so that protected Sick Leave can be tracked and to ensure that EIB eligibility is verified as defined below.

### **Extended Illness Bank**

- An Extended Illness Bank (EIB) is also available for an employee to utilize as needed when an illness occurs that requires the employee to miss more than three consecutive days.
- The EIB accrues at the rate of 5 days per year for all regularly scheduled hours (excluding On-Call hours, Overtime, Call-Back) not to exceed 40 hours per week and is prorated over the entire year and are adjusted proportionally based on FTE status eligibility.
- Once an employee misses more than three consecutive days, they are eligible to utilize EIB hours instead of utilizing PTO or Unpaid hours.
- EIB hours can be used to replace only regularly scheduled hours in any given week.
- Once an employee returns to work for more than three regularly scheduled shifts, EIB is no longer available to be used for subsequent sick leave for the same related illness or cause without the employee once again missing work for more than three consecutive days.
- The EIB bank is not eligible for Cash-Out at any time or donation to another employee.

### **PTO Cash Out**

- An Employee may elect to be paid an annual lump sum PTO payment in lieu of taking time off with the written approval of the administrator up to a maximum of 80 hours if the employee has used a minimum of 96 hours in the prior twelve months.
- The cash-out is only available once per every twelve months.

### **Holidays**

- All Full-Time Equivalent Employees are granted up to six paid holidays per year (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas).
- The holidays are equal to 8 paid hours for a Full-Time Employee and 6 paid hours for a Part-Time Employee.
- The holiday pay is not eligible for a cash-out of any type.
- Holidays are available to eligible employees after their official first day of employment.

**Sick Bank (Grandfathered upon 3/27/2022)**

- All Employees who are impacted by the change from a separate Sick Bank to a PTO model that encompasses Vacation Pay, Sick Pay and Personal Holiday Pay as of the effective date of this policy will have their current Sick Hours Balance grandfathered as of that date and they may utilize these funds as appropriate per the Sick Leave Policy in Effect on 3/27/2022.
- No further accrual of Sick Hours will be added to these accounts after the policy effective date.
- On or before 3/28/2022, any employees with a Sick Hours Balance greater than **480** may convert the excess hours to PTO at a rate of 3 to 1 but after this date, no further conversions or payouts are available from this account.

H-1957.1

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**HOUSE BILL 1868**


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**State of Washington****67th Legislature****2022 Regular Session**

**By** Representatives Riccelli, Volz, Berry, Fitzgibbon, Shewmake, Bateman, Berg, Bronoske, Callan, Cody, Davis, Duerr, Goodman, Gregerson, J. Johnson, Kirby, Macri, Peterson, Ramel, Ramos, Ryu, Santos, Sells, Senn, Sullivan, Simmons, Chopp, Bergquist, Graham, Valdez, Wicks, Dolan, Pollet, Ortiz-Self, Paul, Stonier, Donaghy, Ormsby, Slatter, Hackney, Taylor, Harris-Talley, Kloba, and Frame

Prefiled 01/07/22. Read first time 01/10/22. Referred to Committee on Labor & Workplace Standards.

1 AN ACT Relating to improving worker safety and patient care in  
 2 health care facilities by addressing staffing needs, overtime, meal  
 3 and rest breaks, and enforcement; amending RCW 70.41.410, 70.41.420,  
 4 70.41.425, 49.12.480, 49.28.130, 49.28.140, and 49.28.150; adding a  
 5 new chapter to Title 49 RCW; recodifying RCW 70.41.410, 70.41.420,  
 6 70.41.425, 49.12.480, 49.28.130, 49.28.140, and 49.28.150; repealing  
 7 2017 c 249 s 4 (uncodified); and prescribing penalties.

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

9 **Sec. 1.** RCW 70.41.410 and 2008 c 47 s 2 are each amended to read  
 10 as follows:

11 The definitions in this section apply throughout this section  
 12 ~~((and)),~~ RCW 70.41.420 and 70.41.425 (as recodified by this act), and  
 13 sections 2 and 5 of this act unless the context clearly requires  
 14 otherwise.

15 (1) "Department" means the department of labor and industries.

16 (2) "Direct care nursing assistant-certified" and "nursing  
 17 assistant-certified" means an individual certified under chapter  
 18 18.88A RCW who provides direct care to patients.

19 (3) "Direct care registered nurse" and "registered nurse" means  
 20 an individual licensed as a nurse under chapter 18.79 RCW who  
 21 provides direct care to patients.

1       (4) "Hospital" has the same meaning as defined in RCW 70.41.020,  
2 and also includes state hospitals as defined in RCW 72.23.010.

3       ~~((+2))~~ (5) "Hospital staffing committee" means the committee  
4 established by a hospital under RCW 70.41.420 (as recodified by this  
5 act).

6       (6) "Intensity" means the level of patient need for nursing care,  
7 as determined by the nursing assessment.

8       ~~((+3))~~ (7) "Nursing and ancillary health care personnel" means  
9 ~~((registered nurses, licensed practical nurses, and unlicensed~~  
10 ~~assistive nursing personnel providing direct patient care))~~ a person  
11 who is providing direct care or supportive services to patients.

12       ~~((+4) "Nurse staffing committee" means the committee established~~  
13 ~~by a hospital under RCW 70.41.420.~~

14       ~~(+5))~~ (8) "Patient care unit" means any unit or area of the  
15 hospital that provides patient care by registered nurses.

16       ~~((+6))~~ (9) "Skill mix" means the experience of, and number and  
17 relative percentages of ~~((registered nurses, licensed practical~~  
18 ~~nurses, and unlicensed assistive personnel among the total number of~~  
19 ~~nursing personnel))~~, nursing and ancillary health personnel.

20       NEW SECTION.       Sec. 2. (1)(a) A hospital shall comply with  
21 minimum staffing standards in accordance with this section.

22       (b) The department shall enforce compliance with this section  
23 under sections .10 through 12 of this act.

24       (2) Direct care registered nurses shall not be assigned more  
25 patients than the following for any shift:

26       (a) Emergency department: One registered nurse to three nontrauma  
27 or noncritical care patients and one nurse to one trauma or critical  
28 care patient;

29       (b) Intensive care unit, such as critical care unit, special care  
30 unit, coronary care unit, pediatric intensive care, neonatal  
31 intensive care, neurological critical care unit, or a burn unit: One  
32 registered nurse to two patients or one registered nurse to one  
33 patient depending on the stability of the patient as assessed by the  
34 registered nurse on the unit;

35       (c) Labor and delivery: One registered nurse to two patients and  
36 one registered nurse to one patient for active labor and in all  
37 stages of labor for any patients with complications;

38       (d) Postpartum, antepartum, and well-baby nursery: One registered  
39 nurse to six patients in postpartum. In this context, the mother and



1 the baby are each counted as separate patients. This would mean, for  
2 example, one registered nurse to three mother-baby couplets;  
3 (e) Operating room: One registered nurse to one patient;  
4 (f) Oncology: One registered nurse to four patients;  
5 (g) Postanesthesia care unit: One registered nurse to two  
6 patients;  
7 (h) Progressive care unit, intensive specialty care unit, or  
8 stepdown unit: One registered nurse to three patients;  
9 (i) Medical-surgical unit: One registered nurse to four patients;  
10 (j) Telemetry unit: One registered nurse to three patients;  
11 (k) Psychiatric unit: One registered nurse to six patients;  
12 (l) Pediatrics: One registered nurse to three patients.  
13 (3) Direct care nursing assistants-certified shall not be  
14 assigned more patients than the following for any shift:  
15 (a) Intensive care unit, such as critical care unit, special care  
16 unit, coronary care unit, pediatric intensive care, neonatal  
17 intensive care, neurological critical care unit, or a burn unit: One  
18 nursing assistant-certified to eight patients;  
19 (b) Cardiac unit: One nursing assistant-certified to four  
20 patients;  
21 (c) Labor and delivery: One nursing assistant-certified to eight  
22 patients and one nursing assistant-certified to four patients for  
23 active labor and in all stages of labor for any patients with  
24 complications;  
25 (d) Oncology: One nursing assistant-certified to seven patients;  
26 (e) Postanesthesia care unit: One nursing assistant-certified to  
27 eight patients;  
28 (f) Progressive care unit, intensive specialty care unit, or  
29 stepdown unit: One nursing assistant-certified to eight patients;  
30 (g) Medical-surgical unit: One nursing assistant-certified to  
31 eight patients;  
32 (h) Telemetry unit: One nursing assistant-certified to eight  
33 patients;  
34 (i) Psychiatric unit: One nursing assistant-certified to seven  
35 patients;  
36 (j) Pediatrics: One nursing assistant-certified to 13 patients;  
37 (k) Emergency department: One nursing assistant-certified to  
38 seven patients;  
39 (l) Telesitting unit: One nursing assistant-certified to eight  
40 patients;

1 (m) Cardiac monitoring unit: One nursing assistant-certified to  
2 50 patients.

3 (4)(a) The personnel assignment limits established in this  
4 section are based on the type of care provided in these units,  
5 regardless of the specific name or reference the hospital calls these  
6 units.

7 (b) The personnel assignment limits established in this section  
8 represent the maximum number of patients to which a direct care  
9 registered nurse or direct care nursing assistant-certified may be  
10 assigned at all points during a shift.

11 (c) A hospital may not average the number of patients and the  
12 total number of direct care registered nurses and nursing assistants-  
13 certified assigned to patients in a unit during any one shift or over  
14 any period of time, in order to meet the personnel assignment limits  
15 established in this section.

16 (5) Nothing in this section precludes a hospital from assigning  
17 fewer patients to a direct care registered nurse or direct care  
18 nursing assistant-certified than the limits established in this  
19 section.

20 (6) The personnel assignment limits established in this section  
21 do not decrease any nurse-to-patient staffing levels in effect  
22 pursuant to a collective bargaining agreement or hospital's staffing  
23 plan in effect on the effective date of this section.

24 (7) A direct care registered nurse or direct care nursing  
25 assistant-certified may not be assigned to a nursing unit or clinical  
26 area unless that nurse has first received orientation in that  
27 clinical area sufficient to provide competent care to patients in  
28 that area and has demonstrated current competence in providing care  
29 in that area.

30 (8)(a) Except as provided in (b) of this subsection, a hospital  
31 shall develop and implement minimum staffing standards into its  
32 staffing plan required under section 3 of this act, no later than two  
33 years after the effective date of this section.

34 (b) The following hospitals shall develop and implement minimum  
35 staffing standards into their staffing plan required under section 3  
36 of this act no later than four years after the effective date of this  
37 section:

38 (i) Hospitals certified as critical access hospitals under 42  
39 U.S.C. Sec. 1395i-4;

1 (ii) Hospitals with fewer than 25 acute care beds in operation;  
2 and  
3 (iii) Hospitals certified by the centers for medicare and  
4 medicaid services as sole community hospitals as of January 1, 2013,  
5 that: Have had less than 150 acute care licensed beds in fiscal year  
6 2011; have a level III adult trauma service designation from the  
7 department of health as of January 1, 2014; and are owned and  
8 operated by the state or a political subdivision.

9 **Sec. 3.** RCW 70.41.420 and 2017 c 249 s 2 are each amended to  
10 read as follows:

11 (1) By September 1, ~~((2008))~~ 2022, each hospital shall establish  
12 a ~~((nurse))~~ hospital staffing committee, either by creating a new  
13 committee or assigning the functions of ~~((a))~~ an existing nurse  
14 staffing committee to ~~((an existing))~~ a hospital staffing committee.

15 (a) At least ~~((one-half))~~ 50 percent of the members of the  
16 ~~((nurse))~~ hospital staffing committee shall be ~~((registered nurses))~~  
17 nursing and ancillary health care personnel, who are nonsupervisory  
18 and nonmanagerial, currently providing direct patient care ~~((and up~~  
19 ~~to one-half of the members shall be determined by the hospital~~  
20 ~~administration))~~. The selection of the ~~((registered nurses providing~~  
21 ~~direct patient care))~~ nursing and ancillary health care personnel  
22 shall be according to the collective bargaining ~~((agreement))~~  
23 representative or representatives if there is one ~~((in effect))~~ or  
24 more at the hospital. If there is no ~~((applicable))~~ collective  
25 bargaining ~~((agreement))~~ representative, the members of the ~~((nurse))~~  
26 hospital staffing committee who are ~~((registered nurses))~~ nursing and  
27 ancillary health care personnel providing direct patient care shall  
28 be selected by their peers.

29 (b) Up to 50 percent of the members of the hospital staffing  
30 committee shall be determined by the hospital administration and  
31 shall include but not be limited to the chief financial officer, the  
32 chief nursing officers, and patient care unit directors or managers  
33 or their designees.

34 (2) Participation in the ~~((nurse))~~ hospital staffing committee by  
35 a hospital employee shall be on scheduled work time and compensated  
36 at the appropriate rate of pay. ~~((Nurse))~~ Hospital staffing committee  
37 members shall be relieved of all other work duties during meetings of  
38 the committee. Additional staffing relief must be provided if

1 necessary to ensure committee members are able to attend hospital  
2 staffing committee meetings.

3 (3) Primary responsibilities of the (~~nurse~~) hospital staffing  
4 committee shall include:

5 (a) Development and oversight of an annual patient care unit and  
6 shift-based (~~nurse~~) staffing plan, in compliance with the standards  
7 established in section 2 of this act and based on the needs of  
8 patients, to be used as the primary component of the staffing budget.  
9 The hospital staffing committee shall use a uniform format or form,  
10 created by the department, for complying with the requirement to  
11 submit the annual staffing plan. The uniform format or form must  
12 allow patients and the public to clearly understand and compare  
13 staffing patterns and actual levels of staffing across facilities.  
14 Hospitals may include a description of additional resources available  
15 to support unit-level patient care and a description of the hospital,  
16 including the size and type of facility. Factors to be considered in  
17 the development of the plan should include, but are not limited to:

18 (i) Census, including total numbers of patients on the unit on  
19 each shift and activity such as patient discharges, admissions, and  
20 transfers;

21 (ii) Level of intensity of all patients and nature of the care to  
22 be delivered on each shift;

23 (iii) Skill mix;

24 (iv) Level of experience and specialty certification or training  
25 of nursing personnel providing care;

26 (v) The need for specialized or intensive equipment;

27 (vi) The architecture and geography of the patient care unit,  
28 including but not limited to placement of patient rooms, treatment  
29 areas, nursing stations, medication preparation areas, and equipment;

30 (~~(vii) ((Staffing guidelines adopted or published by national~~  
31 ~~nursing professional associations, specialty nursing organizations,~~  
32 ~~and other health professional organizations;~~

33 ~~(viii))~~) Availability of other personnel supporting nursing  
34 services on the unit; and

35 (~~((ix) Strategies to enable registered nurses to take meal and~~  
36 ~~rest breaks as required by law or)) (viii) Ability to comply with the  
37 terms of an applicable collective bargaining agreement, if any,  
38 ((between the hospital and a representative of the nursing staff))  
39 and relevant state and federal laws and rules, including those~~

1 regarding meal and rest breaks and use of overtime and on-call  
2 shifts;

3 (b) Semiannual review of the staffing plan against the ability to  
4 meet staffing standards established under section 2 of this act,  
5 patient need, and known evidence-based staffing information,  
6 including the nursing sensitive quality indicators collected by the  
7 hospital;

8 (c) Review, assessment, and response to staffing variations or  
9 ((concerns)) complaints presented to the committee.

10 (4) In addition to the factors listed in subsection (3)(a) of  
11 this section, hospital finances and resources must be taken into  
12 account in the development of the ((nurse)) staffing plan.

13 (5) The staffing plan must not diminish other standards contained  
14 in state or federal law and rules, or the terms of an applicable  
15 collective bargaining agreement ((, if any, between the hospital and a  
16 representative of the nursing staff)).

17 (6) (a) The committee ((will)) shall produce the hospital's annual  
18 ((nurse)) staffing plan. If this staffing plan is not adopted by  
19 consensus of the hospital ((, the)) staffing committee, the prior  
20 annual staffing plan remains in effect and the hospital is subject to  
21 daily fines of \$10,000 for hospitals licensed under chapter 70.41 RCW  
22 or daily fines of \$100 for: (i) Hospitals certified as critical  
23 access hospitals; (ii) hospitals with fewer than 25 acute care beds  
24 in operation; and (iii) hospitals certified by the centers for  
25 medicare and medicaid services as sole community hospitals as of  
26 January 1, 2013, that: Have had less than 150 acute care licensed  
27 beds in fiscal year 2011; have a level III adult trauma service  
28 designation from the department of health as of January 1, 2014; and  
29 are owned and operated by the state or a political subdivision until  
30 adoption of a new annual staffing plan by consensus of the committee.

31 (b) The chief executive officer shall provide ((a written  
32 explanation of the reasons why the plan was not adopted to the  
33 committee)) feedback to the hospital staffing committee on a  
34 semiannual basis, prior to the committee's semiannual review and  
35 adoption of an annual staffing plan. The ((chief executive officer))  
36 feedback must ((then either)): ((+)) (i) Identify those elements of  
37 the ((proposed plan being changed prior to adoption of the plan by  
38 the hospital or (b) prepare an alternate annual staffing plan that  
39 must be adopted by the hospital)) staffing plan the chief executive  
40 officer requests changes to; or (ii) provide a status report on

1 implementation of the staffing plan including nursing sensitive  
2 quality indicators collected by the hospital, patient surveys, and  
3 recruitment and retention efforts.

4 (c) Beginning January 1, 2019, each hospital shall submit its  
5 staffing plan to the department and thereafter on an annual basis and  
6 at any time in between that the plan is updated.

7 (7) Beginning January 1, 2019, each hospital shall implement the  
8 staffing plan and assign nursing personnel to each patient care unit  
9 in accordance with the plan.

10 (a) A registered nurse, ancillary health care personnel,  
11 collective bargaining representative, patient, or other individual  
12 may report to the staffing committee any variations where the  
13 ((nurse)) personnel assignment in a patient care unit is not in  
14 accordance with the adopted staffing plan and may make a complaint to  
15 the committee based on the variations.

16 (b) Shift-to-shift adjustments in staffing levels required by the  
17 plan may be made by the appropriate hospital personnel overseeing  
18 patient care operations. If a registered nurse or nursing assistant-  
19 certified on a patient care unit objects to a shift-to-shift  
20 adjustment, the registered nurse or nursing assistant-certified may  
21 submit the complaint to the staffing committee.

22 (c) Staffing committees shall develop a process to examine and  
23 respond to data submitted under (a) and (b) of this subsection,  
24 including the ability to determine if a specific complaint is  
25 resolved or dismissing a complaint based on unsubstantiated data. All  
26 complaints submitted to the hospital staffing committee must be  
27 reviewed, regardless of what format the complainant uses to submit  
28 the complaint.

29 (8) Each hospital shall post, in a public area on each patient  
30 care unit, the ((nurse)) staffing plan and the ((nurse)) staffing  
31 schedule for that shift on that unit, as well as the relevant  
32 clinical staffing for that shift. The staffing plan and current  
33 staffing levels must also be made available to patients and visitors  
34 upon request.

35 (9) A hospital may not retaliate against or engage in any form of  
36 intimidation of:

37 (a) An employee for performing any duties or responsibilities in  
38 connection with the ((nurse)) staffing committee; or

1 (b) An employee, patient, or other individual who notifies the  
2 ((nurse)) staffing committee or the hospital administration of his or  
3 her concerns on nurse or ancillary health care personnel staffing.

4 (10) This section is not intended to create unreasonable burdens  
5 on critical access hospitals under 42 U.S.C. Sec. 1395i-4. Critical  
6 access hospitals may develop flexible approaches to accomplish the  
7 requirements of this section that may include but are not limited to  
8 having ((nurse)) hospital staffing committees work by video  
9 conference, telephone, or email.

10 (11) The hospital staffing committee shall file with the  
11 department a charter that must include, but is not limited to:

12 (a) Roles, responsibilities, and processes by which the hospital  
13 staffing committee functions, including processes to ensure adequate  
14 quorum and ability of committee members to attend;

15 (b) Schedule for monthly meetings with more frequent meetings as  
16 needed that ensures committee members have 30-days notice of  
17 meetings;

18 (c) Processes by which all staffing complaints will be reviewed,  
19 noting the date received as well as initial, contingent, and final  
20 disposition of complaints and corrective action plan where  
21 applicable;

22 (d) Processes by which complaints will be resolved within 60 days  
23 of receipt and processes to ensure the complainant receives a letter  
24 stating the outcome of the complaint;

25 (e) Processes for attendance by any nurse, ancillary health care  
26 personnel, collective bargaining representative, patient, or member  
27 of the public who is involved in a complaint;

28 (f) Processes for the hospital staffing committee to conduct  
29 quarterly reviews of staff turnover rates including new hire turnover  
30 rates during first year of employment and hospital plans regarding  
31 workforce development;

32 (g) Standards for hospital staffing committee approval of meeting  
33 documentation including meeting minutes, attendance, and actions  
34 taken; and

35 (h) Policies for retention of meeting documentation for a minimum  
36 of three years and consistent with each hospital's document retention  
37 policies.

38 **Sec. 4.** RCW 70.41.425 and 2017 c 249 s 3 are each amended to  
39 read as follows:

1 (1) (a) The department shall investigate a complaint submitted  
2 under this section for violation of RCW 70.41.420 (as recodified by  
3 this act) or section 2 of this act following receipt of a complaint  
4 with documented evidence of failure to:

5 (i) Form or establish a hospital staffing committee;  
6 (ii) Conduct a semiannual review of a ~~((nurse))~~ staffing plan;  
7 (iii) Submit a ~~((nurse))~~ staffing plan on an annual basis and any  
8 updates; or

9 (iv) ~~((A))~~ Follow the ~~((nursing))~~ personnel assignments in a  
10 patient care unit in violation of section 2 of this act, RCW  
11 70.41.420(7) (a) (as recodified by this act), or shift-to-shift  
12 adjustments in staffing levels in violation of RCW 70.41.420(7) (b)  
13 (as recodified by this act).

14 ~~((B) The department may only investigate a complaint under this~~  
15 ~~subsection (1) (a) (iv) after making an assessment that the submitted~~  
16 ~~evidence indicates a continuing pattern of unresolved violations of~~  
17 ~~RCW 70.41.420(7) (a) or (b), that were submitted to the nurse~~  
18 ~~staffing committee excluding complaints determined by the nurse~~  
19 ~~staffing committee to be resolved or dismissed. The submitted~~  
20 ~~evidence must include the aggregate data contained in the complaints~~  
21 ~~submitted to the hospital's nurse staffing committee that indicate a~~  
22 ~~continuing pattern of unresolved violations for a minimum sixty-day~~  
23 ~~continuous period leading up to receipt of the complaint by the~~  
24 ~~department.~~

25 ~~((C) The department may not investigate a complaint under this~~  
26 ~~subsection (1) (a) (iv) in the event of unforeseeable emergency~~  
27 ~~circumstances or if the hospital, after consultation with the nurse~~  
28 ~~staffing committee, documents it has made reasonable efforts to~~  
29 ~~obtain staffing to meet required assignments but has been unable to~~  
30 ~~do so.))~~

31 (b) After an investigation conducted under (a) of this  
32 subsection, if the department determines that there has been a  
33 violation, the department shall require the hospital to submit a  
34 corrective plan of action within ~~((forty-five))~~ 45 days of the  
35 presentation of findings from the department to the hospital.

36 (c) Hospitals will not be found in violation of section 2 of this  
37 act or RCW 70.41.420 (as recodified by this act) if it has been  
38 determined, following an investigation, that:

39 (i) There were unforeseeable emergency circumstances; or



1 (ii) The hospital, after consultation with the hospital staffing  
2 committee, documents that the hospital has made reasonable efforts to  
3 obtain and retain staffing to meet required personnel assignments but  
4 has been unable to do so.

5 (d) No later than 30 days after a hospital deviates from its  
6 staffing plan as adopted by the staffing committee under RCW  
7 70.41.420 (as recodified by this act), the hospital incident command  
8 shall report to the cochairs of the hospital staffing committee an  
9 assessment of the staffing needs arising from the unforeseeable  
10 emergency circumstance and the hospital's plan to address those  
11 identified staffing needs. Upon receipt of the report, the hospital  
12 staffing committee shall convene to develop a contingency staffing  
13 plan to address the needs arising from the unforeseeable emergency  
14 circumstance. The hospital's deviation from its staffing plan may not  
15 be in effect for more than 90 days without the approval of the  
16 hospital staffing committee.

17 (2) In the event that a hospital fails to submit or submits but  
18 fails to follow such a corrective plan of action in response to a  
19 violation or violations found by the department based on a complaint  
20 filed pursuant to subsection (1) of this section, the department may  
21 impose, for all violations asserted against a hospital at any time, a  
22 civil penalty of ~~((one hundred dollars))~~ \$10,000 per day for  
23 hospitals licensed under chapter 70.41 RCW, or \$100 per day for: (a)  
24 Hospitals certified as critical access hospitals; (b) hospitals with  
25 fewer than 25 acute care beds in operation; and (c) hospitals  
26 certified by the centers for medicare and medicaid services as sole  
27 community hospitals as of January 1, 2013, that: Have had less than  
28 150 acute care licensed beds in fiscal year 2011; have a level III  
29 adult trauma service designation from the department of health as of  
30 January 1, 2014; and are owned and operated by the state or a  
31 political subdivision. Civil penalties apply until the hospital  
32 submits ~~((or begins to follow))~~ a corrective plan of action ~~((or~~  
33 takes other action agreed to)) that has been approved by the  
34 department and follows the corrective plan of action for 90 days.  
35 Once the approved corrective action plan has been followed by the  
36 hospital for 90 days, the department may reduce the accumulated fine.  
37 The fine shall continue to accumulate until the 90 days has passed.  
38 Revenue from these fines must be deposited into the supplemental  
39 pension fund established under RCW 51.44.033.

1 (3) The department shall maintain for public inspection records  
2 of any civil penalties, administrative actions, or license  
3 suspensions or revocations imposed on hospitals under this section.  
4 In addition, the department must report violations of this section on  
5 its website.

6 (4) For purposes of this section, "unforeseeable emergency  
7 circumstance" means:

8 (a) Any unforeseen national, state, or municipal emergency; or

9 (b) When a hospital disaster plan is activated(~~(~~

10 ~~(c) Any unforeseen disaster or other catastrophic event that~~  
11 ~~substantially affects or increases the need for health care services;~~  
12 ~~or~~

13 ~~(d) When a hospital is diverting patients to another hospital or~~  
14 ~~hospitals for treatment or the hospital is receiving patients who are~~  
15 ~~from another hospital or hospitals)).~~

16 (5) Nothing in this section shall be construed to preclude the  
17 ability to otherwise submit a complaint to the department for failure  
18 to follow RCW 70.41.420 (as recodified by this act).

19 ~~((6) The department shall submit a report to the legislature on~~  
20 ~~December 31, 2020. This report shall include the number of complaints~~  
21 ~~submitted to the department under this section, the disposition of~~  
22 ~~these complaints, the number of investigations conducted, the~~  
23 ~~associated costs for complaint investigations, and recommendations~~  
24 ~~for any needed statutory changes. The department shall also project,~~  
25 ~~based on experience, the impact, if any, on hospital licensing fees~~  
26 ~~over the next four years. Prior to the submission of the report, the~~  
27 ~~secretary shall convene a stakeholder group consisting of the~~  
28 ~~Washington state hospital association, the Washington state nurses~~  
29 ~~association, service employees international union healthcare 1199NW,~~  
30 ~~and united food and commercial workers 21. The stakeholder group~~  
31 ~~shall review the report prior to its submission to review findings~~  
32 ~~and jointly develop any legislative recommendations to be included in~~  
33 ~~the report.~~

34 ~~(7) No fees shall be increased to implement chapter 249, Laws of~~  
35 ~~2017 prior to July 1, 2021.))~~

36 NEW SECTION. Sec. 5. (1)(a) The department shall review each  
37 hospital staffing plan submitted by a hospital to ensure it is  
38 received by the appropriate deadline and is completed on the  
39 department-issued staffing plan form.

1 (b) The hospital must complete all portions of the staffing plan  
2 form. The department may determine that a hospital has failed to  
3 timely submit its staffing plan if the staffing plan form is  
4 incomplete.

5 (c) Failure to submit the staffing plan by the appropriate  
6 deadline will result in a violation and civil penalty of \$25,000  
7 issued by the department. Revenue from these fines must be deposited  
8 into the supplemental pension fund established under RCW 51.44.033.

9 (2) Failure to submit a staffing committee charter to the  
10 department by the appropriate deadline will result in a violation and  
11 a civil penalty of \$25,000 issued by the department. Revenue from  
12 these fines must be deposited into the supplemental pension fund  
13 established under RCW 51.44.033.

14 (3) The department must post violations of this section on its  
15 website.

16 **Sec. 6.** RCW 49.12.480 and 2019 c 296 s 1 are each amended to  
17 read as follows:

18 (1) An employer shall provide employees with meal and rest  
19 periods as required by law, subject to the following:

20 (a) Rest periods must be scheduled at any point during each work  
21 period during which the employee is required to receive a rest  
22 period;

23 (b) Employers must provide employees with uninterrupted meal and  
24 rest breaks. This subsection (1)(b) does not apply in the case of ((+

25 ~~(i) An~~) an unforeseeable emergent circumstance, as defined in  
26 RCW 49.28.130 (~~;~~ ~~or~~

27 ~~(ii) A clinical circumstance, as determined by the employee,~~  
28 ~~employer, or employer's designee, that may lead to a significant~~  
29 ~~adverse effect on the patient's condition:~~

30 ~~(A) Without the knowledge, specific skill, or ability of the~~  
31 ~~employee on break; or~~

32 ~~(B) Due to an unforeseen or unavoidable event relating to patient~~  
33 ~~care delivery requiring immediate action that could not be planned~~  
34 ~~for by an employer;~~

35 ~~(c) For any rest break that is interrupted before ten complete~~  
36 ~~minutes by an employer or employer's designee under the provisions of~~  
37 ~~(b)(ii) of this subsection, the employee must be given an additional~~  
38 ~~ten minute uninterrupted rest break at the earliest reasonable time~~  
39 ~~during the work period during which the employee is required to~~

1 ~~receive a rest period. If the elements of this subsection are met, a~~  
2 ~~rest break shall be considered taken for the purposes of the minimum~~  
3 ~~wage act as defined by chapter 49.46 RCW))~~ (as recodified by this  
4 act).

5 (2) The employer shall provide a mechanism to record when an  
6 employee misses a meal or rest period and maintain these records.

7 (3) For purposes of this section, the following terms have the  
8 following meanings:

9 (a) "Employee" means a person who:

10 (i) Is employed by ~~((a health care facility))~~ an employer;

11 (ii) Is involved in direct patient care activities or clinical  
12 services; and

13 (iii) Receives an hourly wage or is covered by a collective  
14 bargaining agreement ~~((; and~~

15 ~~(iv) Is a licensed practical nurse or registered nurse licensed~~  
16 ~~under chapter 18.79 RCW, a surgical technologist registered under~~  
17 ~~chapter 18.215 RCW, a diagnostic radiologic technologist or~~  
18 ~~cardiovascular invasive specialist certified under chapter 18.84 RCW,~~  
19 ~~a respiratory care practitioner licensed under chapter 18.89 RCW, or~~  
20 ~~a nursing assistant certified as defined in RCW 18.88A.020)).~~

21 (b) "Employer" means hospitals licensed under chapter 70.41  
22 RCW ~~((, except that the following hospitals are excluded until July 1,~~  
23 ~~2021:~~

24 ~~(i) Hospitals certified as critical access hospitals under 42~~  
25 ~~U.S.C. Sec. 1395i-4;~~

26 ~~(ii) Hospitals with fewer than twenty-five acute care beds in~~  
27 ~~operation; and~~

28 ~~(iii) Hospitals certified by the centers for medicare and~~  
29 ~~medicaid services as sole community hospitals as of January 1, 2013,~~  
30 ~~that: Have had less than one hundred fifty acute care licensed beds~~  
31 ~~in fiscal year 2011; have a level III adult trauma service~~  
32 ~~designation from the department of health as of January 1, 2014; and~~  
33 ~~are owned and operated by the state or a political subdivision)).~~

34 **Sec. 7.** RCW 49.28.130 and 2019 c 296 s 2 are each amended to  
35 read as follows:

36 The definitions in this section apply throughout this section and  
37 RCW 49.28.140 and 49.28.150 (as recodified by this act) unless the  
38 context clearly requires otherwise.

39 (1) (a) "Employee" means a person who:

1 (i) Is employed by a health care facility;  
2 (ii) Is involved in direct patient care activities or clinical  
3 services; and  
4 (iii) Receives an hourly wage or is covered by a collective  
5 bargaining agreement (~~;~~ ~~and~~  
6 ~~(iv) Is either:~~  
7 ~~(A) A licensed practical nurse or registered nurse licensed under~~  
8 ~~chapter 18.79 RCW; or~~  
9 ~~(B) Beginning July 1, 2020, a surgical technologist registered~~  
10 ~~under chapter 18.215 RCW, a diagnostic radiologic technologist or~~  
11 ~~cardiovascular invasive specialist certified under chapter 18.84 RCW,~~  
12 ~~a respiratory care practitioner licensed under chapter 18.89 RCW, or~~  
13 ~~a nursing assistant certified as defined in RCW 18.88A.020)).~~

14 (b) "Employee" does not mean a person who is both:

15 (i) (~~Is employed~~) Employed by a health care facility as defined  
16 in subsection (3) (a) (v) of this section; and

17 (ii) (~~Is a~~) A surgical technologist registered under chapter  
18 18.215 RCW, a diagnostic radiologic technologist or cardiovascular  
19 invasive specialist certified under chapter 18.84 RCW, a respiratory  
20 care practitioner licensed under chapter 18.89 RCW, or a certified  
21 nursing assistant as defined in RCW 18.88A.020.

22 (2) "Employer" means an individual, partnership, association,  
23 corporation, the state, a political subdivision of the state, or  
24 person or group of persons, acting directly or indirectly in the  
25 interest of a health care facility.

26 (3) (a) "Health care facility" means the following facilities, or  
27 any part of the facility, including such facilities if owned and  
28 operated by a political subdivision or instrumentality of the state,  
29 that operate on a twenty-four hours per day, seven days per week  
30 basis:

31 (i) Hospices licensed under chapter 70.127 RCW;

32 (ii) Hospitals licensed under chapter 70.41 RCW (~~;~~ ~~except that~~  
33 ~~until July 1, 2021, the provisions of section 3, chapter 296, Laws of~~  
34 ~~2019 do not apply to:~~

35 ~~(A) Hospitals certified as critical access hospitals under 42~~  
36 ~~U.S.C. Sec. 1395i-4;~~

37 ~~(B) Hospitals with fewer than twenty-five acute care beds in~~  
38 ~~operation; and~~

39 ~~(C) Hospitals certified by the centers for medicare and medicaid~~  
40 ~~services as sole community hospitals as of January 1, 2013, that:~~

1 ~~Have had less than one hundred fifty acute care licensed beds in~~  
2 ~~fiscal year 2011; have a level III adult trauma service designation~~  
3 ~~from the department of health as of January 1, 2014; and are owned~~  
4 ~~and operated by the state or a political subdivision));~~

5 (iii) Rural health care facilities as defined in RCW 70.175.020;

6 (iv) Psychiatric hospitals licensed under chapter 71.12 RCW; or

7 (v) Facilities owned and operated by the department of  
8 corrections or by a governing unit as defined in RCW 70.48.020 in a  
9 correctional institution as defined in RCW 9.94.049 that provide  
10 health care services.

11 (b) If a nursing home regulated under chapter 18.51 RCW or a home  
12 health agency regulated under chapter 70.127 RCW is operating under  
13 the license of a health care facility, the nursing home or home  
14 health agency is considered part of the health care facility for the  
15 purposes of this subsection.

16 (4) "Overtime" means the hours worked in excess of an agreed  
17 upon, predetermined, regularly scheduled shift within a twenty-four  
18 hour period not to exceed twelve hours in a twenty-four hour period  
19 or eighty hours in a consecutive fourteen-day period.

20 (5) "On-call time" means time spent by an employee who is not  
21 working on the premises of the place of employment but who is  
22 compensated for availability or who, as a condition of employment,  
23 has agreed to be available to return to the premises of the place of  
24 employment on short notice if the need arises.

