



**Prosser**  
Memorial Health

Prosser Memorial Health  
Board of Commissioners

Board Packet

November 18, 2021

## Vision

Patients  
Employees  
Medical Staff  
Quality  
Services  
Financial



# Prosser

Memorial Health

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

## Values

Accountability  
Service  
Promote Teamwork  
Integrity  
Respect  
Excellence

BOARD OF COMMISSIONERS – WORK SESSION  
TUESDAY, NOVEMBER 16, 2021  
6:00 PM - WHITEHEAD CONFERENCE ROOM  
AGENDA

COMMISSIONERS:

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

STAFF:

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

GUESTS:

Paul Kramer, Project Director, NV5  
Adam Trumbour, Project Manager, NV5  
Bret Miche, Sr. Project Manager, Graham Construction  
Chris Colley, Graham Construction  
Trevor Grafstra, Graham Construction  
Kurt Broeckelmann, Architect, bcDG  
Hilary Beashore, Associate, Senior Project Manager, bcDG  
Gary Hicks

I. CALL TO ORDER

II. SERVICES

- A. Replacement Facility Update
  - 1. Design Update
  - 2. Early Procurement (Attachments M & N)
  - 3. Construction Loan (Attachment L)
  - 4. Certificate of Need (Attachment J & K)

Kurt Broeckelmann, bcDG  
NV5, Graham Construction, bcDG  
Gary HICKS  
Craig

III. Financial Stewardship

- A. 2022 Operating Budget (Attachment EE)
- B. 2022 Capital Budget (Attachment FF)
- C. Property Tax Resolution and Certification

David  
David

IV. Medical Staff Development of the 2022 Property Tax Levy (Attachments GG & HH)

- A. Medical Staff Bylaws and Rules & Regulations (Attachments A and BB) DR. Sollers/Craig

V. EXECUTIVE SESSION

A. RCW 42.30.110 (d)- Contracts- To review negotiations on the performance of publicly bid contracts when public knowledge regarding such consideration would cause a likelihood of increased costs. Craig/Merry/David/Bryon

VI. ADJOURN

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BOARD OF COMMISSIONERS  
THURSDAY, NOVEMBER 18, 2021  
6:00 PM, WHITEHEAD CONFERENCE ROOM  
AGENDA

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Sharon Dietrich, M.D.  
Glenn Bestebreur  
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David Rollins, CFO  
Shannon Hitchcock, CCO  
Kristi Mellema, CQO  
Bryon Dirkes, CHRO  
Dr. Brian Sollers, CMO  
Dr. Syed Hashmi, MD

GUESTS:

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

I. CALL TO ORDER

A. Pledge of Allegiance

II. PUBLIC COMMENT

III. APPROVE AGENDA

Action Requested – Agenda

IV. CONSENT AGENDA

A. Board of Commissioners Meeting Minutes for October 28, 2021.

B. Payroll and AP Vouchers #161031 through #161423 dated 10-21-21 through 11-10-21 in the amount of \$5,477,908.88. Surplus Items: Resolution #1059 Mindray Patient Monitors

Action Requested – Consent Agenda

V. MEDICAL STAFF DEVELOPMENT

- A. Medical Staff Report and Credentialing  
Steven Fishberger, MD – Pediatric Cardiology/Courtesy  
Kinjal Desai, MD – Neurology / Telemedicine  
Jason DiVito, DO – Diagnostic Radiology / Telemedicine  
  
Fang Yu, MD – Diagnostic Radiology / Telemedicine

Dr. David Carl

**Action Requested** – Advancement from Provisional

- B. New Appointments  
Blake Roy, CRNA – Anesthesia / Allied Health Professional  
Cyrus Rahnema, MD – General Surgery / Locum Tenen  
  
Michael McCarthy, MD – Pediatric Pulmonology /Consulting  
  
Robert Jackson, MD – Neurology / Telemedicine

**Action Requested** – New Appointments

- C. Reappointments  
Kevin Marsh, MD – Pediatrics / Locum Tenens  
Tyrell Nielson, PA-C - Family Medicine / Allied Health Professional  
Abdelrahman Beltagy, MD – Neurology / Telemedicine  
Sheila Smith, MD – Neurology / Telemedicine

**Action Requested** – Reappointments

- D. PMH Medical Staff Bylaws Rules & Regulations (Attachments AA and BB)

Dr. Hashmi/Craig

**Action Requested**-PMH Medical Staff Bylaws and Rules & Regulations

VI. FINANCIAL STEWARDSHIP

- A. Review Financial Reports for October 2021 (Attachment DD)

David

**Action Requested** – Financial Reports

- B. 2022 Budget and Property Tax Requests for County Commissioners (Attachments GG and HH)

David

**Action Requested** -2022 County Property Tax Request

David

- C. Early Procurement-Structural Steel (Joists and Decking) & Pneumatic Tube Design (Attachments M&N) David

**Action Requested** - Structural Steel & Pneumatic Tube Design

- D. New PMH Foundation Board Member-

Carolyn Knee

**Action Requested**-Carolyn Knee

VII. SERVICES

- A. 2022 PMH Strategic Plan Review (Attachment C)

ALL

1. Medical Staff Model (Attachment D)

2. Marketing Plan (Attachment E)

3. IT Plan (Attachment F)

VIII. QUALITY

- A. COVID-19 Update

Merry

B. Legislative and Political Updates

Commissioner Bestebreur

C. CEO/Operations Report

Craig

IX. ADJOURN

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

**Vision**

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

Month	Goals & Objectives	Education
January	<p><b>QUALITY:</b></p> <ul style="list-style-type: none"> <li>Review/Approve 2021 Strategic Plan and 2021 Patient Care Scorecards</li> <li>Sign Financial Disclosure and Conflict of Interest Statements</li> <li>Approve 2021 Risk Management and Quality Assurance Plans</li> <li>Select and Approve Board Officers</li> </ul> <p><b>SERVICES:</b></p> <ul style="list-style-type: none"> <li>Approve acquisition of two replacement ultrasound units</li> <li>Approve acquisition of Virtual Desktop Infrastructure</li> </ul>	<p><b>EMPLOYEE DEVELOPMENT:</b></p> <ul style="list-style-type: none"> <li>Review 2020 Employee Engagement Survey Results</li> <li>Review 2020 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>Design Development</li> <li>Budget</li> <li>Vision</li> </ul>

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



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

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

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

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



## 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%			1.40%	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			61	70	N/A
Median Time from ED Arrival to Departure for Discharged ED Patients	<107 min	136	110	118	122	109	112.5	112	113	119	114			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%			91.1%	N/A	N/A
Exclusive Breast Milk Feeding Patients	>44.4%	52.6%	51.3%	56.3%	50.0%	43.8%	47.9%	68.3%	62.5%	57.1%	59.6%			55.2%	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%			5.6%	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%			92.3%	72.73%	84.60%
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0.00%	0.29%	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%			21.73%	27.61%	30.25%
Medication Reconciliation Completed	>90%	51%	44%	42%	48%	46%	46%	49%	45%	41%	48%			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			39	37.5	30
Median Time to ECG	< 7 min	8	6.5	7.5	6	8	6	7	9	6	4			6.8	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%			0.23%	0.25%	0.30%
Safe Medication Scanning	>92.9%	91.8%	95.0%	93.5%	92.8%	92.8%	90.8%	92.9%	92.4%	94.9%	95.7%			93.2%	98.90%	90%
*Overall Quality Performance Benchmark (Vantage)	>53	51	51	51	51	61	61	61	61	61	61			61	53	54
*Falls with Injury	<2	0	0	1	0	0	0	1	0	1	0			3	2	3

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

.9 Multiplier

1.1 Multiplier

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



## 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%	93.4%	93.7%	92.9%			93.4%	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%			83.2%	81.4%	80.3%
Acute Care - "Would Recommend"	>84.1%	85.7%	85.7%	85.7%	72.5%	72.5%	85.0%	93.8%	90.0%	80.0%	92.5%			92.1%	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%			94.7%	92.3%	92.2%
Outpatient Surgery - "Would Recommend"	>91.0%	71.3%	71.3%	71.3%	100.0%	93.8%	83.3%	97.2%	100.0%	94.8%	91.7%			95.2%	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%			90.5%	87.3%	87.1%
Outpatient - "Would Recommend"	>88.4%	77.4%	77.4%	77.4%	74.7%	79.9%	93.0%	94.9%	98.0%	93.6%	94.8%			93.5%	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%			92.3%	N/A	N/A
<b>Medical Staff Development</b>																
Medical Staff Turnover	<10%	0%	2%	2%	0%	0%	0%	0%	4%	2%	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			1,306	954	950
Benton City Clinic Visits	1,005	885	696	881	801	742	778	724	574	754	739			757	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			1,283	1226	960
Grandview Clinic Visits	742	592	522	621	644	670	789	729	960	875	972			737	589	568
Women's Health Center	629	604	636	727	627	653	647	530	563	565	489			604	601	469
*# of Active Medical Staff	>51	49	49	49	51	51	51	51	51	52	52			50.6	45	41
<b>Employee Development</b>																
403(B) Participation Rate	>55%	99%	97%	97%	99%	99%	98%	98%	98%	98%	98%			98%	46%	N/A
Average Recruitment Time (days)	<28	24	18	26	23	17	32	21.8	14	18	20			21	32	28
# of Open Positions (Vacancies)	<23	25	29	42	12	12	34	49	47	38	35			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%			6.1%	5.9%	5.7%
Agency - Cost/Total Labor	<8.7%	5.9%	7.4%	6.8%	8.3%	8.9%	7.7%	9.9%	8.3%	6.5%	4.1%			7.4%	7.6%	14.5%
Turnover Rate	<0.6%	0.0%	2.4%	0.03%	0.7%	0.0%	1.0%	1.0%	0.9%	3.4%	0.6%			1.0%	0.6%	0.7%
Timely Evaluations	>79.6%	61.0%	67.0%	78.0%	85.3%	55.0%	67.8%	65.5%	73.9%	76.5%	80.0%			71.0%	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			1.01	1.22	1.55
New Hire (Tenure) < 1 year	<10%	0%	1%	0%	0%	0%	0%	0%	0.30	0.30	0.30			9%	0.0%	0%
* Lost Workdays due to On-the-Job Injuries	<10.25	0	7	9	4	3.5	45.28	31.12	35.75	43.25	29			20.79	10.25	167
<b>Quality</b>																
ED Encounters - Left Without Being Seen	<0.8%	0.2%	1.0%	0.7%	1.6%	0.4%	2.0%	1.8%	2.0%	2.1%	1.2%			1.3%	0.8%	1%
* Falls with Injury	<2	0	0	1	0	0	0	1	0	1	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%	0.29%	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%			5.8%	3.8%	5.4%
Diabetes Management - Outpatient A1C>9 or missing result	<27.61%	22.83%	21.92%	20.51%	19.07%	27.70%	21.70%	14.87%	20.90%	21.95%	25.50%			21.70%	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			1,090	805	1,016
Inpatient Admissions	86	112	89	93	117	118	117	145	151	119	119			118	83	83
OB Deliveries	45	42	47	39	46	52	48	69	53	45	48			49	41	37
Surgeries and Endoscopies	137	100	133	187	180	183	190	171	215	185	166			171	101	118
Diagnostic Imaging Procedures	2,087	2,628	2,439	3,112	3,336	3,156	3,233	3,067	3,040	3,100	3,209			3,032	2280	1,957
Lab Procedures	12,374	14,626	12,570	14,659	14,800	14,902	14,474	15,174	15,064	13,641	14,955			14,487	11,768	11,051
Adjusted Patient Days	1,453	1,644	1,496	1,948	1,871	1,722	1,574	1,653	1,848	1,694	1,665			1,712	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			1,473	1,314	1,145
Outpatient Special Procedures Visits	245	213	255	256	342	354	397	393	353	340	358			326	247	224
<b>Financial Performance</b>																
Net Days in Accounts Receivable	51	59	60	62	64	66	59	59	60	58	54			54	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%			18.9%	4.5%	5.30%
Net Operating Revenue/FTE	\$ 19,448	\$ 16,427	\$ 15,351	\$ 18,366	\$ 19,282	\$ 18,115	\$ 19,821	\$ 18,956	\$ 39,610	\$ 20,835	\$ 20,507			\$ 20,727	\$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%			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			\$ 16,911	\$15,891	\$15,190
*Days Cash on Hand	156	169	152	146	146	147	155	152	154	156	143			143	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%	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%	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

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### BOARD WORK SESSION

October 26, 2021

### WHITEHEAD CONFERENCE ROOM

COMMISSIONERS PRESENT	STAFF PRESENT	MEDICAL STAFF	GUESTS
<ul style="list-style-type: none"><li>• Dr. Steve Kenny, PH.D.</li><li>• Glenn Bestebreur</li><li>• Keith Sattler</li><li>• Brandon Bowden</li><li>• Susan Reams</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></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><li>• Trevor Grafstra, Graham Construction</li><li>• Hilary Beashore, Associate, Senior Project Manager, bcDG</li><li>• Peter Becker, Time Value Investments</li></ul>

AGENDA	DISCUSSION	ACTION	FOLLOW-UP
<b>I. CALL TO ORDER</b>	The Meeting was called to order by Commissioner Kenny at 6:00 p.m.	None.	None.
<b>II. FINANCIAL STEWARDSHIP</b>			
<b>A. PMH Financial Investments Performance</b>	Peter Becker (Time Value Investments) reviewed the performance of PMH investments and reviewed the investment limitations for public hospitals in the State of Washington.	None.	None.
<b>III. SERVICES</b>			
<b>A. Replacement Facility Update</b> <b>1. Market /Early Procurement</b>	The current construction market and the concept of early procurement were reviewed and discussed by Graham Construction and NV5.	None.	None.
<b>IV. EMPLOYEE DEVELOPMENT</b>			
<b>A. Local Housing</b>	Craig discussed the current housing shortage (transitional and permanent) in the Prosser area and discussed the possibility of PMH purchasing several units (condos, houses) that PMH could utilize as transitional housing for providers and staff.	None.	None.