25 (6) "Reasonable efforts" means that the employer, to the extent  
26 reasonably possible, does all of the following but is unable to  
27 obtain staffing coverage:

28 (a) Seeks individuals to volunteer to work extra time from all  
29 available qualified staff who are working;

30 (b) Contacts qualified employees who have made themselves  
31 available to work extra time;

32 (c) Seeks the use of per diem staff; and

33 (d) Seeks personnel from a contracted temporary agency when such  
34 staffing is permitted by law or an applicable collective bargaining  
35 agreement, and when the employer regularly uses a contracted  
36 temporary agency.

37 (7) "Unforeseeable emergent circumstance" means (a) any  
38 unforeseen declared national, state, or municipal emergency; or (b)  
39 when a health care facility disaster plan is activated(~~;~~ ~~or~~ ~~(c)~~ ~~any~~

1 ~~unforeseen disaster or other catastrophic event which substantially~~  
2 ~~affects or increases the need for health care services)).~~

3 **Sec. 8.** RCW 49.28.140 and 2019 c 296 s 3 are each amended to  
4 read as follows:

5 (1) No employee of a health care facility may be required to work  
6 overtime. Attempts to compel or force employees to work overtime are  
7 contrary to public policy, and any such requirement contained in a  
8 contract, agreement, or understanding is void.

9 (2) The acceptance by any employee of overtime is strictly  
10 voluntary, and the refusal of an employee to accept such overtime  
11 work is not grounds for discrimination, dismissal, discharge, or any  
12 other penalty, threat of reports for discipline, or employment  
13 decision adverse to the employee.

14 (3) This section does not apply to overtime work that occurs:

15 (a) Because of any unforeseeable emergent circumstance;

16 (b) Because of prescheduled on-call time not to exceed more than  
17 20 hours per week, subject to the following:

18 (i) Mandatory prescheduled on-call time may not be used in lieu  
19 of scheduling employees to work regularly scheduled shifts when a  
20 staffing plan indicates the need for a scheduled shift; and

21 (ii) Mandatory prescheduled on-call time may not be used to  
22 address regular changes in patient census or acuity or expected  
23 increases in the number of employees not reporting for predetermined  
24 scheduled shifts;

25 (c) When the employer documents that the employer has used  
26 reasonable efforts to obtain and retain staffing. An employer has not  
27 used reasonable efforts if overtime work is used to fill vacancies  
28 resulting from chronic staff shortages that persist longer than three  
29 months; or

30 (d) When an employee is required to work overtime to complete a  
31 patient care procedure already in progress where the absence of the  
32 employee could have an adverse effect on the patient.

33 (4) An employee accepting overtime who works more than twelve  
34 consecutive hours shall be provided the option to have at least eight  
35 consecutive hours of uninterrupted time off from work following the  
36 time worked.

37 **Sec. 9.** RCW 49.28.150 and 2002 c 112 s 4 are each amended to  
38 read as follows:

1 The department of labor and industries shall investigate  
2 complaints of violations of RCW 49.28.140 (as recodified by this act)  
3 as provided under section 10 of this act. (~~(A violation of RCW~~  
4 ~~49.28.140 is a class 1 civil infraction in accordance with chapter~~  
5 ~~7.80 RCW, except that the maximum penalty is one thousand dollars for~~  
6 ~~each infraction up to three infractions. If there are four or more~~  
7 ~~violations of RCW 49.28.140 for a health care facility, the employer~~  
8 ~~is subject to a fine of two thousand five hundred dollars for the~~  
9 ~~fourth violation, and five thousand dollars for each subsequent~~  
10 ~~violation. The department of labor and industries is authorized to~~  
11 ~~issue and enforce civil infractions according to chapter 7.80 RCW.))~~

12 NEW SECTION. Sec. 10. (1)(a) If a complainant files a complaint  
13 with the department alleging a violation of this chapter, the  
14 department shall investigate the complaint.

15 (b) The department may not investigate any such alleged violation  
16 of rights that occurred more than three years before the date that  
17 the complainant filed the complaint.

18 (c) Upon the investigation of a complaint, the department shall  
19 issue either a citation and notice of assessment or a closure letter,  
20 within 90 days after the date on which the department received the  
21 complaint, unless the complaint is otherwise resolved. The department  
22 may extend the period by providing advance written notice to the  
23 complainant and the employer setting forth good cause for an  
24 extension of the period, and specifying the duration of the  
25 extension.

26 (d) The department shall send a citation and notice of assessment  
27 or the closure letter to both the employer and the complainant by  
28 service of process or using a method by which the mailing can be  
29 tracked or the delivery can be confirmed to their last known  
30 addresses.

31 (2) If the department's investigation finds that the  
32 complainant's allegation cannot be substantiated, the department  
33 shall issue a closure letter to the complainant and the employer  
34 detailing such finding.

35 (3)(a) If the department finds a violation of this chapter, the  
36 department shall order the employer to pay the department a civil  
37 penalty.

38 (b) Except as provided otherwise in this chapter, the maximum  
39 penalty is \$1,000 for each violation up to three violations. If there



1 are four or more violations of this chapter for a health care  
2 facility, the employer is subject to a civil penalty of \$2,500 for  
3 the fourth violation, and \$5,000 for each subsequent violation.

4 (4) The department may, at any time, waive or reduce a civil  
5 penalty assessed under this section if the director of the department  
6 determines that the employer has taken corrective action to resolve  
7 the violation.

8 (5) The department shall deposit all civil penalties paid under  
9 this chapter in the supplemental pension fund established under RCW  
10 51.44.033.

11 NEW SECTION. **Sec. 11.** (1) A person, firm, or corporation  
12 aggrieved by a citation and notice of assessment by the department  
13 under this chapter may appeal the citation and notice of assessment  
14 to the director of the department by filing a notice of appeal with  
15 the director within 30 days of the department's issuance of the  
16 citation and notice of assessment. A citation and notice of  
17 assessment not appealed within 30 days is final and binding, and not  
18 subject to further appeal.

19 (2) A notice of appeal filed with the director of the department  
20 under this section shall stay the effectiveness of the citation and  
21 notice of assessment pending final review of the appeal by the  
22 director as provided for in chapter 34.05 RCW.

23 (3) Upon receipt of a notice of appeal, the director of the  
24 department shall assign the hearing to an administrative law judge of  
25 the office of administrative hearings to conduct the hearing and  
26 issue an initial order. The hearing and review procedures shall be  
27 conducted in accordance with chapter 34.05 RCW, and the standard of  
28 review by the administrative law judge of an appealed citation and  
29 notice of assessment shall be de novo. Any party who seeks to  
30 challenge an initial order shall file a petition for administrative  
31 review with the director within 30 days after service of the initial  
32 order. The director shall conduct administrative review in accordance  
33 with chapter 34.05 RCW.

34 (4) The director of the department shall issue all final orders  
35 after appeal of the initial order. The final order of the director is  
36 subject to judicial review in accordance with chapter 34.05 RCW.

37 (5) Orders that are not appealed within the time period specified  
38 in this section and chapter 34.05 RCW are final and binding, and not  
39 subject to further appeal.

1 (6) An employer who fails to allow adequate inspection of records  
2 in an investigation by the department under this chapter within a  
3 reasonable time period may not use such records in any appeal under  
4 this section to challenge the correctness of any determination by the  
5 department of the penalty assessed.

6 NEW SECTION. **Sec. 12.** Collections of unpaid citations assessing  
7 civil penalties will be pursuant to RCW 49.48.086.

8 NEW SECTION. **Sec. 13.** (1) Any employee employed by a health  
9 care facility covered by RCW 49.12.480, 49.28.130, and 49.28.140 (as  
10 recodified by this act), and any direct care nurse or direct care  
11 nursing assistant-certified covered by section 2 of this act, or any  
12 labor organization that is the exclusive bargaining representative of  
13 any such persons, alleging a violation of this chapter may bring a  
14 civil action against the health care facility or hospital.

15 (2) A health care facility's or hospital's violation of this  
16 chapter or rules adopted under this chapter constitutes a concrete  
17 and particularized injury in fact to employees employed by the health  
18 care facility.

19 (3) The court may award to a prevailing plaintiff:

20 (a) An amount not less than \$100 and not greater than \$10,000 per  
21 violation per day;

22 (b) Reasonable attorneys' fees and litigation costs;

23 (c) Any other relief, including equitable and declaratory relief,  
24 that the court deems appropriate.

25 (4) The remedy under this section is in addition to any  
26 administrative enforcement under this chapter.

27 NEW SECTION. **Sec. 14.** The department may adopt and implement  
28 rules to carry out and enforce the provisions of this chapter,  
29 including but not limited to protecting employees from retaliation  
30 for filing complaints under this chapter.

31 NEW SECTION. **Sec. 15.** 2017 c 249 s 4 (uncodified) is repealed.

32 NEW SECTION. **Sec. 16.** Sections 2, 5, and 10 through 14 of this  
33 act constitute a new chapter in Title 49 RCW.

1        NEW SECTION.    **Sec. 17.**    RCW 70.41.410, 70.41.420, and 70.41.425  
2    are each recodified as sections in chapter 49.--- RCW (the new  
3    chapter created in section 16 of this act).

4        NEW SECTION.    **Sec. 18.**    RCW 49.12.480, 49.28.130, 49.28.140, and  
5    49.28.150 are each recodified as sections in chapter 49.--- RCW (the  
6    new chapter created in section 16 of this act).

--- END ---



# Prosser Memorial Health

## Engagement 2021

### Dashboard Report

December 7, 2021

## Report based on

Engagement 2021  
Data from 08/23/2021 - 11/23/2021

## Data level access applied

Pulse Survey does not include YES

## Report filters applied

Employee Type : Medical Staff

# Dashboard

Total Invited

54

Total Response

40

Overall Favorability



Total Questions

64

Total Comments

69

## Suggested Areas of Action

Job Satisfaction

Prosser Memorial Health is effective in resolving staff concerns

Administration

There is sufficient communication from Administration

Communication

Communication between departments is effective

## Highest and Lowest Rated Items

### High

- 95% I agree with the Mission, Vision, and Values of Prosser Memorial Health
- 95% I tell others that Prosser Memorial Health is a good place to practice
- 95% I would recommend Prosser Memorial Health to my friends and family for care
- 94% Prosser Memorial Health is effective in resolving patient concerns
- 94% Communication between medical staff and nurses is effective

### Low

- 47% Prosser Memorial Health is effective in resolving staff concerns
- 57% There is sufficient communication from Administration
- 64% Communication between departments is effective
- 65% The decision-making process at Prosser Memorial Health is fair
- 67% I am satisfied with the EPIC EMR/EHR

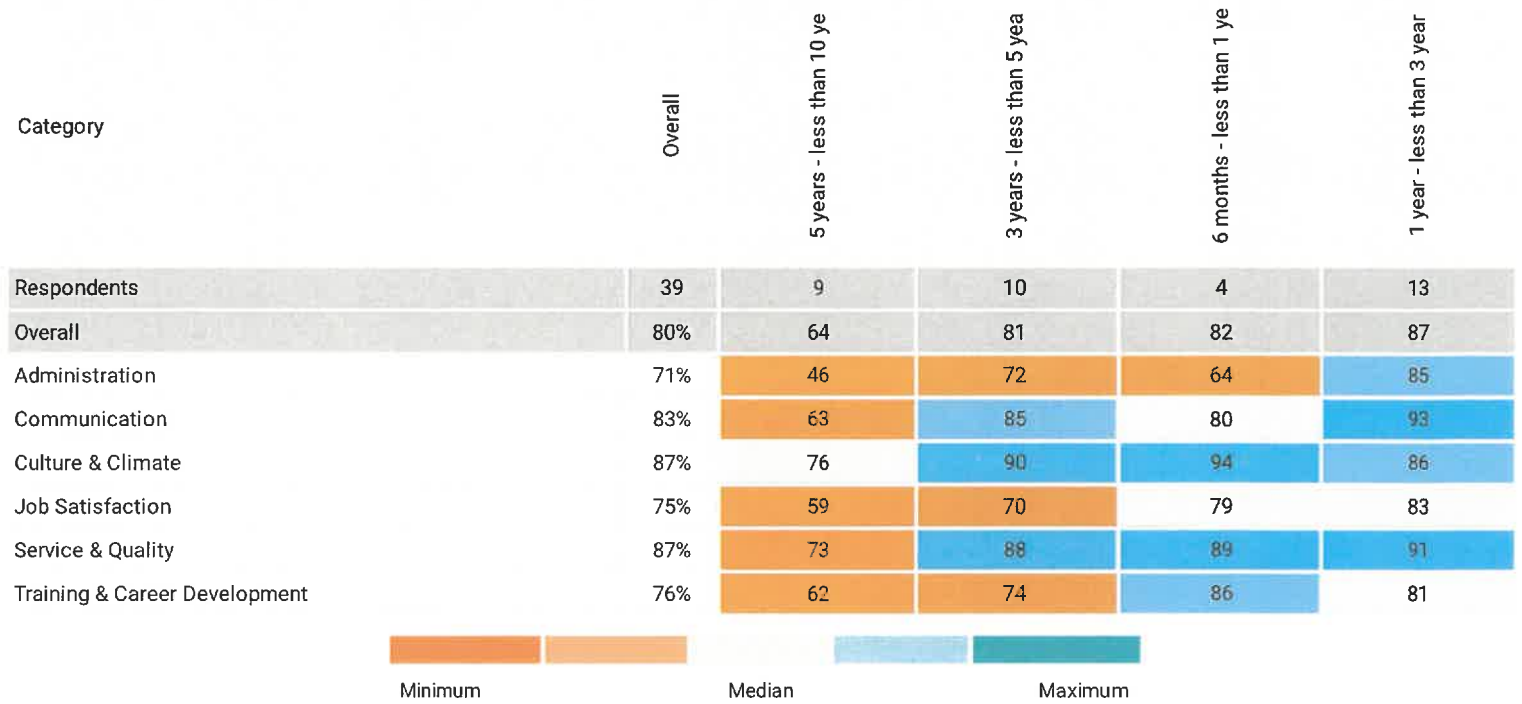
## Summary

Question	Category	N	Mean	%Favorable	Comparison to Company	Engagement 2020
Administration actions show they care about employees and medical staff	Administration	36	4.06	81	4	▲2
Administration communicates a clear vision and plan for Prosser Memorial Health's future	Administration	37	4.24	84	3	▲13
Administration effectively balances quality care and fiscal policy	Administration	37	3.81	70		▼-4
Communication between departments is effective	Communication	33	3.73	64	1	▲7
Communication between medical staff and nurses is effective	Communication	35	4.26	94		▲9
Employees are adequately trained to help me be successful	Training & Career Development	38	4.13	79		▲1
I agree with the Mission, Vision, and Values of Prosser Memorial Health	Culture & Climate	40	4.67	95		▲3
I am confident in the medical expertise of the specialists	Job Satisfaction	39	4.41	90		▲13
I am encouraged to share ideas for improving service and quality	Service & Quality	39	4.13	82	-2	▲3
I am satisfied with my current relationship with Prosser Memorial Health	Culture & Climate	39	4.26	77		▼-9
I am satisfied with the EPIC EMR/EHR	Training & Career Development	39	3.87	67	-5	▼-1
I feel comfortable voicing my opinion and offering suggestions	Communication	39	4.00	82	9	▲11
I know the plans for improvement and my role	Service & Quality	37	4.19	81		▲14
I receive adequate training to be successful at my job	Training & Career Development	36	4.36	86		▼-8
I receive important company information in a timely manner	Communication	37	4.11	81	-1	0
I tell others that Prosser Memorial Health is a good place to practice	Culture & Climate	38	4.58	95		▲2
I trust the information I receive from Prosser Memorial Health	Communication	39	4.36	90	1	▲8
I would recommend Prosser Memorial Health to my friends and family for care	Culture & Climate	40	4.55	95	2	▲6
My ideas and suggestions are given consideration	Communication	37	3.95	78	6	▲10
My workload allows me to maintain a good work/life balance	Job Satisfaction	40	3.88	73	-2	▼-3
Other physicians treat me as an important element of the health team	Culture & Climate	39	4.28	82		▼-7
Patient satisfaction is a top priority at Prosser Memorial Health	Service & Quality	39	4.41	92	-1	▼-3
Prosser Memorial Health Administration and physicians are in agreement on organizational goals	Administration	37	3.92	70		▼-8
Prosser Memorial Health emphasizes the importance of safety	Service & Quality	38	4.50	92		▲3
Prosser Memorial Health information systems allow for timely and accurate reporting of information	Communication	37	4.16	89		▲15

Question	Category	N	Mean	%Favorable	Comparison to Company	Engagement 2020
Prosser Memorial Health is effective in resolving patient concerns	Job Satisfaction	34	4.26	94		▲2
Prosser Memorial Health is effective in resolving staff concerns	Job Satisfaction	38	3.50	47		▼-11
Prosser Memorial Health shows recognition for meeting goals	Culture & Climate	38	4.26	82	3	▼-1
Prosser Memorial Health's communication tools are useful (i.e. newsletters, bulletin boards, emails, company website)	Communication	38	4.21	84	-6	▲5
Safety standards are consistently enforced	Service & Quality	38	4.39	87		▲6
The EPIC EMR/EHR training helps me better understand the Epic software and my department's Epic workflow	Training & Career Development	37	3.97	76	7	▲7
The decision-making process at Prosser Memorial Health is fair	Administration	37	3.78	65		▼-9
The hospital sees physicians as important resources	Culture & Climate	38	4.29	84		▼-4
There is a high level of respect between medical staff and employees	Culture & Climate	40	4.42	83	5	▼-4
There is sufficient communication from Administration	Administration	37	3.73	57	-12	▼-1

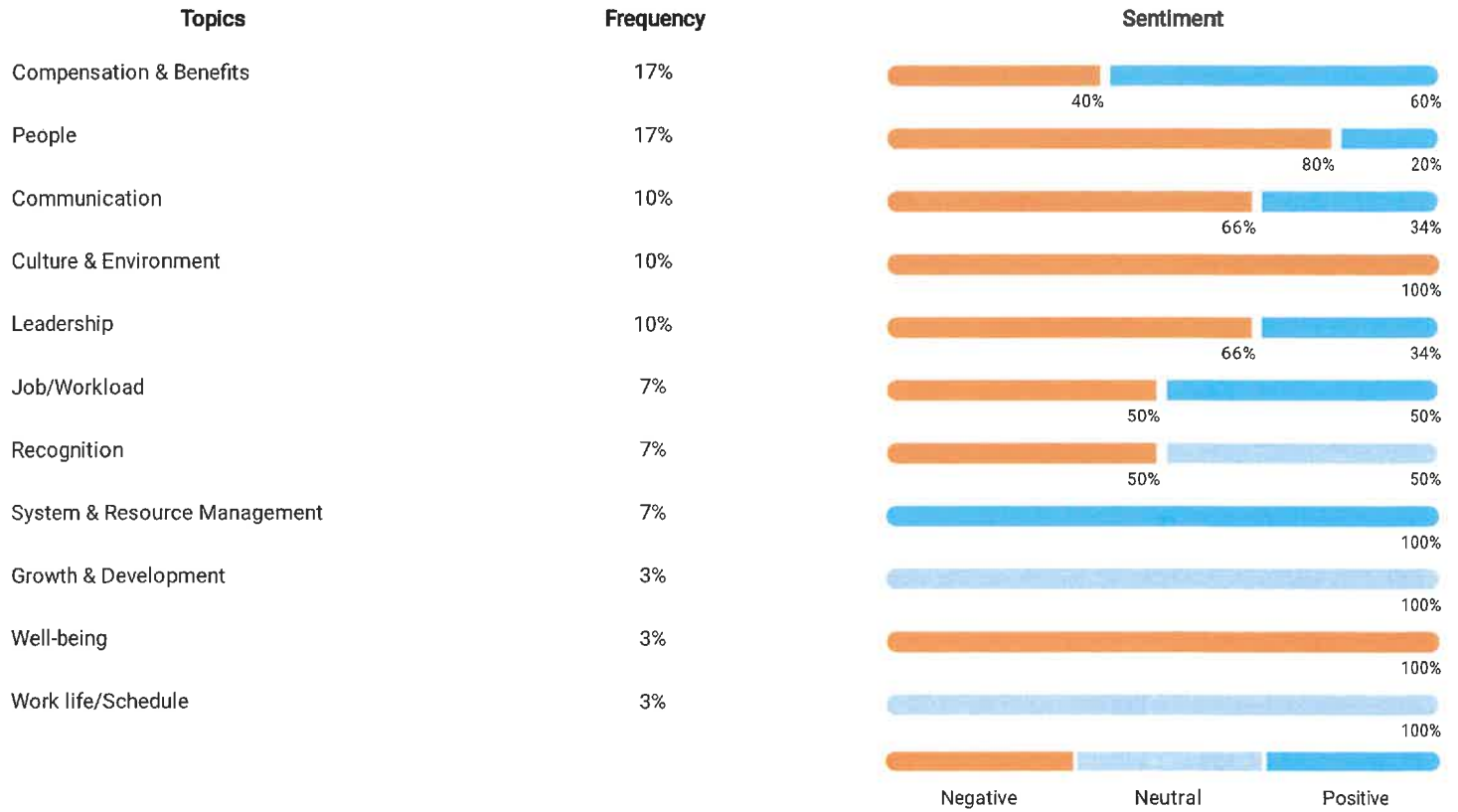


## Hotspot (Tenure Groupings)

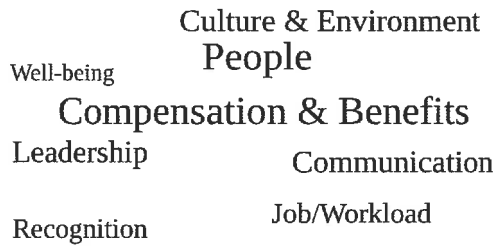


# Comment Analysis

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

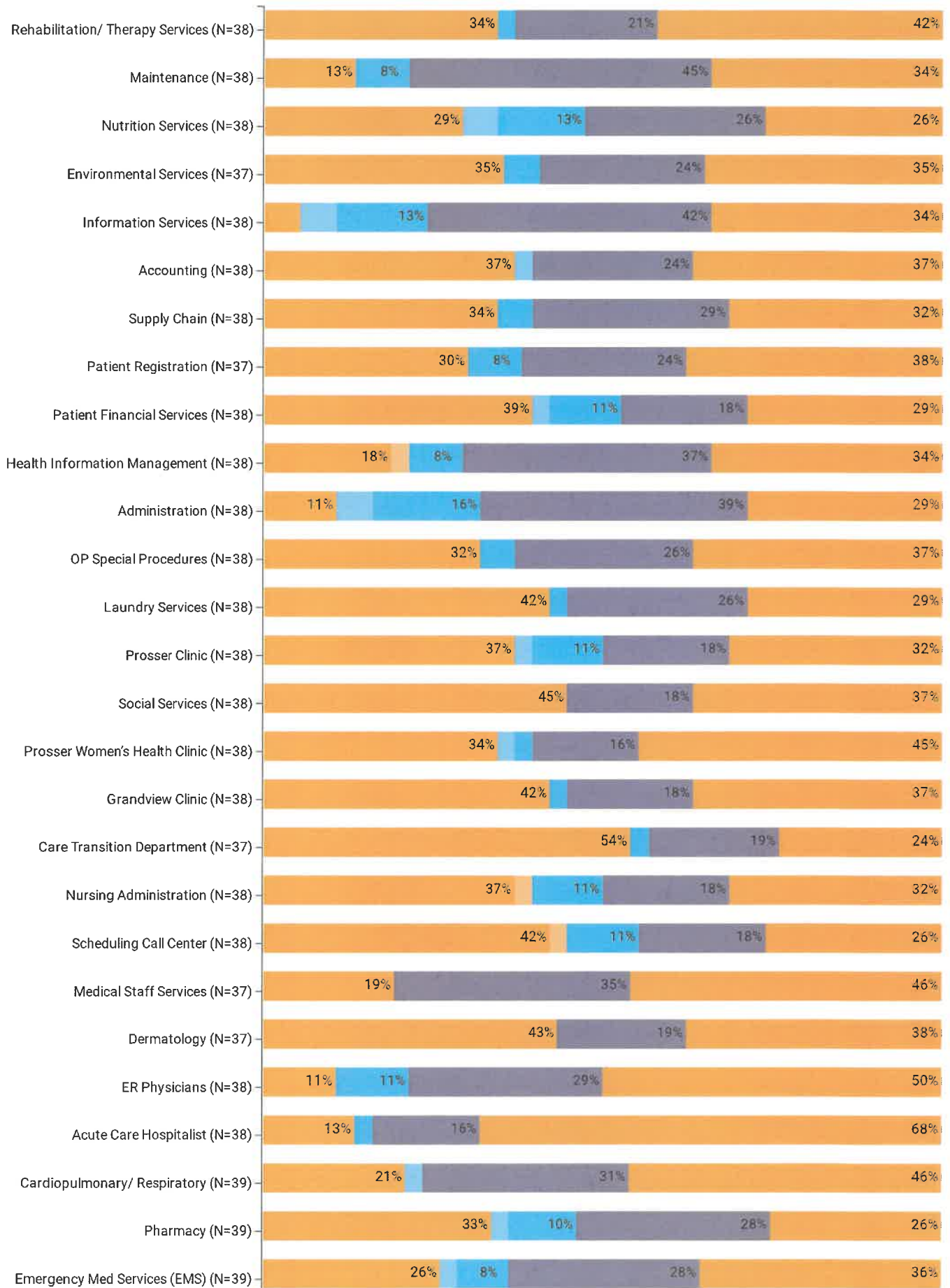


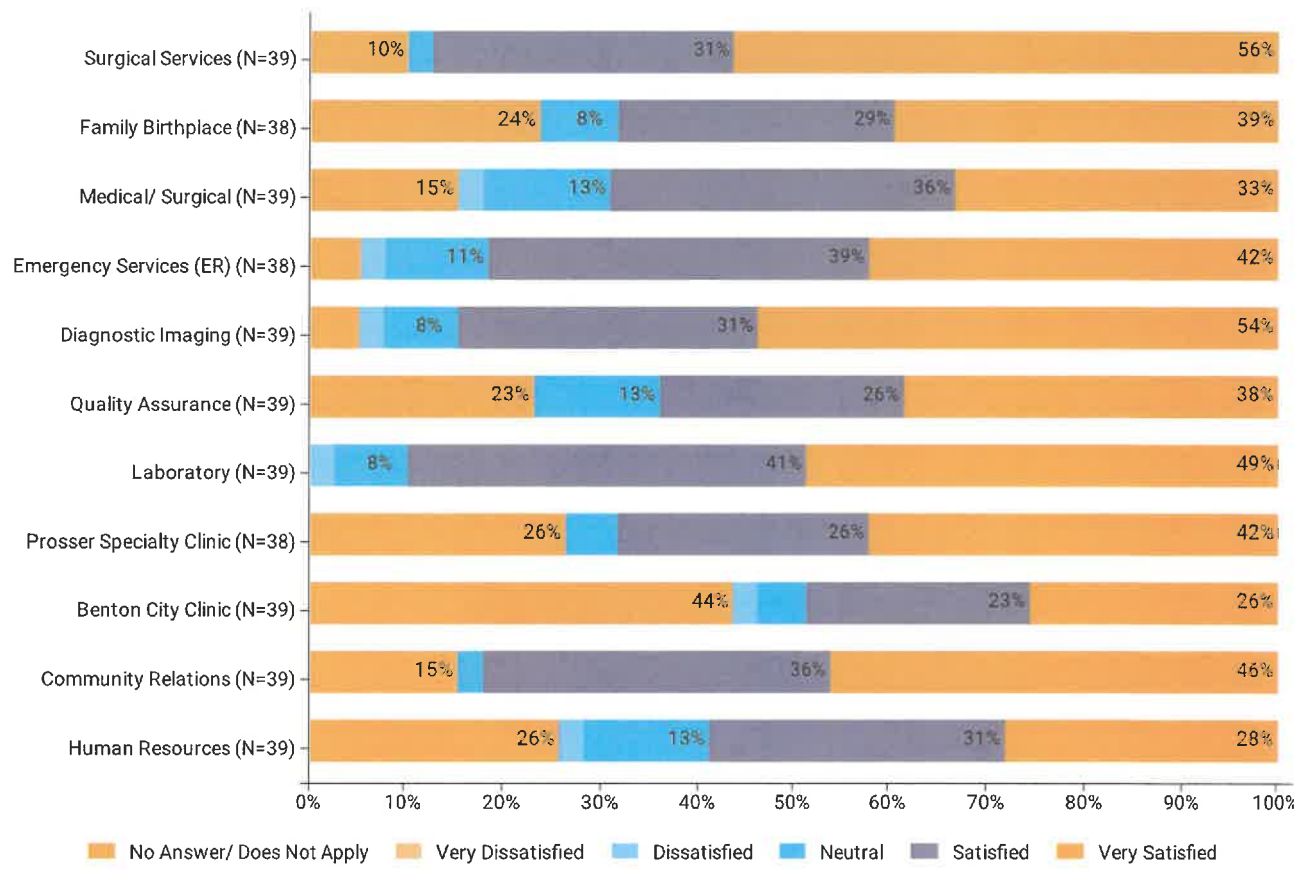
Topics Words



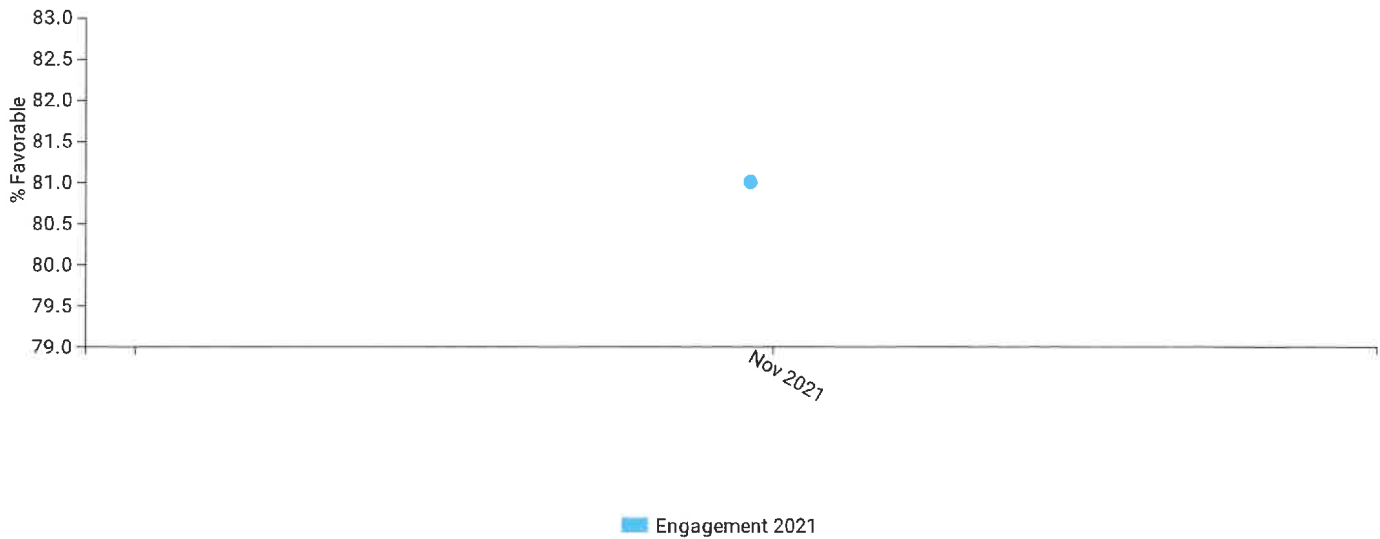
## Matrix Questions

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





## Trends Over Time





# Prosser Memorial Health

Comment Report

January 20, 2022

**Report based on**

Engagement 2021  
Data from 08/23/2021 - 11/23/2021

**Data level access applied**

Pulse Survey does not include YES

**Report filters applied**

Employee Type : Medical Staff

## If you answered 3 or below to the previous item, please explain how communication between departments could be improved(7)

An example is that the IT person Donna Tuning was out this week for a family funeral and there was not an email saying this. I contacted her about an epic problem and she responded (and helped me) but I felt bad for disturbing her during her bereavement. She indicated that she made her manager aware but an email was not sent saying to call the regular IT number rather than to call her. Also, there is a problem with interpreters. Many patients need an interpreter and are arriving for their apt without one. This means the MA's are interpreting and this makes them short staffed. I do not know why this is happening and there has not been communication about whether there was a change in procedure.

communication between out pt clinics could be worked on but I believe now that we have Kelli as our office manager in Prosser things will get better

I haven't witnessed how this communication takes form

I think there are attempts made to communicate, however I think an attitude of "this is how we've always done it" prevents communication from being effective at times.

L&D has a perpetuating difficulty interpreting and/or understanding the call schedule despite frequent and thorough education and reminder attempts.

Many times I talk with office supervisor and nothing gets done.

The daily safety huddle is very useful in communicating within the clinics, although it could be improved. I believe it will be now that we have managers for all the clinics.

## What do you enjoy most about working at Prosser Memorial Health?(31)

1. Dr. Hashmi's suits 2. Dr. Sollers costumes 3. Watching Merry drink 2 Venti coffee's during meetings 4. Cornhole 5. Everyone one I work with!

Community

Friendly environment

Goal to provide excellent medical care to all patients.

Good relationship between staff members

Good team, community, improving resources to help maintain quality of care in the community.

i am glad to work for a well reputed organization, also that the manager is respectful and flexible with my schedule

I don't do it mich

I enjoy that I feel valued as an employee. I feel that I have resources nearby that can help me if I need help, and I receive valuable feedback in a timely manner

I enjoy the people I work with, the sense of community, the patients, and our benefits package. I have a good work life balance. Work is a pleasant environment.

I enjoy the working atmosphere , friendly staff and colleagues.

I feel like I have autonomy and the ability to go the extra mile for my patients.

I feel like I'm never work since I love it some much

I think we do a very good job

I work with some really amazing people who have similar goals of working hard and doing a good job for our patients.

Love the collegiality, excellent staff.

Overall a genuine desire and culture to be the best in each respective role.

Overall I think Prosser has a collaborative and teamwork based approach that places appropriate focus on the staff and patients.

Salary and benefits. Medical staff respect.

That administration respects physicians and listens to our feedback/concerns/suggestions. Also, the work/life balance is very healthy.

The nursing staff is excellent on L&D and the ER generally does a great job. The administration seems generally concerned about me and are the most engaged administration that I have worked with.

The people

The people- you can tell everyone who works here really cares about the patients, and it's what influenced me to come here in first place.

The people. Everyone I have met works hard to help me do my job and the patient to get the best care. And people are really nice.

The respect that each employee has for each other and the administrations respect for those in their positions and expertise.

The sense of community. everyone cares for everyone deeply and it creates such a safe and feel good work environment



The staff I work w/ are amazing, they are always helpful, supportive and knowledgeable. Kudos to Jason in Radiology! Dr. Rivero and Dr. Wegner in ER! The staff in the hospital lab are always so helpful. Love the staff at the Coffee/Gift shop!!

There are good people working to serve the community. I am happy with my work/life balance.

Work-life balance. Other employees

Working with the positive staff. Administration strives to support staff

## What 1 or 2 things would most improve Prosser Memorial Health as a place to work? (31)

1- communication: there's always a breakdown of communication between the clinics and how we are going to or supposed to do things. Although again I do notice it is really improving with staffing changes 2-direct feedback- I would love more feedback on my charts or my practice if possible so I know how I can improve and move forward. With new medical staff going forward I think this may be something helpful. Like a 6 months review? 3. Staff recruiting could improve a bit with medical assistants. Every clinic is in need of them and prosser I do not think is keeping up with the pay scale. Grandview clinic had an MA turn us away because they were making more at a winery then as an MA. Also other places are offering hiring bonus for MA. 4- student loan reimbursement: it would be very helpful if there was someone dedicated to helping providers fill out the loan reimbursement applications who was knowledgeable in how they work

Admin will do whatever it pleases, no matter what the med staff says. Treats members of some specialties as if disposable. EHR back up is non-existent.

Administration at my clinic has been very poor and I'm not sure if it is improving. Staff conts to as for support with not much response

Can't think of anything

Continuing to NOT have an ICU. To be clear - Prosser not having an ICU is a positive for our organization overall given the scope of care that we can/should provide

Cut back on mandatory meetings.

Dietary

I can't think of anything.

I have had issues with referrals in my clinic, and think it would be beneficial to have a referral specialist in each clinic.

I think the work/life balance is steadily becoming less balanced as growth starts to exceed the physical capabilities of the current hospital. Recognizing some of the limitations of our current hospital and working within those limitations would help keep things from declining as a place to work.

I would like to be able to do more in my role. My ideas for new services don't always feel heard or come to fruition. It would be nice to have goals to work towards to get incentives or bonuses. I have heard these exist but whenever I ask for specific information on my progress I do not get access to this information.

improved structure of directorship for the outpatient clinics nurse practioners to have seat at table as leaders

Improving efficiency and speed in some departments

More qualified clinic directors

More recognition of staff (non-providers)

More support for our hospitalists. Work to keep the great employees that we have here.

Need more OR rooms and there is stress in the OR regarding OR time and space. Need more nursing and staff to support high volumes at Family birth center

Nicer radiologist

None

Not having an employee union so that staff could be held accountable for their productivity/attitudes or lack thereof.

Nothing to add, thanks.

Nurse staffing

Nursing admin and middle management do not manage marginal employees, morale is very low, high performers are burned out.

Recently have felt the goals of the hospital are transitioning towards making money to fund a new hospital and are losing sight of the health/wellness of our staff and the safety of our patients

Staff preparedness to accept new challenges and improve their motivations to achieve quality goals.

The acute care unit is not a place that I am proud of. Shared rooms are an embarrassment, and the unit is understaffed. I am anxiously awaiting a new hospital that will have private rooms and a nicer facility. I wish there was a place for me to sleep when on call.

The communication between departments is lacking. The lack of interpreters for Spanish speaking patients needs to be corrected. Whomever is responsible for getting an interpreter they are missing that on many patients which means an MA needs to interpret which leaves the MA's short staffed for covering the rest of the providers. This leads to patients being checked in late, waiting longer and when I come out of a room to get an MA to help me I cannot find one.

There is an overriding effort from the CEO to add services without adequate infrastructure and staff. This yields a frustrating set of constraints wherein individuals expected to perform in the services understand the variety of shortcomings and impending shortfall of expectations. If I were sufficiently concerned about adding services and doing so in a manner which aspires to excel, I would first look to overcome the salient barriers and prepare the ground for excellence and then bring in the desired services. I would also look at the financial feasibility as an important and essential sector for adding services.

Timeliness in communication regarding contract concerns, benefits communication and timeliness regarding changes made

# Attachment V



Assets	12/31/2021	11/30/2021	12/31/2020	12/31/2020	Liabilities & Fund Balance	12/31/2021	11/30/2021	12/31/2020	12/31/2020
	Cash & Temporary Investments	9,316,646	9,731,720	5,666,965		5,666,965	Current Portion of Bonds Payable	871,489	851,489
COVID Cash Holding	1,546,716	1,571,762	3,166,415	3,166,415	Current Portion of USDA	-	-	-	-
Gross Patient Accounts Receivable	31,324,657	32,541,479	27,102,308	27,102,308	Current Portion Capital Leases	248,495	248,904	242,588	242,588
Less Allowances for Uncollectible	(19,716,000)	(20,130,020)	(16,699,000)	(16,699,000)	Accounts Payable	1,797,177	2,274,393	1,390,403	1,390,403
Net Patient Receivables	11,608,657	12,411,459	10,403,308	10,403,308	Payroll & Related Liabilities	3,043,564	3,091,066	2,463,441	2,463,441
Taxes Receivable	23,641	31,323	31,705	31,705	Cost Report Payable	510,126	950,837	521,596	521,596
Receivable from 3rd Party Payor	241,933	-	397,478	397,478	Other Payables to 3rd Parties	969,467	969,467	777,000	777,000
Inventory	570,651	491,889	484,142	484,142	Deferred Tax Revenue	-	71,831	-	-
Prepaid Expenses	1,152,815	1,321,216	1,208,748	1,208,748	Deferred EHR Medicare Revenue	-	-	-	-
Other Current Assets	4,746	7,961	118,401	118,401	Deferred COVID Revenue	1,546,716	1,571,762	9,516,650	9,516,650
Total Current Assets	24,465,805	25,567,330	21,477,163	21,477,163	Accrued Interest Payable	19,670	114,644	19,670	19,670
Whitehead Fund - LGIP	1,214,855	1,214,762	1,213,585	1,213,585	Other Current Liabilities	-	-	-	-
Funded Depreciation - Cash	1,003,653	791,065	1,020,257	1,020,257	Total Current Liabilities	9,006,704	10,144,393	15,858,840	15,858,840
Funded Depreciation - TVI	17,537,681	17,691,455	15,448,177	15,448,177	Non Current Liabilities				
Bond Obligation Cash Reserve	767,520	767,514	767,478	767,478	Bonds Payable net of CP	9,482,042	9,787,373	10,311,216	10,311,216
USDA Debt Reserve Fund	-	-	-	-	USDA Financing Payable net of CP	-	-	-	-
Tax Exempt Lease Funds	-	-	893,149	893,149	Capital Leases net of CP	605,826	605,917	833,861	833,861
Board Designated Assets	20,523,709	20,464,796	19,342,646	19,342,646	Total Non Current Liabilities	10,087,868	10,393,290	11,145,077	11,145,077
Land	478,396	478,396	478,396	478,396	Total Liabilities	19,094,572	20,537,683	27,003,917	27,003,917
Property Plant & Equipment	46,165,427	44,852,635	42,040,809	42,040,809	Fund Balance				
Construction In Progress	4,226,277	5,152,193	1,906,093	1,906,093	Current YR Unrestricted Fund Balance	16,293,330	33,313,148	3,290,127	3,290,127
Accumulated Depreciation	(30,662,973)	(30,459,130)	(28,455,218)	(28,455,218)	Prior YR Unrestricted Fund Balance	32,577,984	14,976,225	27,293,932	27,293,932
Net Property Plant & Equipment	20,207,127	20,024,094	15,970,079	15,970,079	Restricted Fund Balance	-	-	-	-
Investment & Other Non Current Assets	1,023,805	1,025,396	1,042,893	1,042,893	Total Fund Balance	48,871,314	48,289,373	32,574,304	32,574,304
Land - Gap Road	1,745,440	1,745,440	1,745,440	1,745,440	Total Liabilities & Fund Balance	\$ 67,965,886	\$ 68,827,056	\$ 59,578,221	\$ 59,578,221
Net Investments & Other Non Current Assets	2,769,245	2,770,836	2,788,333	2,788,333					
Total Assets	\$ 67,965,886	\$ 68,827,056	\$ 59,578,221	\$ 59,578,221					



**Prosper**  
Memorial Health  
Statement of Operations  
December 31, 2021

Month Ending				Prior		Year to Date				Prior	
Actual	Budget	Variance	%	Year	%	Actual	Budget	Variance	%	Year	%
<b>Gross Patient Services Revenue</b>											
\$ 3,406,566	\$ 3,003,402	\$ 403,164	13%	\$ 3,151,704	8%	\$ 41,369,371	\$ 35,754,783	\$ 5,614,588	16%	\$ 33,917,983	22%
14,195,193	11,010,541	3,184,652	29%	10,468,554	36%	156,272,253	131,077,865	25,194,388	19%	110,206,600	42%
17,601,759	14,013,943	3,587,816	26%	13,620,258	29%	197,641,624	166,832,648	30,808,976	18%	144,124,583	37%
<b>Deductions from Revenue</b>											
<b>Contractual Allowances</b>											
3,200,913	2,604,981	[595,932]	-23%	3,258,811	-2%	40,068,919	31,011,682	(9,057,237)	-29%	26,822,172	49%
3,909,940	2,969,244	[940,696]	-32%	3,277,382	19%	43,498,063	35,348,146	(8,149,917)	-23%	32,297,809	35%
2,549,312	1,721,846	[827,466]	-48%	1,944,477	31%	25,819,336	20,498,169	(5,321,167)	-26%	18,744,732	38%
398,392	180,758	[217,634]	-120%	(2,652)	-15122%	3,967,241	2,151,876	(1,815,365)	-84%	1,740,570	128%
10,058,557	7,476,829	[2,581,728]	-35%	8,478,018	19%	113,353,559	89,009,873	(24,343,686)	-27%	79,605,283	42%
599,602	168,113	[431,489]	-257%	271,526	121%	3,361,653	2,001,341	(1,360,312)	-68%	1,782,001	89%
(114,798)	327,790	442,588	135%	128,519	-189%	3,087,123	3,902,265	815,142	21%	3,323,931	-7%
10,543,361	7,972,732	[2,570,629]	-32%	8,878,063	19%	119,802,335	94,913,479	(24,888,856)	-26%	84,711,215	41%
7,058,398	6,041,211	1,017,187	17%	4,742,195	49%	77,839,289	71,919,169	5,920,120	8%	59,413,368	31%
25,046	-	25,046	0%	2,373,621	-99%	10,222,943	6,350,235	3,872,708	61%	4,119,615	148%
7,970	28,611	(20,641)	-72%	436,245	-98%	403,856	343,337	60,519	18%	1,285,461	-69%
7,091,414	6,069,822	1,021,592	17%	7,552,061	-6%	88,466,088	78,612,741	9,853,347	13%	64,822,444	36%
<b>Operating Expenses</b>											
2,936,885	2,574,567	[362,318]	-14%	2,629,758	12%	32,963,835	30,759,717	(2,204,118)	-7%	29,263,025	13%
670,968	626,701	(44,267)	-7%	453,990	48%	8,094,252	7,378,120	(716,132)	-10%	6,452,516	25%
310,891	210,372	(100,519)	-48%	235,353	32%	3,444,907	2,504,430	(940,477)	-38%	2,713,853	27%
3,918,744	3,411,640	(507,104)	-15%	3,319,101	18%	44,502,994	40,642,267	(3,860,727)	-9%	38,429,394	16%
399,338	352,589	(46,749)	-13%	501,285	-20%	4,351,567	4,199,077	(152,490)	-4%	4,214,446	3%
30,749	41,867	11,118	27%	67,851	-55%	737,773	502,400	(235,373)	-47%	534,323	38%
979,257	963,044	(16,213)	-2%	1,364,029	-28%	12,019,918	10,835,171	(1,184,747)	-11%	8,617,404	39%
33,590	44,916	11,326	25%	46,473	-28%	498,907	535,978	37,071	7%	545,899	-9%
419,895	325,315	(94,580)	-29%	405,316	4%	3,864,439	3,903,777	39,338	1%	3,352,762	15%
251,011	176,630	(74,381)	-42%	202,520	24%	2,227,274	2,119,560	(107,714)	-5%	2,075,214	7%
92,103	85,533	(6,570)	-8%	75,758	22%	1,050,516	1,026,400	(24,116)	-2%	892,572	18%
205,434	246,996	41,562	17%	229,038	-10%	2,236,563	2,963,947	727,384	25%	2,754,872	-19%
92,214	106,712	14,498	14%	76,335	21%	992,478	1,538,544	546,066	35%	1,118,128	-11%
2,503,591	2,343,602	(159,989)	-7%	2,968,605	-16%	27,979,435	27,624,854	(354,581)	-1%	24,105,620	16%
6,422,335	5,755,242	[667,093]	-12%	6,287,706	2%	72,482,429	68,267,121	(4,215,308)	-6%	62,535,014	16%
669,079	314,580	354,499	113%	1,264,355	-47%	15,983,659	10,345,620	5,638,039	54%	2,287,430	599%
<b>Non Operating Income</b>											
73,097	71,831	1,266	2%	71,484	2%	877,078	861,972	15,106	2%	856,225	2%
(146,092)	2,935	(149,027)	-5078%	54,825	-366%	(184,571)	35,214	(219,785)	-624%	226,799	-181%
(20,143)	(44,920)	24,777	-55%	(22,203)	-9%	(406,123)	(539,035)	132,912	-25%	(390,727)	4%
6,000	347	5,653	1629%	10,831	-45%	23,287	4,167	19,120	459%	(28,701)	-181%
(87,138)	30,193	(117,331)	-389%	114,937	-176%	309,671	362,318	(52,647)	-15%	663,596	-53%
\$ 581,941	\$ 344,773	\$ 237,168	69%	\$ 1,379,292	-58%	\$ 16,293,330	\$ 10,707,938	\$ 5,585,392	52%	\$ 2,951,026	452%



# Prosser Memorial Health

## Statement of Operations 13-month Trend

	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
<b>Gross Patient Services Revenue</b>														
Inpatient	\$ 3,168,278	\$ 3,151,704	\$ 3,824,595	\$ 3,004,543	\$ 3,035,495	\$ 3,250,345	\$ 3,315,688	\$ 3,464,309	\$ 3,689,003	\$ 4,327,455	\$ 3,526,125	\$ 3,463,893	\$ 3,043,354	\$ 3,405,566
Outpatient	10,188,162	10,468,554	10,210,773	9,951,505	12,253,052	13,357,145	13,427,053	14,292,979	13,202,982	14,529,135	13,294,650	12,964,572	13,593,213	14,195,193
<b>Total Gross Patient Services Revenue</b>	<b>13,356,440</b>	<b>13,620,258</b>	<b>14,035,368</b>	<b>12,956,048</b>	<b>16,288,547</b>	<b>16,615,490</b>	<b>16,742,741</b>	<b>17,757,288</b>	<b>16,891,985</b>	<b>18,856,590</b>	<b>16,830,775</b>	<b>16,428,465</b>	<b>16,636,567</b>	<b>17,601,759</b>
<b>Deductions from Revenue</b>	37%	35%	42%	41%	40%	37%	36%	38%	39%	39%	38%	41%	39%	40%
<b>Contractual Allowances</b>														
Medicare	2,496,898	3,258,811	3,197,084	2,335,434	3,487,655	3,931,855	3,752,035	3,345,847	3,421,358	3,603,120	3,526,574	3,000,655	3,266,390	3,200,913
Medicaid	3,231,634	3,277,382	2,895,026	2,792,711	3,362,537	3,814,239	3,713,132	3,706,068	3,771,972	4,364,148	3,880,351	3,619,215	3,668,725	3,909,940
Negotiated Rates	1,865,577	1,944,477	1,423,179	1,865,728	2,089,835	1,920,840	2,106,461	2,367,321	2,132,345	2,645,102	2,028,743	2,278,447	2,412,022	2,549,312
Other Adjustments	109,178	(2,652)	274,835	116,649	312,747	273,486	222,032	424,260	177,968	308,420	442,001	648,306	368,145	398,392
<b>Gross Contractual Allowances</b>	<b>7,703,287</b>	<b>8,478,018</b>	<b>7,790,124</b>	<b>7,110,522</b>	<b>9,252,774</b>	<b>9,940,420</b>	<b>9,793,660</b>	<b>9,843,456</b>	<b>9,503,643</b>	<b>10,920,790</b>	<b>9,877,669</b>	<b>9,546,623</b>	<b>9,715,282</b>	<b>10,058,557</b>
Charity Care	141,999	271,526	190,576	141,077	219,351	114,639	129,428	468,382	237,782	303,523	375,097	285,889	296,306	599,602
Bad Debt	537,735	128,519	185,454	304,068	219,607	99,368	712,965	708,901	575,286	287,566	114,155	(144,638)	103,191	(114,798)
<b>Total Deductions From Revenue</b>	<b>8,383,021</b>	<b>8,878,063</b>	<b>8,166,154</b>	<b>7,591,667</b>	<b>9,691,732</b>	<b>10,154,427</b>	<b>10,636,053</b>	<b>11,020,779</b>	<b>10,316,711</b>	<b>11,511,879</b>	<b>10,366,921</b>	<b>9,687,874</b>	<b>10,114,779</b>	<b>10,543,361</b>
<b>Net Patient Services Revenue</b>	<b>4,973,419</b>	<b>4,742,195</b>	<b>5,869,214</b>	<b>5,364,381</b>	<b>6,596,815</b>	<b>6,461,063</b>	<b>6,106,688</b>	<b>6,736,509</b>	<b>6,575,274</b>	<b>7,344,711</b>	<b>6,463,854</b>	<b>6,740,591</b>	<b>6,521,788</b>	<b>7,058,398</b>
COVID Grant Revenue	(3,369,462)	2,373,621	-	161,836	89,084	47,730	18,121	226,430	85,966	6,628,311	1,106,281	337,283	1,496,853	25,046
Other Operating Revenue	124,915	436,245	21,974	13,672	18,640	19,190	18,564	86,667	(52,827)	26,327	16,804	206,955	19,822	7,970
<b>Net Revenue</b>	<b>1,728,872</b>	<b>7,552,061</b>	<b>5,891,188</b>	<b>5,539,889</b>	<b>6,704,539</b>	<b>6,527,983</b>	<b>6,143,373</b>	<b>7,049,606</b>	<b>6,608,413</b>	<b>13,999,349</b>	<b>7,586,939</b>	<b>7,284,829</b>	<b>8,038,568</b>	<b>7,091,414</b>
<b>Operating Expenses</b>														
Salaries	2,438,217	2,629,758	2,896,868	2,392,952	2,664,559	2,585,420	2,683,225	2,609,505	2,774,116	2,838,758	3,349,881	2,742,169	2,734,884	2,936,885
Benefits	653,867	453,990	490,325	507,964	718,586	913,241	539,945	624,077	713,049	573,865	578,262	832,824	685,761	670,968
Purchased Labor	221,005	235,353	212,649	230,916	247,831	314,944	315,380	268,999	384,634	308,636	270,875	152,018	427,135	310,831
Sub-Total Labor Costs	3,313,089	3,319,101	3,599,842	3,131,832	3,630,976	3,813,605	3,538,550	3,502,581	3,871,799	3,721,259	4,199,018	3,727,011	3,847,780	3,918,744
Professional Fees - Physicians	371,858	501,285	273,508	495,322	355,103	332,374	383,187	364,644	326,073	375,128	368,393	344,807	333,691	399,338
Professional Fees - Other	49,263	67,851	51,994	94,774	68,280	72,770	50,694	34,416	45,335	109,174	62,259	82,246	30,749	
Supplies	689,856	1,364,029	716,484	952,455	1,115,149	876,603	1,024,690	828,536	951,041	1,328,441	1,114,451	1,255,438	877,373	979,257
Purchased Services - Utilities	36,935	46,473	46,429	34,826	56,996	23,711	70,281	20,890	57,017	49,501	44,629	34,996	26,701	33,590
Purchased Services - Other	375,342	405,316	227,910	354,939	345,552	311,705	121,196	367,935	249,401	365,859	400,511	277,356	423,787	419,885
Rentals & Leases	154,333	202,520	173,355	159,750	174,470	203,040	143,671	181,177	202,763	194,310	215,090	147,779	180,858	251,011
Insurance License & Taxes	74,031	75,758	79,892	78,355	82,687	95,752	84,950	81,728	81,479	81,749	120,304	90,770	97,105	92,103
Depreciation & Amortization	232,571	229,038	176,902	176,683	178,204	178,006	178,508	185,332	186,035	185,801	186,122	195,247	204,290	205,434
Other Operating Expenses	212,650	76,335	(98,093)	73,014	97,152	86,594	77,368	106,650	101,802	80,833	96,773	109,760	152,045	92,214
Sub-Total Non-Labor Expenses	2,196,839	2,968,605	1,648,380	2,420,118	2,473,593	2,180,555	2,134,545	2,171,248	2,200,946	2,765,099	2,585,447	2,517,812	2,378,096	2,503,591
<b>Total Operating Expenses</b>	<b>5,509,928</b>	<b>6,287,706</b>	<b>5,248,223</b>	<b>5,551,950</b>	<b>6,104,569</b>	<b>5,994,160</b>	<b>5,673,095</b>	<b>5,673,829</b>	<b>6,072,745</b>	<b>6,486,358</b>	<b>6,784,465</b>	<b>6,244,823</b>	<b>6,225,876</b>	<b>6,422,335</b>
<b>Operating Income (Loss)</b>	<b>(3,781,056)</b>	<b>1,264,355</b>	<b>642,965</b>	<b>(12,061)</b>	<b>599,970</b>	<b>533,823</b>	<b>470,278</b>	<b>1,375,777</b>	<b>535,668</b>	<b>7,512,991</b>	<b>802,474</b>	<b>1,040,006</b>	<b>1,812,687</b>	<b>669,079</b>
<b>Non Operating Income</b>														
Tax Revenue	75,013	71,484	73,234	70,460	72,128	75,078	74,481	75,669	70,182	75,744	71,831	73,342	71,831	73,097
Investment Income	687	54,825	365	516	(68,403)	483	51,445	(13,526)	575	466	2,347	11,834	(24,802)	(146,092)
Interest Expense	(32,052)	(22,203)	(45,683)	(33,588)	(33,419)	(33,288)	(44,564)	(32,877)	(31,404)	(32,572)	(33,739)	(32,265)	(32,361)	(20,143)
Other Non Operating Income (Expense)	-	10,831	-	-	13,087	-	-	-	-	4,200	-	-	-	6,000
<b>Total Non Operating Income</b>	<b>43,648</b>	<b>114,937</b>	<b>27,916</b>	<b>37,388</b>	<b>(16,607)</b>	<b>42,273</b>	<b>81,362</b>	<b>29,266</b>	<b>39,353</b>	<b>47,838</b>	<b>40,439</b>	<b>52,911</b>	<b>14,668</b>	<b>(87,138)</b>
<b>Net Income (Loss)</b>	<b>\$ (3,737,408)</b>	<b>\$ 1,379,292</b>	<b>\$ 670,881</b>	<b>\$ 25,327</b>	<b>\$ 583,363</b>	<b>\$ 576,096</b>	<b>\$ 551,640</b>	<b>\$ 1,405,043</b>	<b>\$ 575,021</b>	<b>\$ 7,560,829</b>	<b>\$ 842,913</b>	<b>\$ 1,092,917</b>	<b>\$ 1,827,355</b>	<b>\$ 581,941</b>
<b>Total Margin</b>	-210.9%	18.0%	11.3%	0.5%	8.7%	8.8%	8.9%	19.8%	8.6%	53.8%	11.1%	14.9%	22.7%	8.3%
<b>Margin (Non Operating Income)</b>	-218.7%	16.7%	10.9%	-0.2%	8.9%	8.2%	7.7%	19.5%	8.1%	53.7%	10.6%	14.3%	22.5%	9.4%
<b>Salaries as a % of Net Revenue</b>	141.0%	34.8%	49.2%	43.2%	39.7%	39.6%	43.7%	37.0%	42.0%	20.3%	44.2%	37.6%	34.0%	41.4%
<b>Labor as a % of Net Revenue</b>	191.6%	43.9%	61.1%	56.5%	54.2%	58.4%	57.6%	49.7%	58.6%	26.6%	55.3%	51.2%	47.9%	55.3%
<b>Operating Expense change from prior month</b>	7%	14%	-17%	6%	10%	-2%	-5%	0%	7%	7%	5%	-4%	-4%	-1%
<b>Gross Revenue change from prior month</b>	0%	2%	3%	-8%	26%	2%	1%	6%	-5%	12%	-11%	-13%	-12%	-7%
<b>Net Revenue change from prior month</b>	-70%	337%	-22%	-6%	21%	-3%	-6%	15%	-6%	112%	-46%	-48%	-43%	-49%



**Prosser**  
Memorial Health  
Statement of Cash Flows  
December 31, 2021

<b>CURRENT MONTH</b>		<b>YEAR TO DATE</b>
<b>Actual</b>		<b>Actual</b>
	<b>NET INCOME TO NET CASH BY OPERATIONS</b>	
581,941	<b>NET INCOME (LOSS)</b>	16,293,330
205,434	Depreciation Expense	2,236,563
-	Amortization	-
-	Loss (Gain) on Sale of Assets	(13,087)
<b>787,375</b>	<b>TOTAL</b>	<b>18,516,806</b>
	<b>WORKING CAPITAL</b>	
661,405	Decrease (Increase) in Assets	(620,048)
(1,137,689)	Increase (Decrease) in Liabilities	(7,108,613)
<b>311,091</b>	<b>NET CASH PROVIDED BY OPERATIONS</b>	<b>10,788,145</b>
	<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>	
(386,876)	Capital Purchasing	(6,444,802)
-	Proceeds on Capital Assets Sold	-
(305,422)	Investment Activity	(1,132,298)
<b>(692,298)</b>	<b>NET CASH USED BY INVESTING ACTIVITIES</b>	<b>(7,577,100)</b>
<b>(381,207)</b>	<b>NET CHANGE IN CASH</b>	<b>3,211,045</b>
	<b>CASH BALANCE</b>	
31,768,278	<b>BEGINNING</b>	28,176,026
31,387,071	<b>ENDING</b>	31,387,071
<b>(381,207)</b>	<b>NET CASH FLOW</b>	<b>3,211,045</b>



**Prosser**  
Memorial Health  
Direct Cash Flow Statement

December 31, 2021

	December 2020	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021
<b>CASH FLOWS FROM OPERATING</b>													
<b>PAYMENTS RECEIVED</b>													
Commercial	2,414,554	2,296,225	1,984,410	2,593,354	2,421,069	2,349,146	2,942,914	2,651,970	2,898,177	3,130,632	3,153,931	2,875,267	3,330,492
Medicaid	1,675,687	1,265,054	1,229,985	1,440,320	1,547,715	1,640,050	1,744,690	1,672,738	1,588,232	2,103,782	1,687,063	1,529,067	1,709,233
Medicare	1,403,483	1,171,942	1,387,433	1,668,819	1,764,868	1,802,039	2,032,441	1,638,886	1,879,928	1,638,339	1,603,757	1,599,329	1,813,966
VA	56,106	65,677	22,395	31,789	20,376	57,256	18,589	64,834	88,287	58,388	52,706	66,281	119,229
Worker's Comp	111,946	88,139	114,184	160,025	137,947	128,164	148,895	146,239	100,235	109,053	145,456	130,592	154,764
Self Pay	92,175	123,234	97,626	140,201	120,912	141,867	149,680	168,795	121,182	163,813	108,110	129,044	97,535
Other Non Patient Payments	260,618	677,789	233,837	252,420	520,727	465,324	425,634	53,644	435,091	101,670	1,465,202	2,014,478	112,073
Cash Received (Patients, Insurance, Other)	6,014,569	5,688,050	5,069,750	6,286,928	6,533,612	6,583,846	7,462,843	6,397,106	7,111,133	7,304,347	8,216,225	8,344,058	7,337,292
Patient Refunds	(2,846)	(523)	(3,050)	(2,783)	(20,303)	(10,582)	(19,388)	(21,959)	(1,590)	(35,193)	(28,515)	(30,265)	(30,265)
AP Expenses	(4,074,458)	(2,879,560)	(2,739,020)	(2,582,219)	(3,158,797)	(3,554,584)	(2,503,723)	(2,425,738)	(3,291,615)	(3,276,658)	(3,837,948)	(3,398,633)	(2,735,499)
Settlement/LumpSum Payments	(149,326)	(149,326)											
Payroll Expenses	(2,327,668)	(2,606,229)	(2,505,688)	(2,702,199)	(2,526,957)	(2,499,104)	(2,527,250)	(3,843,249)	(2,646,771)	(2,640,425)	(3,402,985)	(2,684,405)	(4,109,423)
Loan/Interest Expense	(388,019)	(114,934)	(57,467)	(57,467)	(57,467)	(57,467)	(171,436)	(57,467)	(57,467)	(114,894)	(57,467)		(456,436)
<b>NET CASH PROVIDED BY OPERATING</b>	<b>(778,422)</b>	<b>(62,522)</b>	<b>(335,475)</b>	<b>942,260</b>	<b>770,088</b>	<b>462,109</b>	<b>2,241,046</b>	<b>48,693</b>	<b>1,113,690</b>	<b>1,237,137</b>	<b>889,310</b>	<b>2,230,755</b>	<b>5,669</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>													
Capital Purchasing	(458,739)	(436,683)	(457,012)	(1,404,848)	(272,317)	(500,472)	(756,111)	(509,264)	(337,064)	(421,857)	(175,878)	(772,834)	(386,876)
<b>NET CASH USED BY INVESTING ACTIVITIES</b>	<b>(458,739)</b>	<b>(436,683)</b>	<b>(457,012)</b>	<b>(1,404,848)</b>	<b>(272,317)</b>	<b>(500,472)</b>	<b>(756,111)</b>	<b>(509,264)</b>	<b>(337,064)</b>	<b>(421,857)</b>	<b>(175,878)</b>	<b>(772,834)</b>	<b>(386,876)</b>
<b>NET CHANGE IN CASH</b>	<b>(1,237,161)</b>	<b>(499,205)</b>	<b>(692,487)</b>	<b>(462,588)</b>	<b>497,771</b>	<b>(38,363)</b>	<b>1,484,935</b>	<b>(461,071)</b>	<b>776,626</b>	<b>815,280</b>	<b>713,432</b>	<b>1,457,921</b>	<b>(381,207)</b>
<b>CASH BALANCE</b>													
<b>BEGINNING</b>	<b>29,413,187</b>	<b>28,121,201</b>	<b>27,621,996</b>	<b>26,984,335</b>	<b>26,521,747</b>	<b>27,019,518</b>	<b>26,983,155</b>	<b>28,466,090</b>	<b>28,005,019</b>	<b>28,781,645</b>	<b>29,596,925</b>	<b>30,310,357</b>	<b>31,768,278</b>
<b>ENDING</b>	<b>28,176,026</b>	<b>27,621,996</b>	<b>26,929,509</b>	<b>26,521,747</b>	<b>27,019,518</b>	<b>26,983,155</b>	<b>28,466,090</b>	<b>28,005,019</b>	<b>28,781,645</b>	<b>29,596,925</b>	<b>30,310,357</b>	<b>31,768,278</b>	<b>31,387,071</b>
<b>NET CASH FLOW</b>	<b>(1,237,161)</b>	<b>(499,205)</b>	<b>(692,487)</b>	<b>(462,588)</b>	<b>497,771</b>	<b>(38,363)</b>	<b>1,484,935</b>	<b>(461,071)</b>	<b>776,626</b>	<b>815,280</b>	<b>713,432</b>	<b>1,457,921</b>	<b>(381,207)</b>



# Prosser Memorial Health

## Key Operating Statistics December 31, 2021

Month Ending					Year to Date				Prior Year	Change
Actual	Budget	Variance	%		Actual	Budget	Variance	%		
<b>Key Volumes</b>										
271	188	83	44%	Inpatient Acute Days	3,472	2,219	1,253	56%	2,402	45%
52	178	(126)	-71%	Inpatient Swing Days	806	2,093	(1,287)	-61%	1,516	-47%
323	366	(43)	-12%	Total Inpatient Days	4,278	4,312	(34)	-1%	3,918	9%
120	87	33	37%	Inpatient Admissions	1,397	1,029	368	36%	1,024	36%
123	87	36	41%	Inpatient Discharges	1,398	1,029	369	36%	1,020	37%
6	13	(7)	-55%	Swing Bed Discharges	73	158	(85)	-54%	106	-31%
1,669	1,709	(40)	-2%	Adjusted Patient Days	20,438	20,120	318	2%	16,648	23%
10.42	11.81	(1.39)	-12%	Average Daily Census	11.72	11.81	(0.09)	-1%	10.70	9%
636	408	228	56%	Adjusted Discharges	6,679	4,801	1,878	39%	4,334	54%
2.20	2.16	0.05	2%	Average Length of Stay - Hospital	2.48	2.16	0.33	15%	2.35	5%
8.67	13.25	(4.58)	-35%	Average Length of Stay - Swing Bed	11.04	13.25	(2.21)	-17%	14.30	-23%
42%	47%	-6%	-12%	Acute Care Occupancy (25)	47%	47%	0%	-1%	43%	9%
57	46	11	24%	Deliveries	583	540	43	8%	489	19%
218	140	78	56%	Surgical Procedures	2,148	1,646	502	30%	1,196	80%
1,195	933	262	28%	Emergency Dept Visits	13,258	10,988	2,270	21%	9,662	37%
13,487	12,611	876	7%	Laboratory Tests	171,918	148,482	23,436	16%	141,216	22%
2,627	2,087	540	26%	Radiology Exams	35,907	24,577	11,330	46%	27,358	31%
1,228	1,082	146	13%	PMH Specialty Clinic	15,819	12,744	3,075	24%	11,604	36%
523	1,024	(501)	-49%	PMH - Benton City Clinic Visits	8,778	12,062	(3,284)	-27%	10,081	-13%
959	1,072	(113)	-11%	PMH - Prosser Clinic Visits	14,724	12,626	2,098	17%	14,855	-1%
1,008	756	252	33%	PMH - Grandview Clinic Visits	9,334	8,901	433	5%	7,084	32%
576	641	(65)	-10%	PMH - Women's Health Clinic Visits	7,227	7,550	(323)	-4%	7,232	0%
<b>LABOR FULL-TIME EQUIVALENT</b>										
314.70	306.25	(8.45)	-3%	Employed Staff FTE's	289.42	306.25	16.83	5%	267.33	8%
31.74	30.50	(1.24)	-4%	Employed Provider FTE	30.97	30.50	(0.47)	-2%	29.37	5%
346.44	336.75	(9.69)	-3%	All Employee FTE's	320.39	336.75	16.36	5%	296.70	8%
288.73	252.56	(36.17)	-14%	Productive FTE's	280.85	252.56	(28.29)	-11%	257.86	9%
13.23	20.00	6.77	34%	Outsourced Therapy FTE's	14.90	20.00	5.10	26%	14.09	6%
7.98	2.81	(5.17)	-184%	Contracted Staff FTE's	7.22	2.81	(4.41)	-157%	4.02	80%
21.21	22.81	1.60		All Purchased Staff FTE's	22.12	22.81	0.69	3%	18.11	22%
7.84	5.00	(2.84)	-57%	Contracted Provider FTE's	7.35	5.00	(2.35)	-47%	7.27	1%
375.49	364.56	(10.93)	-3%	All Labor FTE's	349.86	364.56	14.70	4%	322.08	9%





**Prosser**  
Memorial Health  
Financial Operations  
December 31, 2021

	YTD 2020	YTD 2021	YTD Budget 2021		YTD 2020	YTD 2021	YTD Budget 2021
<b>Utilization</b>				<b>Key Ratios</b>			
Admissions	1,024	1,397	1,029	Operating Margin (%)	3.5%	18.1%	13.2%
Adjusted Admissions	4,351	6,674	4,801	Excess Margin (%)	4.9%	20.8%	14.8%
Average Daily Census	6.6	9.5	6.1	Operating EBIDA Margin (Operating Cash Flow)	7.8%	20.6%	16.9%
Adjusted Occupied Beds	28.0	45.4	28.4	Average Expense per Adjusted Patient Days	3,756	3,546	3,393
Average Length of Stay (days)	2.3	2.5	2.2	Average Net Revenue per Adjusted Patient Days	3,569	3,809	3,575
Outpatient Revenue %	76.5%	79.1%	78.6%	Net Accounts Receivable (days)	60.45	51.33	52.80
Total Yield (net patient revenue)	99.0%	81.0%	141.3%	Current Ratio (x)	1.35	2.72	2.93
Hospital Case Mix Index	0.99	0.99	1.00	Cash on Hand (days)	153	155	156
Average Charge Per Patient Day	8,657	9,670	8,292	Cushion Ratio (x)	72.11	77.28	53.64
<b>Financial Performance (\$000)</b>				Return on Equity (%)	9.06%	33.34%	25.52%
Net Patient Revenue	59,413	77,839	71,919	Capital Spending Ratio	1.71	2.88	7.58
Total Operating Revenue	64,822	88,466	78,613	Average Age of Plant (Years)	10.33	13.71	10.52
Total Operating Expense	62,535	72,482	68,267	Debt Service	2.52	14.55	11.83
Income (Loss) from Operations	2,287	15,984	10,346	Debt-to-Capitalization (%)	27%	19%	20.75%
Excess of Revenue Over Expenses	2,951	16,293	10,708	<b>Patient Revenue Sources by Gross Revenue (%)</b>			
EBIDA (Operating Cash Flow)	5,042	18,220	13,310	Medicare	29.8%	32.2%	29.8%
Additions to Property, Plant, and Equipment	3,062	6,445	745	Medicaid	31.9%	30.8%	31.9%
				Commercial Insurance	29.4%	29.3%	29.4%
<b>Balance Sheet (\$000)</b>				Self-pay and Other	8.9%	7.7%	8.9%
Unrestricted Cash and Investments	8,833	10,863	7,445	<b>Labor Metrics</b>			
Accounts Receivable (gross)	27,102	31,325	26,121	Productive FTE's (incl contract labor)	283.24	310.32	280.37
Net Fixed Assets	15,970	20,207	14,590	Total FTE's (incl contract labor)	322.08	349.86	364.56
Current and Long-Term Liabilities (excluding LT debt)	15,859	9,007	6,863	Labor Cost (incl benefits) per FTE - Annualized	119,316	127,202	111,483
Long-Term Debt	10,311	9,482	10,113	Labor Cost (incl benefits) as a % of Net Operating Revenue	59.3%	50.3%	51.7%
Total Liabilities	26,170	18,489	16,976	Net Operating Revenue per FTE - Annualized	201,262	252,861	215,637
Net Worth	32,574	48,871	41,965	Operating Expense per FTE - Annualized	194,160	207,176	187,259