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

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BOARD MEETING		October 28, 2021		WHITEHEAD CONFERENCE ROOM			
COMMISSIONERS PRESENT		STAFF PRESENT		MEDICAL STAFF		GUESTS	
<ul style="list-style-type: none"><li>• Dr. Steve Kenny</li><li>• Glenn Bestebreur</li><li>• Susan Reams</li><li>• Keith Sattler</li><li>• Brandon Bowden</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><li>• Phillip Braem</li></ul>		<ul style="list-style-type: none"><li>• Dr. Syed Hashmi</li></ul>		<ul style="list-style-type: none"><li>• EMS Representative</li></ul>	
AGENDA		DISCUSSION		ACTION		FOLLOW-UP	
<b>I. CALL TO ORDER</b>		The Meeting was called to order by Commissioner Kenny at 6:00 p.m.		None.		None.	
<b>I.A. Pledge of Allegiance</b>							
<b>II. PUBLIC COMMENT</b>		A representative from EMS was there and asked if the EMS Service Line was transitioning to the West Benton Fire District January 2022.		Commissioner Kenney stated that this will not be happening at that time.		None.	
<b>III. APPROVE AGENDA</b>		None.		Commissioner Sattler made a Motion to approve the October 28, 2021, Board Meeting Agenda. The Motion was		None.	

		seconded by Commissioner Reams and passed with 5 in favor, 0 opposed and 0 abstained.	
AGENDA	DISCUSSION	ACTION	FOLLOW-UP
<b>IV. APPROVE CONSENT AGENDA</b>  <b>A. Board of Commissioners Meeting Minutes for September 30, 2021.</b>  <b>B. Payroll and AP Vouchers #160395 through #161030 dated 09.16.21 through 10.20.21 in the amount of \$7,136,409</b>  <b>C. Surplus Items Resolution #1058: Exam chair. (ENT)</b>	None.	Commissioner Sattler made a Motion to approve the Consent Agenda. The Motion was seconded by Commissioner Reams and passed with 5 in favor, 0 opposed and 0 abstained.	None.
V. MEDICAL STAFF DEVELOPMENT	DISCUSSION	ACTION	FOLLOW-UP
<b>A. Medical Staff Report and Credentialing</b>			
<b>A.1. Advancement from Provisional</b>	Dr. Hashmi presented the following providers for <b>Advancement from Provisional</b> :  <b>Shelli Collingham, MD</b> – Active Staff privileges in Hospital Medicine effective November 1, 2021 through March 31, 2023.  <b>Sarah Glover, ARNP</b> – Allied Health Professional privileges in Family	A Motion to approve the Advancement from Provisional: and Requested Clinical Privileges that have been reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee for the following providers was made by Commissioner Reams. The Motion was seconded by	None.

	Medicine effective November 1, 2021 through March 31, 2023.	Commissioner Sattler. The Motion passed with 5 in favor, 0 opposed, and 0 abstained. <ul style="list-style-type: none"> <li>• Shelli Collingham, MD</li> <li>• Sarah Glover, ARNP</li> </ul>	
<b>B. New Appointment</b>			
<b>B.1. Appointment and Requested Clinical Privileges</b>	<p>Dr. Hashmi presented the following providers for <b>Appointment</b>:</p> <p><b>Tamara Cooks, MD</b> – Provisional/Active Staff with requested privileges in Pediatrics effective November 1, 2021 through April 30, 2022.</p> <p><b>Mark Zarzycki, MD</b> – Provisional/Locum Tenens staff with requested privileges in Emergency Medicine Effective November 1, 2021 through April 30, 2022</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 Reams. The Motion was seconded by Commissioner Sattler. The Motion passed with 5 in favor, 0 opposed, and 0 abstained.</p> <ul style="list-style-type: none"> <li>• Tamara Cooks, MD</li> <li>• Mark Zarzycki, MD</li> </ul>	None.
<b>C. Reappointment</b>	<p>Dr. Hashmi presented the following providers for <b>Reappointment</b>:</p> <p><b>Steven Elerding, MD</b> – Reappointment to the Active Staff with requested privileges in General Surgery effective November 1, 2021 through October 31, 2023.</p> <p><b>Tamera Schille, MD</b> – Reappointment to the Active Staff with requested privileges in Pediatrics 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 Reams. The Motion was seconded by Commissioner Sattler. The</p>	

AGENDA	DISCUSSION	ACTION	FOLLOW-UP
C. CEO/Operations Report	There was no discussion on the CEO Report.	None.	None.
<b>VIII. ADJOURN</b>			
A. There being no further business, the meeting was adjourned at 6:40 p.m.			

	<p>November 1, 2021 through October 31, 2023.</p> <p><b>Neha Merchandani, MD –</b>  Reappointment to the Telemedicine Staff with requested privileges in Neurology effective November 1, 2021 through October 31, 2023.</p>	<p>Motion passed with 5 in favor, 0 opposed, and 0 abstained</p> <ul style="list-style-type: none"> <li>• Steven Elerding, MD</li> <li>• Tamera Schille, MD</li> <li>• Neha Merchandani, MD</li> </ul>	
<b>AGENDA</b>	<b>DISCUSSION</b>	<b>ACTION</b>	<b>FOLLOW-UP</b>
<b>VI. FINANCIAL STEWARDSHIP</b>			
<b>A. Review Financial Reports For September 2021 (Attachment P)</b>	David Rollins presented the September 2021 Financials.	A Motion to accept the Financial Reports for August 2021, was made by Commissioner Sattler and seconded by Commissioner Reams. The Motion passed with 5 in favor, 0 opposed and 0 abstained.	None.
<b>B. COVID-19 Financial Plan (Attachment T)</b>	David Rollins presented the COVID-19 Financial Plan.	None.	None.
<b>VII. QUALITY</b>			
<b>A. COVID-19 and Quality Update</b>	Kristi Mellema provided a Quality Report and a COVID-19 report.	None.	None.
<b>B. Legislative and Political Updates</b>	Commissioner Bestebreur gave updates on the political and legislative fronts both state-wide and nationally.	None.	None.

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JOINT CONFERENCE COMMITTEE		November 10, 2021	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. D. Weaver</li> <li>• Dr. B. Sollers</li> </ul>		<ul style="list-style-type: none"> <li>• M. Fuller, CNO, COO</li> <li>• K. Mellema, CQO</li> <li>• Dr. S. Hashmi</li> </ul>		
AGENDA ITEM	DISCUSSION	RECOMMENDATION	FOLLOW-UP	
<b>CALL TO ORDER</b>	Meeting was called to order by Commissioner Reams at 0704.			
<b>APPROVAL OF MINUTES</b>	October 2021 minutes were reviewed and approved by the Committee.	For informational purposes only.	Standing agenda item.	
QUALITY				
<b>COVID-19 Update</b>	K. Mellema reported that COVID-19 positive cases are decreasing across Benton/Franklin counties. There have been no positive flu cases in the counties, but there has been an increase of RSV. Last weekend, PMH conducted a COVID-19 Moderna booster clinic at Housel Middle School with over 700 doses given. On 11/09/21, a team went to Comprehensive Mental Health in Sunnyside to administer 22 booster shots to staff and residents. St. Michelle has reached out to us asking if we can conduct a booster clinic on-site at their facilities. Logistics are being worked out.	For informational purposes only.	No follow up necessary.	
<b>Safety &amp; EOC Committee Update</b>	K. Mellema reported that the committee met on October 25 <sup>th</sup> with five of the eight members present. Completed Environment of Care rounds were reviewed, a fire drill was completed on 9/28/21 on Acute Care and Family Birthplace. There was a needlestick and a fall that occurred. Lastly, Grandview front desk is requesting CPR training.	For informational purposes only.	No follow up necessary.	

<b>iVantage Report</b>	K. Mellema reported that the most current iVantage report came out last week with an INDEX score of 27.6 which is the highest score we have had since partnering with The Chartis Group. Our Quality score remains at 61, however, the Outcomes score improved from 53 to 76.	For informational purposes only.	Standing agenda item.
<b>PATIENT LOYALTY</b>			
<b>Patient Experience Results</b>	M. Fuller reported that every department is doing well. ED missed their target by 0.15%. Our current survey process with Press Ganey is through email and written surveys that are mailed in. Since we just signed with Press Ganey in January of 2021 this will be our base line year. In January, a comparison/summary for each department will be created. There are many ways to slice and dice data with each way having their own challenges. The Top Box number is what is reported publicly and is from all 9 domains.	For informational purposes only.	Standing agenda item.
<b>MEDICAL STAFF DEVELOPMENT</b>			
<b>Medical Staff Recruitment</b>	Dr. Sollers reported that Benton City needs a primary care provider and PMH continues recruiting for that position. Dr. Nylander is doing great. Dr. proctor hit the ground running and his panel is filling up. Dr. Cooks is doing well. Sara Glover and Peter Parks ARNP in Grandview that are doing well. Dr. Gilstead is planning on doing a locum position. Dr. Jayme Thompson from YVFWC has signed a contract with PMH and starts in April 2022 and will go to the Prosser Clinic. Dr. Cohen (GI) starts January 3 <sup>rd</sup> . Dr. Williams is scheduled to do a surgery here at PMH in December. Physiatry candidate will be coming for a visit this month and we continue to recruit for ED providers.	For informational purposes only.	Standing agenda item.
<b>Bylaws and Rules &amp; Regulations</b>	Dr. Sollers reported that the Bylaws and Rules & Regulations were approved by the Medical Staff this week and will go to the Board this month.	For informational purposes only.	No follow up necessary.
<b>Radiologist Contract Update</b>	M. Fuller reported that PMH is revising the radiology program. Currently, PMH contracts with Dr. Zuckerman who provides an additional radiologist and after hour radiology reads. He gave a six month notice in September that he wants to transition. We are looking at employing him or having a contract with a company. Every variable is on the table. C. Marks reported that he spoke with Dr. Zuckerman who has decided to leave PMH and move out of the country. Dr. Zuckerman states that he will not leave until we have a radiologist here in place.	For informational purposes only.	No follow up necessary.



<b>EMPLOYEE DEVELOPMENT</b>			
<b>Engagement Activities</b>	C. Marks reported that Halloween was a success and engagement was very high. The chili contest had 17 entries. Christmas festivities will include the annual ugly sweater contest and the departmental competition will be Christmas tree ornaments.	For informational purposes only.	No follow up necessary.
<b>Administrative Assistant</b>	C. Marks reported that Rosemary Mendoza from the Grandview Clinic accepted the position and she started on Monday.	For informational purposes only.	No follow up necessary.
<b>Director of OB Services</b>	M. Fuller reported that the new Director of OB Services, Tara Palomarez, will be starting November 29 <sup>th</sup> . She is coming from Toppenish with seven years of OB experience. The new Director of Care Coordination was filled by Sasha Thomasson.	For informational purposes only.	No follow up necessary.
<b>SEIU Contract</b>	M. Fuller reported that bargaining continues. The Union has asked to go to mediation over five pending items: low census, vacation accrual, holidays, and health & wellness.	For informational purposes only.	No follow up necessary.
<b>SERVICES</b>			
<b>Replacement Facility Update</b>	C. Marks reported that we were notified last Thursday that we have an intent to obtain CON which means that we have a document (SEPA) that needs to be completed and returned to complete the CON process. In discussions about design with DOH, they want a dedicated c-section suite on the OB department which means a redesign of the plans with changes to the west end. Kirk Brockelman will be here next week to discuss changes with the directors that are affected, and the plan will then go to the Board. Early procurement will be coming back to the Board for structural steel, joists, decking and the pneumatic tube system. Bid packages are out there and will be reviewed this week. We are currently looking at construction loan rates and terms. A recommendation will be taken to the Board.	For informational purposes only.	No follow up necessary.
<b>2022 Strategic Plan</b>	C. Marks reported that we have completed the process of meeting with all the groups. The engagement from all was good. We will create a draft Strategic Plan that will go into the November Board packet with approval of the plan in December.	For informational purposes only.	Standing agenda item.
<b>Medical Staff Model/2022 Provider Recruitment plan</b>	Deferred. Topic was discussed earlier.	For informational purposes only.	No follow up necessary.
<b>FINANCIAL STEWARDSHIP</b>			
<b>Financial Performance - October 2021</b>	C. Marks reported that the bottom line is at \$1,092,917 which gives us an actual bottom line of \$13,884,035. Expenses are up for the	For informational purposes only.	Standing agenda item.

	month of October but volumes were high and when volumes are high, expenses go up.		
<b>COVID-19 Financial Plan</b>	C. Marks reported that there hasn't been much of a change. We used approximately \$1.389 million in HHS money. We have applied for Phase 4 relief funds. We have given back \$6.5 million but have used approximately \$4 million for vaccine clinics, etc.	For informational purposes only.	Standing agenda item.
<b>Draft 2022 Budget</b>	Deferred. Topic was discussed earlier.	For informational purposes only.	No follow up necessary.
<b>ADJOURNMENT &amp; NEXT SCHEDULED MEETING</b>			
Meeting adjourned at 0854			
Next scheduled meeting is December 8, 2021			

K. Mellema 10/20/21

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**FINANCE COMMITTEE MEETING  
MONDAY – NOVEMBER 15, 2021  
7:00 a.m. – VINEYARD CONFERENCE ROOM  
AGENDA**

**MEMBERS:**

Keith Sattler  
Neilan McPartland  
Brandon Bowden

**STAFF:**

Craig Marks  
David Rollins  
Stephanie Titus

**GUEST:** Peter Becker

**CALL TO ORDER**

**I. APPROVE MINUTES**

**Action Requested** – October 25, 2021 Minutes

**II. FINANCIAL STEWARDSHIP**

**A. Review Financials – October 2021 (Attachment N) David**

**Action Requested – October 2021 Financial Statements**

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

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

**D. Vouchers List**

**Action Requested – Vouchers List - Payroll and AP Vouchers #161031 through David  
#161423 dated 10-21-21 through 11-10-21 in the amount of \$ 5,477,908.88**

**E. 2022 Operating Budget-Draft David**

**F. 2022 Capital Budget-Draft David**

**III. ADJOURN**

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FINANCE COMMITTEE MEETING		October 25, 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	
<b>I. CALL TO ORDER</b>	Keith Sattler called the meeting to order at 7:07 a.m.			
<b>II. APPROVE MINUTES</b>		A motion to approve the Finance Committee Meeting Minutes for September 27, 2021 as presented was made by Neilan McPartland. The motion was seconded by Keith Sattler and approved.		None.
<b>III. FINANCIAL STEWARDSHIP</b>  <b>A. Review Financials – September 2021 (Attachment P)</b>	David Rollins presented the Financials for September 2021. Net income \$842,913 on gross patient revenue of \$16,830,775 which was \$2,950,299 or 21% greater than budget. Charges were driven by the Emergency Room seeing 1,268 patients or 40% greater than	A motion to recommend acceptance of the September 2021 Financial Statements as presented to the PMH Board of Commissioners was made by Neilan McPartland. The motion was seconded by		None.