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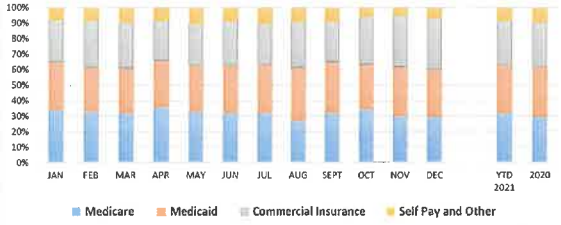
**Revenue by Financial Class  
December 31, 2021**

Month	Medicare	Medicaid	Commercial Insurance	Self Pay and Other	Total
JAN	34.2%	31.1%	27.4%	7.2%	100.0%
FEB	33.2%	28.4%	30.6%	7.8%	100.0%
MAR	32.2%	29.0%	29.8%	9.0%	100.0%
APR	36.0%	30.3%	25.9%	7.8%	100.0%
MAY	33.3%	29.6%	27.1%	9.9%	100.0%
JUN	32.3%	30.3%	29.3%	8.1%	100.0%
JUL	32.4%	31.1%	27.0%	9.6%	100.0%
AUG	27.2%	34.3%	30.1%	8.3%	100.0%
SEPT	32.6%	32.7%	26.1%	8.6%	100.0%
OCT	34.7%	29.0%	31.0%	5.3%	100.0%
NOV	30.2%	31.7%	33.6%	4.4%	100.0%
DEC	29.5%	30.7%	33.6%	6.2%	100.0%
YTD 2021	32.2%	30.8%	29.3%	7.7%	100.0%
2020	29.8%	31.9%	28.4%	8.9%	100.0%

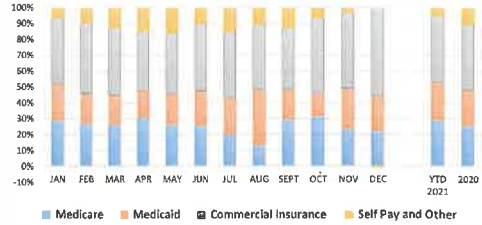
**Net Revenue by Financial Class  
December 31, 2021**

Month	Medicare	Medicaid	Commercial Insurance	Self Pay and Other	Total
JAN	29.3%	22.8%	41.6%	6.3%	100.0%
FEB	27.0%	19.0%	45.0%	9.1%	100.0%
MAR	26.2%	18.9%	43.2%	11.7%	100.0%
APR	30.8%	16.8%	38.5%	14.0%	100.0%
MAY	26.7%	19.1%	38.8%	15.3%	100.0%
JUN	25.6%	22.1%	42.7%	9.7%	100.0%
JUL	20.2%	23.2%	42.1%	14.4%	100.0%
AUG	13.4%	34.8%	42.0%	9.8%	100.0%
SEPT	29.6%	19.1%	39.1%	12.1%	100.0%
OCT	31.8%	14.6%	47.8%	5.8%	100.0%
NOV	23.6%	25.8%	48.2%	2.4%	100.0%
DEC	22.4%	21.8%	56.7%	-0.9%	100.0%
YTD 2021	29.8%	23.5%	42.2%	4.5%	100.0%
2020	25.6%	22.6%	41.9%	9.9%	100.0%

**2021 Gross Revenue by Financial Class**



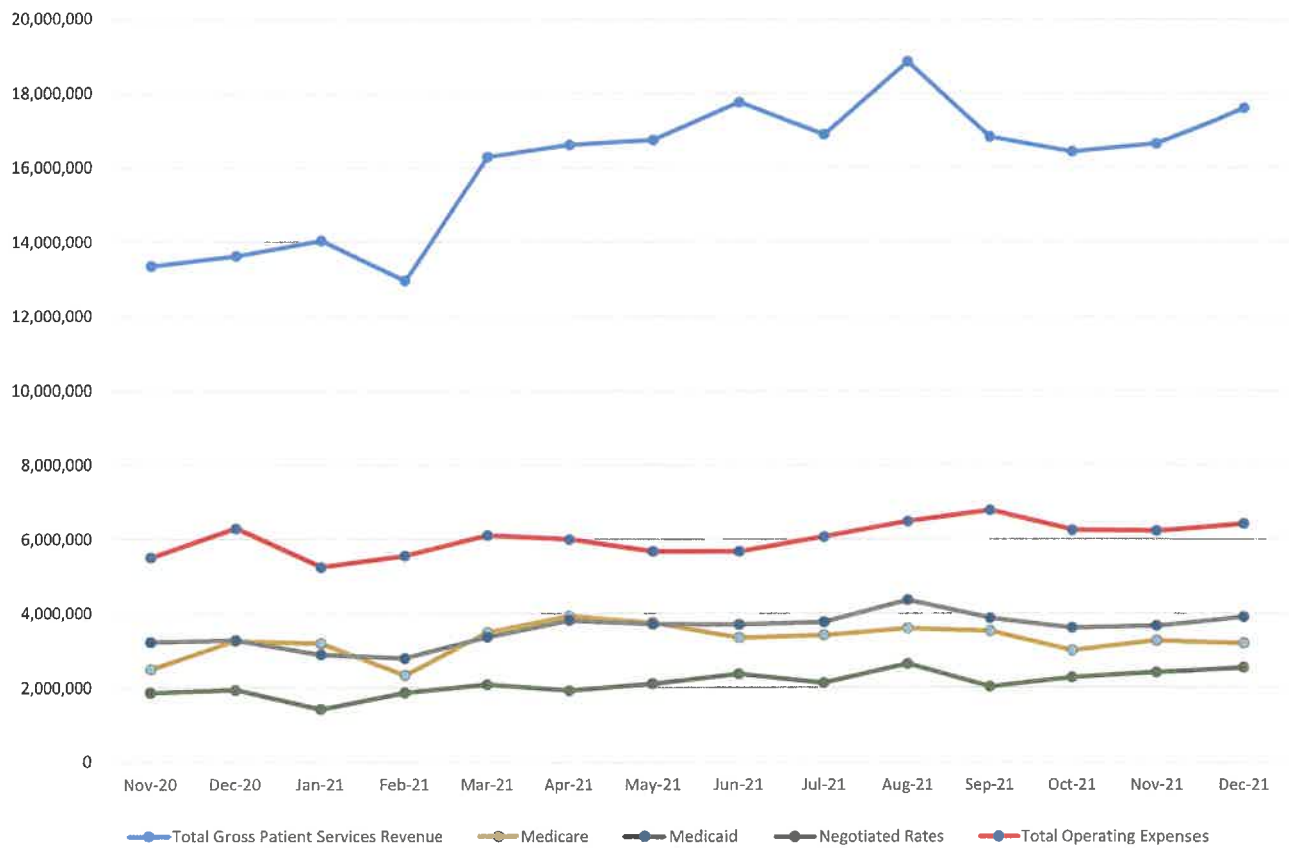
**2021 Net Revenue by Financial Class**





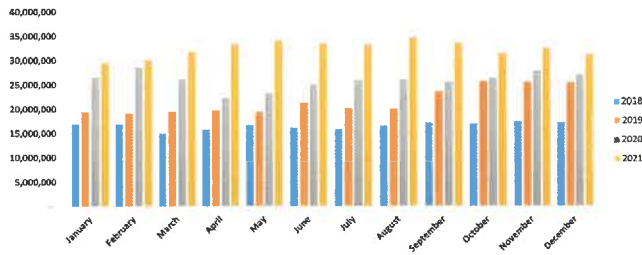
# Prosser

Memorial Health

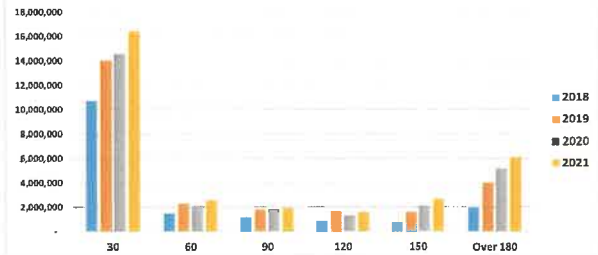




AR Balance Trend - 2018-2021



AR Age Comparative 2018-2021



AR Balance Trend

	2016	2017	2018	2019	2020	2021	% Change
January	12,362,446	13,660,199	16,931,510	19,428,531	26,540,403	29,542,976	11%
February	14,494,028	14,529,841	16,911,324	19,146,130	28,567,785	30,120,411	5%
March	20,600,695	15,115,376	14,989,166	19,513,147	26,130,696	31,816,016	22%
April	20,487,742	15,752,955	15,852,894	19,692,139	22,350,961	33,444,324	50%
May	19,464,558	15,131,907	16,812,980	19,455,887	23,319,876	34,107,637	46%
June	17,028,895	15,446,995	16,291,895	21,223,053	25,197,275	33,577,529	33%
July	16,275,033	15,918,959	15,979,415	20,206,074	25,943,825	33,378,224	29%
August	15,812,556	17,412,422	16,633,907	20,028,246	26,144,421	34,777,364	33%
September	14,455,924	17,547,651	17,129,789	23,681,156	25,640,562	33,643,597	31%
October	13,571,867	15,948,473	16,950,256	25,724,222	26,432,788	31,514,355	19%
November	13,789,248	16,292,336	17,374,013	25,655,024	27,862,474	32,541,479	17%
December	13,841,649	16,777,361	17,137,550	25,100,600	27,102,309	31,124,657	16%

AR Age Balance Comparative

	30	60	90	120	150	Over 180	
2016	6,149,002	1,825,630	1,031,035	728,005	1,044,131	3,066,846	13,844,649
2017	7,498,852	2,294,256	1,421,659	723,037	1,214,169	3,625,389	16,777,361
2018	10,764,946	1,520,682	1,145,901	905,957	763,512	2,036,551	17,137,550
2019	14,060,850	2,317,368	1,828,448	1,663,080	1,609,797	4,007,056	25,486,600
2020	14,591,521	2,083,191	1,832,073	1,295,819	2,106,941	5,192,764	27,102,309
2021	16,432,645	2,567,854	1,915,430	1,596,519	2,685,562	6,126,647	31,324,657

AR Percentage of Total Balance

2016	44%	13%	7%	5%	8%	22%	100%
2017	45%	14%	8%	4%	7%	22%	100%
2018	62%	9%	7%	5%	4%	12%	100%
2019	53%	9%	7%	7%	6%	16%	100%
2020	54%	8%	7%	5%	8%	19%	100%
2021	52%	8%	6%	5%	9%	20%	100%



**Prosser**  
Memorial Health  
Lease Schedule  
As of:  
December 31, 2021

Building Rentals																				
Lease	Effective Date	Term Date	Auto Renew	Payment Amount		2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	Total
Prosser Professional Center	May-17	April-32		20,687.55	RHC	245,865	245,251	253,240	255,898	260,838	263,369	263,369	268,683	271,270	278,722	282,174	287,790	45,020		3,463,290
Prosser Professional Center	May-17	April-32		9,583.00	Therapy	115,000	115,000	115,000	116,850	120,000	121,168	123,000	124,824	127,308	128,568	131,127	132,425	95,930		1,661,620
Prosser Family Fitness Pool	Jul-15	Jul-22		32,812.50		131,250	131,250	73,625	16,000	16,000	16,000	16,000	8,000							539,375
Benton City Professional Center	May-12	2027		14,000.00	Family Med	168,000	168,000	168,000	168,000	168,000	168,000	168,000	56,000							1,400,000
Benton City Professional Center				4,775.00	Pain Clinic	57,300	57,300	57,300	57,300	57,300	57,300	57,300	19,100							477,500
Yakima Valley Farmworkers	Oct-06	Oct-21		15,539.93	Spec Clinic	198,479	198,479													595,437
Chardonnay Building with Builder	Jun-13	Jun-28		9,062.00	OB/GYN	108,984	108,984	108,984	108,984	108,984	108,984	108,984	108,985	49,951						1,030,809
Total Building Leases						1,024,878	1,027,264	776,149	722,632	731,122	734,841	737,253	585,571	448,529	405,291	413,301	420,215	140,951		9,168,031

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

Leased Equipment																					
Lease	Effective Date	Term Date	Auto Renew	Payment Amount		2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	Total	
Biomerieux - Vitrek Compact	Aug-16	Aug-21		1,811.14			21,734	12,678												56,145	
Labco - Lab Equipment	Nov-15	Aug-21	New equip Purchased	1,091.00		12,001	8,728													38,918	
Labco - Lab Equipment	Nov-15	Aug-21	New equip Purchased	2,150.00			17,200														
Labco - Lab Equipment	Nov-15	Aug-21	New equip	645.00			5,160														
Pyxis, CareFusion	Feb-11	Jan-21	Renewed	6,186.00		67,232	74,232													134,464	
Echo Reagent, Immucor	Oct-15	Sep-20		1,963.70		17,673														41,238	
Becton Dickinson Blood Culture Read, Biomerieux	Jun-15	May-20		606.37		3,042														10,342	
GE Optima CT660 64-Slice CT	Apr-15	Mar-20	Buy Out	8,850.91		26,553														132,764	
GE Fuji C351 Wireless Detector w FDX Console	Jan-15	Jun-20	Buy Out	3,450.22		17,451														59,334	
GE Logiq E9 XDCLFAR 2.0	Mar-16	Mar-21	Buy Out	2,451.06		23,413	7,353													68,179	
Stryker - Fee per Case agreement	Mar-18	Mar-23		7,739.16		92,870	92,870	92,870	23,217											394,697	
Biomerieux	Dec-19	Dec-24		758.70		9,584	9,584	9,584	9,584	8,786										47,922	
Johnston Sales - Billboard Lease	Oct-19	Oct-20	Renewed	400.00		3,600	4,800													4,800	
Flex Financial (MAKD)	Oct-19	Oct-24		21,157.04		233,779	233,779	233,779	233,779	175,335										1,168,897	
Karl Storz	Mar-21	Aug-23		5,836.37		58,384	70,060	45,707												175,151	
Leaf	Sep-16	Sep-20	Renewed	7,807.00		93,684	93,684	93,684	93,684											336,000	
Baxter - Infusion Pumps	Aug-17	Aug-22		153.80		2,326	2,326	1,550												5,202	
Baxter - Spectrum SW	Aug-17	Aug-22		60.00		720	720	480												1,920	
GE - Mindray	May-15	May-20		1,764.22		8,821														8,821	
Quociant	Apr-20	Jul-25		262.00		2,256	3,384	3,384	3,384	3,384	1,974									17,786	
Total Equipment Leases						555,667	505,078	495,709	400,672	271,504	1,974									2,701,560	
Total Future Leases						1,580,545	1,532,342	1,271,658	1,123,304	1,002,626	736,815	737,253	585,571	448,529	405,291	413,301	420,215	140,951			11,889,591

Capital Budget 2021							
Department	Description	2020 Approved Cost	2021 Approved Cost	Actual Spend	Purchase Date	Funding Source	
60700	Med/Surg	Hospital Bed Upgrade	94,500	30,000	125,311	5/1/2021- 6/1/21	Cash
		Vein Finder		6,500			Cash
		Bladder Scanner		11,316	11,316	11/1/21	Cash
70100	Family Birthplace	Infant Warmer		11,714			Cash
70200	Surgical Services	Stretchers (3)		49,722	42,599	8/1/21	Cash
		Colonoscope Sterilizer		37,057			Cash
		Aquamantis Device		34,479	31,578	1/29/21	Cash
		Pre/Post Op Floor Replacement		45,000			Cash
70700	Laboratory	Sysmex XN1000		12,011	11,060	4/1/21	Cash
		Nova Biomedical Stat Profile		13,227			Cash
		Coagulation Instrument		57,387	24,978	1/1/21	Lease
		Immunochemistry Unit		96,000	104,256	3/1/21	Cash
71400	Diagnostic Imaging	TEE Service Line*		132,234	2,603	Various	Lease
		GE Convex Array Probe		8,895	7,735	2/1/21	Cash
		GE Logic E10 (2)		251,256	25,126	6/1/21	Cash
		Nuclear Medicine Project*	797,612		513,709	Various	Cash
71800	Cardiopulmonary	GE EKG (2)		40,039	37,267	7/1/21	Cash
		PFT Interface		15,000			Cash
		Cardiac Stretcher		12,000	8,866	4/1/21	Cash
		Easy Pro Lab Pulmonary Function Equipment		45,515	25,964	9/1/21	Cash
72000	Physical Therapy	New Carpeting	30,101		40,305	2/9/21	Cash
72700	Specialty Clinic	Trophon Ultrasound Sterilizer		12,111			Cash
		Bovie Cauterization Tool (ENT)		7,004			Cash
		Clinic Lobby Flooring		33,422			Cash
76200	Benton City	Security Cameras		12,000			Cash
72300	Emergency Dept	GlideScope		15,371	13,191	7/1/21	Cash
		Stryker Stretchers (5)		89,595	77,491	11/1/21	Cash
		ED EHR Module		125,000			Cash
		Slit Lamp		21,720	7,798	10/1/21	Cash
72500	OSP	Exam Chair		11,000			Cash
		Blanket Warmer		6,500			Cash
84600	EVS	Carpet Shampooer		7,500			Cash
		Floor Scrubber		12,000			Cash
72710	Pain Clinic	EMG Machine		25,000			Cash
73000	EMS	E-Series Zoll (2)		102,273	83,345	11/1/21	Cash
85100	PFS	Cubicles (PFS) - COVID remodel*		28,877	50,897	9/30/21	Cash
85400	Info Technology	Virtual Desktop Infrastructure		350,000	348,971	Various	Cash
85200	Patient Registration	Call Center*		35,328	32,672	Various	Cash
		Call Center-Office Furniture			13,621	6/1/21	Cash
		Call Center-Monitors/RFI/Printers			11,245	6/1/21	Cash
86000	Administration	Hospital Flooring*	100,000		0		Cash
		Patient Monitoring System*	1,122,456		1,101,709	Various	Cash
		<b>TOTAL</b>	<b>\$ 2,144,669</b>	<b>\$ 1,804,052</b>	<b>\$2,753,613</b>		
				\$ 189,621	\$ 27,581		Lease
				\$ 1,468,123	\$ 2,546,806		Cash
70200	Surgery	Orthopedic Extension Unit			41,317	1/11/21	Cash
70200	Surgery	LogiQ P9 Ultrasound			41,795	1/17/21	Cash
70200	Surgery	HD Flex Cysto Nephro Videoscope			22,299	7/1/21	Cash
70200	Surgery	UC Extaro 300			11,202	10/1/21	Cash
70200	Surgery	(4) Slim Colonoscope w/ Dual Focus NBI			200,951	12/1/21	Cash
84300	Maintenance	Top of Elevator Car Guardrail			12,923	2/1/21	Cash
84300	Maintenance	AC Compressor			18,912	6/1/21	Cash
71400	Diagnostic Imaging	Vivid E95 4D Ultra Upgrade			79,332	6/1/21	Cash
70200	Family Birthplace	(2) Maternity Beds			36,756	6/1/21	Cash
72600	Benton City Clinic	Evap Coil - HVAC			5,723	11/1/21	Cash
72700	Specialty Clinic-ENT	ENF-V3 Video Rhino Laryngoscope			23,566	6/1/21	Cash
72700	Specialty Clinic-ENT	30" Hopkins Telescope			7,922	6/1/21	Cash
72720	Dermatology	Laser Equipment (Dr. Nylander)			280,500	10/1/21	Cash
84600	Environmental Services	COVID Tru-D Lights Qty 3*			285,540	9/30/21	Cash
86000	Administration	Policy Manager Software and License			32,387	11/1/21	Cash
		<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$1,101,125</b>		

\*Itelized indicates CIP ongoing



# Prosser

Memorial Health

As of:  
December 31, 2021

## Capital Project Expenditures

<u>Project Name</u>	<u>Budget</u>	<u>Oct-21</u>	<u>Nov-21</u>	<u>Dec-21</u>
CIP - New Prosser Hospital		2,844,506	3,092,451	3,153,749
CIP - Gap Rd Land Improvement		118,571	118,571	118,571
	78,400,000	2,963,077	3,211,022	3,272,320
CIP - Call Center	35,328	-	-	-
CIP - Kronos	60,000	-	-	-
CIP - Nuclear Medicine	797,612	-	-	-
CIP - Public Traffic Floor Repl	100,000	7,183	-	-
CIP - DI TEE Project	132,234	2,637	2,637	2,637
CIP - PI Monitoring	1,122,456	1,098,453	1,098,453	-
CIP - Dermatology Clinic		29,789	29,789	78,298
CIP - Beaker Lab System		261,736	261,736	262,395
CIP - PFS Office Remodel				50,897
CIP - Acute Care Remodel	25,000	-	-	-
Asset Clearing:				
Compunet (Virtual Desktop)	350,000			
COVID Tru-D Lights Qty 3			310,096	310,096
COVID Business Office Remodel			50,897	
Karl Storz Instruments & Stryker Equip		249,914	187,563	249,633
Headsets & Monitors		-	-	-
Desks		-	-	-
Med/Surg Hospital Bed		-	-	-
GE Healthcare MAC CU360 80%		-	-	-
	81,022,630	4,612,789	5,152,193	4,226,276



## Office of the Washington State Auditor Pat McCarthy

### **Entrance Conference: Prosser Public Hospital District**

The Office of the Washington State Auditor's vision is increased trust in government. Our mission is to provide citizens with independent and transparent examinations of how state and local governments use public funds, and develop strategies that make government more efficient and effective.

The purpose of this meeting is to share our planned audit scope so that we are focused on the areas of highest risk. We value and appreciate your input.

#### **Audit Scope**

Based on our planning, we will perform the following audit:

#### **Accountability audit for January 1, 2020 through December 31, 2020**

We will examine the management, use and safeguarding of public resources to ensure there is protection from misuse and misappropriation. In addition, we will evaluate whether there is reasonable assurance for adherence to applicable state laws, regulations and policies and procedures.

We plan to evaluate the following areas:

- Self-insurance for health and welfare
- Accounts receivable – adjustments to patient accounts
- Accounts payable – general disbursements and credit cards
- Payroll – gross wages and valid employees
- Cash receipting – timeliness and completeness of deposits
- IT security policies, procedures, practices and controls protecting financial systems

#### **Engagement Letter**

We have provided an engagement letter that confirms both management and auditor responsibilities, and other engagement terms and limitations. Additionally the letter identifies the cost of the audit, estimated timeline for completion and expected communications.

#### **Work of Other Auditors**

A financial statement audit of the District was performed by Dingus, Zarecor & Associates, PLLC.

In accordance with professional standards, we considered the audit report and audit work performed by the other auditors in the planning of our audit. This includes communicating with the other auditors, evaluating the quality and results of the other auditor's work, and identifying areas that could affect our audit, including those in which we could leverage the work already performed.

Accountability audits differ in scope from financial statement and single audits. Financial statement audits determine if amounts reported in the financial statements are fairly stated, while single audits determine



compliance with specific federal grant requirements. In contrast, accountability audits determine compliance with laws, regulations and the government's policies in areas selected for testing, as well as determine if public assets are safeguarded against loss or misuse.

The accountability audit may examine some of the same areas covered in the financial statement. However, due to the objective for accountability audits, the audit will approach and test these differently and not duplicate work already performed.

## **Levels of Reporting**

### **Findings**

Findings formally address issues in an audit report. Findings report significant results of the audit, such as significant deficiencies and material weaknesses in internal controls; misappropriation; and material abuse or non-compliance with laws, regulations or policies. You will be given the opportunity to respond to a finding and this response will be published in the audit report.

### **Management Letters**

Management letters communicate control deficiencies, non-compliance, misappropriation, or abuse that are less significant than a finding, but still important enough to be formally communicated to the governing body. Management letters are referenced, but not included, in the audit report.

### **Exit Items**

Exit items address control deficiencies, non-compliance with laws or regulations, or errors that have an insignificant effect on the audit objectives. These issues are informally communicated to management.

## **Important Information**

### **Confidential Information**

Our Office is committed to protecting your confidential or sensitive information. Please notify us when you give us any documents, records, files, or data containing information that is covered by confidentiality or privacy laws.

### **Audit Costs**

The cost of the audit is estimated to be approximately \$17,000, plus travel expenses if any.

### **Expected Communications**

During the course of the audit, we will communicate with Stephanie Titus, Controller on the audit status, any significant changes in our planned audit scope or schedule and preliminary results or recommendations as they are developed.

Please let us know if, during the audit, any events or concerns come to your attention of which we should be aware. We will expect Ms. Titus to keep us informed of any such matters.

### **Audit Dispute Process**

Please contact the Audit Manager or Assistant Director to discuss any unresolved disagreements or concerns you have during the performance of our audit. At the conclusion of the audit, we will summarize the results at the exit

conference. We will also discuss any significant difficulties or disagreements encountered during the audit and their resolution.

### **Loss Reporting**

State agencies and local governments are required to immediately notify our Office in the event of a known or suspected loss of public resources or other illegal activity. These notifications can be made on our website at [www.sao.wa.gov/report-a-concern/how-to-report-a-concern/fraud-program/](http://www.sao.wa.gov/report-a-concern/how-to-report-a-concern/fraud-program/).

### **Peer Reviews of the Washington State Auditor's Office**

To ensure that our audits satisfy *Government Auditing Standards*, our Office receives external peer reviews every three years by the National State Auditors Association (NSAA). The most recent peer review results are available online at [www.sao.wa.gov/about-sao/who-audits-the-auditor/](http://www.sao.wa.gov/about-sao/who-audits-the-auditor/). Our Office received a “pass” rating, which is the highest level of assurance that an external review team can give on a system of audit quality control.

### **Working Together to Improve Government**

#### **Audit Survey**

When your report is released, you will receive an audit survey from us. We value your opinions on our audit services and hope you provide us feedback.

#### **Local Government Support Team**

This team provides support services to local governments through the Budget, Accounting, and Reporting System (BARS) and annual online filing technical assistance, provides accounting, reporting and BARS training. Our website and client portal offers many resources, including a client Help Desk that answers auditing and accounting questions, updated BARS manuals, access to resources and recorded trainings, and additional accounting and reporting resources. Additionally this team assists with the online filing of your financial statements.

#### **The Center for Government Innovation**

The Center for Government Innovation of the Office of the Washington State Auditor offers services designed to help you, help the residents you serve at no additional cost to your government. What does this mean? They provide expert advice in areas like building a Lean culture to help local governments find ways to be more efficient, effective and transparent. The Center also provides financial management technical advice and best practices and resources. These can be accessed from the “Improving Government” tab of our SAO website and help you act on accounting standard changes, comply with regulations, protect public resources, minimize your cybersecurity risk and respond to recommendations in your audit. The Center also offers the Financial Intelligence Tool, better known as FIT, to help you assess and monitor your finances and compare your financial operations to other local governments like you. You can email the Center for a personal training session to learn all the benefits using the FIT tool can provide. The Center understands that time is your most precious commodity as a public servant, and wants to help you do more with the limited hours you have. If you are interested in learning how the Center can help you maximize your effect in government, call them at (564) 999-0818 or email them at [Center@sao.wa.gov](mailto:Center@sao.wa.gov).

## Audit Team Qualifications

**Kelly Collins, CPA, Director of Local Audit** – Kelly has been with the Washington State Auditor’s Office since 1992. In her role, she oversees the audit teams that perform the audits for over 2,200 local governments. She serves on the Washington Finance Officers Association Board and is a member of the Washington Society of Certified Public Accountants’ Government Auditing and Accounting Committee. Phone: (564) 999-0807 or [Kelly.Collins@sao.wa.gov](mailto:Kelly.Collins@sao.wa.gov)

**Tina Watkins, CPA, Assistant Director of Local Audit** – Tina has been with the Washington State Auditor’s Office since 1994. In her role as Assistant Director, she assists with statewide oversight and management of all the audits for local government. She served as an Audit Manager for six years prior to becoming an Assistant Director of Local Audit. Phone: (360) 260-6411 or [Tina.Watkins@sao.wa.gov](mailto:Tina.Watkins@sao.wa.gov)

**Ginny Waltman, Audit Manager** – Ginny has been with the Washington State Auditor’s Office on Team Tri-Cities since 1998. Ginny has been the Audit Manager since 2013. Ginny is the Office’s Program Manager for Conservation and Library Districts. Previously, Ginny worked as a Controller in a long-term care facility for seven years. Phone: (509) 734-7104 or [Ginny.Waltman@sao.wa.gov](mailto:Ginny.Waltman@sao.wa.gov)

**Jose Garcia, Assistant Audit Manager** – Jose has been with the Washington State Auditor’s Office on Team Tri-Cities since 2013. Jose has been an Assistant Audit Manager since 2016. Jose has worked on various audit types. Phone: (509) 581-3969 or [Jose.Garcia@sao.wa.gov](mailto:Jose.Garcia@sao.wa.gov)

**Daniella Landa, Audit Lead** – Daniella has been with the State Auditor’s Office since 2020. Phone: (509) 734-7104 or [Daniella.Landa@sao.wa.gov](mailto:Daniella.Landa@sao.wa.gov)



# Prosser

Memorial Health

Physician Clinics Consolidated

Income Statement As Of: December 31, 2022

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	20,500,001	15,848,156	4,651,845	29%	15,089,639	5,410,362	36%
Deductions From Revenue	(8,090,715)	(5,801,206)	(2,289,509)	39%	(6,003,392)	(2,087,322)	35%
<b>Net Patient Revenue</b>	<b>12,409,286</b>	<b>10,046,950</b>	<b>2,362,336</b>	<b>24%</b>	<b>9,086,247</b>	<b>3,323,040</b>	<b>37%</b>
<b>Other Operating Revenue</b>	<b>4,832</b>	<b>200,000</b>	<b>(195,168)</b>	<b>-98%</b>	<b>105,875</b>	<b>(101,043)</b>	<b>-95%</b>
Provider Salaries	8,207,114	7,918,497	(288,617)	-4%	6,935,217	1,271,897	18%
Clinical Support Salaries	2,965,237	2,772,308	(192,928)	-7%	2,907,229	58,008	2%
Benefits	560,378	583,189	22,812	4%	488,272	72,106	15%
Purchased Labor	28,985	-	(28,985)	0%	4,438	24,548	553%
<b>Total Salaries and Benefits</b>	<b>11,761,713</b>	<b>11,273,994</b>	<b>(487,719)</b>	<b>-4%</b>	<b>10,335,155</b>	<b>1,426,558</b>	<b>14%</b>
Professional Fees	253,764	233,700	(20,064)	-9%	171,710	82,053	48%
Supplies	881,143	752,123	(129,020)	-17%	804,712	76,431	9%
Utilities	68,329	62,810	(5,519)	-9%	66,439	1,890	3%
Purchased Services	268,257	206,977	(27,012)	-13%	219,321	48,936	22%
Rentals & Leases	806,803	776,560	(5,350)	-1%	711,101	95,701	13%
Other Direct Expenses	158,756	196,630	52,713	27%	142,343	16,413	12%
<b>Total Non Salary Expenses</b>	<b>2,437,051</b>	<b>2,228,800</b>	<b>(208,251)</b>	<b>-9%</b>	<b>2,115,627</b>	<b>321,424</b>	<b>15%</b>
<b>Total Expenses</b>	<b>14,198,764</b>	<b>13,502,794</b>	<b>(695,970)</b>	<b>-5%</b>	<b>12,450,782</b>	<b>1,747,982</b>	<b>14%</b>
<b>Contribution Margin</b>	<b>(1,784,646)</b>	<b>(3,255,844)</b>	<b>1,471,198</b>	<b>-45%</b>	<b>(3,258,660)</b>	<b>1,474,014</b>	<b>-45%</b>
<b>FTE's</b>							
Provider Staff	24.95	27.00	2.05	8%	24.35	(0.60)	-2%
Clinic Staff	54.48	58.20	3.72	6%	47.25	(7.23)	-15%
Contracted	1.06	1.00	(0.06)	-6%	0.82	(0.25)	-30%
<b>Total</b>	<b>80.49</b>	<b>86.20</b>	<b>5.71</b>	<b>7%</b>	<b>72.42</b>	<b>(8.08)</b>	<b>-11%</b>
<b>Employed</b>							
Hours Paid	165,209	177,216	12,007	7%	154,639	(10,570)	-7%
Hours Worked	141,187	132,912	(8,275)	-6%	133,722	(7,465)	-6%
<b>Contracted</b>							
Hours	2,213	2,080	(133)	-6%	1,768	(445)	-25%
<b>Total Worked Hours</b>	<b>143,400</b>	<b>134,992</b>	<b>(8,408)</b>	<b>-6%</b>	<b>135,490</b>	<b>(7,910)</b>	<b>-6%</b>
Unit of Service (UOS) Total Visits	55,882	53,883	1,999	4%	50,857	(5,025)	-10%
Productivity (Worked Hours / UOS)	2.57	2.51	0.06	2%	2.66	0.10	4%
<b>Clinic Providers' PMH Gross Revenue</b>	<b>\$ 92,287,472</b>						



**Prosser**  
 Memorial Health  
 Prosser Family and Women's Health Clinic  
 Income Statement As Of: December 31, 2022  
 RURAL HEALTH CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	6,998,772	5,665,413	1,333,359	24%	6,255,305	743,467	12%
Deductions From Revenue	(1,749,693)	(1,416,353)	(333,340)	24%	(1,563,826)	(185,867)	12%
<b>Net Patient Revenue</b>	<b>5,249,079</b>	<b>4,249,060</b>	<b>1,000,019</b>	<b>24%</b>	<b>4,691,479</b>	<b>557,600</b>	<b>12%</b>
<b>Other Operating Revenue</b>	<b>1,028</b>	<b>-</b>	<b>1,028</b>	<b>0%</b>	<b>105,375</b>	<b>(104,347)</b>	<b>-99%</b>
Provider Salaries	2,088,321	2,098,284	9,964	0%	1,870,802	217,519	12%
Clinical Support Salaries	969,959	966,864	(3,095)	0%	1,228,167	(258,208)	-21%
Benefits	178,198	178,536	338	0%	157,283	20,915	13%
Purchased Labor	28,985	-	(28,985)	0%	4,438	24,548	553%
<b>Total Salaries and Benefits</b>	<b>3,265,463</b>	<b>3,243,684</b>	<b>(21,778)</b>	<b>-1%</b>	<b>3,260,689</b>	<b>4,773</b>	<b>0%</b>
Professional Fees	171,525	156,000	(15,525)	-10%	151,637	19,888	13%
Supplies	355,534	303,500	(52,034)	-17%	424,844	(69,310)	-16%
Utilities	25,508	27,684	2,176	8%	23,707	1,800	8%
Purchased Services	118,452	75,662	(42,790)	-57%	100,165	18,287	18%
Rentals & Leases	363,275	357,234	(6,041)	-2%	361,228	2,047	1%
Other Direct Expenses	58,349	94,200	35,851	38%	78,849	(20,500)	-26%
<b>Total Non Salary Expenses</b>	<b>1,092,643</b>	<b>1,014,280</b>	<b>(78,363)</b>	<b>-8%</b>	<b>1,140,429</b>	<b>(47,787)</b>	<b>-4%</b>
<b>Total Expenses</b>	<b>4,358,105</b>	<b>4,257,964</b>	<b>(100,141)</b>	<b>-2%</b>	<b>4,401,119</b>	<b>(43,014)</b>	<b>-1%</b>
<b>Contribution Margin</b>	<b>892,002</b>	<b>(8,904)</b>	<b>900,906</b>	<b>-10117%</b>	<b>395,735</b>	<b>496,267</b>	<b>125%</b>
<b>FTE's</b>							
Provider Staff	7.79	7.00	(0.79)	-11%	7.54	(0.25)	-3%
Clinic Staff	19.08	22.30	3.22	14%	17.98	(1.10)	-6%
Contracted	1.06	1.00	(0.06)	-6%	0.82	(0.25)	-30%
<b>Total</b>	<b>27.93</b>	<b>30.30</b>	<b>2.37</b>	<b>8%</b>	<b>26.34</b>	<b>(1.60)</b>	<b>-6%</b>
<b>Employed</b>							
Hours Paid	55,889	60,944	5,055	8%	55,112	(777)	-1%
Hours Worked	47,287	45,708	(1,579)	-3%	48,833	1,546	3%
<b>Contracted</b>							
Hours	2,213	2,080	(133)	-6%	1,768	(445)	-25%
<b>Total Worked Hours</b>	<b>49,500</b>	<b>47,788</b>	<b>(1,712)</b>	<b>-4%</b>	<b>50,601</b>	<b>1,101</b>	<b>2%</b>
<b>Unit of Service (UOS) Total Visits</b>	<b>21,951</b>	<b>20,176</b>	<b>(1,775)</b>	<b>-9%</b>	<b>22,088</b>	<b>137</b>	<b>1%</b>
<b>Productivity (Worked Hours / UOS)</b>	<b>2.25</b>	<b>2.37</b>	<b>0.11</b>	<b>5%</b>	<b>2.29</b>	<b>0.04</b>	<b>2%</b>



# Prosser

## Memorial Health

Benton City Clinic

Income Statement As Of: December 31, 2022

RURAL HEALTH CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	2,288,309	2,574,102	(285,792)	-11%	2,073,781	214,528	10%
Deductions From Revenue	(572,077)	(643,525)	71,448	-11%	(518,445)	(53,632)	10%
<b>Net Patient Revenue</b>	<b>1,716,232</b>	<b>1,930,576</b>	<b>(214,344)</b>	<b>-11%</b>	<b>1,555,336</b>	<b>160,896</b>	<b>10%</b>
<b>Other Operating Revenue</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>-</b>	<b>0%</b>
Provider Salaries	902,074	1,066,014	163,940	15%	987,208	(85,134)	-9%
Clinical Support Salaries	554,030	481,407	(72,624)	-15%	474,370	79,661	17%
Benefits	92,181	105,343	13,162	12%	92,368	(188)	0%
Purchased Labor	-	-	-	0%	-	-	0%
<b>Total Salaries and Benefits</b>	<b>1,548,285</b>	<b>1,652,764</b>	<b>104,478</b>	<b>6%</b>	<b>1,553,946</b>	<b>(5,661)</b>	<b>0%</b>
Professional Fees	900	-	(900)	0%	-	900	0%
Supplies	153,266	83,370	(69,896)	-84%	129,882	23,384	18%
Utilities	10,336	11,326	990	9%	11,510	(1,174)	-10%
Purchased Services	45,036	43,680	(1,356)	-3%	32,269	12,767	40%
Rentals & Leases	193,727	181,972	(11,755)	-6%	184,003	9,725	5%
Other Direct Expenses	25,562	35,005	9,443	27%	7,314	18,248	250%
<b>Total Non Salary Expenses</b>	<b>428,828</b>	<b>355,353</b>	<b>(73,475)</b>	<b>-21%</b>	<b>364,978</b>	<b>63,850</b>	<b>17%</b>
<b>Total Expenses</b>	<b>1,977,113</b>	<b>2,008,117</b>	<b>31,004</b>	<b>2%</b>	<b>1,918,924</b>	<b>58,189</b>	<b>3%</b>
<b>Contribution Margin</b>	<b>(260,881)</b>	<b>(77,541)</b>	<b>(183,341)</b>	<b>236%</b>	<b>(363,588)</b>	<b>102,707</b>	<b>-28%</b>
<b>FTE's</b>							
Provider Staff	4.49	7.00	2.51	36%	5.80	1.31	23%
Clinic Staff	10.41	9.00	(1.41)	-16%	8.11	(2.30)	-28%
Contracted	-	-	-	0%	-	-	0%
<b>Total</b>	<b>14.90</b>	<b>16.00</b>	<b>1.10</b>	<b>7%</b>	<b>13.91</b>	<b>(0.99)</b>	<b>-7%</b>
<b>Employed</b>							
Hours Paid	30,986	33,280	2,294	7%	30,042	(945)	-3%
Hours Worked	26,181	24,960	(1,221)	-5%	25,263	(917)	-4%
<b>Contracted</b>							
Hours	-	-	-	0%	-	-	0%
<b>Total Worked Hours</b>	<b>26,181</b>	<b>24,960</b>	<b>(1,221)</b>	<b>-5%</b>	<b>25,263</b>	<b>(917)</b>	<b>-4%</b>
<b>Unit of Service (UOS) Total Visits</b>	<b>8,778</b>	<b>12,062</b>	<b>3,284</b>	<b>27%</b>	<b>10,081</b>	<b>1,303</b>	<b>13%</b>
<b>Productivity (Worked Hours / UOS)</b>	<b>2.98</b>	<b>2.07</b>	<b>(0.91)</b>	<b>-44%</b>	<b>2.51</b>	<b>(0.48)</b>	<b>-19%</b>



# Prosser

Memorial Health  
Specialty Clinic

## Income Statement As Of: December 31, 2022

PROVIDER BASED CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	8,722,690	5,573,233	3,149,457	57%	5,190,254	3,532,435	68%
Deductions From Revenue	(5,146,387)	(3,232,475)	(1,913,912)	59%	(3,010,347)	(2,136,039)	71%
<b>Net Patient Revenue</b>	<b>3,576,303</b>	<b>2,340,758</b>	<b>1,235,545</b>	<b>53%</b>	<b>2,179,907</b>	<b>1,396,396</b>	<b>64%</b>
<b>Other Operating Revenue</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>-</b>	<b>0%</b>
Provider Salaries	4,191,597	3,816,328	(375,269)	-10%	3,335,705	855,892	26%
Clinical Support Salaries	951,552	765,977	(185,575)	-24%	786,038	165,514	21%
Benefits	190,084	193,163	3,080	2%	166,767	23,317	14%
Purchased Labor	-	-	-	0%	-	-	0%
<b>Total Salaries and Benefits</b>	<b>5,333,233</b>	<b>4,775,468</b>	<b>(418,975)</b>	<b>-12%</b>	<b>4,288,510</b>	<b>1,044,723</b>	<b>24%</b>
Professional Fees	53,557	34,500	(19,057)	-55%	14,630	38,927	266%
Supplies	233,255	259,568	26,313	10%	167,926	65,329	39%
Utilities	15,961	5,000	(10,961)	-219%	12,963	2,998	23%
Purchased Services	65,763	54,735	11,028	20%	47,419	18,344	39%
Rentals & Leases	249,502	237,354	12,148	5%	165,757	83,744	51%
Other Direct Expenses	46,945	41,925	5,020	12%	45,072	1,873	4%
<b>Total Non Salary Expenses</b>	<b>664,984</b>	<b>633,082</b>	<b>31,902</b>	<b>5%</b>	<b>453,767</b>	<b>211,217</b>	<b>47%</b>
<b>Total Expenses</b>	<b>5,998,217</b>	<b>5,408,550</b>	<b>(589,667)</b>	<b>-11%</b>	<b>4,742,277</b>	<b>1,255,940</b>	<b>26%</b>
<b>Contribution Margin</b>	<b>(2,421,914)</b>	<b>(3,067,792)</b>	<b>645,878</b>	<b>-21%</b>	<b>(2,562,371)</b>	<b>140,456</b>	<b>-5%</b>
<b>FTE's</b>							
<b>Provider Staff</b>	7.70	7.00	(0.70)	-10%	7.42	(0.28)	-4%
<b>Clinic Staff</b>	15.07	15.00	(0.07)	0%	12.60	(2.47)	-20%
<b>Contracted</b>	-	-	-	0%	-	-	0%
<b>Total</b>	<b>22.77</b>	<b>22.00</b>	<b>(0.77)</b>	<b>-4%</b>	<b>20.02</b>	<b>(2.75)</b>	<b>-14%</b>
<b>Employed</b>							
<b>Hours Paid</b>	47,366	45,760	(1,606)	-4%	43,242	(4,124)	-10%
<b>Hours Worked</b>	41,230	34,320	(6,910)	-20%	37,323	(3,908)	-10%
<b>Contracted</b>							
<b>Hours</b>	-	-	-	0%	-	-	0%
<b>Total Worked Hours</b>	<b>41,230</b>	<b>34,320</b>	<b>(6,910)</b>	<b>-20%</b>	<b>37,323</b>	<b>(3,908)</b>	<b>-10%</b>
<b>Unit of Service (UOS) Total Visits</b>	<b>15,819</b>	<b>12,744</b>	<b>1,140</b>	<b>18%</b>	<b>11,604</b>	<b>(4,215)</b>	<b>-36%</b>
<b>Productivity (Worked Hours / UOS)</b>	<b>2.61</b>	<b>2.69</b>	<b>0.09</b>	<b>3%</b>	<b>3.22</b>	<b>0.61</b>	<b>19%</b>



# Prosser

## Memorial Health

### Grandview Clinic

### Income Statement As Of: December 31, 2022

RURAL HEALTH CLINIC

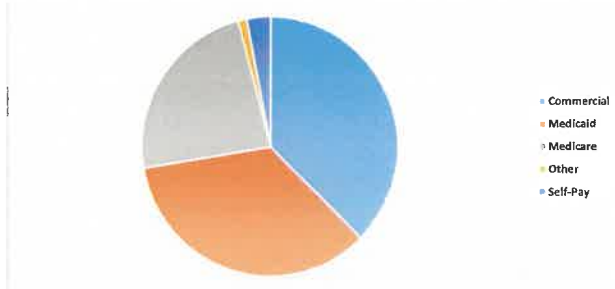
	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	2,490,231	2,035,409	454,822	22%	1,570,299	919,932	59%
Deductions From Revenue	(622,558)	(508,852)	(113,706)	22%	(910,773)	288,216	-32%
<b>Net Patient Revenue</b>	<b>1,867,673</b>	<b>1,526,556</b>	<b>341,117</b>	<b>22%</b>	<b>659,526</b>	<b>1,208,148</b>	<b>183%</b>
<b>Other Operating Revenue</b>	<b>3,804</b>	<b>200,000</b>	<b>(196,196)</b>	<b>-98%</b>	<b>500</b>	<b>3,304</b>	<b>661%</b>
Provider Salaries	1,025,122	937,871	(87,251)	-9%	741,502	283,620	38%
Clinical Support Salaries	489,695	558,060	68,365	12%	418,654	71,042	17%
Benefits	99,916	106,147	6,232	6%	71,854	28,062	39%
Purchased Labor	-	-	-	0%	-	-	0%
<b>Total Salaries and Benefits</b>	<b>1,614,732</b>	<b>1,602,078</b>	<b>(418,975)</b>	<b>-12%</b>	<b>1,232,009</b>	<b>382,723</b>	<b>31%</b>
Professional Fees	27,781	43,200	15,419	36%	5,444	22,338	410%
Supplies	139,088	105,685	(33,403)	-32%	82,060	57,028	69%
Utilities	16,524	18,800	2,276	12%	18,259	(1,735)	-10%
Purchased Services	39,006	32,900	6,106	19%	39,468	(462)	-1%
Rentals & Leases	299	-	299	0%	114	185	163%
Other Direct Expenses	27,899	25,500	2,399	9%	11,109	16,791	151%
<b>Total Non Salary Expenses</b>	<b>250,597</b>	<b>226,085</b>	<b>24,512</b>	<b>11%</b>	<b>156,452</b>	<b>94,144</b>	<b>60%</b>
<b>Total Expenses</b>	<b>1,865,329</b>	<b>1,828,163</b>	<b>(37,166)</b>	<b>-2%</b>	<b>1,388,462</b>	<b>476,868</b>	<b>34%</b>
<b>Contribution Margin</b>	<b>6,148</b>	<b>(101,607)</b>	<b>107,755</b>	<b>-106%</b>	<b>(728,436)</b>	<b>734,584</b>	<b>-101%</b>
<b>FTE's</b>							
<b>Provider Staff</b>	4.97	6.00	1.03	17%	3.59	(1.38)	-38%
<b>Clinic Staff</b>	9.92	11.90	1.98	17%	8.56	(1.36)	-16%
<b>Contracted</b>	-	-	-	0%	-	-	0%
<b>Total</b>	<b>14.89</b>	<b>17.90</b>	<b>3.01</b>	<b>17%</b>	<b>12.15</b>	<b>(2.74)</b>	<b>-23%</b>
<b>Employed</b>							
<b>Hours Paid</b>	30,967	37,232	6,265	17%	26,244	(4,724)	-18%
<b>Hours Worked</b>	26,490	27,924	1,434	5%	22,304	(4,186)	-19%
<b>Contracted</b>							
<b>Hours</b>	-	-	-	0%	-	-	0%
<b>Total Worked Hours</b>	<b>26,490</b>	<b>27,924</b>	<b>1,434</b>	<b>5%</b>	<b>22,304</b>	<b>(4,186)</b>	<b>-19%</b>
<b>Unit of Service (UOS) Total Visits</b>	<b>9,334</b>	<b>8,901</b>	<b>1,140</b>	<b>18%</b>	<b>7,084</b>	<b>(2,250)</b>	<b>-32%</b>
<b>Productivity (Worked Hours / UOS)</b>	<b>2.84</b>	<b>3.14</b>	<b>0.30</b>	<b>10%</b>	<b>3.15</b>	<b>0.31</b>	<b>10%</b>





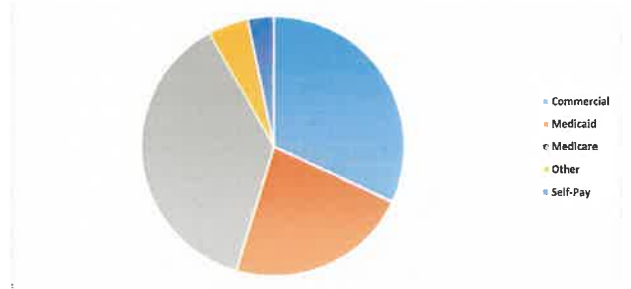
**Revenue By Financial Class**

**Benton City Clinic**



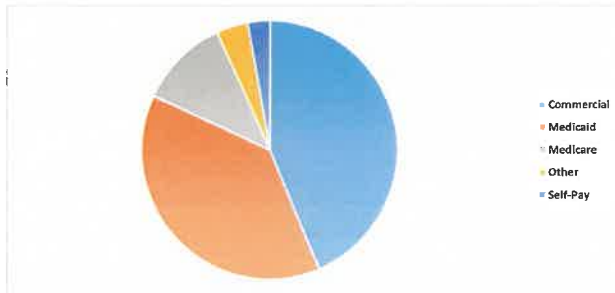
Revenue by Financial Class		
Commercial	856,198	37%
Medicaid	799,935	35%
Medicare	537,655	23%
Other	24,241	1%
Self-Pay	70,280	3%
<b>Grand Total</b>	<b>2,288,309</b>	

**Specialty Clinic**



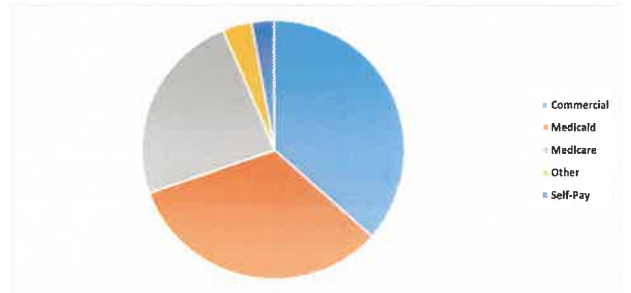
Revenue by Financial Class		
Commercial	2,799,657	32%
Medicaid	1,962,073	22%
Medicare	3,251,024	37%
Other	429,547	5%
Self-Pay	280,389	3%
<b>Grand Total</b>	<b>8,722,690</b>	

**Prosser Clinic**



Revenue by Financial Class		
Commercial	3,056,811	44%
Medicaid	2,675,048	38%
Medicare	787,289	11%
Other	279,131	4%
Self-Pay	200,493	3%
<b>Grand Total</b>	<b>6,998,772</b>	

**Grandview Clinic**



Revenue by Financial Class		
Commercial	913,023	37%
Medicaid	820,122	33%
Medicare	599,787	24%
Other	89,172	4%
Self-Pay	68,127	3%
<b>Grand Total</b>	<b>2,490,231</b>	



# Prosser Memorial Health

## CLINICAL PROVIDER VISITS BY MONTH

### Benton City Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	2020 YTD
CARL	159	148	170	143	142	142	137	174	202	192	175	113	1,897	1,581
DUNHAM	7	-	-	-	-	-	-	-	-	-	-	-	7	-
JOHANSING	-	-	-	-	-	-	-	-	-	-	-	-	-	1,375
LUTHER	164	159	186	201	191	172	184	136	201	211	185	180	2,170	1,682
MICROULIS	96	54	115	92	103	80	62	8	-	-	-	-	610	1,301
MORSE	-	-	-	-	-	-	-	-	-	-	-	-	-	7
PADILLA	2	14	5	17	12	13	-	-	-	18	16	10	107	-
PETERS	-	-	-	-	-	-	-	6	50	43	60	49	208	-
STUADINGER	179	132	174	141	153	152	188	217	193	201	182	136	2,048	1,825
ZHMUROUSKI	45	20	49	39	11	-	-	-	-	-	-	-	164	-
ZIRKER	209	115	168	147	112	187	135	-	-	-	-	-	1,073	1,929
<b>TOTAL</b>	<b>861</b>	<b>642</b>	<b>867</b>	<b>780</b>	<b>724</b>	<b>746</b>	<b>706</b>	<b>541</b>	<b>646</b>	<b>665</b>	<b>618</b>	<b>488</b>	<b>8,284</b>	<b>9,700</b>

### Prosser Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	2020 YTD
CHARVET (PC)	151	57	107	160	103	171	192	194	181	215	149	102	1,782	1,056
CHARVET (WH)	23	21	13	9	13	19	27	5	14	31	12	10	197	536
COOKS	-	-	-	-	-	-	-	-	-	35	119	129	283	-
DUNHAM	332	145	172	186	166	124	12	1	-	-	-	-	1,138	1,218
GARZA	-	-	-	-	-	-	-	-	-	-	-	-	-	74
LUTHER	-	-	-	-	-	-	-	-	-	-	10	-	10	-
MIN	178	112	187	165	174	176	104	77	-	-	-	-	1,173	1,933
MORSE	186	197	249	145	193	183	191	178	195	203	121	175	2,216	1,945
OCANNOR	261	251	279	294	247	227	225	189	189	141	101	175	2,579	3,278
P MORRIS	155	200	249	213	209	158	205	245	201	204	226	131	2,396	2,285
PADILLA	184	200	169	240	158	177	30	-	-	-	-	-	1,158	1,347
R MORRIS	23	37	51	34	39	31	58	54	37	5	-	-	369	21
SOLLERS	206	184	283	195	272	248	187	309	291	78	280	247	2,780	2,873
WEAVER	166	192	207	148	170	172	224	191	219	201	140	207	2,237	2,153
ZHMUROUSKI	94	78	114	108	138	157	186	77	65	-	-	-	1,017	1,868
ZIRKER	-	-	-	-	25	-	-	-	-	-	-	-	25	-
<b>TOTAL</b>	<b>1,959</b>	<b>1,674</b>	<b>2,080</b>	<b>1,897</b>	<b>1,907</b>	<b>1,843</b>	<b>1,641</b>	<b>1,520</b>	<b>1,392</b>	<b>1,113</b>	<b>1,158</b>	<b>1,176</b>	<b>19,360</b>	<b>20,587</b>

### Specialty Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	2020 YTD
BHATTI	200	114	267	222	206	238	209	216	165	225	255	149	2,466	1,538
CHEW	-	-	-	-	-	-	-	-	-	-	-	-	-	501
CLIFFORD	209	210	261	196	203	223	264	261	257	177	252	222	2,735	2,395
COMBS	-	-	-	-	-	-	-	-	-	-	-	-	-	974
DUNHAM	-	-	-	-	49	80	90	106	177	150	218	141	1,011	-
HALVORSON	120	126	171	154	167	192	120	137	126	142	154	70	1,679	1,541
HUANG	49	5	-	-	-	-	-	-	-	-	-	-	54	971
STREBEL	109	108	120	141	113	113	145	120	131	133	98	136	1,467	1,206
TIEU CORAL	127	132	180	170	187	197	197	156	165	148	201	169	2,029	555
TIEU THOMAS	136	114	132	124	141	152	170	174	163	176	188	161	1,831	339
UNGER	13	120	144	137	130	80	93	89	38	19	23	20	906	-
<b>TOTAL</b>	<b>963</b>	<b>929</b>	<b>1,275</b>	<b>1,144</b>	<b>1,196</b>	<b>1,275</b>	<b>1,288</b>	<b>1,259</b>	<b>1,222</b>	<b>1,170</b>	<b>1,389</b>	<b>1,068</b>	<b>14,178</b>	<b>10,020</b>

### Grandview Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	2020 YTD
CHARVET	-	-	-	-	-	-	-	-	-	-	-	-	-	29
GARZA	160	164	60	76	126	181	131	124	179	123	144	111	1,579	1,370
GLOVER	-	-	-	58	56	92	60	77	121	123	108	144	839	-
HANKS	138	134	137	138	119	128	114	161	81	133	113	122	1,518	1,752
PARK	-	-	73	70	51	80	135	159	146	133	125	142	1,114	-
PROCTOR	-	-	-	-	-	-	-	-	-	76	114	153	343	-
R MORRIS	20	18	38	32	38	41	76	100	53	74	71	92	653	49
SANTA-CRUZ	163	148	195	163	160	142	133	223	227	166	181	165	2,066	1,790
WARNICK	-	-	-	-	-	-	-	-	-	-	-	-	-	637
ZHMUROUSKI	52	20	56	45	50	59	38	26	2	-	-	-	348	1,752
ZIRKER	-	-	-	-	-	-	-	-	-	-	-	-	-	785
<b>TOTAL</b>	<b>533</b>	<b>484</b>	<b>559</b>	<b>582</b>	<b>600</b>	<b>723</b>	<b>687</b>	<b>870</b>	<b>809</b>	<b>828</b>	<b>856</b>	<b>929</b>	<b>8,460</b>	<b>8,164</b>

Footnote: Information above only includes visits by provider, not clinic staff/nurse visits



# Prosser Memorial Health

## CLINICAL PROVIDER REVENUE BY QUARTER

### Benton City Clinic

	Q1	Q2	Q3	Q4	TOTAL	2020 YTD
CARL	121,634	113,944	138,339	132,427	506,344	373,223
JOHANSING	-	-	-	-	-	303,168
STAUDINGER	113,848	106,591	151,486	168,800	540,725	405,857
LUTHER	131,262	153,955	158,109	242,928	686,254	389,316
ZIRKER	105,963	90,582	26,434	1,061	224,040	342,073
MICROULIS	87,657	61,069	39,283	(199)	187,810	225,695
ZHMUROUSKI	23,904	9,600	124	(247)	33,381	10,810
DUNHAM	8	-	-	-	8	252
PADILLA	21,923	16,463	1,897	13,267	53,550	-
PETERS	-	-	12,612	30,987	43,599	-
MORSE	73	-	-	-	73	82
<b>TOTAL</b>	<b>606,272</b>	<b>552,204</b>	<b>528,284</b>	<b>589,024</b>	<b>2,275,784</b>	<b>2,050,476</b>

### Prosser Clinic

	Q1	Q2	Q3	Q4	TOTAL	2020 YTD
OCONNOR	205,536	204,064	152,065	173,473	735,138	712,209
MIN	128,860	141,905	58,356	(279)	328,842	511,654
ZHMUROUSKI	66,680	92,791	74,010	(1,691)	231,790	388,064
P MORRIS	153,657	151,016	160,426	182,910	648,009	520,767
CHARVET	97,938	112,523	131,447	180,172	522,080	250,500
COOKS	-	-	-	100,816	100,816	-
MORSE	143,229	111,692	118,694	143,981	517,596	395,336
DUNHAM	145,962	113,999	2,914	868	263,743	247,541
GARZA	-	-	-	112	112	2,439
SOLLERS	359,913	320,581	385,391	380,875	1,446,760	589,303
WEAVER	253,311	258,708	283,660	312,492	1,108,171	545,112
CHARVET	97,938	210,461	131,447	82,234	522,080	250,500
PADILLA	166,620	180,276	29,178	177,377	553,451	348,096
ZIRKER	-	-	-	-	-	179
R MORRIS	43,413	36,914	61,653	9,468	151,448	23,916
<b>TOTAL</b>	<b>1,863,057</b>	<b>1,934,930</b>	<b>1,589,241</b>	<b>1,742,808</b>	<b>7,130,036</b>	<b>4,785,616</b>

### Specialty Clinic

	Q1	Q2	Q3	Q4	TOTAL	2020 YTD
CLIFFORD	259,167	258,296	295,434	260,859	1,073,756	1,030,061
DUNHAM	-	-	-	284,840	284,840	-
HALVORSON	170,645	171,986	130,279	134,061	606,971	553,686
STREBEL	167,467	180,682	177,361	183,312	708,822	554,435
HUANG	39,390	1,020	-	-	40,410	630,557
UNGER	208,011	429,552	470,379	427,931	1,535,872	-
BHATTI	281,386	322,139	333,409	347,092	1,284,026	701,467
C. TIEU	264,750	357,378	351,425	357,411	1,330,964	319,308
T. TIEU	218,620	272,183	342,471	326,272	1,159,546	206,592
CHEW	-	-	-	-	-	496,185
COMBS	-	-	-	-	-	364,669
<b>TOTAL</b>	<b>1,609,436</b>	<b>1,993,233</b>	<b>2,100,758</b>	<b>2,321,778</b>	<b>8,025,205</b>	<b>4,856,960</b>

### Grandview Clinic

	Q1	Q2	Q3	Q4	TOTAL	2020 YTD
SANTA-CRUZ	126,729	117,795	159,605	198,614	602,743	445,928
GARZA	100,686	99,007	121,104	138,860	459,657	367,612
GLOVER	-	-	-	210,237	210,237	-
ZHMUROUSKI	29,808	31,793	13,393	703	75,697	83,431
HANKS	88,213	92,177	105,150	161,228	446,768	294,996
R MORRIS	26,292	30,366	72,801	80,172	209,631	11,975
PARK	22,494	35,394	68,831	121,936	248,655	-
PROCTOR	-	-	-	103,793	103,793	-
WARNICK	-	-	-	-	-	145,702
ZIRKER	-	-	-	-	-	215,013
CHARVET	-	-	-	822	822	6,716
<b>TOTAL</b>	<b>394,222</b>	<b>406,533</b>	<b>540,884</b>	<b>1,016,365</b>	<b>2,358,004</b>	<b>1,571,373</b>



STATE OF WASHINGTON  
— OFFICE OF GOVERNOR JAY INSLEE —

**EMERGENCY PROCLAMATION BY THE GOVERNOR  
AMENDING PROCLAMATIONS 20-05, and 20-24, et seq.**

**20-24.3**

**Restrictions on Non-Urgent Medical Procedures**

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

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

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

**WHEREAS**, on March 19, 2020, I issued Proclamation 20-24 prohibiting all hospitals, ambulatory surgical facilities, dental, orthodontic and endodontic offices in Washington State from providing most non-urgent medical and dental procedures; and

**WHEREAS**, I subsequently issued Proclamations 20-24.1 and 20-24.2 on May 18, 2020, and November 25, 2020, respectively, permitting the provision of non-urgent medical and dental procedures, subject to certain conditions; and

**WHEREAS**, although COVID-19 continues as an ongoing and present threat in Washington State, the measures we have taken together as Washingtonians over the past 22 months, including the willingness of most Washingtonians to take advantage of the remarkable, life-saving vaccines being administered throughout the state, have made a difference and have altered the course of the pandemic in fundamental ways; and

**WHEREAS**, after months of improving COVID-19 epidemiological conditions in Washington State, the emergence of the "Delta" variant and then the "Omicron" variant, which is significantly more transmissible than the virus that emerged in late 2019 and the "Delta" variant, coupled with the continued significant numbers of unvaccinated people, has caused COVID-19

cases and hospitalizations to rise sharply, primarily among unvaccinated populations, and this rise is expected to continue; and

**WHEREAS**, on January 6, 2022, the Washington State Medical Association (WSMA) sent a letter to the Governor and Secretary of Health declaring that “we are in a state of crisis”. In this letter, WSMA, while noting that ceasing or delaying electives services alone is not enough to address this crisis, called on the state to help overwhelmed emergency departments and hospitals statewide; and

**WHEREAS**, even as hospitals have committed to sharing the burden by helping each other maintain a level load of admissions—and they have been working with the Washington Medical Coordination Center to transfer patients among hospitals—the continued rise in COVID-19 cases and hospitalizations due to the “Omicron” variant has and will continue to place significant strains on hospital staffing and capacity across the state, which requires taking action to ensure that adequate staffing and capacity remain available for urgent medical care everywhere in the state; and

**WHEREAS**, the Washington National Guard and State Guard continue to support the Washington State COVID-19 pandemic response, and have personnel available to help alleviate some hospital staffing and capacity shortfalls; and

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

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

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

**NOW, THEREFORE**, I, Jay Inslee, Governor of the state of Washington, as a result of the above noted situation, and under Chapters 38.08, 38.52 and 43.06 RCW, do hereby proclaim and order that a State of Emergency continues to exist in all counties of Washington State, that Proclamation 20-05, as amended, remains in effect, and that, to help preserve and maintain life, health, property or the public peace pursuant to RCW 43.06.220(1)(h), and (3), I hereby amend Proclamation 20-24, et seq., to prohibit all hospitals from providing non-urgent health care services, procedures, and surgeries.

As provided in Proclamation 20-24.2, non-urgent health care services, procedures, and surgeries are those that, if delayed, are not anticipated to cause harm to the patient within 90 days. The

decision to perform any surgery or procedure in a hospital should be weighed against the following criteria when considering potential harm to a patient's health and well-being:

- Expected advancement of disease process
- Possibility that delay results in more complex future surgery or treatment
- Increased loss of function
- Continuing or worsening of significant or severe pain
- Deterioration of the patient's condition or overall health
- Delay would be expected to result in a less-positive ultimate medical or surgical outcome
- Leaving a condition untreated could render the patient more vulnerable to COVID-19 contraction, or resultant disease morbidity and/or mortality
- Non-surgical alternatives are not available or appropriate per current standards of care
- Patient's co-morbidities or risk factors for morbidity or mortality, if inflicted with COVID-19 after procedure is performed

Diagnostic imaging, diagnostic procedures or testing should continue in all settings based on clinical judgment that uses the same definition of harm and criteria as listed above. The full suite of family planning services and procedures are not non-urgent.

**FURTHERMORE**, I hereby amend Proclamation 20-24, et seq., to prohibit all hospitals from utilizing personal protective equipment (PPE) other than according to a conventional capacity strategy.

**ADDITIONALLY**, the provisions of Proclamation 20-24, et seq., that are not amended herein remain in effect.

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

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

Violators of this order may be subject to criminal penalties pursuant to RCW 43.06.220(5).

This order is effective at 12:01 am on January 17, 2022, and shall remain in effect until 11:59 pm on February 17, 2022, unless rescinded sooner.

Signed and sealed with the official seal of the state of Washington on this 13th day of January, A.D., Two Thousand and Twenty-Two at Olympia, Washington.