	<p>budget and generating \$685,000 in charges greater than budget plus Diagnostic Imaging greater than budget by \$467,000 or 18%, Surgery with 185 cases and \$370,000 greater than budget and the Clinics finishing \$361,000 greater than budget or 27%. Covid grants of \$1,106,281 was recognized for equipment purchases (Tru-D \$285,000, Billing remodel \$50,000 and Respiratory Hood equipment for \$158,000 plus nearly \$600,000 for Retention/Incentive payments to all employees. Expenses were \$1,103,452 greater than budget due to the aforementioned Retention/Incentive payments, supplies for surgeries (+\$111,000), lab reagents (+36,000) and drugs (+97,000).</p>	Keith Sattler and approved.	
<b>B. Review Accounts Receivable and Cash Goal</b>	<p>Stephanie Titus presented AR &amp; Cash Goals. Cash finished up \$815,280 for September and \$1,420,899 YTD as cash collections were up to \$7,304,347. A/R decreased to 58 days through a decline in Medicaid by \$495,000 and commercial by \$285,000. Goal in October is \$8,000,000 and focus continues to be on denial management and revenue cycle challenges on the front-end along with challenges in recruiting.</p>	None.	None.
<b>C. COVID-19 Financial Projection Plan (Attachment T)</b>	<p>David Rollins reported used \$1,106,281 in COVID grants in September leaving \$1,473,753 in unrecognized COVID</p>	None.	None.

	Funds that may be returned to Federal Government. Applied for additional phase IV funding but it may be a few months until we know anything.		
<b>D. Voucher Lists Payroll and AP Vouchers #160395 through #161030 Dated 09-16-21 through 10-20-21 in the amount of \$7,136,409 and Surplus Items Resolution #1058: Surplus Items: Exam Chair. (ENT)</b>	David Rollins presented the Payroll and AP Vouchers and Surplus Items Resolution #1058: Surplus Items: Exam Chair. (ENT)	A motion to recommend approval of the Voucher Lists #160395 through #161030 dated 09-16-21 through 10-20-21 in the amount of \$7,136,409 and Surplus Items Resolution #1058 was made by Neilan McPartland, seconded by Keith Sattler, and approved.	None.
<b>E. Clinic Quarterly Report (Attachment R)</b>	Stephanie presented clinic volumes overall have exceeded budget by 2% or 1,016 visits with Benton City still down two FTE providers YTD. Specialty Clinic volumes are up 1,140 over budget or 18%.		None.
<b>III. ADJOURN</b>			
Having declared no further business, the meeting was adjourned at 8:21 a.m.			

## MEMORANDUM

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

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

**DATE: NOVEMBER 2021**

**RE: CEO REPORT**

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### SERVICES

#### 1. 2022 Strategic Planning

We are finishing the strategic planning process for 2022 as we aggregate the feedback we have received from our staff and providers to develop draft documents for the Board to review in November and approve in December. Since we are closing the window on being able to make changes to the replacement facility, we reviewed the visioning document and drawings for our new hospital that were created in 2020 with everyone who attended one of the strategic planning forums first. We wanted to hear any new ideas we have not included in our current construction plans or Vision Statement. We also asked everyone for ideas about a name for the street on which the hospital will be located. Finally, we asked participants if they prefer logo-colored louvers or neutral-colored louvers on the west end of the new hospital. The input we received regarding our new facility (**Attachment A**) was insightful, well thought out, and demonstrates the commitment of the PMH Team to this project. It is important to remember that when we started to design our new facility, we started with a blank sheet of paper, and it was only through the input of our PMH Team that we were able to develop our vision for the facility and bring it to life. A big thank you goes out to everyone that has assisted us in this process! The feedback we received regarding our replacement facility will be used as we finalize drawings and prepare to begin construction in the spring of 2022.

To develop the 2022 Strategic Plan, we asked all PMH Team members to identify opportunities for improvement by each of the six Pillars of Excellence that would assist us in achieving our Pillar Goals. This input (**Attachment B**) and a thorough review of our 2021 Strategic Plan enabled us to develop a comprehensive draft 2022 PMH Strategic Plan (**Attachment C**). The objectives identified in the plan will empower us to continue our journey to achieve our Pillar Goals and ultimately become a Top 100 Critical Access Hospital in the country. The objectives contained in the plan are assigned to an individual(s) who are responsible for ensuring each objective is completed and is also under the direction of a Pillar Champion. Our Pillar Champions are: Patient Loyalty- Merry Fuller; Medical Staff Development- Dr. Brian Sollers; Employee Development- Bryon Dirkes; Quality- Kristi Mellema; Services- Shannon Hitchcock; and Financial Stewardship- David Rollins. These individuals also comprise the PMH Administrative Team. The proposed 2022 Strategic Plan objectives will not be easy to achieve but are essential for us to achieve our 2022 goals. We are working on refining the Strategic Plan so that it is easier to read and use, with the ultimate goal to have it down to a one-page plan in the future. Our Pillar Champions will briefly review their Pillar goals and objectives at the November Board Meeting and seek

input from the Board about additional feedback and opportunities. By continuing to work together as a team, we will continue to improve and accomplish our goals.

The second draft plan in your packet is our Medical Staff Model and 2022 Provider Recruitment/Succession Plan (**Attachment D**). This document was first created in 2016 and has been updated/enhanced every year since. This Plan has had a significant impact on PMH and the communities we serve and has contributed significantly to our success over the past few years. We receive a significant amount of feedback regarding our Medical Staff needs now and in the future from our staff, providers, and community members. We have attempted to capture this feedback in our draft Plan. While our service area has many needs, we cannot address them all at once. We must spread our recruitment efforts out over the next few years as we address space limitations and the desire to ensure that every new provider is successful. Our goal is to have a strong primary care base that will support the addition of specialists. This Model and Plan are being shared with the Medical Staff and Board in November for comments. The 2022 Plan contains the addition of several primary care physicians (Family Practice and Internal Medicine) and specialty physicians (Gastroenterology, Physiatry, Orthopedic Surgery, Emergency Medicine, and Endocrinology). While this is an aggressive list, accomplishing it will enable us to better meet the growing needs of the communities we serve.

The final two plans included in the board packet are the draft 2022 PMH Marketing and Information Technology (IT) Plans. The draft 2022 Marketing Plan (**Attachment E**) was developed by our Chief Communications Officer, Shannon Hitchcock. Shannon created this Plan based on feedback she received throughout the year and through the strategic planning process. The Plan utilizes multiple marketing channels (e.g., direct mail, social media, newspaper, billboards, television, radio, virtual education forums, etc.) The messaging emphasizes our providers (and the services they provide) and our staff, and the care and kindness they provide to every patient. We have a strong story to tell in how we deliver high-quality health care with compassion, integrity, honesty, and hope. In addition, we have providers and services that are in high demand in our service area. The final plan is our 2022 Information Technology (IT) Plan (**Attachment F**). This plan was developed by our interim Chief Information Officer-Phillip Braem, and our IT staff. The Plan focuses on maintaining a state-of-the-art IT system at PMH, including our use of Epic, to meet our current and growing information technology needs. One example of this will be our rollout of a virtual desktop infrastructure (VDI), which will make it easier for users to use various computers (e.g., nursing units) and easier and cheaper for IT to manage our computer infrastructure. We will also continue to place an emphasis on IT security as hospital IT systems across the country are under attack. We look forward to discussing these draft plans at the November Board Meeting and having the Board approve them in December.

## **2. Replacement Facility Update**

As outlined in the draft of our 2022 PMH Strategic Plan, we have a lot of work left to do as it relates to our replacement facility project, despite the significant progress we have made. An update of recent project activities is included in the Owner's Representative (NV5) Project Report for November (**Attachment G**); the minutes from our last project team meeting (**Attachment H**); and the project schedule for the next four months (**Attachment I**). We continue to focus on three main areas: USDA/ financing; design; and construction/ schedule/ budget. After waiting for several months, on November 4th we were informed by the Washington Department of Health that it is their intent to grant us a



Certificate of Need (CN) for the construction of a replacement facility (**Attachment J**). The CN is contingent on PMH obtaining a Conditional Use Permit (State Environmental Protection Agency-SEPA). The SEPA for our project is in the architects' scope of services and is currently being completed by our civil engineer. In addition to completing the SEPA, we must notify the Department of Health (DOH) within 20 days of our intent to accept the CN as outlined. I will ask the Board to authorize me to accept the CN at the November Board Meeting (**Attachment K**). With our acceptance of the CN, we will have completed the outstanding USDA conditions, which is a huge relief! We will also cease our appeal of the DOH's original decision that we needed a CN for our project. Now that our long-term financing for the project is secured, we are working with Gary Hicks, financial advisor, and Keith Kleven, broker, to secure a construction loan. They are first exploring a private placement with a bank and plan to share the results of their search at the November Work Session (**Attachment L**). If the private placement loan terms are not favorable, they may recommend that we pursue a public bond offering. This will be discussed with the Board in November, and the Board will be asked to decide between a private vs. public offering.

There has been a flurry of activity in the past two weeks, as it relates to the design of the new hospital, as a result of design meetings with the DOH. During these meetings, the DOH voiced their displeasure with the lack of a dedicated emergency C-section operating room in the Obstetrical Unit. The plan had a dedicated elevator from the OB Unit to the Surgery Center, but the DOH did not like this plan. They indicated we could ask for a variance, but with the luck we have had with the DOH, we decided to add a C-section suite to the OB unit. Because of this change, we will need to use much of the outdoor balcony space on the second floor for patient care. Several options were explored, and we believe the option chosen may be better than the original design. This will also change the look of the building on the west (Gap Road) end of the patient tower. The design team will meet with all impacted departments next week and will share their progress on the change at the November Work Session. As we work on this change, one of our concerns was the cost. Fortunately, the experts are not anticipating a large cost increase because we will eliminate an elevator (\$125,000-\$150,000) with the change, and hopefully, the other changes will have a minimal cost impact. As it relates to cost, the last area we are working is the budget, construction, and schedule for the project. Except for the recent design change, there have not been any changes to the anticipated cost of the project. The true test will be when the project is bid in January/February. In the meantime, as was discussed at the last Board meeting, we are seeking permission from the Board to pursue early procurement for some structural steel (joists and decks) and a pneumatic tube system (**Attachment M**). Failure to do this could negatively impact the construction schedule and increase the cost of the project with no gain. Graham Construction has marketed these two bid packages and will discuss the results with the Board at the November Board Work Session (**Attachment N**). We will then ask the Board to approve the two low bids at the November Board Meeting. Besides the impact of inflation, the second biggest challenge we face, especially with the recent design change, will be to meet our construction schedule. The good news is that we have a tremendous Project Team that will do everything in our power to keep the project on budget and on schedule.

### **3. Gastroenterology (GI) Service Line**

In January, PMH will have a Gastroenterologist lead our GI service line for the first time in our history. PMH, Dr. Cohen has years of experience starting and leading GI service lines and will join Dr. Unger, General Surgeon, in providing a full range of GI services to our community. To provide a full range of GI services, there are several capital purchases that we will need to make. This equipment will also be used at our new facility. Because Dr. Cohen begins in January, and there are numerous supply chain issues, we would like to begin ordering the needed equipment now in hopes that we will have it early in 2022. We did not budget any new GI equipment in 2021 but will place these items in the 2022 capital budget (**Attachment O**). We are very excited that Dr. Cohen is joining us and allowing us to better meet the GI needs of the communities we serve. It should be noted that because there is a shortage of gastroenterologists in the Yakima Valley, we may see patients from Yakima to the Tri-Cities.

### **Patient Loyalty**

#### **1. Veterans Day Breakfast**

Despite COVID-19, the patriotic spirit of PMH will be on full display on November 11th as we serve our traditional Veteran's Day Breakfast to area Veterans and their families (**Attachment P**). Because of the pandemic we will once again serve the breakfast as a drive-through event at the hospital from 7:00 a.m. until 10:00 a.m. Our serving team will be comprised of members of our Leadership Team, Board, staff, and Medical Staff. We anticipate serving up to 250 Veterans and their families. We look forward to this opportunity every year to thank them for their service. Hopefully, next year we will be back inside at the Clore Center serving this breakfast and, in the not-too-distant future, in the Whitehead Education Center at the new Hospital! In addition to the breakfast, we have nice PMH logo gifts for every Veteran. We also want to take this opportunity to thank our Veteran employees for their service by placing an advertisement of appreciation in local newspapers and on social media (**Attachment Q**). Please join me in thanking all our active servicemen and women and our Veterans. We are indebted to these heroes and should never forget that because of them, we enjoy our freedom today. Thank you!

#### **2. Employee Engagement Update**

This year, we have faced many challenges such as the pandemic and surging volumes across the organization. In spite of these challenges our team has never lost focus on what is most important.... our patients. Through the month of October, every service area (department) patient satisfaction score exceeds last year as well as our year-end goal (**Attachment R**). Outstanding! Every single area has improved despite the increased pressure they have been under, and as a result, our composite patient satisfaction score is 92.35% compared to our goal of 86.62%. In addition to higher satisfaction scores, verbatim patient comments demonstrate that customer service is a priority across the organization, as comments frequently mention how patients felt comfortable and cared for while receiving treatment. Our greatest opportunities for improvement are providing timely follow-up communication, referrals, and scheduling. While we often celebrate our strong financial performance, it is time to also celebrate our high patient engagement, which speaks loudly about our great future. Well, done!

### 3. Studer Update

Our in person Studer initiatives have been limited this year due to COVID restrictions. With that said, PMH Leadership was able to hold two Leadership Development Institutes (LDI's) this year. The June LDI was held at Tagaris Winery with the focus on leaders' commitment to PMH goals and objectives, their role in health care, a personal reflection on striving for excellence, and an opportunity to network with other PMH leaders. The second half of the day was spent at Canyon Lakes Golf Course in Kennewick, where the leadership team competed in small groups on the put-put golf course. Though no award-winning talent was unearthed, all participants reported having a fun time and having an opportunity to spend time with other leaders with which they rarely work.

The October LDI was held at Desert Wind Winery and focused on leadership skill development related to employee performance management and behavioral-based interviewing. The group received several tools supporting the coaching continuum, which begins on their first day of employment, through the lifecycle of the employee's time with PMH. See the coaching continuum (**Attachment S**). With the recent development and introduction of the PMH behavioral based-interviewing tool that integrates our ASPIRE Values, the group reviewed the principles of behavioral-based interviewing and the use of the new tool. This will support hiring people more aligned with the PMH ASPIRE Values. Additionally, the October LDI included 2022 Strategic Planning activity focusing on our six Pillars of Success. The work products from the session will be used to develop the 2022 Strategic Plan Objectives for each pillar.

## Employee Development

### 1. Employee Engagement

We closed out October with our annual Halloween celebration. Participation levels were once again high, as our staff engaged in some fun and spirited competition. The Halloween costumes, pumpkin decorating, and chili making winners did an outstanding job (**Attachment T**), and we all enjoyed the lunch, caramel apples, and seeing various PMH Team members in costumes we would never expect (I may never be able to get the image of Dr. Sollers as the Queen of Hearts out of my head!). Congratulations to the winners and a big thank you to everyone that participated in this event. The holiday season is now upon us, and we plan to celebrate the season with our staff as best we can. Unfortunately, due to COVID, we have cancelled our 2021 PMH Holiday Party. We will, however, celebrate the season with our Annual Holiday Luncheon on December 16th. The luncheon will be served by the Administrative Team who will be wearing their ugly sweaters for the Ugly Sweater Contest. There will also be other fun activities and events, so stay tuned. We will celebrate all of our ASPIRE Award recipients in 2021 and raffle off prize money for gold, silver, and bronze winners. Despite the pandemic, we look forward to celebrating this wonderful season with our PMH family! I have included the November employee newsletter which highlights some of the Halloween festivities and other activities at PMH in October/November (**Attachment U**).