By:

\_\_\_\_\_  
/s/  
Jay Inslee, Governor

BY THE GOVERNOR:

\_\_\_\_\_  
/s/  
Secretary of State

## DECISION AID TO DETERMINE NEED FOR SURGERY OR PROCEDURE

It is the position of the State of Washington to allow performance of all services considered to be “emergent” or “urgent” for which delay would result in worsening a life-threatening or debilitating prognosis. Physicians should use clinical judgment to determine performance of surgeries or procedures considered to be non-urgent or “elective”. To assist in that judgement, one or more of the following criteria must be met to consider moving forward with the surgery or procedure, check all that apply and include explanation for criteria selection:

- Expected advancement of disease process
- Possibility that delay results in more complex future surgery or treatment
- Increased loss of function
- Continuing or worsening of significant or severe pain
- Deterioration of the patient’s condition or overall health
- Delay would be expected to result in a less-positive ultimate medical or surgical outcome
- Leaving a condition untreated could render the patient more vulnerable to COVID-19 contraction, or resultant disease morbidity and/or mortality
- Non-surgical alternatives are not available or appropriate per current standards of care
- Patient’s co-morbidities or risk factors for morbidity or mortality, if inflicted with COVID-19 after procedure is performed

Explanation for criteria selection:

Reference:

State of Washington/Office of the Governor, *Interpretive Statement Related to Proclamation by the Governor 20-24, Restrictions on Non-Urgent Medical Procedures*, April 29, 2020



Attachment AA



Organization	Purpose	Award	Date Rec'd	Amount Recognized in FY2020	Amount Recognized in FY2021	Balance Remaining	Repayment	Other Notes
Greater Columbia Accountability of	Telehealth Application Funding for relief	\$ 6,000	4/3/2020	\$ 6,000		\$ -	\$ -	Received for initial telehealth expenditures
CMS Medicare Advanced Benefits	Advance of Medicare Payments	\$ 6,591,980	4/21/2020	\$ -		\$ -	\$ 6,591,980	Three months worth of Medicare payments advanced to FWH - REPAID 11/30/2020
US Bank SBA Economic Injury Disaster Loan (PPPL)	Payroll Protection Forgiveness Loan	\$ 10,000	4/30/2020	\$ 10,000		\$ -	\$ -	US Bank SBA grant deposited into our account.
	Payroll Protection Forgiveness Loan	\$ 6,350,235	5/4/2020	\$ -	\$ 6,350,235	\$ -	\$ -	SBA (PPP) - To be forgiven and recognized in 2021.
HHS	Provider Relief Payment	\$ 760,801	4/10/2020	\$ 760,801		\$ -	\$ -	CARES Act Stimulus for highly affected areas
HHS	Provider Relief Payment	\$ 271,197	4/24/2020	\$ 271,197		\$ -	\$ -	CARES Act Stimulus for highly affected areas
HHS	CARES Provider Relief Fund - Rural Allocation	\$ 4,170,732	5/6/2020	\$ 2,353,778	\$ 1,816,954	\$ 0	\$ -	Each CAR will receive at least \$1,000,000 with the average CAR/Rural Hospital to receive \$4,000,000 and each Rural Health Clinic to receive at least \$100,000 with the average to be about \$300,000 - NARRHC ONE (National Association of Rural Health Clinics)
HHS	Provider Relief Payment	\$ 150,680	6/15/2020	\$ 150,680		\$ -	\$ -	CARES Act - Phase 1 (20% Net Income)
HHS	Provider Relief Payment	\$ 103,253	6/25/2020	\$ 103,253		\$ -	\$ -	CARES Act - Safety Net Distribution
HHS	RHC COVID-19 Testing Program	\$ 49,461	5/20/2020	\$ 49,461		\$ -	\$ -	HHS - RHC COVID-19 Testing Program
WSHA	ASPR PPE purchase from WSHA	\$ 20,000	5/21/2020	\$ 20,000		\$ -	\$ -	Grant funds from WSHA for staff PPE
Medicaid SRDSH	SRDSH reallocation of add'l funds	\$ 29,382	5/22/2020	\$ 29,382		\$ -	\$ -	The SRDSH amount that is funded by the HSNH fund, is set by ROW at \$1,925,000 and the federal matching limit has historically been 50%. Due to the current COVID-19 pandemic, congress passed the CARES ACT which increase the federal matching percentage to 56.2% effective 1/1/2020.
HHS	RHC COVID-19 Testing Program	\$ 49,461	6/9/2020	\$ 49,461		\$ -	\$ -	HHS - RHC COVID-19 Testing Program
HHS	Provider Relief Payment	\$ 1,300,000	7/20/2020	\$ -	\$ 1,300,000	\$ -	\$ -	CARES Act - (550,000 per FWH, 51,000,000 per CAR)
HRSA (WA DOH)	SHIP Grant Hospital COVID Funding	\$ 83,136	7/27/2020	\$ 83,136		\$ -	\$ -	HRSA Rural Hospital SHIP Grant COVID Funding
Molina	PCP Stabilization Payment	\$ 25,434	8/4/2020	\$ 25,434		\$ -	\$ -	Molina Healthcare provided COVID grant to providers
HHS	RHC COVID-19 Testing Program	\$ 49,461	12/7/2020	\$ -	\$ 49,461	\$ -	\$ -	HHS - RHC COVID-19 Testing Program
WSHA	HCA CARES COVID Funding	\$ 370,982	12/31/2020	\$ 370,982		\$ -	\$ -	WSHA - CARES funding distributed to hospitals
WSHA	HCA CARES COVID Funding	\$ 7,913	1/25/2021	\$ -	\$ 7,913	\$ -	\$ -	WSHA - CARES funding distributed to hospitals
HCA	HCA CARES COVID Funding - RHC	\$ 9,439	4/15/2021	\$ -	\$ 9,439	\$ -	\$ -	HCA - CARES funding distributed to RHCs
HCA	HCA CARES COVID Funding - RHC	\$ 3,511	4/15/2021	\$ -	\$ 3,511	\$ -	\$ -	HCA - CARES funding distributed to RHCs
HHS Stimulus - RHC	RHC COVID-19 Testing Program	\$ 200,000	6/10/2021	\$ -	\$ 200,000	\$ -	\$ -	HHS - RHC COVID-19 Testing Program
HHS Stimulus - RHC	RHC COVID-19 Testing Program	\$ 100,000	8/17/2021	\$ -	\$ 100,000	\$ -	\$ -	HHS - RHC COVID-19 Testing Program
HCA	HCA CARES COVID Funding - RHC	\$ 252,684	10/12/2021	\$ -	\$ 252,684	\$ -	\$ -	HCA - CARES funding distributed to RHCs
HHS	Provider Relief Payment	\$ 1,679,462	11/23/2021	\$ -	\$ 132,745	\$ 1,546,717	\$ -	HHS - Phase 4 PPE Grant Distribution
<b>Totals</b>		<b>\$ 22,645,205</b>		<b>\$ 4,283,567</b>	<b>\$ 10,222,942</b>	<b>\$ 1,546,717</b>	<b>\$ 6,591,980</b>	

**PMH**  
**Board of Commissioners**  
**Work Plan – FY2022**

**Vision**

Patients  
 Employees  
 Medical Staff  
 Quality  
 Services  
 Financial



**Prosser**  
 Memorial Health

**Mission:** To improve the health of our community.

**Values**

Accountability  
 Service  
 Promote Teamwork  
 Integrity  
 Respect  
 Excellence

Month	Goals & Objectives	Education
January	<p><b>QUALITY:</b></p> <ul style="list-style-type: none"> <li>Review/Approve 2022 Strategic Plan and 2022 Patient Care Scorecards</li> <li>Sign Financial Disclosure and Conflict of Interest Statements</li> <li>Approve 2022 Risk Management and Quality Assurance Plans</li> <li>Select and Approve Board Officers</li> <li>Review Board Committee structure and membership</li> </ul> <p><b>SERVICES:</b></p> <ul style="list-style-type: none"> <li>Approve acquisition of surgical equipment</li> <li>Approve radiologist contracts</li> <li>Approve Construction Loan</li> </ul>	<p><b>EMPLOYEE DEVELOPMENT:</b></p> <ul style="list-style-type: none"> <li>Review 2021 Employee Engagement Survey Results</li> <li>Review 2021 Medical Staff Engagement Survey Results</li> </ul> <p><b>QUALITY:</b></p> <ul style="list-style-type: none"> <li>Review Board Self-Evaluation</li> </ul> <p><b>FINANCIAL STEWARDSHIP:</b></p> <ul style="list-style-type: none"> <li>Review semi-annual financial performance report for PMH Clinics</li> </ul> <p><b>SERVICES:</b></p> <p>Replacement Facility Update</p> <ul style="list-style-type: none"> <li>Construction Loan Schedule Update</li> </ul>


Month	Goals & Objectives	Education
February	<p><b>SERVICES:</b></p> <ul style="list-style-type: none"> <li>• Approve construction mini-MACC</li> <li>• Approve construction documents</li> </ul> <p><b>QUALITY:</b></p> <ul style="list-style-type: none"> <li>• Approve 2022 Corporate Compliance Plan</li> <li>• Approve 2022 Infection Prevention Control Plan</li> <li>• Approve 2022 Board Action Plan</li> </ul> <p><b>EMPLOYEE DEVELOPMENT:</b></p> <ul style="list-style-type: none"> <li>• Review and Approve 2022 Leadership Incentive Compensation Program</li> </ul>	<p><b>EMPLOYEE DEVELOPMENT:</b></p> <ul style="list-style-type: none"> <li>• Attend AHA Governance Conference</li> </ul> <p><b>QUALITY:</b></p> <ul style="list-style-type: none"> <li>• Review 2021 Corporate Compliance Report</li> <li>• Review 2021 Infection Prevention Summary</li> </ul> <p><b>PATIENT LOYALTY:</b></p> <ul style="list-style-type: none"> <li>• Patient Loyalty Summary report</li> <li>• Review Patient Engagement Plan</li> </ul> <p><b>SERVICES:</b></p> <p>Replacement Facility Update:</p> <ul style="list-style-type: none"> <li>• Construction Documents</li> <li>• Mini-MACC</li> <li>• Schedule</li> </ul>
March	<p><b>QUALITY:</b></p> <ul style="list-style-type: none"> <li>• Review/Approve Board Polices</li> </ul> <p><b>MEDICAL STAFF DEVELOPMENT:</b></p> <ul style="list-style-type: none"> <li>• Support Providers' Day Celebration</li> </ul> <p><b>FINANCIAL STEWARDSHIP:</b></p> <ul style="list-style-type: none"> <li>• Accept 2021 Audit Report</li> </ul> <p><b>SERVICES:</b></p> <ul style="list-style-type: none"> <li>• Approve the MACC / GMP for the new facility</li> </ul> <p><b>PATIENT LOYALTY</b></p> <ul style="list-style-type: none"> <li>• Approve the 2022 Utilization Review Plan</li> </ul>	<p><b>PATIENT LOYALTY:</b></p> <ul style="list-style-type: none"> <li>• Review 2021 Utilization Review Performance</li> </ul> <p><b>EMPLOYEE DEVELOPMENT:</b></p> <ul style="list-style-type: none"> <li>• Review Employee Performance Report</li> <li>• Review the Communications Calendar</li> </ul> <p><b>FINANCIAL STEWARDSHIP:</b></p> <ul style="list-style-type: none"> <li>• Presentation of the 2021 Audit Report by Auditors</li> <li>• Capital Campaign Update</li> </ul> <p><b>SERVICES: Replacement Facility Update</b></p>

Month	Goals & Objectives	Education
		<ul style="list-style-type: none"> <li>• MCAA / GMP</li> <li>• USDA Update</li> <li>• Budget</li> </ul>
April	<p><b>QUALITY:</b></p> <ul style="list-style-type: none"> <li>• Approve 2022 Community Benefits Report</li> </ul> <p><b>EMPLOYEE DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>• Conduct CEO Evaluation</li> </ul>	<p><b>QUALITY:</b></p> <ul style="list-style-type: none"> <li>• Strategic &amp; Patient Care Score Cards</li> <li>• Review 2021 Community Benefits Report</li> </ul> <p><b>EMPLOYEE DEVELOPMENT:</b></p> <ul style="list-style-type: none"> <li>• Review 2021 Leadership Performance (LEM)</li> <li>• Review Employee Engagement Plan</li> </ul> <p><b>MEDICAL STAFF DEVELOPMENT:</b></p> <ul style="list-style-type: none"> <li>• Review 2021 FPPE/OPPE Summary</li> </ul> <p><b>PATIENT LOYALTY:</b></p> <ul style="list-style-type: none"> <li>• Review Interpreter Services Plan</li> <li>• Call Center Update</li> </ul>
May	<p><b>EMPLOYEE DEVELOPMENT:</b></p> <ul style="list-style-type: none"> <li>• Support Hospital Week</li> </ul>	<p><b>SERVICES:</b></p> <ul style="list-style-type: none"> <li>• Replacement Facility Update</li> </ul> <p><b>MEDICAL STAFF</b></p> <ul style="list-style-type: none"> <li>• Review PMH Clinic productivity</li> <li>• Medical Staff Engagement Plan</li> </ul> <p><b>EMPLOYEE DEVELOPMENT:</b></p> <ul style="list-style-type: none"> <li>• Employee Retirement Update</li> </ul> <p><b>PATIENT LOYALTY:</b></p> <ul style="list-style-type: none"> <li>• Review Customer Service Program</li> </ul>

Month	Goals & Objectives	Education
June	<p><b>QUALITY:</b></p> <ul style="list-style-type: none"> <li>• Review/Approve Board Polices</li> <li>• Approve 2021 CAH Annual Report</li> </ul> <p><b>FINANCIAL STEWARDSHIP:</b></p> <ul style="list-style-type: none"> <li>• Approve 2022 Cost Report</li> </ul>	<p><b>QUALITY:</b></p> <ul style="list-style-type: none"> <li>• Report 2022 Q1 Utilization Review</li> </ul> <p><b>EMPLOYEE DEVELOPMENT:</b></p> <ul style="list-style-type: none"> <li>• Review Leader Assessment and Development Program</li> </ul> <p><b>SERVICES:</b></p> <ul style="list-style-type: none"> <li>• Marketing Update</li> <li>• PMH Telehealth Update</li> </ul> <p><b>FINANCIAL STEWARDSHIP:</b></p> <ul style="list-style-type: none"> <li>• Accounting Software Update</li> </ul>
July	<p><b>MEDICAL STAFF DEVELOPMENT:</b></p> <ul style="list-style-type: none"> <li>• Attend BOC, Medical Staff and Leadership Engagement Activity</li> </ul> <p><b>FINANCIAL STEWARDSHIP:</b></p> <ul style="list-style-type: none"> <li>• Approve Single Audit</li> </ul>	<p><b>SERVICES:</b></p> <ul style="list-style-type: none"> <li>• Replacement Facility Update</li> </ul> <p><b>QUALITY:</b></p> <ul style="list-style-type: none"> <li>• Quality Committee Report</li> <li>• Strategic &amp; Patient Care Score Cards</li> <li>• Board Judiciary Responsibilities</li> </ul> <p><b>EMPLOYEE DEVELOPMENT:</b></p> <ul style="list-style-type: none"> <li>• Human Resources Update</li> <li>• Review Leadership and Exempt Wage Scales</li> </ul> <p><b>FINANCIAL STEWARDSHIP:</b></p> <ul style="list-style-type: none"> <li>• Review Semi-Annual Financial Performance Report for PMH Clinics</li> <li>• Foundation Update</li> </ul>

Month	Goals & Objectives	Education
August	<p><b>EMPLOYEE DEVELOPMENT:</b></p> <ul style="list-style-type: none"> <li>Attend end of summer Engagement Activity for BOC, Medical Staff, and all staff</li> </ul> <p><b>FINANCIAL STEWARDSHIP:</b></p> <ul style="list-style-type: none"> <li>Banking relationship Selection</li> </ul>	No Board Work Session
September	<p><b>QUALITY:</b></p> <ul style="list-style-type: none"> <li>Review/Approve Board Polices</li> </ul>	<p><b>EMPLOYEE DEVELOPMENT:</b></p> <ul style="list-style-type: none"> <li>Review Employee Benefit Changes</li> <li>Review Leadership Development Activities</li> </ul> <p><b>SERVICES:</b></p> <ul style="list-style-type: none"> <li>Replacement Facility update</li> </ul> <p><b>PATIENT LOYALTY:</b></p> <ul style="list-style-type: none"> <li>Nurse Educator Update</li> </ul>
October		<p><b>QUALITY:</b></p> <ul style="list-style-type: none"> <li>Conduct 2023 Strategic Planning</li> <li>Strategic &amp; Patient Care Score Cards</li> </ul> <p><b>EMPLOYMENT DEVELOPMENT:</b></p> <ul style="list-style-type: none"> <li>Review Leadership Accountability Resource Tools</li> </ul> <p><b>PATIENT LOYALTY:</b></p> <ul style="list-style-type: none"> <li>Patient Loyalty Summary</li> </ul>
November	<p><b>FINANCIAL STEWARDSHIP:</b></p> <ul style="list-style-type: none"> <li>Approve Property Tax Request for County Commissioners</li> </ul>	<p><b>QUALITY:</b></p> <ul style="list-style-type: none"> <li>iVantage Update</li> </ul> <p><b>SERVICES:</b></p> <ul style="list-style-type: none"> <li>Review draft 2023 Strategic Plan; 2023 Marketing and IT Plans; and</li> </ul>

Month	Goals & Objectives	Education
		<p>Medical Staff Model/2023 Provider Recruitment Plan</p> <ul style="list-style-type: none"> <li>• Replacement Facility Update</li> </ul> <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> <li>• Review Non-exempt (union) performance evaluation template</li> </ul> <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> <li>• Review draft 2023 Budget</li> </ul>
December	<p>QUALITY:</p> <ul style="list-style-type: none"> <li>• Complete Board Self-Evaluations</li> <li>• Review/Approve Board Policies</li> <li>• Approve the 2023 Environment of Care Plan</li> </ul> <p>SERVICES:</p> <ul style="list-style-type: none"> <li>• Approve 2023 Strategic Plan; 2023 Marketing and IT Plans; and Medical Staff Model/2023 Provider Recruitment Plan</li> </ul> <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> <li>• Approve 2023 Operating and Capital Budgets</li> </ul> <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> <li>• Attend holiday celebration</li> </ul>	<p>QUALITY:</p> <ul style="list-style-type: none"> <li>• Review the 2022 Environment of Care Plan</li> </ul>

 <b>Prosser</b> Memorial Health		2022 - Patient Care Scorecard															
Major Goal Areas & Indicators		2022 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2022 YTD	2021	2020
<b>Quality</b>																	
Left Without Being Seen	<0.80%															1.47%	0.80%
Median Admit Decision Time to ED Departure Time for Admitted Patients	<44 min															60	70
Median Time from ED Arrival to Departure for Discharged ED Patients	<107 min															117	128
Severe Preeclamptic Mothers: Timely Treatment Rate	>90%															N/A	N/A
All-Cause Unplanned 30 Day Inpatient Readmissions	<2.7%															5.80%	3.80%
Sepsis - Early Management Bundle	>94.4%															94.40%	72.73%
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.07%															0%	0.29%
Diabetes Management - Outpatient A1C>9 or missing result	<21.89%															21.89%	27.61%
Medication Reconciliation Completed	>90%															46%	47.15%
Turnaround time of 30 minutes or less for STAT testing	<30 min															38	37.5
Median Time to ECG for Patients Presenting to the ED with Chest Pain	< 6.3 min															6.3	7
Surgical Site Infection	<0.19%															0.19%	0.25%
Bar Code Scanning: Medication Compliance	>93.7%															93.50%	98.90%
Bar Code Scanning: Patient Compliance	>94.7%															94.70%	N/A
*Overall Quality Performance Benchmark (iVantage)	>61															61	53
*Falls with Injury	<2															3	2

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





2022 - Strategic Plan Scorecard

Major Goal Areas & Indicators	2022 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2022 YTD	2021 Avg	2020 Avg
<b>Patient Loyalty</b>																
IP - "Would Recommend"	>93.1%														93.10%	87.9%
ED - "Would Recommend"	>84%														84%	81.4%
Acute Care - "Would Recommend"	>91.8%														91.80%	84.1%
OB - "Would Recommend"	>93.6%														93.60%	92.3%
Outpatient Surgery - "Would Recommend"	>96.6%														96.60%	89.8%
Clinic - "Would Recommend"	>91%														91%	87.3%
Outpatient - "Would Recommend"	>94.1%														94.10%	88.1%
Composite Score	>92.9%														92.90%	N/A
<b>Medical Staff Development</b>																
Medical Staff Turnover	<10%														12%	0.2%
Prosser Specialty Clinic Visits	1,352														1318	954
Benton City Clinic Visits	868														732	837
Prosser RHC Clinic Visits	1,291														1227	1226
Grandview Clinic Visits	969														778	589
Women's Health Center	679														602	601
*# of Active Medical Staff	>51														50.8	45
<b>Employee Development</b>																
408(B) Participation Rate	>98%														98%	46%
Average Recruitment Time (days)	<21														21	32
# of Open Positions (Vacancies)	<23														32	29.4
Hours of Overtime - Overtime/Total Hours Worked	<4.5%														6.10%	5.9%
Agency - Cost/Total Labor	<7.7%														7.70%	7.6%
Turnover Rate	<0.6%														0.90%	0.6%
Timely Evaluations	>71.8%														71.80%	70.2%
Education Hours/FTE	>2.15														1.05	1.22
New Hire (Tenure) < 1 year	<10%														10%	0.0%
* Lost Workdays due to On-the-Job Injuries	<10.25														19.49	10.25
<b>Quality</b>																
ED Encounters - Left Without Being Seen	<0.8%														1.40%	0.8%
*Falls with Injury	<2														3	2
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.1%														0%	0.29%
All-Cause Unplanned Readmissions within 30 Days	<2.7%														6.10%	3.8%
Diabetes Management - Outpatient A1C>9 or missing result	<21.88%														21.88%	27.61%
<b>Services</b>																
ED Visits	1,083														1105	805
Inpatient Admissions	96														116	83
OB Deliveries	50														49	41
Surgeries and Endoscopies	187														179	101
Diagnostic Imaging Procedures	2,851														2992	2280
Lab Procedures	14,000														14327	11768
Adjusted Patient Days	1,900														1697	1393
Therapy Visits	1,651														1453	1314
Outpatient Special Procedures Visits	325														324	247
<b>Financial Performance</b>																
Net Days in Accounts Receivable	48														51	63
*Total Margin	6.00%														18.40%	4.5%
Net Operating Revenue/FTE	\$ 19,431														\$20,682	\$17,191
Labor as % of net Revenue	56.00%														57%	61.3%
Operating Expense/FTE	\$ 18,177														\$16,940	\$15,891
*Days Cash on Hand	155														155	183
Commercial %	29.30%														29%	29.0%
Total Labor Expense/Total Expense	60.00%														61%	61.3%

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

## Vision

Patients  
Employees  
Medical Staff  
Quality  
Services  
Financial



**Prosser**  
Memorial Health

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## Values

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Excellence

# 2022 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 2022 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 represented in the following graphic:



### **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 2023 PMH Quality Assurance Program Plan.

## **F. Program Goals for 2022**

The Joint Conference Committee that has a charter to perform this function, in selecting Quality Assurance Program goals for 2022, 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 2022 Strategic Plan
- Medical Staff Model & Provider Recruitment/Succession Plan FY 2017-2020
- PMH 2022 Operating and Capital Budgets FY2022

Departments will be expected to implement quality goals in accordance with the current Quality Improvement Policy 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

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 transparent Quality and Process Improvement methodologies.

## **G. PMH Quality Strategy/Patient 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 Care Scorecard. The measures may come from the following agencies: The Chartis Group, 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 scorecard may not reflect current measures. Contact Quality Assurance for an up-to-date scorecard.

## **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.
- Receive quarterly reports of quality program findings, actions, and results.
- Annually 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 and 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
- Support quality and process improvement initiatives
- Monitor implementation of improvement strategies determined through Root Cause Analysis of Adverse Events

# I. PMH High Level Organizational Structure

## Vision

Patients  
Employees  
Medical Staff  
Quality  
Services  
Financial

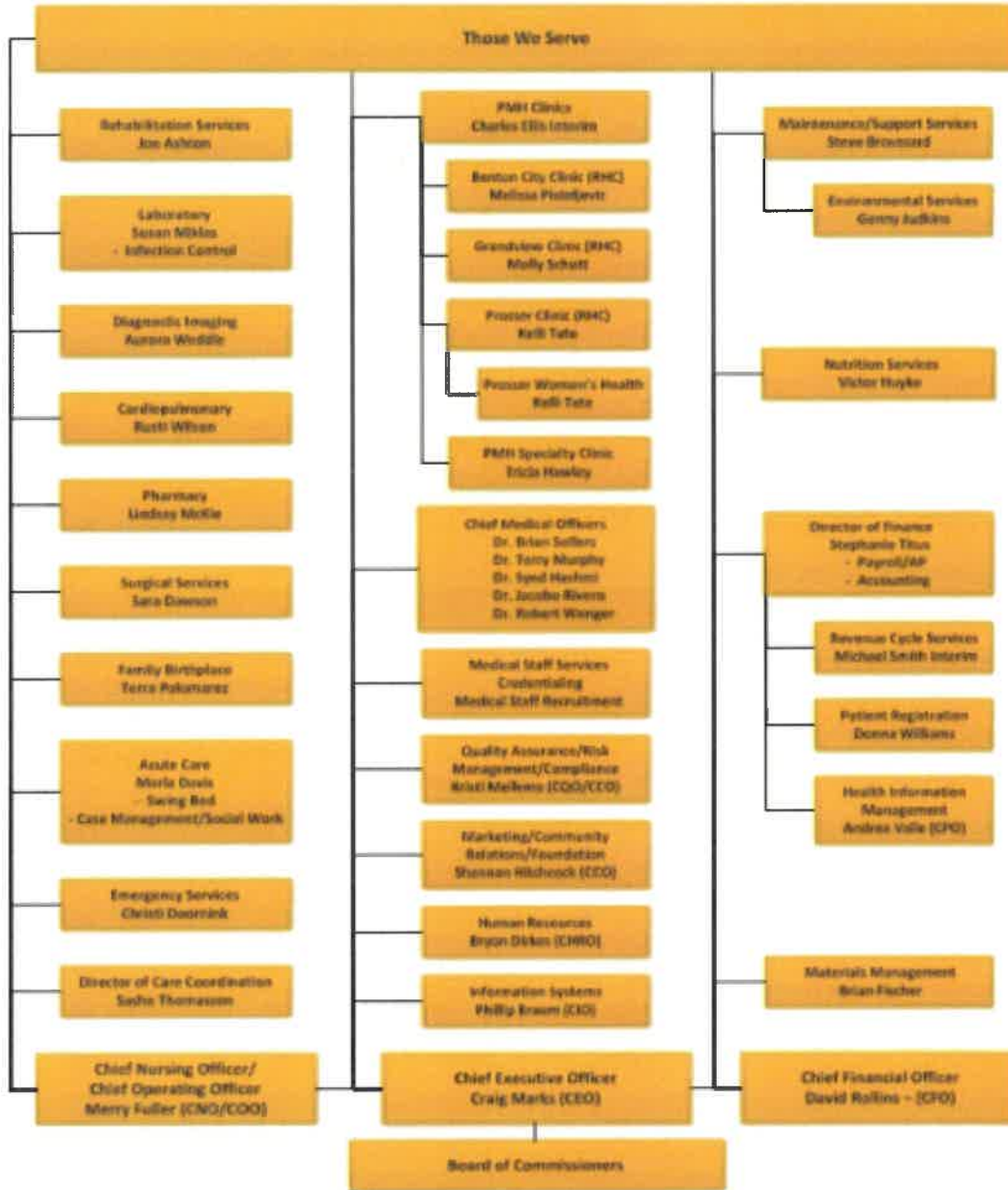


**Prosser**  
Memorial Health

## Values

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Service  
Promote Teamwork  
Integrity  
Respect  
Excellence

**Mission:** To improve the health of our community.





## **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.
- 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 into quality improvement activities.
- Maintain and effectively manage the PMH Compliance Program in accordance with related policies and procedures.

### Quality Committee

The Quality Committee (QC) serves as the steward for overall quality improvement for Prosser Memorial Health. The QC shall report to the Joint Conference Committee which is a committee of the Board of Directors and Medical Staff. The QC will assist in overseeing and ensuring the quality of clinical care, patient safety, regulatory preparedness and compliance provided throughout the organization.

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, and PMH employees as appropriate.

### 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.
- 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 2022 Strategic Plan
  - Medical Staff Model & Provider Recruitment/Succession Plan FY 2017-2020
  - Operating and Capital Budgets FY 2022

## **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, assessment, and improving patient care services according to RCW 70.41.200 and include, but not be limited to:
(a) A written performance improvement plan that is periodically evaluated;
(b) Performance improvement activities which are interdisciplinary and include at least one member of the governing authority;
(c) Prioritize performance improvement activities;
(d) Implement and monitor actions taken to improve performance;
(e) Education programs dealing with performance improvement, patient safety, medication errors, injury prevention; and
(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, wrong 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 procedures;
(i) Adverse drug reactions (as defined by the hospital);
(j) Confirmed transfusion reactions;
(k) Patient grievances, needs, expectations, and satisfaction; and
(l) Quality control and risk management activities.



<b>SUBJECT:</b>		Risk Management Program Plan				<b>NO:</b>	872-3004
<b>POLICY:</b>		<b>PROCEDURE:</b>		<b>GUIDELINE:</b>		<b>OTHER (SPECIFY):</b>	PLAN
<b>Supersedes:</b>		Risk Management Plan – 9/1/2017				<b>Effective Date:</b>	1/31/2020
<b>Development Team/Authors(s):</b>		Merry Fuller, MSN, RN, CNO					
<b>Committee Approval/Review:</b>							
<b>Administrative Approval:</b>							
<b>Audit Review:</b>	Initials:	9/20/17	2/14/18	1/07/19	1/08/2020	1/11/2021	1/5/2022
	Date:	mf	mf	km	km	km	km

**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.
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:
  - Clinical Risk-Patient Safety Officer: 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.
  - Environment of Care Risk-Safety Officer: 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.
  - Risk Program Management-Risk Manager: 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.
- 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:
    - a. 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.

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### **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.

### **References**

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Carroll, Roberta (2011) *Risk Management Handbook for Healthcare Organizations 6<sup>th</sup> Edition*. San Francisco, California. John Wiley & Sons, Inc.



BOARD OF COMMISSIONERS SELF-EVALUATION QUESTIONNAIRE

Answer Key

1 - Strongly Agree      3 - Disagree  
2 - Agree                4 - Strongly Disagree

		2016	2017	2018	2019	2020	2021		
		Average	Average	Average	Average	Average	Average	High	Low
<b>1) Board Composition</b>	<b>Comments</b>								
1. Board members are required to disclose possible conflicts of interest before their appointment and periodically throughout their term as Commissioners.		2.5	1.4	1.3	1.29	1	1.5	1	2
2. Board members are protected against the potential liabilities of governance through indemnity arrangements, insurance and other measures.		1.8	1.8	1.3	1.14	1.29	1.33	1	2
3. Board members regularly attend Board meetings in order to conduct business and make informed decisions.	Being able to attend via MS Teams has been very helpful.	1.8	1.6	1.2	1.29	1.14	1.33	1	2
4. The legal responsibilities and the potential liabilities of governance are clearly spelled out to the Board.	Not emphasized	2.6	2	1.5	1.29	1.71	1.57	1	3
	<b>Comments</b>								
<b>2) Support for Commissioner Education</b>									
5. The Board provides opportunities for development through:									
a. A formally established program for orienting Board Members.	I think so, not sure.	3	2	2.25	1.5	1.33	1.66	1	2
b. Continuing education sessions for all Board members, including discussions of local and national hospital issues.	Not specifically scheduled	2.2	1.83	1.5	1.57	1.33	1.83	1	3
c. Reimbursement of expenses for local, State and National conference and seminar attendance.		2.6	1.4	1.4	1.29	1.67	1.16	1	2
d. Subscriptions to periodicals on health care management and trusteeship.		2	1.5	2.33	1.83	1.33	1.16	1	2
6. Members are encouraged to identify areas where further Board education is needed or in which additional information would be helpful.	Members suggest education needs and administration is responsive in arranging for a presentation of the information needed	1.8	1.6	1.5	1.33	1.5	1.5	1	2
<b>3) Board Committee Procedures</b>									
7. The hospital/system has one or more statements/documents that are periodically reviewed and revised that identify the hospital/systems direction and role (e.g. Mission, Vision, Values, philosophy statements).		1.88	1.33	1	1	1.29	1.16	1	2
8. The Board has a written set of bylaws that are periodically reviewed.	Need to Review	1.6	1.33	1.33	1.14	1.29	1.16	1	2
	<b>Comments</b>								
		<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>		
		<b>Average</b>	<b>Average</b>	<b>Average</b>	<b>Average</b>	<b>Average</b>	<b>Average</b>	<b>High</b>	<b>Low</b>



9. The roles, responsibilities, functions, relationships, and 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.	Statements exists. Recent revision of Medical Staff Bylaws.	1.6	1.33	1.33	1.29	1.29	1.16	1	2
10. The Board conducts business using formal procedures such as "Roberts Rules of Order".		1.8	1.83	1.67	1.43	1.43	1.16	1	2
11. Board meetings are scheduled at appropriate intervals.		1.8	1.5	1.67	1.14	1.43	1.16	1	2
12. The length of Board meetings is realistic and based on planned agendas.		1.8	1.83	1.33	1.29	1.29	1.16	1	2
13. The Board has the necessary information to arrive at responsible decisions.	Having the Tuesday work session has really helped.	2	1.4	1.83	1.29	1.43	1.16	1	2
14. The Board conducts its deliberation in a thoughtful and objective manner.		1.8	1.67	1.33	1.29	1.43	1.33	1	2
15. The bylaws provide for a committee structure with Board member participation allowing the Board to fulfill its responsibilities.		1.5	1.67	1.67	1.29	1.29	1.33	1	2
16. Standing ad hoc committees report regularly to the Board.	No Ad Hoc Committee.	2.1	2	1.5	1.4	2	1.4	1	2
17. Committees are reviewed annually with regard to composition, goals, responsibilities and performance.		3	2	1.6	1.86	1.6	1.66	1	2
	<b>Comments</b>								
<b>4) Scope of Responsibility</b>		<b>2016 Average</b>	<b>2017 Average</b>	<b>2018 Average</b>	<b>2019 Average</b>	<b>2020 Average</b>	<b>2021 Average</b>	<b>High</b>	<b>Low</b>
18. The Board exercises its authority to make those policy and other decisions that the Board should make.		2.1	1.67	1.67	1.14	1.29	1.33	1	2
19. The Board effectively fulfills its responsibility for establishing and maintaining the organization's long-range or strategic plan.		1.6	1.67	1.67	1.14	1.29	1.33	1	2
20. The Board reviews the organizations' financial position on a regular basis, using budget reports and other documents in order to ensure long-range financial stability.		1.8	1.5	1.67	1	1.43	1.16	1	2
21. A performance evaluation of the CEO is done annually.		1.8	1.66	1.67	1.14	1.17	1.16	1	2
22. The Board has policies, a process and guidelines for reviewing contracts for professional services, leases, etc.	Not Sure	3	1.6	2.5	1.43	1.67	1.5	1	3
23. The Board makes informed decisions on Medical Staff appointments, reappointments and clinical privileges and fulfills its responsibility for a properly functioning Medical Staff.		2	1.5	1.67	1.14	1.43	1.33	1	2
24. The Board effectively monitors and evaluates all areas of performance, including quality of care.		2.1	1.33	1.67	1.29	1.43	1.33	1	2
25. The Board refrains from making decisions related to the implementation of policy that should be made by the CEO and Management Staff.		2.1	1.5	1.33	1.43	1.43	1.33	1	2
	<b>Comments</b>								
26. The Board seeks opportunities to communicate with the community regarding hospital/system services and programs and to inform and seek input to determine unmet health care needs.	I don't think we seek opportunities. Board participation in community events is limited to 2 or 3 of us.	2.6	1.83	2.17	1.71	1.83	1.66	1	3

27. The Board effectively represents the hospital/system in the political arena, influencing the decision making process.	Need to attend State and DC events once they start back up.	3.1	2.6	2.17	2.14	1.67	2	1	3
28. The Board actively participates in the fund-raising and development programs.	At the December meeting of the PMH Foundation, not all Board Members had contributed to the new hospital construction capital campaign. Each Board Member should contribute. The amount of the contribution does not matter.	3	2.33	2.17	1.67	1.67	1.66	1	2
29. The Board receives an accurate record of deliberation made during its meetings through the timely distribution of minutes.		1.8	1.33	1.17	1.14	1.14	1.16	1	2
30. Board members receive meeting notices, written agendas with appropriate materials well in advance of meetings.		1.8	1.33	1.17	1.17	1.14	1.16	1	2
31. Background material is supplied early enough for study before Board meetings.		2	1.33	1.33	1.43	1.43	1.33	1	2
32. Board members routinely receive relevant hospital/system publications, such as magazines, newsletters, bulletins, press releases, brochures and announcements.	Not on monthly email list (not-talking about day to day stuff)	2.3	2.17	2.17	1.86	1.71	1.5	1	2
33. The Board has adopted a policy and process to manage and reduce risk.		2.3	1.6	2	1.43	1.29	1.33	1	2
34. The Board receives sufficient status reports on the implementation of Board actions and decisions.		1.8	1.5	1.5	1.43	1.43	1.33	1	2
	<b>Comments</b>	<b>2016 Average</b>	<b>2017 Average</b>	<b>2018 Average</b>	<b>2019 Average</b>	<b>2020 Average</b>	<b>2021 Average</b>	<b>High</b>	<b>Low</b>
35. The Board has established an effective means to promote open communications between the Board, Medical Staff and hospital staff.		2.8	1.6	2	1.57	1.29	1.33	1	2
36. The Board receives feedback from the elected or appointed 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.	A Medical staff member attends each regular meeting. An opportunity to present medical staff ideas is provided.	1.8	1.67	1.33	1.33	1.43	1.33	1	2
37. To facilitate communication among the Board, the administration and the Medical Staff, various means are used such as:									
a. A representative of the Medical Staff attends Board Meetings		1.8	1.5	1.17	1.33	1.29	1.16	1	2
b. A Joint Conference Committee		2.1	1.5	1.17	1.17	1.17	1.16	1	2
c. Medical Staff membership on Board committees		2.1	1.5	1.67	1.67	1.2	1.33	1	2
d. Board membership on Board Committees	3 Board Members on Finance Comm; 3 Board Members on JCC; seventh member keeps informed through conversation with admin.	2.8	1.6	1.2	1.33	1.2	1.16	1	2
e. Exchange of Board and Medical Staff activities.		2.5	2.2	2.17	1.6	1.4	1.33	1	2
f. Special ad hoc committees formed to deal with issues affecting the Board, Administration and Medical Staff.	Yes, currently EMS study	2.5	1.75	1.6	1.4	1.8	1.2	1	2



**PROSSER MEMORIAL HEALTH  
BOARD ACTION PLAN - 2021**

BOARD INPUT	ACTION PLAN/RECOMMENDATION	RESPONSIBLE COMMITTEE	ACTION TAKEN
The PMH Board would like to learn more about their legal responsibilities, conflicts of interest and the potential liabilities of governance.	Conduct a Board Education Session that addresses the Board's legal responsibilities, Compliance Program expectations, conflicts of interest and the potential liabilities of governance. Explore using attorneys from the Association of Washington Public Hospital Districts (AWPHD) and/or PMH legal counsel to conduct the session.	Full Board	Due to the COVID-19 pandemic and the restrictions on group meetings, we were unable to identify legal counsel willing to conduct an education session at PMH. We will schedule a Board Education Session in 2022 dedicated to the Board's legal responsibilities. Ideally the session will be in person, but we may have to do it virtually.
The PMH Board has not consistently reviewed its committee structure, membership, etc.	The PMH Board will review its committees every January with regard to composition, goals, responsibilities and performance.	Full Board	The PMH Board will review its current committee structure and committee membership at the January 2022 Board Meeting and make changes as appropriate.
The PMH Board wants to maintain a high level of communication throughout PMH, including actions they take at their monthly meetings.	An email will be sent by the CEO to all PMH Team members (Employees, Medical Staff) the day after each monthly Board meeting, which will communicate the actions taken by the Board at their monthly meeting.	Full Board	Beginning in January 2022, the CEO will send an email to all PMH Team members (Employees, Medical Staff) the day after each monthly Board meeting, which will communicate the actions taken by the Board each month. This item fell off the radar screen, but will be implemented immediately.



**PROSSER MEMORIAL HEALTH  
BOARD ACTION PLAN - 2021**

BOARD INPUT	ACTION PLAN/RECOMMENDATION	RESPONSIBLE COMMITTEE	ACTION TAKEN
<p>The Board would like to maintain the positive relationship they have with the Medical Staff and Leadership Team.</p>	<p>Conduct a social event for the Board, Medical Staff and Leadership Team to interact and continue to strengthen relationships. Continue to conduct monthly Joint Conference Committee meetings.</p>	<p>Full Board</p>	<p>Although we were unable to hold our dinner cruise on the Columbia River, we were able to hold a Board, Medical Staff and Leadership Team social event at Desert Wind Winery, which was well attended. We continue to conduct monthly Joint Conference Committee Meetings which are very informative and collaborative.</p>
<p>The Board has not consistently been receiving the electronic monthly Trustee Insights publication. The Board is also interested in receiving the Becker's Hospital Review publication electronically.</p>	<p>Administration will work with the PMH IT Department to ensure that the Trustee Insights and Becker's Hospital Review publications are sent to all Board members on their hospital and/or personal email accounts.</p>	<p>Full Board</p>	<p>PMH IT has worked with individual Board of Commissioners to ensure that they are able to receive Trustee Insights and Becker's Hospital Review publications on their hospital and/or personal email accounts.</p>
<p>The Board would like to see minor modifications made to our current Board Self-Evaluation form to better represent the operations of a public hospital and PMH specifically.</p>	<p>Continue to revise the current Board Self-Evaluation form (e.g. ad hoc committees) as needed.</p>	<p>Full Board</p>	<p>We continue to review the Board Self-Evaluation form for possible revisions, but no needed changes were identified nor made in 2021.</p>

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**PROSSER MEMORIAL HEALTH  
BOARD ACTION PLAN - 2021**

**CONFLICT OF INTEREST DISCLOSURE**

**BOARD OF COMMISSIONERS**

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Pursuant to the PMH Medical Center 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 PMH Medical Center, 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 PMH Medical Center, 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

<p><b>PUBLIC DISCLOSURE COMMISSION</b>  <b>711 CAPITOL WAY RM 206</b>  <b>PO BOX 40908</b>  <b>OLYMPIA WA 98504-0908</b>  <b>(360) 753-1111</b>  <b>TOLL FREE 1-877-601-2828</b></p>	<p>PDC FORM  <b>F-1</b>                  (1/15)</p>	<p><b>PERSONAL FINANCIAL AFFAIRS STATEMENT</b></p>	<p>P M PDC OFFICE USE                  O A                  S R                  T K</p>										
<p>Refer to instruction manual for detailed assistance and examples.</p> <p><b>Deadlines:</b> Incumbent elected and appointed officials -- by April 15.                  Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.</p> <p><b>SEND REPORT TO PUBLIC DISCLOSURE COMMISSION</b></p>		<p><b>DOLLAR CODE</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>A</b></td> <td><b>\$1 to \$4,499</b></td> </tr> <tr> <td><b>B</b></td> <td><b>\$4,500 to \$23,999</b></td> </tr> <tr> <td><b>C</b></td> <td><b>\$24,000 to \$47,999</b></td> </tr> <tr> <td><b>D</b></td> <td><b>\$48,000 to \$119,999</b></td> </tr> <tr> <td><b>E</b></td> <td><b>\$120,000 or more</b></td> </tr> </table>	<b>A</b>	<b>\$1 to \$4,499</b>	<b>B</b>	<b>\$4,500 to \$23,999</b>	<b>C</b>	<b>\$24,000 to \$47,999</b>	<b>D</b>	<b>\$48,000 to \$119,999</b>	<b>E</b>	<b>\$120,000 or more</b>	<p>R E C E I V E D</p>
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<p>Last Name First Middle Initial</p>		<p>Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.</p>											
<p>Mailing Address (Use PO Box or Work Address) *</p>													
<p>City County Zip + 4</p>													
<p>Filing Status (Check only one box.)</p> <p><input type="checkbox"/> An elected or state appointed official filing annual report</p> <p><input type="checkbox"/> Final report as an elected official. Term expired: _____</p> <p><input type="checkbox"/> Candidate running in an election: month _____ year _____</p> <p><input type="checkbox"/> Newly appointed to an elective office</p> <p><input type="checkbox"/> Newly appointed to a state appointive office</p> <p><input type="checkbox"/> Professional staff of the Governor's Office and the Legislature</p>		<p>Office Held or Sought</p> <p>Office title: _____</p> <p>County, city, district or agency of the office, name and number: _____</p> <p>Position number: _____</p> <p>Term begins: _____ ends: _____</p>											
<p><b>1 INCOME</b> List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3.)</p>													
<p>Show Self (S)                  Spouse (SP DP)                  Dependent (D)</p>	<p>Name and Address of Employer or Source of Compensation</p>	<p>Occupation or How Compensation Was Earned</p>	<p>Amount: (Use Code)</p>										
<p>Check Here <input type="checkbox"/> if continued on attached sheet</p>													
<p><b>2 REAL ESTATE</b> List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)</p>													
<p>Property Sold or Interest Divested</p>	<p>Assessed Value (Use Code)</p>	<p>Name and Address of Purchaser</p>	<p>Nature and Amount (Use Code) of Payment or Consideration Received</p>										
<p>Property Purchased or Interest Acquired</p>		<p>Creditor's Name/Address</p>	<p>Payment Terms</p>										
			<p>Security Given</p>										
			<p>Mortgage Amount - (Use Code)                  Original Current</p>										
<p>All Other Property Entirely or Partially Owned</p>													
<p>Check here <input type="checkbox"/> if continued on attached sheet</p>													

**CONTINUE ON NEXT PAGE**

**3****ASSETS / INVESTMENTS - INTEREST / DIVIDENDS**

List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.

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 Asset	Asset Value (Use Code)	Income Amount (Use Code)
B. Name and address of each insurance company where you, a family 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 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.			

Check here  if continued on attached sheet.

**4****CREDITORS**

List each creditor you or a family member, including registered domestic partner, owed \$2,400 or more any time during the period. Don't include retail charge accounts, credit cards, 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 <input type="checkbox"/> 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 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 corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional 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.
- 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, 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 contact information.

**CERTIFICATION:** I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Telephone: ( ) \*

Email: \_\_\_\_\_ (work) \*

Email: \_\_\_\_\_ (Home) Optional

**REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE**



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## F-1 Personal Financial Affairs Statement

### Purpose

Personal financial information is disclosed by candidates at the start of the campaign and annually by elected officials, state boards and commissions members, state agency directors, and legislative and gubernatorial professional staff. Allows the public to assess whether state officials may have conflicts of interest.

### Due Date

- State, local, and judicial candidates file within two weeks of first raising or spending money for the campaign, reserving space or purchasing advertising to promote candidacy, authorizing someone else to do any of these activities, publicly announcing candidacy, or filing the declaration of candidacy. Reporting period = 12 months prior to the start of the campaign.
- Individuals appointed to finish an unexpired term or appointed to a covered state position file within two weeks of the appointment. Reporting period = 12 months prior to the appointment.
- Annual reports are due April 15 and cover the previous calendar year.

Note: Only one F-1 report per person per year is required.

### Electronic Filing Option

<https://web.pdc.wa.gov/F1/Login.aspx>

## Download Forms

 [F1.2015.pdf](#)

 [F1.2015.doc](#)

## Public Disclosure Commission

711 Capitol Way #206  
PO BOX 40908  
Olympia, WA 98504-0908

Toll Free 1(877) 601-2828  
Phone (360) 753-1111  
Fax (360) 753-1112  
Email [pdc@pdc.wa.gov](mailto:pdc@pdc.wa.gov)

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**Regulatory Readiness  
QUICK GUIDE**

## **YOU ARE IMPORANT TO OUR REGULATORY READINESS AND SURVEY PROCESS!**

This guide has been prepared to help you maintain constant readiness. Please take the time to review this entire guide to ensure continual readiness and understanding of expectations.

Prosser Memorial Health (PMH) is striving to do our best to have a culture of continual readiness and to live our Mission, Vision and Values.

## **HOW DO I KNOW IF THERE IS AN UNANNOUNCED SURVEY?**

Surveys are shared with all staff via email and through direct communication with department directors. In addition, there is a call to pre-identified leaders and survey participants for those areas to be surveyed.

## **WHAT SITES AND SERVICES ARE SUBJECT TO A REGULATORY SURVEY?**

All PMH sites associated with the hospital license are subject to survey, including the hospital and clinics. For questions regarding the status of hospital-based services please contact your director or the Chief Quality Officer.

## **WHAT DO I DO WHEN WE HAVE THE SURVEY?**

Any patient, visitor, employee, physician, student, contracted or temporary employee, may be interviewed by the surveyors.

Department Leaders:

- During a survey, walk through your department and talk with your staff and providers regarding survey readiness.
- Use the Ready Everyday Checklist to confirm department compliance with the most at-risk requirements. The Ready Everyday Checklist can be found on SharePoint under the Quality Assurance tab.

When a survey is announced:

- Remove any equipment not-in-use from the hallways.
- Check all refrigerators for outdated, unlabeled, or open food.
- Ensure all countertops are dust & clutter free.
- Ensure no food is at workstations, and all beverages are in covered containers.
- Ensure no doors are propped open.
- Ensure all patient rooms are tidy and the whiteboard is up-to date.
- Appropriate Isolation signage is in place and PPE readily available outside the rooms.
- Etc.....

## HOW DO I GET MORE INFORMATION DURING THE SURVEY?

Periodic updates about the survey will be email. Please feel free to contact the Chief Quality Officer or the Administration Office with any questions.

### OTHER:

- Wear your PMH name badge so it is visible, upper chest or higher
- Know your scope of practice

## HOW TO INTERACT WITH SURVEYORS

- If the surveyor asks you a question, stop....smile 😊 and take a deep breath....think about the question and answer it.
- If you do not know the answer but know where to find it or who to go to, say so and proceed to show the surveyor.
- Remember to think carefully before responding and only give an answer to what is being asked. Be honest and relax! Surveyors are consultants, educators, and healthcare workers too.
- This is your chance to showcase how PMH provides top quality patient care.
- Remember, during a survey is not the best time to point out areas of opportunity. We hope that all staff and providers will follow our values and share challenges or areas for improvement “real time” via the proper channels.
- If a surveyor asks you a policy question, you should answer that policies are located on PMH Share Point. You can take them to that policy on Share Point but if they are requesting a copy, the survey escort will collect the policy from the command center and provide to the surveyor. You are not responsible for providing the policy document.
- Do not use words like “usually, typically, most of the time” when describing a process or procedure.

## IMPORTANT TIPS FOR CONSTANT READINESS

### POLICIES AND PROCEDURES TO REVIEW AND KNOW:

- Assessment (includes reassessment) #873-1002
- Restraint and Seclusion #873-0032
- Rapid Response Protocol #873-0078
- Infant Security, Infant Abduction #845-0007
- Assessment/Management of Pain #873-0003
- Blood Administration #873-0022
- IV Infusion #873-0059
- Medication Administration & Medication Orders #726-7003

- Fall Prevention Program #873-0092
- Decontamination and Sterilization #702-0074
- Staff Food and Beverages #871-0007
- Hand Hygiene #871-0007
- Isolation Precautions #871-0005
- CAUTI and CLABSI Precaution #873-0076/#873-1006/#873-0037
- Pressure Ulcer Prevention #873-1004
- Informed Consent for Treatment #873-0049

## ENVIRONMENT OF CARE

- Keep all areas uncluttered and clean (both work and storage areas). Report any building repairs needed such as wall holes, chipping paint, etc.
- No outside cardboard shipping boxes on clinical units.
- No items stored under sinks.
- Cleaning agents are kept out of reach and labeled appropriately.
- Only “clean” items are in “clean” areas; “dirty” are in “dirty” areas.
- Sharps containers will be changed out when 2/3 full and must be secured.
- Discard all outdated/expired items.
- Check any drawers and carts for outdated items.
- Refrigerator/freezer/fluid warmer/blanket warmer/crash cart/eye wash station checks are completed and logged, per policy.
- Refrigerators are cleaned out and old food items thrown away. Freezers are defrosted and clean.
- Keep patient food items covered, dated, and labeled.
- Employee food is not in the same refrigerator as patient food.
- Employee food and/or beverages are out of the patient care areas (including nurses’ stations). Food must be kept in staff lounges. Drinks with lids may be allowed at nurses’ stations, per policy.
- No items are to be stacked within 18 inches of the ceiling.
- Do not prop doors open and do not use door stoppers.
- Keep all exits and hallways clear.
- Do not block fire extinguishers, fire alarm system equipment, electrical panels or exits.
- Keep all oxygen cylinders secure in tank holders. When transporting patients with oxygen, cylinders must be in a secured holder. DO NOT place oxygen cylinders on the patient’s bed. Store full, partial, and empty cylinders separately in designated areas. Cylinders must be stored at least 5 feet away from ignition sources, i.e. electrical outlets.
- Only blankets in blanket warmers.

- All equipment has a current sticker for preventative maintenance. If broken, take it out of use and follow policy to report/repair.
- Extension cords are prohibited for use unless approved for use by the Maintenance Department. Cords must be 3 wire grounded assemblies and not used in lieu of permanent hard-wired electrical outlets i.e. temporary use only.
- Space heaters are only permitted in non-sleeping employee and staff areas and must be approved for use by the Maintenance Department. Heating elements cannot exceed 212 F. Heaters and appliance such as microwaves, refrigerators, toasters, etc. must be plugged directly into a wall outlet. The use of power strips and extension cords for these appliances is strictly prohibited.

**LINEN**

- Clean linens are covered.
- Linen hampers must be covered when transported outside patient room.
- Do not store anything on top of the linen carts, including bins with personal care items.

**INFECTION CONTROL**

Always practice good hand hygiene between patients. Wash hands/use hand sanitizer when entering and exiting the patient’s room and before, after and between glove changes. Remember the 5 moments of Hand Hygiene.

Moment:	Examples:
1. On Room Entry and Before Touching a Patient	Shaking hands, helping a patient to move around, getting washed, taking pulse, blood pressure, chest auscultation, abdominal palpation
2. Before Clean/Aseptic Procedure	Oral/dental care, secretion aspiration, skin lesion care, wound dressing, subcutaneous injection; catheter insertion, opening a vascular access system; preparation of food, handling medication, dressing sets
3. After Body Fluid Exposure Risk	Oral/dental care, secretion aspiration; skin lesion care, wound dressing, subcutaneous injection; drawing and manipulation any fluid sample, opening draining system, endotracheal tube insertion and removal; clearing up urines, feces, vomit; handling waste (bandages, napkin, incontinence pads); cleaning of contaminated and visibly soiled material or areas (lavatories, medical instruments)
4. After Touching a Patient	Shaking hands, helping a patient to move around, getting washed, taking pulse, taking blood pressure, chest auscultation, abdominal palpation

<p>5. After Touching Patient Surroundings and Upon Exiting Room</p>	<p>Changing bed linen, perfusion speed adjustment, monitoring alarm, holding a bed rail, clearing the bedside table</p>
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- Hand hygiene should be done before donning and after doffing gloves. *Gloves do not replace the need to do hand hygiene.*
- Keep personal protection equipment (PPE) stocked and ensure staff know when and how to use them.
- Isolation patients – make sure proper signage and supplies are in place. Proper information is entered into the patient chart.
- Computer keyboards in patient rooms are part of the patient’s environment just like a bedside table and must be cleaned daily by Housekeeping and at discharge.
- Patient with C-diff are put on Contact Enteric Precautions. Staff must use soap and water to clean hands after care.
- Infection Control policies and other useful information are posted on Share Point.
- Know the contact time for the cleaning products being used. Contact time information is found on the product label which you can reference, if asked by a surveyor.
  - Sanicloths (purple tops)      2      minutes
  - Bleach wipes                      3      minutes



- All equipment and toys should be cleaned between use. Staff should be able to describe:
  - WHO is responsible for cleaning?
  - HOW items are cleaned
  - HOW you identify an item is clean

### **CARE PLANS**

- Care plans need to be individualized. This means they address the patient's physical, emotional, social, and educational needs.
- All goals need a timeframe for achievement (i.e., patient will ambulate within 3 days).
- Nursing is to review and update the care plan every shift and with every transition or patient status change.
- All disciplines (PT, OT, RT, etc.) need to be involved in the care plan. Encourage the interdisciplinary team's input.
- Interdisciplinary care conferences need to be addressed in the plan of care.
- Any interventions completed on the patient in relation to care plans must be reflected in the documentation.

### **CRASH CARTS**

- Keep crash carts locked
- Complete and log crash cart/defibrillator checks on a daily basis
- Check for expired supplies and replace as needed

### **MEDICATION SAFETY**

- The surveyor will observe staff during medication administration. **WASH YOUR HANDS BEFORE ADMINISTERING MEDICATIONS.**
- Follow the 10 Rights for Medication Administration
  1. Right patient
  2. Right reason
  3. Right drug
  4. Right route
  5. Right time
  6. Right dose
  7. Right form
  8. Right action
  9. Right documentation
  10. Right response
- You must always use patient identification, per policy.
- All PRN orders must include a reason for administration (i.e., Tylenol PRN for pain).

- If more than one medication is ordered PRN for the same purpose, the order must include selection criteria for use.
- Keep all medications, syringes and needles secured.
  - NOTE: Secured implies that medications are either attended by a nurse, physician, pharmacist, or locked up securely.
- Pre-drawn syringes must be labeled, per policy.
- Label medications and solutions after the container is filled. NO pre-labeling.
- Be certain no outdated medications are in the medication refrigerators, medication carts, and medication rooms.
- Mark open multi-dose vials with 28-day expiration date unless otherwise directed by the manufacturer instructions.
- Immediately discard single dose vials after opening. (Single dose means single dose regardless of how big the vial might be.)
- Be sure all prescription pads and printer prescription paper are locked and secured.
- Ensure a clean medication preparation area (12" splash zone from sink).
- We do a significant amount of IV compounding for immediate use. Surveyors will watch this task being done every time.

## **INTERPRETING SERVICES**

Providing interpreters for our Limited English Proficiency (LEP) patients is a necessary function of providing that care. All non-English speaking patients who present to the hospital will be offered the services of a certified/qualified interpreter. Spanish interpreters are available in-house 24 hours a day. In Demand video interpreter services will be used to augment services if the Spanish interpreter in-house is not available in a timely manner. The In Demand video unit is in the Emergency Department. It will be documented in the patient's chart that interpreting services were used and any outcomes of the interactions. Reference policy #836-0002 Interpreter Services.

## **PERFORMANCE IMPROVEMENT (PI)**

Finding the flaws in a process and fixing them is performance improvement!

### **WHAT IS PDSA?**

At PMH, we use a 4-step process called the PDSA model for performance improvement. PDSA is used to test a change for developing a plan to test the change (Plan), carry out the test (Do), observe and learn from the consequences (Study), and determine what modifications should be made to the test (Act).

<b>P</b>	Plan
<b>D</b>	Do
<b>S</b>	Study
<b>A</b>	Act

Be prepared to discuss how your team/unit/area has improved a service (i.e., bedside shift reporting, hourly rounding, etc.), problem solved a quality issue concerning patient care, focus on customer service (Leader Rounding, AIDET), controlled costs, or improved system communication.

You are responsible to know what your department’s PI initiatives are!

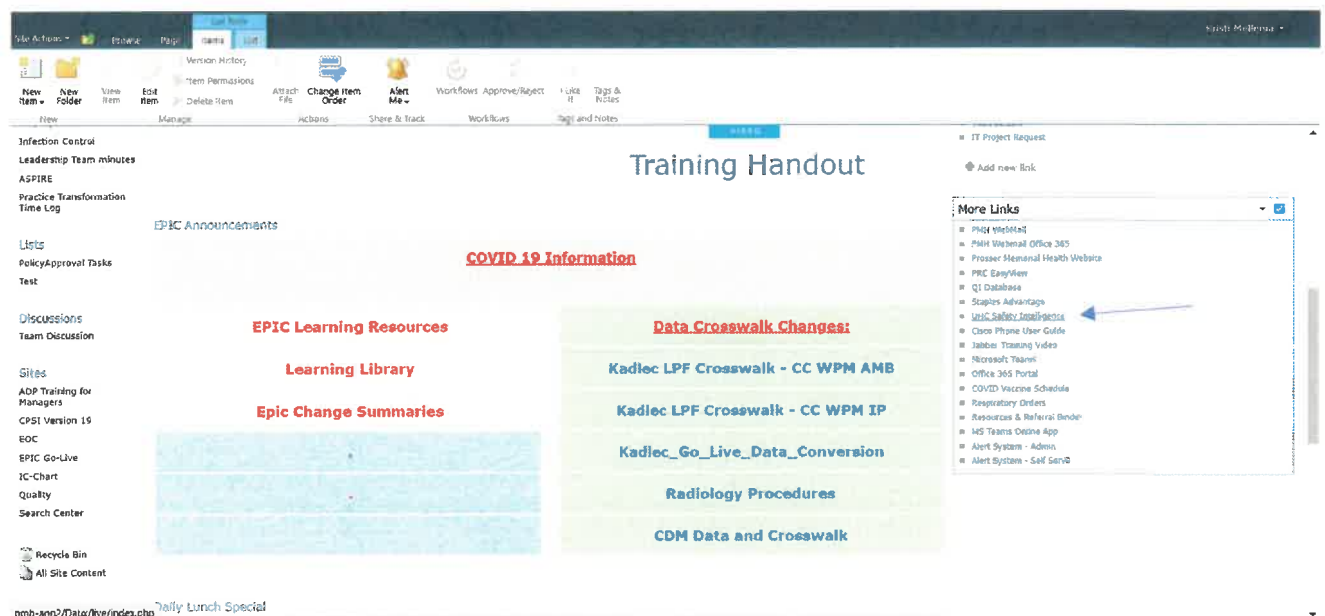
PMH benchmarks nationally with the CMS Core Measure Sets as well as other agencies (WHSA) and national databases (e.g., The Chartis Group).

The topics we measure may change year to year based on our population, performance, etc. Some of the Core Measures may include the following:

- AMI (Acute MI)
- Sepsis (SEP)
- Stroke (STK)
- ED Throughput (Emergency Department)

## INCIDENT REPORTING & SENTINEL EVENTS

Incident reports are filed through the UHC Safety Intelligence found on Share Point.



UHC reports are reviewed daily by leaders and are acted upon based on severity and likelihood to cause harm to patients. Harm events and “Near misses” are reviewed at the hospital daily safety huddles and various other routine meetings to ensure appropriate follow up on concerns.

## **SENTINEL EVENTS**

When a sentinel event occurs, management and staff meet to discuss the cause, resolution, and processes involved. This process is called a root cause analysis (RCA).

An RCA is defined as the process for identifying the basic or causal factors that contribute to the occurrence of a sentinel event.

At PMH, all sentinel events must be reported to the Chief Quality Officer.

A Sentinel Event is defined as an unexpected occurrence involving death, serious physical or psychological injury, or risk thereof.

Major categories of Sentinel Events as defined by The Joint Commission:

- Suicide during treatment or within 72 hours of discharge
- Unanticipated death during care of an infant
- Abduction while receiving care
- Discharge of an infant to the wrong family
- Hemolytic transfusion reaction due to blood transfusion with major blood group incompatibilities
- Surgery on the wrong individual or wrong body part
- Retained foreign body after surgery
- Severe neonatal jaundice (bilirubin >30mg/dl)
- Prolonged fluoroscopy with very high or inappropriate dose or to the wrong site
- Fire during direct patient care caused by hospital equipment
- Intrapartum maternal death
- Unanticipated severe maternal morbidity resulting in permanent or severe temporary harm
- Rape
- Falls
- Delay in treatment
- Medication error
- Criminal event

## **HIPAA/CONFIDENTIALITY**

- Never leave patient information in potential view (i.e., Epic patient charts, white boards, faxes, etc.).
- Always throw patient specific information in the confidential shred bin – never throw patient information in the regular trash.
- Always lock your computer when you walk away.
- Use patient identifiers (i.e., name and date of birth).

## COMMUNICATION

SBAR is a communication tool recommended to be used by healthcare providers in order to ensure clear and effective communication, especially in critical situations.

SBAR stands for:

- S** Situation
- B** Background
- A** Assessment
- R** Recommendation

SBAR provides a consistent method for communicating relevant information to a colleague so important information does not get overlooked.

Remember to use this practice at bedside reporting or when calling a provider for intervention.

SBAR promotes clarity in communications, fosters teamwork, and contributes to patient safety and quality of care.

## 2022 NATIONAL PATIENT SAFETY GOALS

1. Identify patients correctly
  - a. Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
2. Improve staff communication
  - a. Get important test results to the right staff person on time.
3. Use medicines safely
  - a. Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups, and basins. Do this in the area where medicines and supplies are set up.
  - b. Take extra care with patients who take medicines to thin their blood.
  - c. Record and pass along correct information about a patient's medicines. Find out what medicines that patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.
4. Use alarms safely
  - a. Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

5. Prevent infection
  - a. Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
6. Identify patient safety risks
  - a. Reduce the risk for suicide
7. Prevent mistakes in surgery
  - a. Make sure that the correct surgery is done on the correct patient and the correct place on the patient's body.
  - b. Mark the correct place on the patient's body where the surgery is to be done.
  - c. Pause before the surgery to make sure that a mistake is not being made.

## QUESTIONS SURVEYORS MAY ASK YOU

*\*Although answers have been provided to these questions, please be prepared to answer in your own words.*

### PERFORMANCE IMPROVEMENT

Q: Whose job is it to improve organizational performance?

A: IT IS EVERYONE'S JOB!

### ETHICS, RIGHTS, AND RESPONSIBILITIES

Q: How do you protect your patient's privacy and confidentiality?

A: I speak to patient/families in a private area regarding care. I do not talk about the patient in public areas such as the elevator, lunchroom, etc. We have a Compliance Hotline to report any patient confidentiality concerns.

Q: How are patient complaints resolved?

A: Each employee tries to solve the complaint to meet the patient/family needs whenever possible. If we cannot resolve the issue, we notify our director or supervisor. Note: a patient complaint may become a formal grievance. There are specific regulatory requirements for proper handling of grievances which are overseen by the Risk Department.

Q: How do you respect patient rights?

A: I introduce myself when interacting with a patient. I do not talk about patients in public areas. I do not leave patient records lying around or on a computer screen. I provide my patients with privacy. I offer interpreter services when English is not their preferred language or as requested and each patient is offered a patient's Rights and Responsibilities brochure.

Q: How are ethical issues addressed?

A: Any employee, family member, or physician can request an Ethics consult if an issue cannot be resolved at the point of service by contacting the Chief Compliance Officer at ext. 6646.

Q: For patients 18 years of age or older – what is an Advanced Directive?

A: Instructions designating another person to make medical decisions on the patient's behalf should the patient lose the capacity to do so.

Q: How are patients educated regarding Advanced Directives?

A: Information regarding Advanced Directives is offered to all patients upon Admission.

Q: Are patients provided with information regarding their rights?

A: The Patient Rights and Responsibilities brochure is offered to every patient/family when admitted.

Q: How are the spiritual needs of the patients addressed?

A: Spiritual needs and choices are documented on the admission database. Chaplain (Pastoral Care) services provide visits and follow-up as indicated through staff referral or patient/family request.

Q: How do you involve the patient/family in care decisions?

A: We keep patients/families informed about the plan of care and their opinions. We request input and provide opportunities for interdisciplinary patient/family care rounding.

## **PROVISION OF CARE, TREATMENT AND SERVICES**

Q: What needs to be discussed in an informed consent?

A: The informed consent needs to include discussion on the risks, benefits, side effects related to the alternatives, and the possible results of not receiving care, treatment, or service.

Q: Where is the informed consent documented and who obtains the informed consent? *(Be prepared to navigate a patient chart to show the surveyor where documentation is located in the patient chart.)*

A: The provider performing the procedure will obtain the informed consent and document in the progress note or operative/procedure note. Nurses only witness the patient's signature on the consent form.

Q: When do you perform a timeout?

A: A timeout is performed prior to a procedure, sedation, or surgery as a method of identifying the right patient, right site, and right procedure. This is an active process involving the entire O.R. or procedure team. It is documented in the patient chart. There may be multiple time-outs if needed. During final time-out all activities are suspended to ensure everyone is involved.

## Regulatory Readiness – QUICK GUIDE

Q: What are your patients' highest priority needs?

A: Each patient may have different needs based on assessment. They need to feel safe.

Q: What are the educational needs of your patient and family?

A: Each patient and family will have different needs based on their unique situations, but we educate patients/families regarding diet, medications, equipment, disease process, planning for care at home, preventative care, wellness, etc.

Q: How do various disciplines collaborate and/or participate in the development of a plan of care?

A: Patient Rounding, interdisciplinary rounds, and physician rounds.

Q: What are considered restraints?

A: Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs body, or head freely.

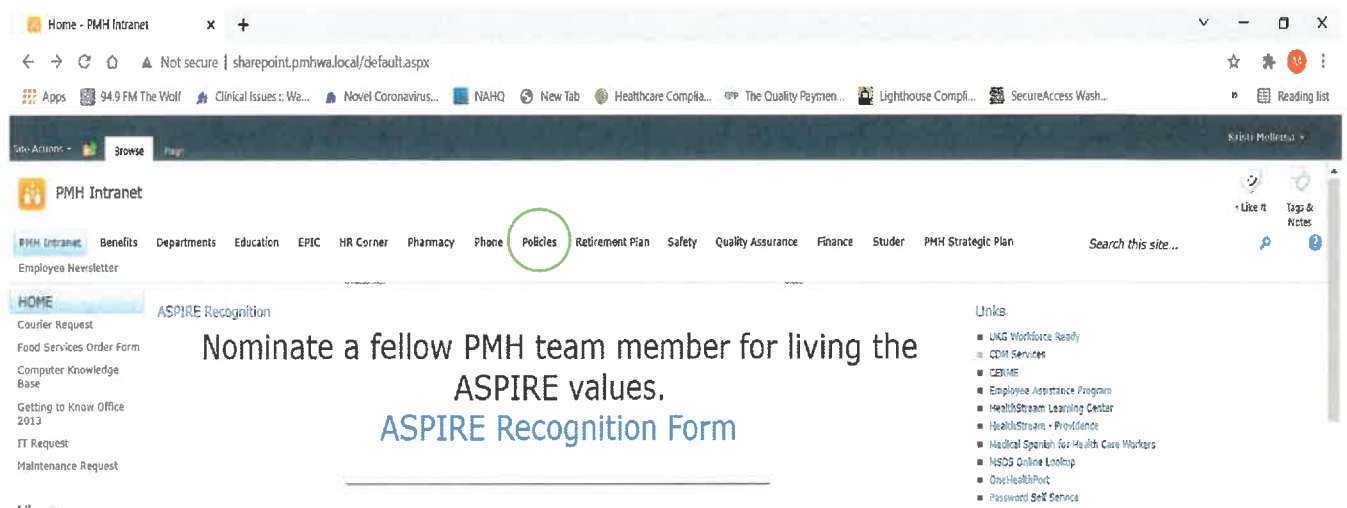
A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition. *(Reference policy #873-0032 Restraint Use – Medical and Behavioral)*

Q: What two patient identifiers are used at PMH?

A: Patient name and date of birth.

Q: Where are policies and procedures kept?

A: On Share Point *(Be prepared to show the surveyor where policies and procedures are found.)*



The screenshot shows a web browser window displaying the PMH Intranet. The address bar shows the URL: sharepoint.pmhwa.local/default.aspx. The navigation menu includes: PMH Intranet, Benefits, Departments, Education, EPIC, HR Corner, Pharmacy, Phone, Policies (circled in green), Retirement Plan, Safety, Quality Assurance, Finance, Studer, and PMH Strategic Plan. A search bar is located to the right of the navigation menu. The main content area features a banner for the ASPIRE Recognition Form with the text: "Nominate a fellow PMH team member for living the ASPIRE values. ASPIRE Recognition Form". A list of links is visible on the right side of the page, including: UAG Workforce Ready, CDM Services, CBIME, Employee Assistance Program, HealthStream Learning Center, HealthStream - Providence, Medical Spanish for Health Care Workers, NSDS Online Lookup, OneHealthPort, and Password Self Service.



Q: How do you determine that a physician has privileges to perform a procedure or admit to special care areas?

A: Physician privileges are found on PMH Share Point under Libraries entitled “Physician Privileges”.



Q: How do you ensure medications are administered safely and accurately?

A: By checking the 10 Rights of Medication Administration.

Q: What is the definition of an Adverse Drug Reaction (ADR)?

A: An Adverse Drug Reaction is any unintended, undesired, or unexpected effect of drug therapy. These are reported to the provider right away. Any member of the healthcare team may report a suspected ADR by submitting an incident report through UHC.

Q: How do you educate patients, families, visitors, contract staff, etc., about hand hygiene and isolation?

A: Provide patients and families with educational sheets and discuss with them. There are endless educational sheets on every diagnosis available through Epic that can be printed and discussed with the patient/family.

## HUMAN RESOURCES

Q: How do you know that you are competent to do your day-to-day tasks?

A: Through competency checklists, performance evaluations, in-service training, direct observation, etc.

Q: How often do you have a performance evaluation?

A: Performance evaluations are done at or around the end of the introductory period for new employees and annually, thereafter.

## ENVIRONMENT OF CARE/SAFETY

Q: Where is your Emergency Preparedness Plan?

A: Find it on your unit. Be sure it is readily available. It can also be located on PMH Share Point under Environment of Care & Safety -> Emergency Preparedness -> Emergency Preparedness Plans and Policies. Know your role during a disaster.

Q: What do you do in case of a fire?

A: RACE!

- R** Rescue any person(s) in immediate danger
- A** Alarm by pulling nearest pull station and dialing 6699 (hospital) to announce the Code Red overhead or 911 (clinics) to report the fire to emergency responders.
- C** Confine the fire by closing doors
- E** Evacuate the area if necessary. Extinguish the fire if safely possible.

Q: How do you operate a fire extinguisher?

A: PASS!

- P** Pull the pin
- A** Aim the nozzle at the base of the fire
- S** Squeeze the handle
- S** Sweep from side to side at the base of the fire

Q: Where is the nearest fire alarm pull station and first extinguisher in your area?

A: Be able to show the location on your unit and your evacuation route.

Q: Where are the medical gas shut off valves for your unit?

A: Know the location(s) on your unit.

Q: Who is allowed to shut off medical gases in an emergency?

A: Charge nurse, House Supervisor or Maintenance staff.

Q: What do you do if a piece of equipment does not work?

A: Remove from service, tag as out of service and notify Maintenance. If a piece of equipment was involved in an incident and it was off hours, call the House Supervisor to remove the equipment and have it sequestered for Maintenance.

Q: What is an SDS?

A: Safety Data Sheet. Information on chemicals/hazardous materials used in the area. If there is an exposure, report it to your director and employee health for treatment and follow-up. Copies of all SDS' are in each department.

Q: What do you do if you notice unsafe conditions?

A: If there is immediate danger to others, protect them from harm and notify the applicable department such as Housekeeping, Maintenance, etc. right away. If it is something that is not an immediate danger, but needs fixed, submit a work order.

Q: What is the purpose of a red outlet:

A: Red outlets are the emergency power supply. These are the only outlets that function in a power failure.

This guide has been developed to ensure that you have access to important information regarding continual regulatory readiness for any surveys by regulatory agencies. You are encouraged to keep this guide handy to maintain continual regulatory readiness.



- 5.11** Annual Meeting. 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.

**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** Duties of Vice President. The Vice-President shall perform the duties of the President, in the absence of the President and shall perform such other duties as may be delegated from time to time by the Board of Commissioners.