## **2. Engagement Surveys**

Since November 1st, we have given our staff and Medical Staff an opportunity to participate in our Annual Engagement Survey process. An outside company, People Element, is conducting the survey so that all responses are kept completely anonymous. The only participation information People Element shares with us is participation by department, but they do not tell us who participated. The survey results are very important to us because they comprise two of our key Pillars of Excellence and provide us an opportunity to address concerns and continue building on our strengths. Participation is very important so that we get results that are accurate and actionable. To that end, we encourage everyone to complete a survey, and if they do, they will receive a free drink at the coffee bean. In addition, we plan to treat every department that meets and/or exceeds their participation level from last year to a free pizza party. The survey will continue through November 22nd, and we anticipate the survey results will be available in January. All survey results, including comments (except negative, hurtful comments directed at an individual) will be shared with the entire PMH team in January.

## **3. Administrative Assistant**

After suffering disappointment last month when I reported that Carol Allen, Administrative Assistant, was retiring, I am excited to announce that Rosemary Mendoza (**Attachment V**) has accepted the position! Rosemary has been working for PMH the last eight years at the Benton City Clinic and most recently the Grandview Clinic. Rosemary graduated from Grandview High School and has also received a bachelor's degree from the University of Phoenix in Business Administration. Rosemary is very organized; goal oriented; an excellent communicator; customer service oriented; and a leader. Please join me in welcoming Rosemary to her new role! I also wanted to mention that all the finalists for this position were from PMH and have bright futures ahead of them. The entire Administrative Team was impressed with the talent we have at PMH and are looking for ways to continue developing each and every employee at PMH. I would also like to thank Kristal Oswalt, Prosser Clinic, for her willingness to step in and help us in Administration until a permanent replacement could be found. Thank you!

## **4. Men's Health**

Throughout the year, Prosser Memorial Health raises awareness in our community and provides education on health issues such as heart disease, heart health, strokes, and breast cancer awareness and encourages everyone to support the fight against these challenges. In November, you will see me and possibly several members of our team sporting beards and/or mustaches in support of no-shave November. No-shave November is a month-long campaign to raise awareness and funding for men's cancer prevention, research, and education. While we may not look our best with facial hair, we are all doing it for a good cause. I encourage all men on the PMH Team to join us!

## **5. PMH Directors**

We are making some wonderful additions to our Leadership Team this fall. The first is Sasha Thomasson, who will assume the newly created role of Director of Care Coordination. Sasha will oversee

both the Care Transitions Team (Social Services, Utilization Review, Case Management, and Discharge Planning) and Nursing Administration (Resource Nurses, House Supervisor, and Employee Health). Sasha brings 25 years of nursing experience (10 years at PMH) to this position, having worked as an ED nurse, House Supervisor, and UR/Case Manager. Sasha's expertise, commitment to excellence, and leadership have already made a positive impact with each challenge she has undertaken at PMH. This new role will support departments directly impacting patient safety, continuity of care, and evidence-based practice.

Phillip Braem has accepted the role of Chief Information Officer (CIO). Phillip has 20 years of Information Technology experience and has been with PMH since 2015. Phillip has always been a well-respected member of our IT Department and has exceeded expectations stepping into the interim CIO role. His strong work ethic, collaborative communication style, and ability to make complex problem-solving look easy garnered him an endorsement from leaders across our organization. An experienced, engaged, and visionary CIO is essential for serving our community effectively; Phillip is a perfect fit.

Terra Palomarez will be joining PMH on November 29th as the Director of Family Birthplace. Terra has 20 years of nursing experience, with 11 years spent in various leadership roles; most notably, seven years as the Director of Family Maternity and Respiratory Therapy departments. Her Master of Nursing was focused on Nursing Leadership and Management, further equipping her passion for mentoring, training, and empowering new nurses to become emerging leaders. As Terra has spent her career serving in the Yakima Valley, she will be warmly received by many former co-workers anxious to welcome her expertise and leadership to the PMH team.

## **MEDICAL STAFF DEVELOPMENT**

### **1. Medical Staff Recruitment**

We have had a very successful year recruiting new providers in 2021 and are now beginning to set our sights on our recruitment goals for 2022 as outlined in our draft Medical Staff Model. However, before we close out 2021, I am pleased to announce that Dr. Jayme Thompson has agreed to begin practicing at the Prosser Clinic in April of 2022. Dr. Thompson grew up in Yakima, and her entire education and training was obtained in the Yakima Valley (**Attachment Z**). She is currently practicing in Wapato and has a thorough understanding of the needs of our local residents. Dr. Thompson was well received by everyone she met at PMH and will be a welcome addition to our Team. Please join me in welcoming Dr. Thompson to PMH! We continue to recruit for a family physician for Benton City, and we have several candidates that will be visiting over the next two months. In addition, we have an internal medicine/geriatrician interested in the Prosser Clinic that may begin working here in January as a locum and hopefully convert to full-time after working here for a few months. Other specialties that we continue to recruit for include emergency medicine, orthopedic surgery, and psychiatry. These are all specialties that will continue to pursue in 2022.

### **2. PMH Medical Staff Bylaws and Rules & Regulations**

For the past several months, under the leadership of Dr. Terry Murphy, a group of PMH providers (Dr. David Carl, Dr. Jared Clifford, Dr. Robert Wenger) have been meeting on a regular basis with an attorney (Jerome Aiken- Meyer, Fluegge & Tenney) to discuss and revise the PMH Medical Staff

Bylaws (**Attachment AA**) and Rules & Regulations (**Attachment BB**). Mr. Aiken has a tremendous amount of experience in this area and greatly assisted the PMH Team in modernizing the documents and bringing them up to current standards. There were not any major changes made to the documents, but they will now be easier to use. On November 9th, the Medical Staff approved the revised documents. The Board will be asked to approve both documents at the November Board Meeting. A big thank you goes out to Dr. Murphy for shepherding this very complex project to its conclusion!

### **3. Medical Staff Activity**

As busy as the hospital has been the past few months, the PMH Medical Staff has been equally active. For example, they completed a total revision of their Bylaws and Rules & Regulations and continued to guide our organization through the COVID-19 pandemic (**Attachment CC**). The Medical Staff is able to accomplish so many things because they have outstanding leaders that are all pulling in the same direction to ensure that PMH provides the best patient care possible. Congratulations to the entire medical staff on another very successful year.

### **4. Radiologist Update**

We recently learned that PMH Radiologist Dr. Zuckerman is not planning to remain at PMH long-term. He indicated that he would like to live closer to his family and in an area with lower taxes. Dr. Zuckerman has indicated that he will remain at PMH until we secure a new radiologist. Dr. Zuckerman has assisted us in building our Diagnostic Imaging department and its capabilities, and he does not want to see that compromised as he transitions out. We are currently exploring several long-term solutions, including contracting with an outside radiologist group or employing our own radiologists and supplementing them with teleradiology services. We have a clear understanding of the services we are seeking, but there are several ways to obtain those services. It is unlikely we will make a decision about which direction to go before the end of 2021, but we are working overtime to resolve this challenge.

## **FINANCIAL STEWARDSHIP**

### **1. Financial Performance – October**

As we come to the end of the latest COVID-19 surge (Delta), our overall volumes remain strong, and our overall financial performance is even stronger (**Attachment DD**). Throughout our organization, volumes have exceeded budget, even with a steady decline in COVID-19 cases. As a result, our gross revenue in October was \$16.4 million or \$1.58 million (11%) better than budget. After deducting contractual allowances, charity care, bad debt and adding in COVID relief funds and other operating revenue, our net revenue (cash expected to collect) was \$7.28 million or \$855,412 (13%) better than budget. As expected, with increased volumes comes increased expenses which resulted in expenses being 6% over budget. After adding in non-operating income, the net income for the month of October was \$1,092,917 compared to our budget of \$582,814. As a result of another strong financial month, our

year-to-date financial performance continues to get better. Our year-to-date net income is currently at \$13.88 million compared to our budget of \$10.08 million, for a 38% positive variance. As a result of our strong October financial performance and limited capital purchases, we experienced a positive cash flow of \$713,432. Year-to-date, we have experienced a positive cash flow of over \$2 million which has helped strengthen our balance sheet, which indicates over \$25 million in cash. If we continue to perform like this, we may be able to address any inflation issues we encounter on our new facility with our own resources. That would be a nice position to find ourselves.

## **2. 2022 Operating and Capital Budgets**

Over the past several months, our Finance Team has been working with our leaders on the development of our 2022 Operating (**Attachment EE**) and Capital (**Attachment FF**) Budgets. Both draft budgets will be reviewed with the Board at the November Board Work Session. The Board will also review the proposed 2022 Property Tax Resolution (**Attachment GG**) and the certification of the 2022 Property Tax Levy (**Attachment HH**) at the meeting and will be asked to approve them at the November Board Meeting. These items are based on our draft Operating Budget and will be explained at the Work Session. Our draft Operating Budget is projecting a net income of \$5,385,287 or a total margin of 6.21%, which meets our pillar goal. This is still a draft and could change before December, but not dramatically. The detail behind the budget is still being collected and will be distributed with the final budget in December. On the Capital Budget side, we are attempting to keep our capital spend down, but will have to make some growth (e.g., GI) and equipment upgrades. As a result, we are currently projecting an all-cash capital spend of \$1,381,853. We will attempt to reduce our projected capital budget over the next month as we continue to build our cash reserves for the future, while remaining modern and well-maintained.

## **3. PMH Foundation Update**

The Annual Gingerbread House fundraising event is online again this year. A flyer with details on how to purchase is included (**Attachment II**). We will be winding down the quiet phase of the capital campaign in December with follow-ups on everyone we have met with to date. A request for donation letter was mailed to all of our providers from Dr. Sollers and Shannon in late October. Shannon will provide the Board with a list of all 2021 capital campaign donors in December. We have begun to plan for the public capital campaign rollout, which will coincide with breaking ground at the new facility in the spring of 2022.

Save the date: Bottles, Brews, and Barbecues will be held Friday, June 10th & 11th at Vintners Village. Details to come in early 2022.

## **Quality**

### **1.COVID-19 Update**

I am pleased to report that the most recent surge of COVID-19 (Delta) is slowing down all across the country and in the Yakima Valley. While we continue to see COVID-19 positive patients in our clinics and the hospital, the numbers have declined dramatically, which is great news. Our focus at PMH is to

continue vaccinating our community members with Pfizer, Moderna or J&J. Most recently, Pfizer was authorized for the prevention of COVID-19 to include children 5 through 11 years of age which is now available at the Prosser and Benton City Clinics. We are also providing booster shots of all three COVID-19 vaccines and, most recently, provided approximately 750 at a community-wide clinic we held on Saturday, November 6th. Our vaccination clinics have been a huge success and have definitely improved the health of our community. Unless something changes, we are not currently planning any additional community-wide vaccine clinics. However, I would like to thank everyone that assisted at these clinics. We truly demonstrated what PMH is all about, and that we have the best Team (staff, Board, Medical Staff) in the area! Thank you all for a job well done!

## **2.COVID-19 Financial Plan**

Not a lot has changed on our COVID-19 financial plan (**Attachment JJ**) from last month. We did spend a little over \$300,000 of our relief funds in October, leaving us with just under \$1.4 million of unused COVID-19 relief funds. We have increased some of our vaccination efforts (e.g., boosters) which we can use relief funds for, but we are likely to return some of the funds by the end of the year. We did apply for phase four COVID-19 relief funds, but we have not heard if we will receive any. Regardless, we are in a good financial position and will be fine whether or not we receive any additional funds.

## **3. 2021 Board Self-Evaluation**

It is once again time for the Board to complete their annual self-evaluation (**Attachment KK**). We will use the same form we used last year as it seemed to work well. Please complete the evaluation by the first week of January so that the results can be compiled and discussed in January. Based on the results, a Board Action Plan for 2022 will be developed and presented to the Board for approval and implementation in February. I have included our 2021 Board Action Plan for your review (**Attachment LL**).

## **4. Hospital Strength Index/iVantage**

The hospital strength INDEX serves as a comprehensive, objective assessment of rural hospital performance and is used to determine the Top 100 Critical Access Hospitals in the country. The Chartis Group for Rural Health/iVantage Health Analytics has been conducting the INDEX analysis for the last decade, and it is based on performance across approximately 50 indicators covering market position, value of services, and financial stability. The INDEX is based upon publicly available data, including Medicare which typically lags about one year. We began working with The Chartis Group late in 2019 as we began to actively pursue becoming a Top 100 Critical Access Hospital (CAH). We have been frustrated by the lagging data but know that our efforts will eventually pay off. Our latest INDEX Report shows that we have improved over the last two years, but we have a long way to go (**Attachment MM**). Kristi Mellema, Chief Quality and Compliance Officer is heading up our effort to improve. We still have a long way to go to become a Top 100 CAH, but it is a journey worth pursuing.



## **5. November Board Meetings**

The November Board Work Session will primarily be used to receive an update on our replacement facility project and a brief review of our draft 2022 Operating and Capital Budgets, and the revised PMH Medical Staff Bylaws and Rules & Regulations. We will also have a short Executive Session to discuss several contract issues. The replacement facility update will include a design update; early procurement discussion; a construction loan presentation; and a Certificate of Need (CN) update. The November Board Meeting will be used to review a draft 2022 PMH Strategic Plan, and the Board will be asked to approve the PMH Medical Staff Bylaws and Rules & Regulations; a 2022 Property Tax Request; acceptance of the DOH Certificate of Need; and the early procurement of steel joists and decks and a pneumatic tube system design for the replacement facility.

## **6. December Board Meetings**

One final reminder that the December Board Work Session will be held on December 14<sup>th</sup>, and the December Board of Commissioners Meeting will be held on December 16<sup>th</sup>. The December Joint Conference Committee will meet at 7:00 a.m. on December 8<sup>th</sup>, and the Finance Committee will meet at 7:00 a.m. on December 13<sup>th</sup>. And remember, wear your ugly Christmas sweaters to the December 16<sup>th</sup> meeting as the staff will be wearing theirs!

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



# Prosser

## Memorial Health

### 2022 Strategic Planning Notes

### Ideas for Naming the Street

**Color: 97 Neutral: 29**

1. Care Lane
2. Caring Lane
3. Share Lane
4. Wellness Way
5. Compassion Boulevard
6. PMH Way
7. PMH Road
8. Prosser Health Drive
9. Mustang Road
10. Paradise Avenue
11. Highway To Healing
12. Quality Lane
13. Hope Lives Here Lane
14. Healing Avenue
15. Wellness Lane
16. Pleasant Way
17. Quality Lane
18. Memorial Lane
19. On To Wellness Way
20. Good Health Way
21. Prosser Road
22. Columbia Road
23. Top 100 Way
24. Hospitality Lane
25. River Road
26. River Lane
27. Medical Center Drive
28. Sunset Road
29. Proser lane
30. Hospital Plaza
31. Memorial Plaza

32. ASPIRE Plaza
33. Recovery Lane
34. Horseheaven Way
35. Rattlesnake Hills Drive
36. We Care Lane
37. Integrity Lane
38. How We Care Lane
39. Road to Recovery
40. Community Drive

\*New hospital should have fish tanks for pediatric patients, provides calming atmosphere.

\* New hospital should include art for local artists.

\* New hospital should have a water feature inside and outside

\* Plant more trees on new property

\* Community garden

\* Outside area for kids to play games

\* Heated sidewalks at entrances to hospital



# Prosser Memorial Health

## 2022 Strategic Planning Notes

### Pillar: Patient Loyalty

#### Strengths & Opportunities:

- Interpreter Services | Virtual Interpreters at clinics
- Dietician
- Referral Specialist at each clinic
- Grief counselor
- Diabetic Education
- Room Service
- Health Navigator to assist patient through treatment plan process / insurance etc.
- Use estimator tool before surgery or treatment plan
- Rx Drop Off Sites at Clinics
- More parking at the Grandview Clinic
- Clinic support helping Patients Figure Out Their Insurance Benefits
- Social Worker at the Clinics
- Patient Access / Benefit Coordinator at the Clinics
- Wheelchairs at Specialty Clinic Lobby
- Better Way To Sign Proxy Forms for Peds Patients
- Figure Out How To Send Attached Forms in Epic
- Offer More OB Delivery Methods
- Offer Spanish Pre-Natal Class
- Offer WIC Services at Women's Health Center
- Train Reception Staff/ Patient Access Staff on AIDET and Customer Service
- Will New Hospital Have Covered Bike and Motorcycle Parking
- Are We Prepared for a Spike in OB Volumes at New Hospital
- Heated Sidewalks & Entrances at New Hospital
- Big Chess Board, Shuffleboard Area at New Hospital
- Public Transit Stop at New Hospital
- Certified Medical Interpreters
- Menus in Spanish
- Designated Drop Off Area for Patients Coming Via 3<sup>rd</sup> Party At New Hospital
- Indicate on PFS Billing Statements where the parking is for patient that are coming to pay a bill or speak to a PFS staff member.

- Be nice to patients and help them with anything we can and remember This Is How We Care.
- MA's and help one another when they have down time.
- We would like to know what the patient satisfaction surveys say about our clinic.
- A phone tree at the clinic level to help patients get to the person they need.
- Reliable interpreting services at the hospital and the clinics.
- Increase My Chart activations.
- Providers need to check messaging in the My Chart system.
- We need a call center that handles all of the calls we get!
- All clinics should run the same so we can float to a different clinic and still know what the processes and procedures are.
- Offer more after hours and weekend appointment times for patients.
- Address patients by name and greet them with a smile when they arrive at our clinics.
- Getting referrals done in a timely manner.
- More mental health services at the clinics (therapists).
- Interpreter services at the clinics – we lost our vendor in September.

#### **Weaknesses & Threats:**

- Better referral system from ED back to PMH providers
- Kadlec is not accepting our patient referrals from the Grandview Clinic because they live in Yakima County
- Best practices for MA's – need to room patients in a timely manner. Waiting 15 minutes in the waiting room is a long time for a patient, especially if they have a small child.
- Return patient calls in a timely manner – don't wait until the end of the day.
- Benton City Clinic needs an RN to do triage. Right now MA's do this and it is out of our scope.



**Prosser**  
Memorial Health

## **2022 Strategic Planning Notes**

### **Medical Staff Development**

1. Better Training -EPIC, Onboarding, (including Material Management) Handbook, Kronos
2. Maintain Strong Physician Leadership
3. Conduct a Medical Staff Retreat
4. Maintain a high level of Technology
5. Conduct Leader Rounding with the Medical Staff throughout the year.
6. Hire high quality support staff
7. Involve Medical Staff in Staff Evaluations
8. Recruit additional Primary Care Providers
9. Market PMH Depts to the Medical Staff (including the Farm Workers Clinic)
10. Provide a mentor for new Providers
11. Encourage the Medical Staff to become more involved in the PMH Foundation
12. Provide on call EPIC Staff person to provide support for Providers.
13. Re-energize, work on Medical Staff Engagement Team / Participation
14. Provide call-rooms & workspace for Providers
15. Provide UR & Coding documentation feedback to individual Providers
16. Develop diagnosis cheat sheets for Providers
17. Launch an RHC FPPE/OPPE process
18. Provide Oncology services in 2023
19. Conduct Annual Reviews with all Providers
20. Conduct Monthly POC meetings with volumes and WRVU's
21. Standardize WRVU monthly reports
22. Internal Medicine for Grandview Clinic.

23. Nurse Practitioner for Geriatrics
24. Endocrinology
25. Pulmonology
26. Pain / Physiatry
27. Need more family practice providers so patients don't have to wait as long to see a provider.
28. Benton City Clinic needs a Psych ARNP.
29. Timely negotiations and review of contracts with providers.
30. Listen and respond to providers concerns in a timely manner.
31. Highlight the provider of the month.
32. Hire providers who want to be here long term and not leave after their three years are up.
33. More brainstorming among providers to develop best practices and share things that are working from one clinic to another. Share resources and expertise to make all of the clinics operate the same – highest standards for patients and staff.
34. More mental health therapists / counselors.



# Prosser

## Memorial Health

### 2022 Strategic Planning Notes

Date: LDI October 26

#### Pillar: Employee Development

##### Strengths & Opportunities:

- Performance incentives for leaders for controlling costs
- Continue tuition reimbursement
- Create opportunities to cross train employees to allow greater flexibility in staffing
- Find different ways to get employees information other than email
- Continue and promote employee referral program
- Develop a One Stop: what's due – for leaders
- Reward leaders when they make a good hire
- Daycare at new hospital
- Therapy Staff become PMH employees
- Hire cleaning crew for HR, PFS, and EMS
- Better paper products like TP
- Keep Daily Safety Huddle Notes
- Keep Having the Clinics Come to the Hospital for Events
- Carboard Recycling at Clinics
- Cross Train OB RN's to Scrub in for C-Section Suite at New Hospital
- Will New Hospital Have Covered Bike and Motorcycle Parking
- Include Admin / Providers at Department Meetings
- Will There Be An Electronic Sign at the Employee Parking Area For Notifications?
- More Weather Alerts and Announcements
- Use opt-in texting for employees that want to receive all notifications via text as well as email.
- Pay MA's a pay differential when they work after 5pm and on weekends.
- MA's need better training.
- Encourage and communication the educational opportunities for staff.
- Growth and incentives for long term employees.
- Acknowledgement for the clinic who sees the most patients in a month.
- PMH should provide all staff with a cost of living increase and a yearly increase.



- Better communication on all of the benefits we have access to at PMH and what they mean.

### **Weaknesses & Threats:**

- Enhanced communications
- Education on Building Trust
- Improve on employee retention
- Well lit parking lots
- Create “staff only bathrooms” away from public
- Ensure the use of “leads” is consistently applied throughout PMH (fairness)
- Ensure department workflow training for all employees
- More “leadership appreciation.”
- Ensure adequate staffing levels
- Ask employees what type of education they want or need
- Value employees equally: Hospital -v- clinics, Department-v-department, Night shift -v- day shift
- Recognize Individual and team wins more frequently: Celebrate milestone achievement not just when the big project is “done.” Public recognition, not just \$\$\$’s (mentioned twice)
- Ensure that every employee gets peer feedback at the time of their annual performance evaluation
- Provide more information about “community events” – perhaps a calendar so people know what’s is happening where/when
- Include employees in the employment selectin of new team members
- Change the performance evaluation format from pass/fail to some other type of scale
- Hold quarterly “fireside chats”
- Develop clinical ladders
- Hold team-level team building activities: Building trust, managing conflict, working together
- More leadership collaboration and leadership development
- LEM that reinforces important work items
- Free lunches
- Evening food service availability
- Attend to night shift like you do to day shift
- Provide “Transformational Leadership” education
- Create more “quiet spaces”
- Develop a better “team onboarding process” for departments
- Hold “Lunch & Learns”
- Develop a medical library

- Provide gym discounts
- Provide more budget training
- Develop a PMH-wide annual training calendar
- Hold annual benefits fairs
- Provide employees with a better break room
- Provide extended hours at the Busy Bean
- Provide wellness program & promote wellness / mental health across PMH
- Create more outdoor spaces for employees
- Use computer screen savers to communicate information to employees
- RT Doesn't Have a Designated Office at the New Hospital
- Emails Should Be Returned Within 24 Hours
- How Can IT Help Employees Access Email From Home
- Develop better department to department communications. When there are changes in Epic, HIM procedures, Coding, Billing, All Staff should be notified. Err on the side of over communicating any changes and let staff decide if they read or delete. With all of the changes and new staff we don't know the scope of job duties for all roles at PMH.
- IT to provide more training, instructions on how to install and get email at home and on your phone.
- Send out a Survey Monkey asking staff how they want to be communicated with (email, text, hard copy).
- Provide updates from each of the six pillars to leaders to share at their monthly department meetings. (This information is already contained in the CEO Report – remind leaders to share and take time to review the CEO report at department meetings and follow up on any questions.)
- HR should go paperless.
- Improve the food in the cafeteria.
- Uphold the zero gossip policy.
- Hire enough staff to float to cover sick calls and vacations so we aren't overwhelmed.
- Better communication and follow through on employee development initiatives.
- Recognize employee birthdays.



# Prosser

## Memorial Health

### 2022 Strategic Planning Notes

#### **Pillar: Services**

##### **Strengths & Opportunities:**

- Expand mental health services for counseling
- Expand pediatric mental health services
- Massage Therapy
- Hyperbaric Chamber
- Bariatric Surgery
- Endocrinology
- Neurology
- Retail Pharmacy at new hospital
- Drug & Alcohol Counseling
- Add beds at new hospital for drug and alcohol that wouldn't count against our 25 beds
- Wound care
- Freestanding ED
- Diabetic Education
- Clinic in West Richland
- Clinic in Sunnyside
- Ambulatory Surgery Center
- Expand surgery hours to Saturday and after hours
- Telehealth
- Home Health
- Outsource Laundry
- Plastic Surgery
- Expand Imaging Services at Clinics
- Dialysis
- Hematology
- Rheumatology
- Retail Pharmacy at the Grandview Clinic
- Wellness Center for the Community and Staff
- Rx drop off site at clinics
- EMG
- Pain / Physiatry

- Market CPP Program
- Pediatric PFT
- Pulmonology
- Vision and Health Screenings at the Hospital
- Doula
- Sleep Medicine

**Weaknesses & Threats:**

- Evaluate our current services and make sure our workflows are efficient and easy to navigate for our patients.



## 2022 Strategic Planning Notes

### Pillar: Quality

1. Education Department
2. Mentoring Program
3. Clinic Competency Checklists (MAs)
  - a. Annual competencies
4. Clinic Scorecard
5. Replace incident reporting system
6. Internal questionnaire for dietary (inpatients)
7. Interpreter services (On-Demand in other departments)
8. Adopt LEAN methodology
9. Adopt better technology systems for PACU/OR
10. "Day in the Life"
  - a. For staff to understand how other departments work and how departments affect one another.
11. Explanation of iVantage
12. More guidance in Quality goals
13. Education at staff meetings (clinics)
14. The Joint Commission (TJC) accredited
15. Standardize Committee dates
  - a. Make committee meeting on same date every month
  - b. Evaluate committee members
  - c. Consider combining certain committee such as Safety Committee and Environment of Care.
16. Perform monthly tracers in all departments
17. Financial reports (RVU reports)
18. Tracking system for certifications (i.e. licenses, BLS, ACLS, etc.)
19. New policy and procedure system
20. Formalize medication reconciliation and antimicrobial stewardship (AMS) programs
21. Reduce left without being seen (ED)
22. Reduce time for STAT labs
23. Reduce length of stay for patients in the ED and for inpatients
24. Improve bar code scanning
25. Improve hospital/clinic patient experiences
26. Add Bio-Med



# Prosser

## Memorial Health

27. Keep daily Safety Huddle Notes
28. Heated Sidewalks at New Hospital
29. Do We Have A Plan with GI Thruput Volumes in January?
30. Emails Should be Returned Within 24 Hours
31. Add a hard copy of the Daily Safety Huddle Notes to the PCC Report that is distributed during shift change.
32. Share the On Call Report location on Sharepoint with everyone
33. Phones need to be answered at the clinics.
34. We need better training to understand coding, billing, Epic so we can answer questions when patients ask about their bill at the clinics.
35. Offer more Epic trainings to all staff.
36. What is the policy for seeing patients under 18 years of age without their parent?
37. When we catch errors that are being made in Epic we should send out education emails to all clinic staff so we can educate each other and not keep making the same mistakes.
38. Keep the daily safety huddle notes.
39. Billing / Coding training for all directors with revenue generating departments.
40. Customer service training for all clinic staff.



# Prosser

## Memorial Health

### 2022 Strategic Planning Notes

Date: LDI October 26

#### Pillar: Financial Stewardship

1. Revenue Cycle Improvements
  - a. Education on best practices – in progress
  - b. EPIC Charging Education – in progress
  - c. Denial Management – 2022 (new)
  - d. EPIC Denial Codes – 2022 optimization
  - e. EPIC Report Writer training – Slicer Dicer (currently available)
  - f. EPIC Contract Management – in progress
  - g. Staff Training – workflows
  - h. Emergency Room EPIC module – 2022 budget
  - i. Insurance Contract Reviews – currently being researched
2. New Finance platform (ERP) – 2022 budget
  - a. Replace Lawson with more robust and user-friendly system – in progress
  - b. Management Financial Reporting & Budgeting Education
  - c. Supply Chain Ordering Improvement – in progress
  - d. Volume Forecasting
3. More Grants
4. Service Line Business Plans
5. Product Review Committee
6. Vendor Contract Review
7. Benchmarking – implementing new Premier platform in 2021
8. Outsourcing Analysis for Services and Support
9. PFS Phone Tree – in progress
10. Asset Management System – currently being researched
  - a. System to manage all assets and maintenance agreements
  - b. Revise Surplus Policy
11. Leadership in Foundation Fundraising
12. 340b – currently being researched
13. Billing / Coding training for all directors with revenue generating departments.
- 14.