**6.4** Duties of Secretary. The Secretary shall:

**6.4.1** Send or cause to be sent, appropriate notice to the members of the Board of Commissioners and other interested parties;

**6.4.2** Prepare or cause to be prepared, minutes of regular and special meetings of the Board of Commissioners; sign the same and keep them in a proper book for that purpose;

**6.4.3** Affix or cause to be affixed the official seal of PMH Medical Center to any document requiring it; and

## 2021 PMH Board Officers, Committees and Membership

### PMH Board of Commissioners

Steve Kenny, PH.D., President  
Sharon Dietrich, M.D.  
Glen Bestebreuer, Secretary  
Susan Reams  
Keith Sattler, Vice President  
Brandon Bowden  
Neilan McPartland

### PMH Foundation Board Members

Steve Kenny, PH.D.  
Glen Bestebreuer  
Susan Reams  
Keith Sattler

### Joint Conference Committee

Steve Kenny, PH.D.  
Sharon Dietrich, M.D.  
Susan Reams (Chair)

### Finance Committee

Keith Sattler (Chair)  
Brandon Bowden  
Neilan McPartland

### Corporate Compliance Committee

Susan Reams

### EMS Ad Hoc Committee

Steve Kenny, PH.D.  
Glenn Bestebreuer



November 3, 2021

Mr. Craig Marks  
Chief Executive Officer  
PMH Medical Center  
723 Memorial Street  
Prosser, WA 99350-1593

Dear Mr. Marks,

Thank you for your continuing support of the Washington Poison Center (WAPC) and our mission of preventing harm from poisoning through expertise, collaboration, and education. During this time when hospitals are contending with limited room and staff, the WAPC is available 24/7/365 supporting healthcare providers, patients, and communities through our poison center hotline.

Included in this letter is snapshot of Poison Center services and a Dashboard with Fiscal Year 2021 statistics detailing WAPC's direct support of PMH Medical Center. Also, please find included an **Invoice** for the suggested Community Benefit Contribution supporting WAPC assistance to your facility. This requested contribution is based on your Emergency Department volume, therefore you may notice a change from last year's requested amount. By donating to WAPC, your contribution will allow us to continue providing toxicology expertise and, ultimately, conserve hospital funds. Some of our essential services are:

- A dedicate phone line, through which hospitals and first responders have direct and immediate access to expert-level specialists in poison information.
- Unlimited 24/7/365 telephone access to board-certified physician medical toxicologists.
- Translation services available in over 200 languages.
- Wraparound care for your patients until medically stable.
- Boost patient safety, reduce liability, and increase dollar savings by ensuring appropriate treatment or use of antidotes, and expert interpretation of available tests, databases, and clinical resources.
- Clinical education training on timely and relevant healthcare topics from our board-certified physician medical toxicologists.
- Public Health Education focusing on prevention and harm reduction via online, live and on-demand formats.
- Public Health Alerts regarding diagnosing, treating and managing emerging public health issues such as hydroxychloroquine overdoses, exposures to methanol-containing hand sanitizers, opioid overdoses, snake bites, and more.

The WAPC provides **Value-Based Healthcare**. Given the significant impact of the COVID-19 pandemic on hospital revenues and resources, we help contain healthcare costs by keeping and managing selected patients at home.

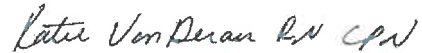
- In 2020, 92% of all incoming callers to the Washington Poison Center were treated at home. In follow up surveys to incoming callers, 72% said they would have gone to the emergency room, or called 911, if the WAPC services were not available, **saving over \$41 million dollars of healthcare costs** for Washington State.
- Thus far in 2021, we have **saved Washington State an estimated \$31 million dollars**.
- National published data demonstrates the cost-savings that poison centers provide to emergency departments and hospitals by decreasing hospital admissions, reducing length of stay, and providing a significant Return on Investment.

On behalf of the WAPC team, thank you.

Appreciatively,



Scott Phillips, MD, FACP, FACMT, FAACT  
Medical Director



Katie Von Derau, RN, CPN  
Managing Director

Cc: Carol Allen

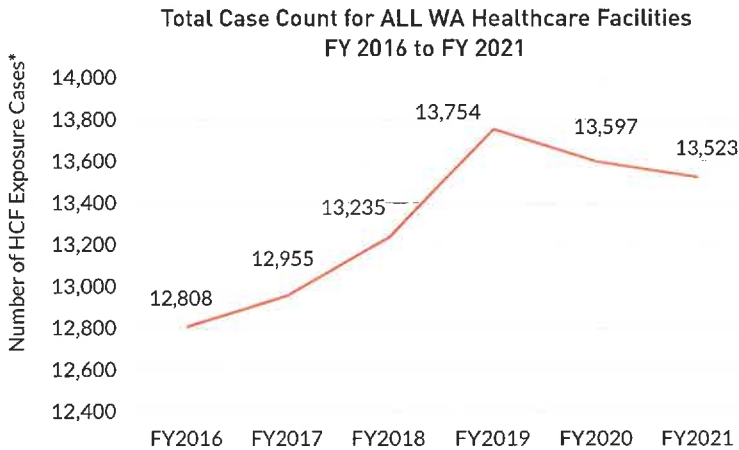


## PMH Medical Center

Fiscal Year 7/1/2020 to 6/30/2021

Contact [mryuk@wapc.org](mailto:mryuk@wapc.org) for further information

The Washington Poison Center managed 130,832 phone calls during FY21 generating 54,203 case



### PMH Medical Center

HCF Encounters with WAPC for FY 21

41 Total Number of Exposure Case Records

129 Total Number of Follow Up Calls

139 Total Number of WAPC-HCF Encounters

3.4 Average # of WAPC-HCF Encounters per Case

### Top Substances\* for your hospital in FY 21

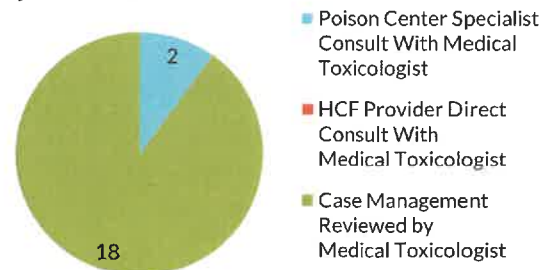
\* There may be some duplication due to substance formulations

- 1 - Acetaminophen Alone
- 2 - Misc. Foreign bodies/toys/Misc.
- 3 - Acetaminophen Combinations
- 4 - Antibiotics
- 5 - Misc. Electrolytes & minerals
- 6 - Misc. Industrial cleaners
- 7 - Pharmaceutical & Illegal Opioid Preparations
- 8 - Misc. Alcohols
- 9 - Selective Serotonin Reuptake Inhibitors (SSRI)
- 10 - Misc. Chemicals

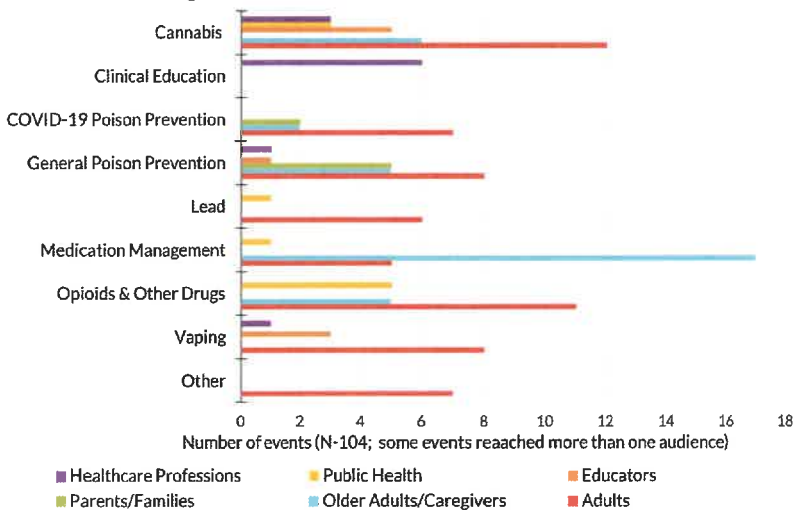
**RCW 70.104.055 mandates Healthcare facilities report pesticide exposure cases. When WAPC is called we do the reporting for you.**

Pesticide cases reported for you this year: 1

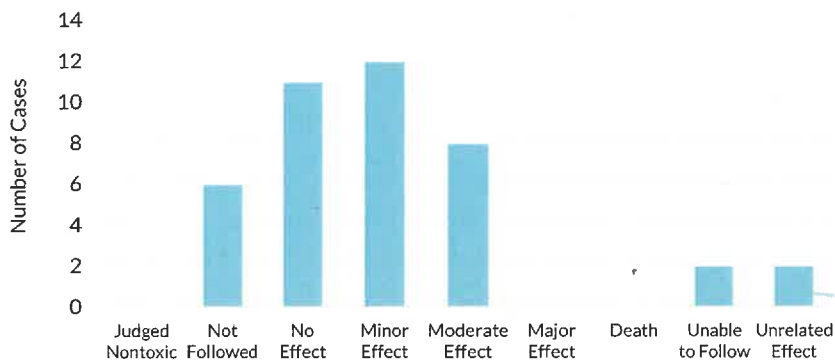
### Total Medical Toxicologist Encounters for your HCF: 20



### Washington State Public & Healthcare Provider Education



### Medical Outcome



### Disposition for Patients in your HCF

Admitted to critical care unit:	1
Admitted to noncritical care unit:	1
Admitted to psychiatric facility:	1
Patient lost to follow-up / left AMA:	1
Treated / evaluated and released:	1
<b>Total Cases</b>	<b>1</b>

*When a poison exposure is ruled out, it enables the HCP to focus on the medical cause of the patient's complaint*

\*Disclaimer: Reporting of exposures to the Poison Center is voluntary and not mandated by law. As such, WAPC data describes the number of exposures reported to the Poison Center and most likely is an underrepresentation of the true occurrence of any one substance. All calls to the WAPC are free and confidential.



# The Washington Poison Center saves lives & money

## Our impact in 2020:

We helped  
**67,534**  
patients with  
poison emergencies  
& questions

We answered a new  
call for help every  
**4 minutes**

**43%**  
of patients were ages  
5 years and younger

**11%**  
of patients were ages  
60 years and older

**63%**  
of patients received  
the care they needed  
in a single phone call

When we were called  
first,  
**92%**  
of patients were  
managed at home

Keeping patients at home & out of the  
emergency room saved our state over

**\$41 million**  
healthcare dollars

The Washington Poison Center  
serves all Washingtonians with  
free telehealth services



24/7/365  
free  
Poison Helpline



Community &  
clinical education  
on public health  
hazards



Surge response  
for public health  
emergencies

RCW 18.76.010 established the Washington Poison Center to assist all Washingtonians with poisonings, drug overdoses, and toxic exposures.



The WAPC is a 501(c)3 nonprofit organization covering all of Washington. We rely solely on external funding sources to sustain our core mandated services.

## Funding must increase to maintain quality services

With the continued COVID-19 pandemic, Washingtonians are facing worsened mental health, increased substance use, stress, misinformation, & more. Our call trends reflect these pandemic repercussions. When comparing the 1st 6 months of 2020 to 2021, we have noted:

Age-specific trends,  
such as a  
**33% increase**  
in adolescent intentional  
self-harm/suicide

Increased complexity  
of cases, including a  
**27% increase**  
in cases needing  
consultation with our  
medical toxicologists

WAPC's services are an integral part of our state's healthcare system. When we keep patients at home & assist healthcare providers with complex treatments, we preserve limited healthcare resources and reduce the burden on hospitals & EMS:

**25%**  
of our calls in 2020  
came from healthcare  
facilities needing  
assistance with  
treatment

Each call center staff  
member helps  
**3,000 - 4,000**  
patients per year

We need additional staff and resources to meet the ongoing needs of Washingtonians & of our current staff. Additional staff will reduce burnout & turnover, plus increase our capacity for prevention & harm reduction education (thereby reducing poisoning in our state).

Training a new call center staff member costs  
**~\$25,500 & 1 year of training**



## Exposure Trends During the COVID-19 Pandemic

### Special Focus: Adolescent Intentional Self-Poisoning

Issued October 4, 2021 | Contact [mryuk@wpc.org](mailto:mryuk@wpc.org) with questions

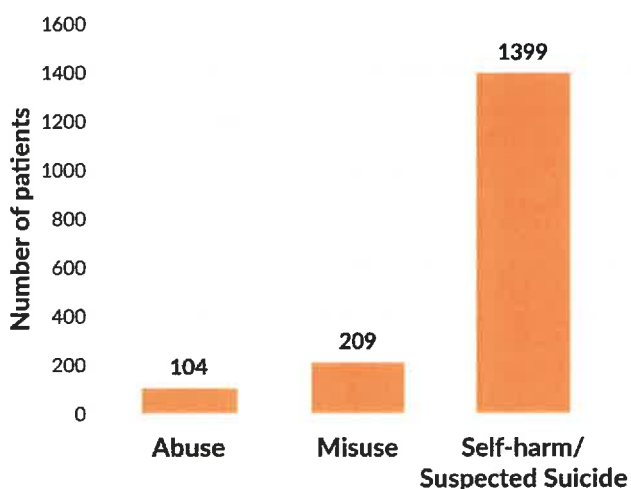
The following data analyzes intentional exposures involving adolescents ages 6-17 years reported to the WAPC in 2019, 2020, and the first six months of 2021 (Jan 1–June 30). For definitions of WAPC’s data terms, see our [glossary](#).

- In the first 6 months of 2021 (Jan 1–June 30), the WAPC managed 3,424 total exposure cases in adolescents ages 6-17 years
- 50% of all adolescent cases were intentional (i.e., abuse, misuse, or self-harm/suspected suicide)

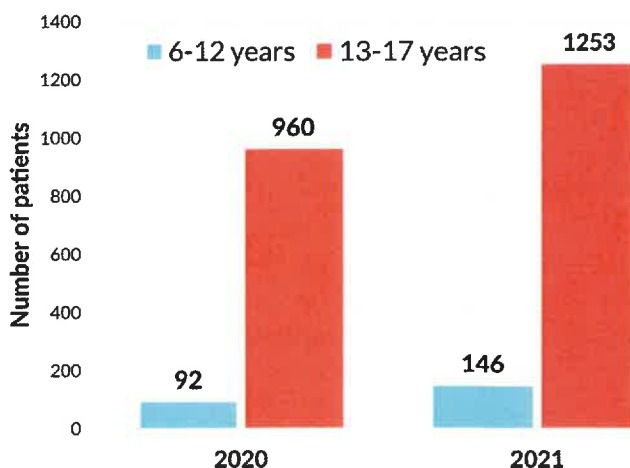
Top Substances in Self-Harm/Suspected Suicide Patients Ages 6-12 years (Jan 1–June 30, 2021)

Substance	Number of patients
Acetaminophen: Adult Formulation	163
Ibuprofen	149
Fluoxetine	119
Sertraline	93
Acetaminophen: Unknown Formulation	53

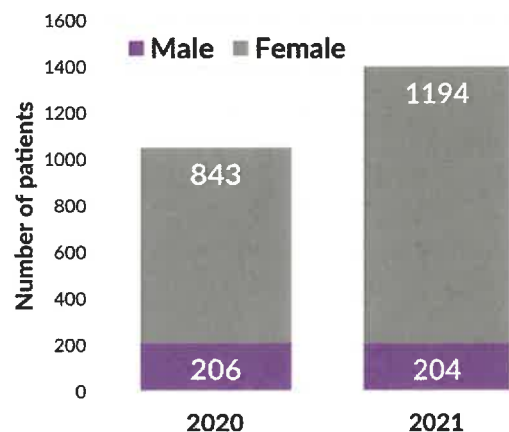
Intentional Exposures in Patients Ages 6-17 years (Jan 1 - June 30, 2021)



Self-harm/Suspected Suicide by Age and Year (Jan 1 - June 30 of 2020 & 2021)

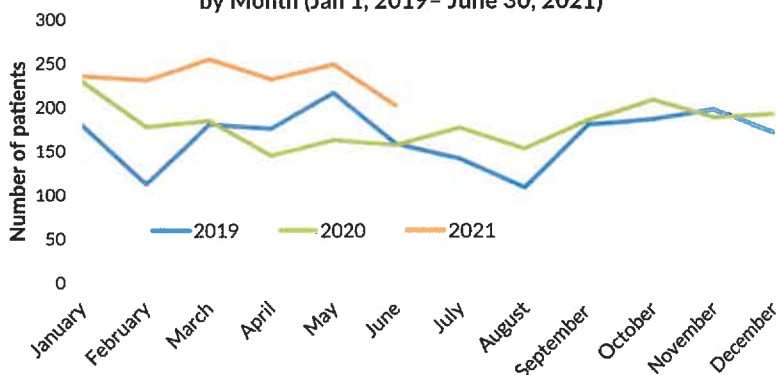


Self-Harm/Suspected Suicide in Patients Ages 6-12 years by Gender & Year (Jan 1 - June 30 of 2020 & 2021\*)



\*One patient refused to provide their gender in 2021

Self-Harm/Suspected Suicide Exposures in Patients Ages 6-17 years by Month (Jan 1, 2019– June 30, 2021)



Disclaimer: Reporting of exposures to the Washington Poison Center is voluntary and not mandated by law. As such, these data reflect only the exposures reported to the Washington Poison Center, and are most likely an underrepresentation of the true occurrence of any one substance.





*Advancing Health in America*

# 2021 The Value of AHA Membership

**IT'S BEEN ANOTHER YEAR OF CHALLENGE FOR  
AMERICA'S HOSPITALS AND HEALTH SYSTEMS.**

We entered 2021 with optimism, battered by the devastation COVID-19 leveled on our field over the previous year, yet buoyed by the promise of vaccines. And while our nation made tremendous strides thanks to the unprecedented pace at which our field responded to the pandemic, the year brought numerous threats. These included increased COVID-19 cases and hospitalizations from the delta variant, workforce and operational challenges, among many others.

Through it all, you have continued to demonstrate remarkable resilience and dedication. Your teams are showing up every day, committed to fulfilling the mission of providing the best care to every patient.

As your Association, the AHA is honored by your strength and proud to represent you.



— THE —  
**VALUE OF AHA  
 MEMBERSHIP**  
 IN 2021

## Read on to learn how the AHA has delivered value for your dues investment in 2021

- 4** SECURING AND PROTECTING FINANCIAL RELIEF
- 6** HELPING YOU WITH FLEXIBILITY AND INNOVATION IN CARE DELIVERY
- 8** SHARING LESSONS AND INSIGHTS
- 10** SUPPORTING THE VACCINE ROLLOUT
- 12** AMPLIFYING THE FIELD'S VOICE IN THE NATIONAL CONVERSATION
- 14** TACKLING THE TOUGH ISSUES THAT IMPACT YOUR ORGANIZATION AND YOUR PATIENTS

### STAY IN TOUCH!

**AHA Today** Our flagship e-newsletter brings you the news, insights and resources you need 6 days a week, directly to your inbox. [www.aha.org/news](http://www.aha.org/news)

**Market Scan** Bought to you by the AHA for Center for Health Innovation, this weekly e-newsletter delivers the latest intelligence on health care disruption and health system transformation. [www.aha.org/center](http://www.aha.org/center)

**AHA.org** Our website provides you with a customizable dashboard to stay on top of the topics that matter most to you. Need help logging in? Email [AHAAHealth@aha.org](mailto:AHAAHealth@aha.org) to set up an account and password.

**Podcasts and Videos** Our Advancing Health podcast channel features conversations with hospital and health system leaders on a variety of issues that affect patients and communities. Visit [www.aha.org/advancing-health-podcast](http://www.aha.org/advancing-health-podcast) to listen. Video series, including Leadership Rounds with AHA's Board Chair, and Transformation Talks spotlight leaders in the field talking about cutting-edge topics. Watch the Leadership Rounds [www.aha.org/leadership-rounds](http://www.aha.org/leadership-rounds) and Transformation Talks [www.aha.org/aha-transformation-talks](http://www.aha.org/aha-transformation-talks).

**Special Bulletins, Alerts and Advisories** AHA Special Bulletins get you the key takeaways on breaking news, while Alerts let you know when we need you to weigh in with your federal lawmakers or regulatory agencies. AHA Advisories provide in-depth summaries of regulations, legislation, litigation or other issues affecting the field. Visit [www.aha.org/action](http://www.aha.org/action).

**Trustee Insights** This monthly, multimedia package provides resources and education specifically for the this audience, on both governance topics and the forces driving the nation's health care system. To subscribe, visit [trustees.aha.org](http://trustees.aha.org).

**AHA Events & Education** Every Wednesday we share upcoming webinars, calls, events and conferences. Subscribers to AHA Today receive this email.

**My AHA Connect** Exclusively for AHA members, this mobile app lets you access the latest updates on health care policy, contact your congressional legislators, and more. Visit the Apple App Store or Google Play store and search for "My AHA Connect."

## FINANCIAL RELIEF

Over the past year the AHA has successfully advocated for legislation and policies to provide essential financial relief:

- **\$12.5 billion** in estimated Medicare sequester cuts prevented from May 2020 to December 2021
- **\$12 billion** in savings from the elimination of Medicaid disproportionate share hospital (DSH) cuts 2020-2022.
- **\$8.5 billion** in additional COVID-19 emergency relief funds specifically designed for rural providers.
- **\$70 billion** for COVID-19 vaccine, testing and workforce efforts.
- **\$10 billion** for manufacturing and procurement of COVID-19 related supplies and equipment – as well as a delay of the tariff increase on Chinese-made medical goods.
- **\$9.1 billion** in public health workforce support.
- **\$3.5 billion** in block grants to states to address behavioral health.

We have also worked to **improve the Provider Relief Fund (PRF)** and ensure that COVID-19 emergency relief funds are distributed as quickly as possible:

In November, \$7.5 billion in payments were distributed to rural hospitals, along with the Administration's announcement to distribute the first wave of "Phase 4" payments in the coming weeks.

Moreover, we are working with Congress to require that the **remaining funds be distributed swiftly**, including to those providers affected by surges from the delta variant. Additionally, we are working to enable providers to **retain access to funds already received** through the end of the public health emergency or mid-2022 (whichever is later) and allow PRFs to be used for workplace safety and security measures.

We also have worked successfully with the Centers for Medicare & Medicaid Services to achieve results:

- Appropriate DRG assignment of COVID-19 cases involving sicker patients, resulting in an average **220% higher reimbursement** rate than originally proposed.
- Nearly **double the rate of Medicare payment** for COVID-19 vaccine administration.
- **Reversal of a decision to deny a majority of requests** by hospitals for a mid-build exception to the site-neutral payment policy. This exemption allows providers to bill for services provided at mid-build facilities at full outpatient prospective payment system rates.
- **Reinstatement of the list of services paid for only when performed in an inpatient setting**, as well as several patient safety criteria for allowing procedures to take place in ambulatory surgical centers.

As Congress continues to debate legislative packages before year-end, including the Build Back Better Act, we continue to advocate for your behalf. Key priorities include advocating for:

- **Elimination of cuts to Medicaid disproportionate share hospitals and uncompensated care**, removal of excessive civil monetary penalties for labor violations and restoring hospital infrastructure funding under the Hill-Burton Act.
- **Improving the Provider Relief Fund (PRF)**. Congress should pass bipartisan legislation that would allow hospitals and health systems to access quickly the remaining funds from the PRF and give them more flexibility in how and when the funds can be used.
- Changes to the Improving Medicare Post-Acute Care Transformation (IMPACT) Act to reflect recent reforms of the **PAC payment systems** and new insights from the pandemic.
- **Strengthening telehealth**, especially in rural communities by making permanent the ability of Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to provide all telehealth service, and allowing critical access hospitals (CAHs) the same ability to offer and bill for telehealth services.
- Additionally, Congress should make investments in the health care workforce, behavioral health, the accessibility and affordability of health care coverage as well as protections for 340B hospitals.

Stacey Hughes



All Member Advocacy Day

12:00pm - 1:00pm ET



ADVOCATING  
FOR  
CONTINUED  
FINANCIAL  
RELIEF



**SUPPORTING  
INNOVATION &  
FLEXIBILITY IN  
CARE DELIVERY**

**CARE DELIVERY**

The COVID-19 public health emergency required providers to rethink and retrofit how they deliver care in order to continue providing critical services to their communities. We have worked closely with the Department of Health and Human Services to secure a significant number of waivers of law and regulation to make it **easier for you to deliver care**. In some cases, the pandemic accelerated changes in care delivery that should persist even after the public health emergency ends, and the AHA has worked to make many of flexibilities granted by those waivers permanent.

**This past year, the AHA has secured changes in law and regulation to enable hospitals and health systems to:**

**Expand patient access to a wide range of services using telehealth and other remote technologies. These include:**

- Permanently expanding Medicare coverage of certain telehealth services
- Increasing the types of providers who may bill Medicare directly for certain services delivered virtually
- Enabling physicians and other clinicians to conduct nursing home resident visits via telecommunications technology
- Expanding access to remote patient monitoring
- Enabling physicians to provide direct supervision via telecommunications technology for diagnostic tests, physicians' services, and pulmonary rehabilitation, cardiac rehabilitation, and intensive cardiac rehabilitation services

**Increase health system capacity to deliver care by better utilizing the skills of a wide range of clinicians, including:**

- Allowing certain advanced practice nurses to supervise the administration of diagnostic tests
- Permitting physical and occupational therapy assistants to provide a wider range of services in outpatient settings
- Relaxing the supervision requirements for certain nonsurgical therapy services furnished in hospital outpatient departments
- Allowing a broader range of practitioners to code and receive payment for COVID-19 testing in outpatient departments

**Ensure hospitals and health systems can continue training the next generation workforce, including:**

- Expanding the inpatient settings in which residents can provide patient care outside of their direct training time ("moonlighting")
- Enabling teaching physicians to use virtual technologies to interact with and supervise residents in rural areas
- Expanding the services for which Medicare will directly reimburse teaching physicians when they are supervising residents in a rural area

**Expand patient access to behavioral health care services, including:**

- Removing limits on where patients must be physically in order to access mental health services via telehealth
- Enabling providers to deliver certain mental health and substance use disorder services using audio-only connection
- Permitting hospital staff to provide outpatient mental health, education, and training services in patients' homes using telecommunications technology

**Innovative Ideas from Emerging Leaders**

The AHA's **Next Generation Leaders Fellowship** wrapped its first year with highly innovative transformation projects put into place by 32 fellows from 20 states across urban, suburban, and rural communities. Guided by executive-level mentors, these emerging leaders tackled key challenges affecting health care affordability, quality and safety.

**Artificial Intelligence**

We're also working to equip your teams for the **future of health care delivery**. Our strategic partnership with Microsoft has yielded a **self-guided course on AI** in health care that has enrolled **more than 1,500** providers to date.

# THE PANDEMIC

The Defining Moments of COVID-19 as told by AHA's Living Learning Network



SHARING  
LESSONS &  
INSIGHTS

## VALUABLE LESSONS

As our members continued the fight against COVID-19, the AHA leaned into its role as a convener and facilitator of discussion so that we could share the many valuable lessons that have emerged over the past two years.

### Virtual Conferences

The AHA's first-ever virtual **Rural Leadership Conference** drew 989 registrants for a two-day symposium highlighting valuable content and resources for rural hospitals and health systems. Many sessions addressed the unique challenges presented by the pandemic, and the creative responses that enabled rural providers to fulfill their vital mission of support to these communities.

In July, the **AHA Leadership Summit** attracted nearly 1,000 attendees eager to learn about innovative approaches to care delivery from thought leaders, and from each other, as the field entered a second wave of COVID-19 cases in the middle of summer. Attendees learned about ways to approach a hospital-at-home strategy, the importance of a "digital-first" mindset, and other leading edge ideas to drive transformation.

### A Virtual Community for Learning the Lessons from COVID-19

Funded by the Centers for Disease Control and Prevention (CDC), the **Living Learning Network** is a community of health care professionals designed to discuss, ideate and reform health care. The network encourages collaboration among hospitals and health systems on COVID-19 relief, recovery, rebuilding and beyond. It's an opportunity for those who are leading and managing a COVID-19 response, as well as those working on the front lines, to share their expertise and experiences in quality patient care, infection control, operations, safety, workforce wellbeing and more.

The Living Learning Network's book, **The Pandemic: A Time of Challenges and Champions**, captures the defining moments of the COVID-19 health care crisis and preserves the legacy of the health care field's heroic response. **View it here.**

### Voices From the Field

During a year when it was difficult to meet face-to-face for discussion, the AHA brought the conversation to members with a variety of videos designed for convenient, on-demand viewing.



**Leadership Rounds** features AHA Board Chair Rod Hochman, MD, hosting wide-ranging conversations with hospital and health system leaders, as well as other leaders in the field. Dr. Hochman's guests this year included executive leadership from Mount Sinai Health System, King's Daughters Medical Center, Vanderbilt University Medical Center, Carilion Clinic, Trinity Health, NYU Langone Health, the Institute for Health Improvement and the March of Dimes.



**AHA Transformation Talks** highlighted topics such as supply chain challenges, opioid stewardship, facility planning, workforce resiliency, health equity, and more to help members determine which direction the field may be heading and how to prepare. These brief video presentations connect AHA members with senior health care executives, clinicians and the most influential voices in the field as they discuss how to navigate business-critical challenges and potential new solutions.



**AHA Power Play** - While the pandemic prevented members from in-person meetings with the field's leading voices in health policy and legislation, we arranged recorded interviews with the major players in the new Congress and Administration. Among the highlights from this series: former Senator Tom Daschle, sharing his thoughts on how a 50/50 Congress will work; a discussion with Sen. Susan Collins (R-Maine) about rural health and addressing inequities in care; and an update on the Administration's vaccination plan from Dr. Bechara Choucair, vaccinations coordinator for the White House COVID Response Team.



## FIGHTING COVID-19

As vaccines for COVID-19 became available, the AHA worked closely with the Administration to provide input to the rollout plan and connect the White House COVID-19 Response Team to our members.

**Recognizing the breadth and depth of AHA's resources and reach, the CDC awarded us a \$2 million grant to promote COVID-19 vaccine confidence. The focus: to help caregivers and communities make the choice to get vaccinated against COVID-19.**

Throughout the year we deployed a multi-channel campaign designed to build trust, empower health care workers and engage communities. We built a coalition of trusted messengers from AHA members to help deliver valuable content on a bi-weekly basis. The campaign reached across multiple digital channels, and included **content and tools** designed specifically for you to use in your own communities. A cornerstone of the effort was the **"My Why" campaign**, which invited caregivers to share their reasons for getting vaccinated.



To optimize impact, the campaign ran radio spots nationally, as well as in 18 states targeted because of low vaccination and high COVID-19 rates. Public service announcements (PSA) on radio reached more than 2.5 million listeners.

**Video PSAs** developed for TV were a huge hit. These spots featured the voices of caregivers addressing concerns and misconceptions and were seen by more than 1 million viewers during the year.



**Partnerships with key organizations** such as the American Medical Association, American Nurses Association, Ad Council, American Academy of Pediatrics and Children's Hospital Association helped amplify the message.

Member stories were an important component of this efforts as well: our **VaccNation** web page features more than 60 stories and case studies showcasing your great work to distribute and administer the shot within your communities. The page received more than 10,000 views during the year.

The CDC has renewed the grant with the AHA for 2022 and plans are already underway to build on the proven tactics with new messaging addressing rising issues such as variants, mandates, pediatric vaccination and booster shots.







American Hospital Association @ahahospitals · Nov 10 ...  
 When the #COVID19 pandemic hit the country, health care workers in every community answered the call and sacrificed to help their neighbors, including helping to vaccinate their communities: #myhospital  
 ow.ly/UWSc50GH9WG



# AMPLIFYING THE FIELD'S VOICE

## AHA'S NATIONAL VOICE

As the national voice for hospitals and health systems, the AHA takes great care to share the stories of the contributions made by our members to their communities, as well as the continued challenges you face. **We pushed back strenuously against the abusive practices of commercial health insurers whose efforts threaten to limit access to care.**

### The New York Times

**Outcry Forces UnitedHealthcare to Delay Plan to Deny Coverage for Some E.R. Visits**

While days of nationwide protests added to a crisis that on Wednesday forced emergency room visits, the major insurer retreated — for now.

### Modern Healthcare

**Arkam's remaining billions of dollars hobbled on payments to providers**

Arkam's remaining billions of dollars hobbled on payments to providers. The company's financial health is in question as it faces a major lawsuit from the state of Tennessee. "There's the sense of Tennessee's financial health is in question," says one source.

### Healthcare Dive

**Healthcare Dive**

Healthcare Dive

This past year, we presented a number of research-based reports to inform the national conversation.

### Continued Financial Pressures

Feb. 21

#### Hospitals could lose \$53B this year — and that's in the best-case scenario

A new report from Kaufman Hall examines two potential financial situations for hospitals in 2021: one optimistic, and the other bleak. Hospitals could lose between \$53 billion and \$122 billion depending on which scenario plays out.

### The Value of Mergers and Acquisitions

For some hospitals, partnerships, mergers, and acquisition are a necessary response to these forces and have provided many benefits to patients and communities

- They have helped our hospitals to obtain economies of scale and improve their financial health
- They have helped us to improve our patient care and services
- They have helped us to improve our operational efficiency
- They have helped us to improve our financial health
- They have helped us to improve our ability to attract and retain talent
- They have helped us to improve our ability to invest in research and development
- They have helped us to improve our ability to invest in infrastructure
- They have helped us to improve our ability to invest in technology
- They have helped us to improve our ability to invest in innovation

### How Care Delivery is Changing

2020

#### How hospitals and health systems are driving value during COVID-19

Hospitals are working to ensure health care services are delivered and efficient for patients, while providing the best possible patient experience.

### BECKERS Hospital CFO Report

How the cost of care is changing for hospitals. 4 things to know

1. Increased services are and intensity has driven costs. The aged population, a high-use group, has increased 60 percent in the last 20 years. Over half of American adults have able been diagnosed with at least one chronic health condition. For hospitals, that means higher costs.

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#### How Executive Leadership Can Inspire and Lead Community Investment

Feature senior executives from CHRISTUS U.S. Vantage Providence and UNMC Thurston

### The Value of Hospital and Health System Community Investment

Community investment can be used as an "anchor mission" strategy to address housing insecurity and other social determinants of health in order to reimagine and rebuild a more equitable society. This year the AHA released a **new report** highlighting the work of six health systems that participated in a Robert Wood Johnson Foundation initiative led by the Center for Community Investment. This initiative was designed to increase place-based investment in affordable housing and other upstream activities that will improve community health. We also released a **video series** featuring health system leaders discussing why community investment is an important anchor strategy.



TACKLING  
YOUR  
TOUGHEST  
ISSUES



**THE EQUITY ROADMAP**  
ADVANCING HEALTH FOR ALL



## ADDRESSING HEALTH CARE ISSUES

### Workforce

Workforce challenges fueled by the pandemic threaten the ability of our members to care for patients. Last summer the AHA worked to convince the State Department to prioritize immigrant visas for registered nurses. In November we convened a panel of members to spotlight workforce challenges at a virtual briefing for Congressional staff.



The **AHA 2022 Health Care Talent Scan** detailed the factors and trends driving staffing shortages, and the implications for access to care. Violence in the workforce continues to be a serious threat for our field. The AHA, along with the International Association for Healthcare Security and Safety, released **"Creating Safer Workplaces: A guide to mitigating violence in health care settings"** to offer recommended action steps, case studies, best practices and individual solutions to build a safer workplace.

### Equity Roadmap

As the nation and our field struggle to address longstanding injustices and structural racism, hospitals and health systems are working to integrate health equity goals and elimination of disparities into their strategic playbooks. The AHA is developing tools and resources to help.



Our partnership with UnidosUS and the National Urban League has produced the **Trustee Match Program**, which aims to increase diversity in governance by matching AHA member hospitals with vetted community leaders.

The AHA Institute for Diversity and Health Equity has released a **Health Equity Resource Series**, including toolkits to address the use of data, cultural humility, implicit bias training, and advancing diversity in leadership and governance.



### Behavioral Health Care Integration

Hospitals and health systems are making strides in the integration of behavioral health into inpatient, emergency department and primary care. We have been sharing **case studies** to fuel adoption of innovative strategies relative to both care integration, and the value of **community partnerships** to expand access.



Given the tremendous importance of patient-centered, respectful language when caring for people with psychiatric and/or substance use disorders, the AHA, together with experts from member hospitals and partners organizations, in 2021 released a series of **downloadable posters** to help employees choose the right words.

### Cyber

Cyber criminals ramped up their attacks on the health care sector in 2021, jeopardizing systems and putting lives at risk. In testimony to the U.S. Senate, the AHA noted that a ransomware attack on a hospital or health system crosses the line from an economic crime to a threat-to-life crime.

In addition to continued advocacy for resources and coordination of efforts to stop these attacks, the AHA is supporting members with **resources and consultation** led by our senior advisor for cybersecurity and risk John Riggi.



**Thank you** for your  
membership and  
for your continued  
dedication to advancing  
health in America.

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