PROSSER MEMORIAL HEALTH  
2022 STRATEGIC PLAN





# 2022 Strategic Plan

	Strategic Goal	1-Year Objective Metrics	Objectives/Strategies	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>	Patient Loyalty Goal	<ol style="list-style-type: none"> <li>Demonstrate a 2% improvement in overall patient satisfaction over 2021.</li> <li>Demonstrate a year over year incremental improvement (0.1% or greater) in all survey types and locations.</li> <li>Increase discharge phone call compliance to 80%.</li> <li>Implement pre-discharge follow up scheduling (OR, AC, FBP, OSP, ED).</li> <li>Reduce the time from ED Admission decision to bedtime to <math>\leq 55</math> minutes.</li> <li>Reduce LWBS to <math>\leq 0.5\%</math>.</li> <li>100% of complaints or grievances will be followed up within 72 hours, a grievance letter acknowledgement sent within 7 days and a follow-up or closure letter within 30 days.</li> <li>Ensure access to interpreter services (all locations) within 5 minutes 24/7.</li> <li>Complete <math>\geq 50</math> patient education visits each month: Medicaid Wellness, Diabetic education, Dietician, Transitional care, etc.</li> <li>Increase whiteboard compliance to 80%.</li> <li>Increase Bedside Shift report compliance to 80%.</li> </ol>	<ul style="list-style-type: none"> <li>Provide Patient Satisfaction Education and Press Ganey Website training to all leaders and stakeholders.</li> <li>Each department leader will focus on one key strategic initiative each quarter based on the relevant patient survey results.</li> <li>Publish a monthly Patient Loyalty dashboard which will provide additional survey data comparable to what is publicly recorded (including Top Box and percentile ranking) and strategic initiatives by each department.</li> <li>Complete FMEA on post discharge phone calls, take corrective action, provide training, and track compliance.</li> <li>Establish process for scheduling clinic follow-up prior to hospital discharge.</li> <li>Continue PDSA cycles with current interdisciplinary Admissions Task Force.</li> <li>Continue PDSA cycles with current ED Flow Task Force.</li> <li>Provide education on addressing complaints and grievances to all stakeholders and report monthly compliance by department on Patient Loyalty Dashboard.</li> </ul>	<p>1/22</p> <p>1/22</p> <p>2/22</p> <p>2/22</p> <p>3/22</p> <p>2/22</p> <p>3/22</p> <p>1/22</p>	<p>M. Fuller</p> <p>All Department Leaders</p> <p>M. Fuller</p> <p>S. Thomasson</p> <p>D. Williams</p> <p>M. Davis</p> <p>C. Doornink-Osborn</p> <p>M. Fuller</p>

## 2022 Strategic Plan

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

## 2022 Strategic Plan

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

## 2022 Strategic Plan

			<ul style="list-style-type: none"> <li>• Continue to generate and maintain Epic-specific training and support for the Medical Staff, including on-call Epic staff.</li> <li>• Enhance and expand the Telehealth Program within PMH Facilities, especially primary care.</li> <li>• Develop a system for UR and coding documentation feedback for all providers.</li> <li>• Continue to explore and implement new PMH Clinic Services as appropriate (e.g., Endocrinology).</li> </ul>	<p>12/22</p> <p>6/22</p> <p>6/22</p> <p>12/22</p>	<p>P. Braem</p> <p>P. Braem/PMH Clinics Director</p> <p>PMH Clinics Director/S. Thomasson</p> <p>Dr. Sollers/PMH Clinic Director</p>
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## 2022 Strategic Plan

	Strategic Goal	1-Year Objective Metrics	Objectives/Strategies	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>	Employee Development	1. Achieve an Employee Satisfaction rate of 90% or higher.	<ul style="list-style-type: none"> <li>Ensure continued open communication including multiple mediums by first establishing a communications calendar that identifies topics, content, delivery methods and where possible, routinely measuring the effectiveness of the communication effort.</li> </ul>	3/22	B. Dirkes / S. Hitchcock
	PMH will encourage and provide ongoing development of our employees by selecting talent effectively, communicating efficiently, creating a work atmosphere that values the individual talents of every employee resulting in a highly engaged workforce.	2. Achieve an annual employee turnover rate of 9% or less.	<ul style="list-style-type: none"> <li>Ensure the practice of offering competitive wages and benefits by participating in identified surveys and using results to drive strategic compensation and benefits decisions, for both annual planning and just-in-time adjustments, where warranted.</li> </ul>	7/22	B. Dirkes
	GOAL: PMH will achieve and maintain an annual employee satisfaction rate of 90% or higher.	3. Achieve an average recruitment time of 34 days.	<ul style="list-style-type: none"> <li>Ensure effective selection and retention of values-aligned, caring staff using values-based selection tool in selecting talent.</li> </ul>	4/22	B. Dirkes
		4. Reduce the number of hours of overtime/total hours worked to less than 4.5%.	<ul style="list-style-type: none"> <li>Promote on-going required and elective education opportunities through the development and use of annual education calendar.</li> </ul>	3/22	B. Dirkes
		5. Implement an employment selection tool for 90% of all new employees.	<ul style="list-style-type: none"> <li>Ensure employee recognition continues through established committees and recognition programs and develop a process to measure the effectiveness of selected programs, making revisions as needed.</li> </ul>	4/22	B. Dirkes
		6. Achieve an annual 95% 403(b) participation rate.	<ul style="list-style-type: none"> <li>Revise the non-exempt (unionized) performance evaluation to include measurement of performance rather than "meets or doesn't meet" measures.</li> </ul>	11/22	B. Dirkes
			<ul style="list-style-type: none"> <li>Develop and hardwire the follow-up process to the Employee/Provider engagement to include: action planning sessions with teams, communication methods to ensure one-up visibility into progress</li> </ul>	6/22	B. Dirkes / C. Marks

## 2022 Strategic Plan

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

## 2022 Strategic Plan

	Strategic Goal	1-Year Objective Metrics	Objectives/Strategies	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>Quality</p> <p>Continue to support the systemic organization-wide approach to plan, design, measure, assess and improve organizational performance. Objectives are designed to:</p> <ul style="list-style-type: none"> <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>Goal: PMH will achieve an INDEX Quality score of 75 or higher.</p>	<ol style="list-style-type: none"> <li>Achieve an overall medication bar code scanning compliance rate of 95% or greater for the hospital.</li> <li>Achieve an overall patient bar code scanning compliance rate of 95% or greater for the hospital.</li> <li>Maintain the Healthcare Associated Infections (HAI) rate per 100 inpatient days at &lt;0.1%.</li> <li>Achieve and maintain a Hand Hygiene compliance goal of 100%.</li> <li>Achieve &lt;0.5% goal of patients leaving the ED without being seen (LWBS) (OP22). <i>(As indicated by the Hospital Strength INDEX)</i></li> <li>Achieve or exceed the goal of 114 minutes (median time) for patients arriving to the ED to their departure time (OP18b). <i>(As indicated by the Hospital Strength INDEX)</i></li> <li>Be 100% compliant with regulatory standards of applicable agencies (State of WA, CMS, etc.).</li> <li>ED will direct schedule follow-up appointments for 50% of ED discharges needing a follow-up with a PMH care provider.</li> </ol>	<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>Develop a Regulatory Readiness Manual.</li> <li>Conduct hospital tracers in all departments twice a year and share results with the unit Directors and staff.</li> <li>Pass all applicable regulatory surveys (e.g., DOH, Laboratory, RHC)</li> <li>Report medication and patient bar code scanning compliance at each monthly Quality meeting and at clinical staff meetings.</li> <li>Report hand hygiene compliance rates at each monthly Quality meeting.</li> <li>Formalize Medication Reconciliation and Antimicrobial Stewardship (AMS) programs.</li> <li>Research other incident reporting systems with the intent of replacing UHC.</li> <li>Implement ED scheduling Clinic follow-up appointments.</li> <li>Continue PDSA cycles with current ED Flow Task Force.</li> </ul>	<p>12/22</p> <p>12/22</p> <p>3/22</p> <p>12/22</p> <p>12/22</p> <p>12/22</p> <p>12/22</p> <p>6/22</p> <p>8/22</p> <p>10/22</p> <p>3/22</p>	<p>K. Mellema</p> <p>K. Mellema</p> <p>K. Mellema</p> <p>K. Mellema</p> <p>K. Mellema</p> <p>L. McKie</p> <p>S. Miklas</p> <p>L. McKie</p> <p>K. Mellema</p> <p>D. Williams/ C. Doornink/PMH Clinics Director</p> <p>C. Doornink</p>

## 2022 Strategic Plan

	Strategic Goal	1-Year Objective Metrics	Objectives/Strategies	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>SERVICES</p> <p>Prosser Memorial Health (PMH) will develop appropriate facilities, technology, and services to meet the needs of those we serve.</p> <p>Goal: Achieve 2022 budgeted adjusted patient days.</p>	<ol style="list-style-type: none"> <li>1. Meet budgeted clinic volumes.</li> <li>2. Increase aesthetic service volumes by 15%.</li> <li>3. Increase website traffic by 10%.</li> <li>4. Raise \$3 million for the capital campaign.</li> <li>5. Implement a customer service training program to reduce patient complaints in clinics by 10%.</li> <li>6. Increase surgical volumes by 10%.</li> <li>7. Increase staff satisfaction with Epic by 5%.</li> <li>9. Increase inpatient Medicare market share by 5%. <i>(As indicated by the Hospital Strength INDEX)</i></li> <li>10. Increase outpatient Medicare market share by 5%. <i>(As indicated by the Hospital Strength INDEX)</i></li> </ol>	<ul style="list-style-type: none"> <li>• Create a comprehensive, multi-channel marketing plan for inpatient and outpatient services to meet and exceed budgeted volumes.</li> <li>• Implement the public phase of the capital campaign for the new hospital.</li> <li>• Create the communication plan for the new hospital project.</li> <li>• Redesign and create new content for the website. Create new functionality that allows for enhanced communication with the public.</li> <li>• Develop and implement a comprehensive dietetic program to include hiring a Dietician.</li> <li>• Develop and implement a comprehensive diabetic education program to include hiring a Diabetic Educator.</li> <li>• Study the feasibility of providing home health services and implement, if appropriate.</li> <li>• Develop and implement a customer service training program with Studer/Heron Group across the organization to reduce patient complaints and increase patient loyalty and satisfaction.</li> <li>• Assess overall OR utilization to meet needs of PMH surgeons and the patients.</li> <li>• Complete implementation of virtual desktop throughout the organization.</li> </ul>	<p>12/22</p> <p>3/22</p> <p>2/22</p> <p>5/22</p> <p>6/22</p> <p>6/22</p> <p>7/22</p> <p>12/22</p> <p>12/22</p> <p>6/22</p>	<p>S. Hitchcock</p> <p>S. Hitchcock</p> <p>S. Hitchcock/ C. Marks</p> <p>S. Hitchcock/ A. Tiemersma</p> <p>D. Rollins</p> <p>M. Fuller</p> <p>M. Fuller</p> <p>S. Hitchcock PMH Clinics Director M. Fuller B. Dirkes</p> <p>S. Dawson/T. Hawley</p> <p>P. Braem</p>



## 2022 Strategic Plan

		<ul style="list-style-type: none"> <li>Continue the development process for the construction of the Replacement Hospital to include completing the bidding process and begin construction.</li> </ul>	6/22	C. Marks
		<ul style="list-style-type: none"> <li>Develop a plan for future use of the current hospital site.</li> </ul>	6/22	C. Marks
		<ul style="list-style-type: none"> <li>Develop and implement a comprehensive wound care program.</li> </ul>	12/22	M. Davis
		<ul style="list-style-type: none"> <li>Develop and implement a comprehensive pain management program to include the EMG studies.</li> </ul>	12/22	PMH Clinics Director

## 2022 Strategic Plan

	Strategic Goal	1-Year Objective Metrics	Objectives/Strategies	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 Goal</b></p> <p>Prosser Memorial Health (PMH) will 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>1. The 2022 Budgeted Total Margin will meet or exceed 6.21%.</p> <p>2. Net Accounts Receivables Days will be lower than 48 Days.</p> <p>3. Days of Total Cash on Hand will exceed 111 Days.</p> <p>4. Increase Point of Service Collections by 50%.</p>	<ul style="list-style-type: none"> <li>Improve Revenue Cycle functions by utilizing charge audits, workflow improvements, staff training and coordination of activities.</li> <li>Reduce denials through a more effective Utilization Review team structure.</li> <li>Improve Payer Contract Compliance through improved EHR tools.</li> </ul>	12/22	S. Titus	
	<p>Goal: PMH will achieve and maintain an annual total margin of 6% or more.</p>	<p>5. Increase Pre-Registration of Ancillary Outpatient Visits to greater than 50%.</p> <p>6. Implement 340b program for OP and Contract Pharmacies.</p>	<ul style="list-style-type: none"> <li>Utilize coding audits to improve clinical documentation through education of physicians and staff.</li> <li>Expand Call Center to manage scheduling more effectively for visits, tests, and procedures.</li> </ul>	02/22	S. Thomasson	
		<p>7. Reduce Average Expense per Adjusted Patient Day by &gt;1%.</p> <p>8. Increase Average Net Revenue per Adjusted Patient Day by &gt;3%.</p>	<ul style="list-style-type: none"> <li>Implement and utilize Labor Productivity System to enable improvements in the efficiency of labor utilization by departments.</li> <li>Reduce unscheduled leave through positive changes to paid leave policies.</li> </ul>	09/22	PFS Director	
		<p>9. Implement Patient Friendly Billing to decrease PFS patient complaints by 5%.</p>	<ul style="list-style-type: none"> <li>Implement new GL/AP/MM software that allows for more effective and efficient expense management.</li> </ul>	02/22	H. Teale/ G. Zuniga	
		<p>11. Reduce Medicare Adjusted Average Costs for both inpatient and outpatient by 5%. <i>(As indicated by the Hospital Strength INDEX)</i></p>	<ul style="list-style-type: none"> <li>Implement a robust 340b program to reduce OP drug expenses and increase revenue thru contract pharmacies.</li> </ul>	04/22	D. Williams	
		<p>12. Reduce Medicare Adjusted Average Charges for both inpatient and outpatient by 5%. <i>(As indicated by the Hospital Strength INDEX)</i></p>	<ul style="list-style-type: none"> <li>Develop Patient Friendly Billing program with PFS.</li> </ul>	12/22	D. Rollins / S. Titus	
					12/22	B. Dirkes/D. Rollins
					09/22	D. Rollins/S. Titus/B. Dirkes
					07/22	L. McKie/B. Dirkes
					12/22	PFS Director/ S. Hitchcock



**Prosser**  
Memorial Health

**MEDICAL STAFF MODEL  
&  
PROVIDER RECRUITMENT/SUCCESSION PLAN  
FY 2017-2024**

DRAFT

# **Medical Staff Model Includes**

**Introduction and Methodology**

**Map of Primary & Secondary Service Area**

**PMH Medical Staff Model FY 2017-2024**

**Medical Staff Recruitment & Succession Plan**

**Medical Staff Development Plan Analysis**

Tables present the needs assessments in each community by Primary, Secondary and Tertiary Care

**Revenue by Specialty**

**Primary/Secondary Service Area Provider List**



**October 1, 2021**

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

#### **Methodology/Overview**

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

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

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

## Revenue by Specialty

### UNITES STATES NET REVENUE BY PHYSICIAN SPECIALTY

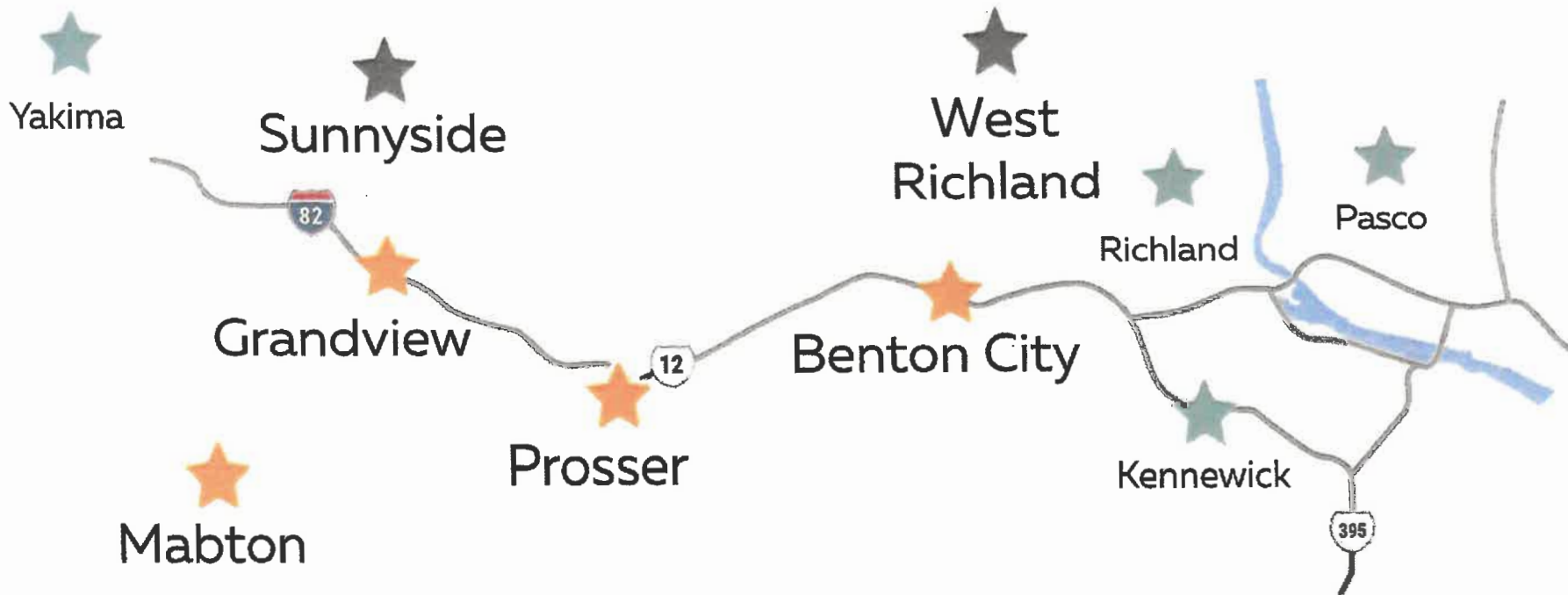
Specialty	In Patient Discharges	Net In Patient Revenue (\$ in thousands)	Net Out Patient Revenue (\$ in thousands)	Total Net Revenue (\$ in thousands)
*With the use of Hospitalist.				
Family Practice*	156	\$92	\$213	\$305
Internal Medicine*	11	\$103	\$172	\$285
Pediatrics*	n/a	n/a	n/a	\$856
OB/GYN*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

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

### AVERAGE ANNUAL REVENUE BY SPECIALTY

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

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



**Prosser Memorial Hospital**  
723 Memorial St, Prosser

**Prosser Clinic**  
**Prosser Women's Health Center**  
336 Chardonay Ave, Suite A, Prosser

**Prosser General Surgery Center**  
**Prosser Heart Center**  
**Prosser Orthopedic Center**  
**Prosser Urology Center**  
820 Memorial St, Suite 3, Prosser




**Prosser Allergy Center**  
**Prosser Ear, Nose, & Throat Center**  
713 Memorial St, Prosser

**Prosser Therapy & Rehab Center**  
326 Chardonay Ave, Prosser

**Grandview Clinic**  
1003 Wallace Way, Grandview

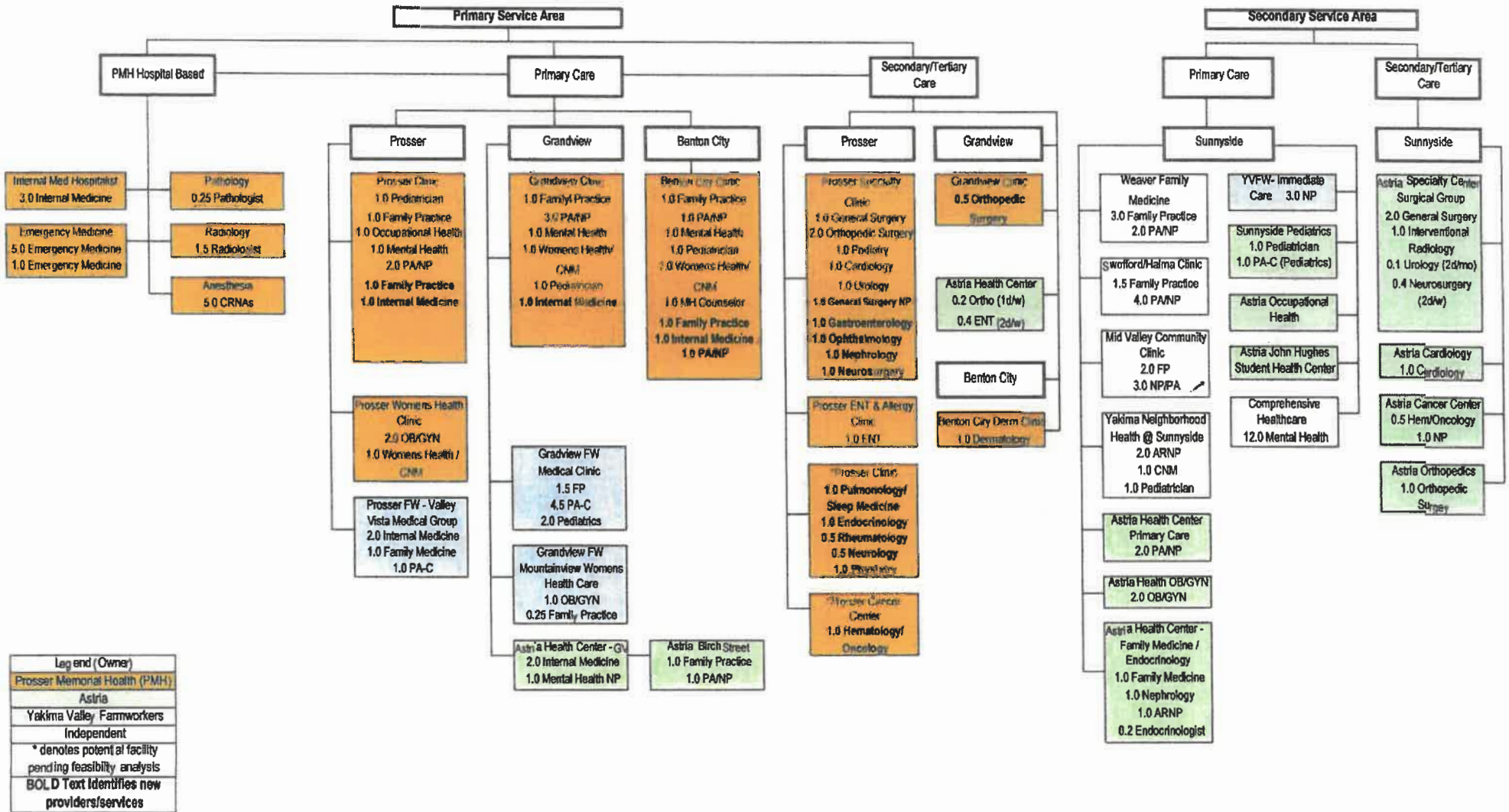
**Dermatology Center**  
701 Dale Ave, Suite B, Benton City

**Benton City Clinic**  
701 Dale Ave, Benton City

-  = Primary Service Area
-  = Secondary Service Area
-  = Extended Service Area

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

**DRAFT**





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

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

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

	<b>SPECIALTY</b>	<b>2024 QUANTITY</b>	<b>2021 CURRENT</b>
<b>PRIMARY CARE</b>	Family Practice	7.0	4.0
	Internal Medicine	2.0	0
	PA/NP -- Family Practice	9.0	6.0
	Pediatrics	3.0	3.0
	Women's Health	5.0	4.0
<b>SUBTOTAL</b>		<b>26.0</b>	<b>17.0</b>
<b>SECONDARY CARE</b>	Cardiology	1.0	1.0
	Hematology/Oncology	1.0	0
	Mental Health	4.0	3.0
	Urology	1.0	1.0
	Pulmonology	1.0	0
	Orthopedic Surgery / Podiatry	3.0	3.0
	Otorhinolaryngology (ENT)	1.0	1.0
	Ophthalmology	1.0	0
	Dermatology	1.0	1.0
	General Surgery	2.0	1.0
	Neurology	0.5	0
	Nephrology	1.0	0
	Gastroenterology	1.0	0
	Rheumatology	0.5	0
	Endocrinology	1.0	0
	Physiatry/Physical Medicine	1.0	0
Emergency Medicine	6.0	5.0	
<b>TOTAL</b>		<b>53.0</b>	<b>33.0</b>

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

PMH Primary Service Area: Grandview Zip Code: 98930 Physician Need 2023  2018 Population: 15,767 2023 Population: 16,430	Population Needed/Provider	Needed (FTEs)	Current Supply (FTEs)	Supply Needed (FTEs)
<b>Primary Care</b>				
General/Family Practice	3,226	5.1	12.0	6.9
General Internal Medicine	3,247	5.1	2.0	3.1
Pediatrics	5,682	2.9	3.0	0.1
OB/GYN	7,143	2.3	2.0	0.3
<b>Primary Care Subtotal</b>		15.3	19.0	3.7
<b>Secondary Care</b>				
Allergy & Immunology	71,429	0.2	0.0	0.2
Cardiology	12,821	1.3	0.0	1.3
Dermatology	25,000	0.7	0.0	0.7
Gastroenterology	22,727	0.7	0.0	0.7
Hematology/Oncology	23,810	0.7	0.0	0.7
Nephrology	40,000	0.4	0.0	0.4
Neurology	19,608	0.8	1.0	0.2
Mental Health Provider	6,250	2.6	2.0	0.6
Pulmonology	25,000	0.7	0.0	0.7
General Surgery	8,772	1.9	0.0	1.9
Ophthalmology	18,182	0.9	0.0	0.9
Orthopedic Surgery	11,905	1.4	0.0	1.4
Otorhinolaryngology	31,250	0.5	0.0	0.5
Plastic Surgery	41,667	0.4	0.0	0.4
Urology	27,778	0.6	0.0	0.6
<b>Secondary Care Subtotal</b>		13.8	3.0	10.8
<b>Tertiary Care</b>				
Cardio Thoracic Surgery	66,667	0.2	0.0	0.2
Endocrinology	50,000	0.3	0.0	0.3
Infectious Diseases	58,824	0.3	0.0	0.3
Neurosurgery	62,500	0.3	0.0	0.3
Physical Med/Rehab	37,037	0.4	0.0	0.4
Rheumatology	66,667	0.2	0.0	0.2
Vascular Surgery	66,667	0.2	0.0	0.2
<b>Tertiary Subtotal</b>		2.1	0.0	3.1
<b>Total</b>		31.2	22.0	9.3

PMH Primary Service Area: Benton City Zip Code: 99320, (99345) (Includes Patterson) Physician Need 2023  2018 Population: 10,043 2023 Population: 10,651	Population Needed/Provider	Needed (FTEs)	Current Supply (FTEs)	Supply Needed (FTEs)
<b>Primary Care</b>				
General/Family Practice	3,226	3.3	1.0	2.3
General Internal Medicine	3,247	3.3	0.0	3.3
Pediatrics	5,682	1.9	1.0	0.9
OB/GYN	7,143	1.5	1.0	0.5
<b>Primary Care Subtotal</b>		<b>10.0</b>	<b>3.0</b>	<b>7.0</b>
<b>Secondary Care</b>				
Allergy & Immunology	71,429	0.1	0.0	0.1
Cardiology	12,821	0.8	0.0	0.8
Dermatology	25,000	0.4	1.0	0.6
Gastroenterology	22,727	0.5	0.0	0.5
Hematology/Oncology	23,810	0.4	0.0	0.4
Nephrology	40,000	0.3	0.0	0.3
Neurology	19,608	0.5	0.0	0.5
Mental Health Provider	6,250	1.7	1.0	0.7
Pulmonology	25,000	0.4	0.0	0.4
General Surgery	8,772	1.2	0.0	1.2
Ophthalmology	18,182	0.6	0.0	0.6
Orthopedic Surgery	11,905	0.9	0.0	0.9
Otorhinolaryngology	31,250	0.3	0.0	0.3
Plastic Surgery	41,667	0.3	0.0	0.3
Urology	27,778	0.4	0.0	0.4
<b>Secondary Care Subtotal</b>		<b>8.8</b>	<b>2.0</b>	<b>6.8</b>
<b>Tertiary Care</b>				
Cardio Thoracic Surgery	66,667	0.2	0.0	0.2
Endocrinology	50,000	0.2	0.0	0.2
Infectious Diseases	58,824	0.2	0.0	0.2
Neurosurgery	62,500	0.2	0.0	0.2
Physical Med/Rehab	37,037	0.3	0.0	0.3
Rheumatology	66,667	0.2	0.0	0.2
Vascular Surgery	66,667	0.2	0.0	0.2
<b>Tertiary Subtotal</b>		<b>1.5</b>	<b>0.0</b>	<b>1.5</b>
<b>Total</b>		<b>20.3</b>	<b>5.0</b>	<b>15.3</b>

PMH Primary Service Area: Mabton Zip Code: 98935 Physician Need 2023  2018 Population: 4,519 2023 Population: 4,721	Population Needed/Provider	Needed (FTEs)	Current Supply (FTEs)	Supply Needed (FTEs)
<b>Primary Care</b>				
General/Family Practice	3,226	1.5	0.0	1.5
General Internal Medicine	3,247	1.5	0.0	1.5
Pediatrics	5,682	0.8	0.0	0.8
OB/GYN	7,143	0.7	0.0	0.7
<b>Primary Care Subtotal</b>		<b>4.4</b>	<b>0.0</b>	<b>4.4</b>
<b>Secondary Care</b>				
Allergy & Immunology	71,429	0.1	0.0	0.1
Cardiology	12,821	0.4	0.0	0.4
Dermatology	25,000	0.2	0.0	0.2
Gastroenterology	22,727	0.2	0.0	0.2
Hematology/Oncology	23,810	0.2	0.0	0.2
Nephrology	40,000	0.1	0.0	0.1
Neurology	19,608	0.2	0.0	0.2
Mental Health Provider	6,250	0.8	0.0	0.8
Pulmonology	25,000	0.2	0.0	0.2
General Surgery	8,772	0.5	0.0	0.5
Ophthalmology	18,182	0.3	0.0	0.3
Orthopedic Surgery	11,905	0.4	0.0	0.4
Otorhinolaryngology	31,250	0.2	0.0	0.2
Plastic Surgery	41,667	0.1	0.0	0.1
Urology	27,778	0.2	0.0	0.2
<b>Secondary Care Subtotal</b>		<b>4.0</b>	<b>0.0</b>	<b>4.0</b>
<b>Tertiary Care</b>				
Cardio Thoracic Surgery	66,667	0.1	0.0	0.1
Endocrinology	50,000	0.1	0.0	0.1
Infectious Diseases	58,824	0.1	0.0	0.1
Neurosurgery	62,500	0.1	0.0	0.1
Physical Med/Rehab	37,037	0.1	0.0	0.1
Rheumatology	66,667	0.1	0.0	0.1
Vascular Surgery	66,667	0.1	0.0	0.1
<b>Tertiary Subtotal</b>		<b>0.6</b>	<b>0.0</b>	<b>0.6</b>
<b>Total</b>		<b>9.0</b>	<b>0.0</b>	<b>9.0</b>

PMH Service Area: Total Primary Service Area Physician Need 2023	Population Needed/Provider	Needed (FTEs)	Current Supply (FTEs)	Supply Needed (FTEs)
2018 Population: 45,003 2023 Population: 47,380				
<b>Primary Care</b>				
General/Family Practice	3,226	14.7	22.0	7.3
General Internal Medicine	3,247	14.6	4.0	10.6
Pediatrics	5,682	8.3	5.0	3.3
OB/GYN	7,143	6.6	6.0	0.6
<b>Primary Care Subtotal</b>		44.3	37.0	7.2
<b>Secondary Care</b>				
Allergy & Immunology	71,429	0.7	0.2	0.5
Cardiology	12,821	3.7	1.0	2.7
Dermatology	25,000	1.9	1.0	0.9
Gastroenterology	22,727	2.1	0.0	2.1
Hematology/Oncology	23,810	2.0	0.0	2.0
Nephrology	40,000	1.2	0.0	1.2
Neurology	19,608	2.4	1.0	1.4
Mental Health Provider	6,250	7.6	4.0	3.6
Pulmonology	25,000	1.9	0.0	1.9
General Surgery	8,772	5.4	1.0	4.4
Ophthalmology	18,182	2.6	0.0	2.6
Orthopedic Surgery	11,905	4.0	3.0	1.0
Otorhinolaryngology	31,250	1.5	0.8	0.7
Plastic Surgery	41,667	1.1	0.1	1.0
Urology	27,778	1.7	1.0	0.7
<b>Secondary Care Subtotal</b>		39.8	13.1	27.6
<b>Tertiary Care</b>				
Cardio Thoracic Surgery	66,667	0.7	0.0	0.7
Endocrinology	50,000	0.9	0.0	0.9
Infectious Diseases	58,824	0.8	0.0	0.8
Neurosurgery	62,500	0.8	0.0	0.8
Physical Med/Rehab	37,037	1.3	0.0	1.3
Rheumatology	66,667	0.7	0.0	0.7
Vascular Surgery	66,667	0.7	0.0	0.7
<b>Tertiary Subtotal</b>		5.9	0.0	5.9
<b>Total</b>		92.1	50.1	39.8

PMH Service Area: Total Primary/Secondary Service Area					
Physician Need 2023		Population Needed/Provider	Needed (FTEs)	Current Supply (FTEs)	Supply Needed (FTEs)
2018 Population:	67,344				
2023 Population:	70,395				
<b>Primary Care</b>					
General/Family Practice		3,226	21.8	47.5	25.7
General Internal Medicine		3,247	21.7	6.0	15.7
Pediatrics		5,682	12.4	8.0	4.4
OB/GYN		7,143	9.9	9.0	0.9
<b>Primary Care Subtotal</b>			<b>65.7</b>	<b>70.5</b>	<b>4.8</b>
<b>Secondary Care</b>					
Allergy & Immunology		71,429	1.0	0.2	0.8
Cardiology		12,821	5.5	3.0	2.5
Dermatology		25,000	2.8	1.0	1.8
Gastroenterology		22,727	3.1	0.0	3.1
Hematology/Oncology		23,810	3.0	1.5	1.5
Nephrology		40,000	1.8	1.0	0.8
Neurology		19,608	3.6	1.5	2.1
Mental Health Provider		6,250	11.3	16.0	4.7
Pulmonology		25,000	2.8	0.0	2.8
General Surgery		8,772	8.0	2.0	6.0
Ophthalmology		18,182	3.9	0.0	3.9
Orthopedic Surgery		11,905	5.9	4.2	1.7
Otorhinolaryngology		31,250	2.3	1.3	1.0
Plastic Surgery		41,667	1.7	0.6	1.1
Urology		27,778	2.5	1.5	1.0
<b>Secondary Care Subtotal</b>			<b>59.2</b>	<b>33.8</b>	<b>25.4</b>
<b>Tertiary Care</b>					
Cardio Thoracic Surgery		66,667	1.1	0.0	1.1
Endocrinology		50,000	1.4	0.2	1.2
Infectious Diseases		58,824	1.2	0.0	1.2
Neurosurgery		62,500	1.1	2.0	0.9
Physical Med/Rehab		37,037	1.9	0.0	1.9
Rheumatology		66,667	1.1	0.0	1.1
Vascular Surgery		66,667	1.1	0.0	1.1
<b>Tertiary Subtotal</b>			<b>8.9</b>	<b>2.2</b>	<b>6.7</b>
<b>Total</b>			<b>133.9</b>	<b>106.5</b>	<b>27.4</b>



**DRAFT**

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

## Primary & Secondary Service Area Provider List

### Benton City

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

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

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

Dr. Nicola Nylander

### Prosser

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

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

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

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

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

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

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

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

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

Dr. Karan Bhatti (Cardiology)

**Prosser Urology Center**

Dr. Tom Tieu (Urology)

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

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

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



# 2022

## Marketing Plan

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723 Memorial Street  
Prosser, WA 99350  
ProsserHealth.org



# Communications, Marketing & Community Relations Plan 2022

## Executive Summary:

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

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

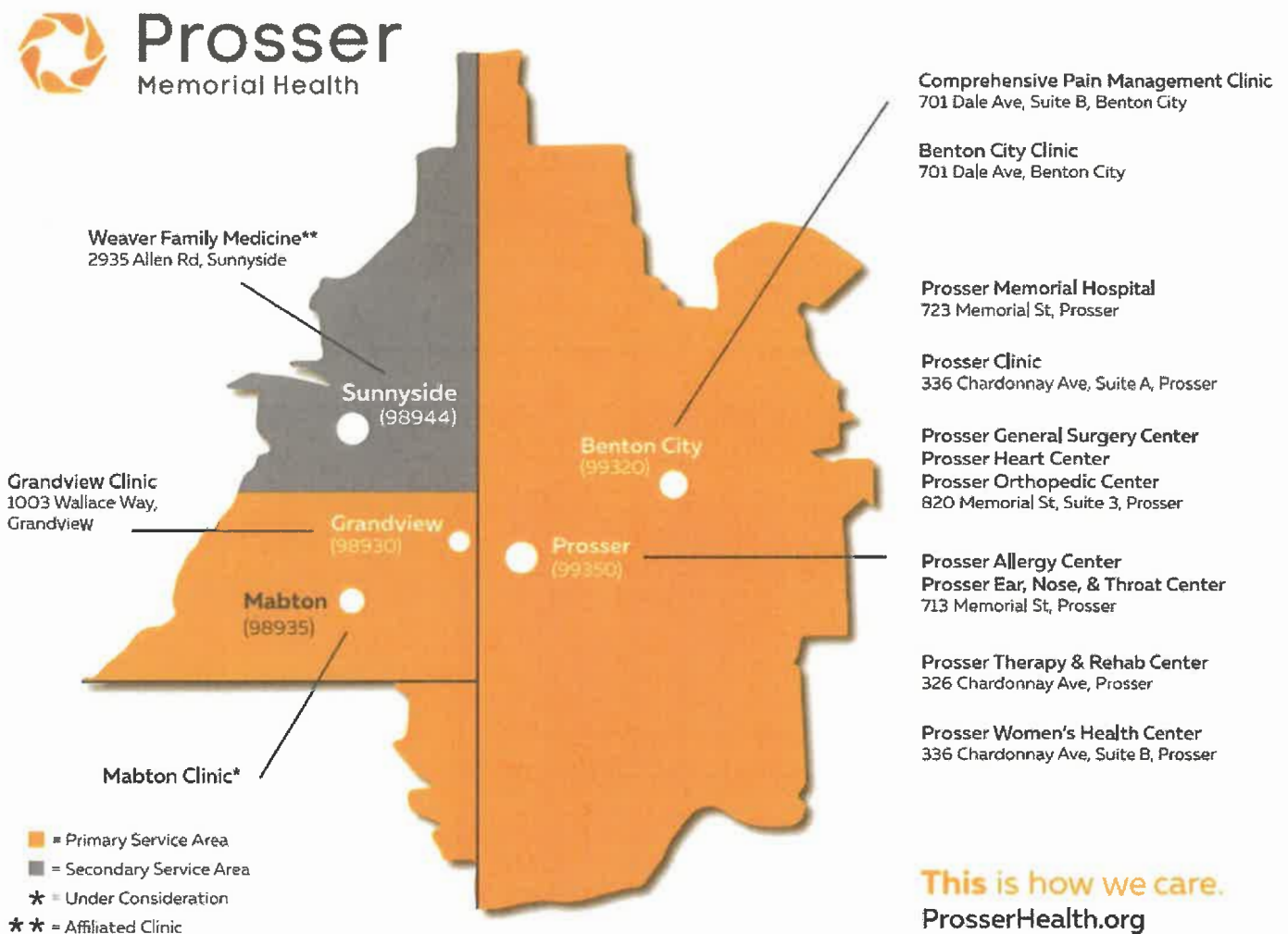
This plan focuses on three areas in 2022: 1. Our 75<sup>th</sup> Anniversary in serving our community and the new hospital project, 2. The ease of access we want our community to have to the healthcare education and resources PMH has to offer them, and, an internal customer service program that reinforces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

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

## Primary & Secondary Service Area:

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

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





## Who is the competition?

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

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

## Opportunity:

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

### 1. A New Hospital

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

### 2. After Hours Appointments and Weekends

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

### 3. Digestive Health Center & Dermatology

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

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## Vision

Patients  
Employees  
Medical Staff  
Quality  
Services  
Financial



# Prosser

Memorial Health

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

## Values

Accountability  
Service  
Promote Teamwork  
Integrity  
Respect  
Excellence



# 2022 TECHNOLOGY STRATEGIC PLAN

PHILLIP BRAEM  
PROSSER MEMORIAL HEALTH

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## TECHNOLOGY PLAN EXECUTIVE SUMMARY

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

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

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

## MISSION, VISION, VALUES, AND STANDARDS OF BEHAVIOR

### MISSION

#### PROSSER MEMORIAL HEALTH MISSION

Prosser Memorial Health will improve the health of our community.

#### INFORMATION TECHNOLOGY MISSION

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

### VISION

#### PROSSER MEMORIAL HEALTH VISION

Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country through the achievement of the following Pillars of Excellence.

##### **PILLAR OF EXCELLENCE #1: Patient Loyalty**

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

##### **PILLAR OF EXCELLENCE #2: Medical Staff Development**

PMH will respond to Medical Staff technology concerns and needs in a timely manner, pursue initiatives in collaboration with our Medical Staff and ensure the availability of the appropriate providers for those we serve.

##### **PILLAR OF EXCELLENCE #3: Employee Development**

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

- Open Communication.

- Competitive wages and benefits.

- Selection and retention of effective, caring personnel.

- Utilization and development of talent throughout the organization.

- On-going education.

- Employee recognition.

##### **PILLAR OF EXCELLENCE #4: Quality**

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

**PILLAR OF EXCELLENCE #5: Services**

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

**PILLAR OF EXCELLENCE #6: Financial Stewardship**

PMH will continue to strengthen its financial stewardship position to enhance the ability to develop new services, obtain needed technology, modernize facilities, recruit physicians and ultimately ensure long-term viability.

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**TECHNOLOGY VISION**

PMH Technology will actively and progressively leverage technology in full alignment with the Prosser Memorial Health Vision.

**VALUES**

---

**PROSSER MEMORIAL HEALTH VALUES**

**ASPIRE to soar to a great height**

- A Accountability:** Take responsibility for our own behavior.
- S Service:** Care enough to exceed the expectations of those we serve.
- P Promote Teamwork:** Work together to achieve common goals.
- I Integrity:** Do the right thing even when no one is watching.
- R Respect:** Respect the inherent value and worth of each person.
- E Excellence:** Exceed the expectations of those we serve.

---

**TECHNOLOGY VALUES**

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



## SWOT ANALYSIS - CURRENT TECHNOLOGY SYSTEMS

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

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

## STRENGTHS

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

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

## WEAKNESSES

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

## OPPORTUNITIES

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

## THREATS

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

## TECHNOLOGY RECOMMENDATIONS BY PMH PILLAR

### PILLAR OF EXCELLENCE #1: PATIENT LOYALTY

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

### PILLAR OF EXCELLENCE #2: MEDICAL STAFF DEVELOPMENT

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

### PILLAR OF EXCELLENCE #3: EMPLOYEE DEVELOPMENT

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

### PILLAR OF EXCELLENCE #4: QUALITY

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

### PILLAR OF EXCELLENCE #5: SERVICES

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

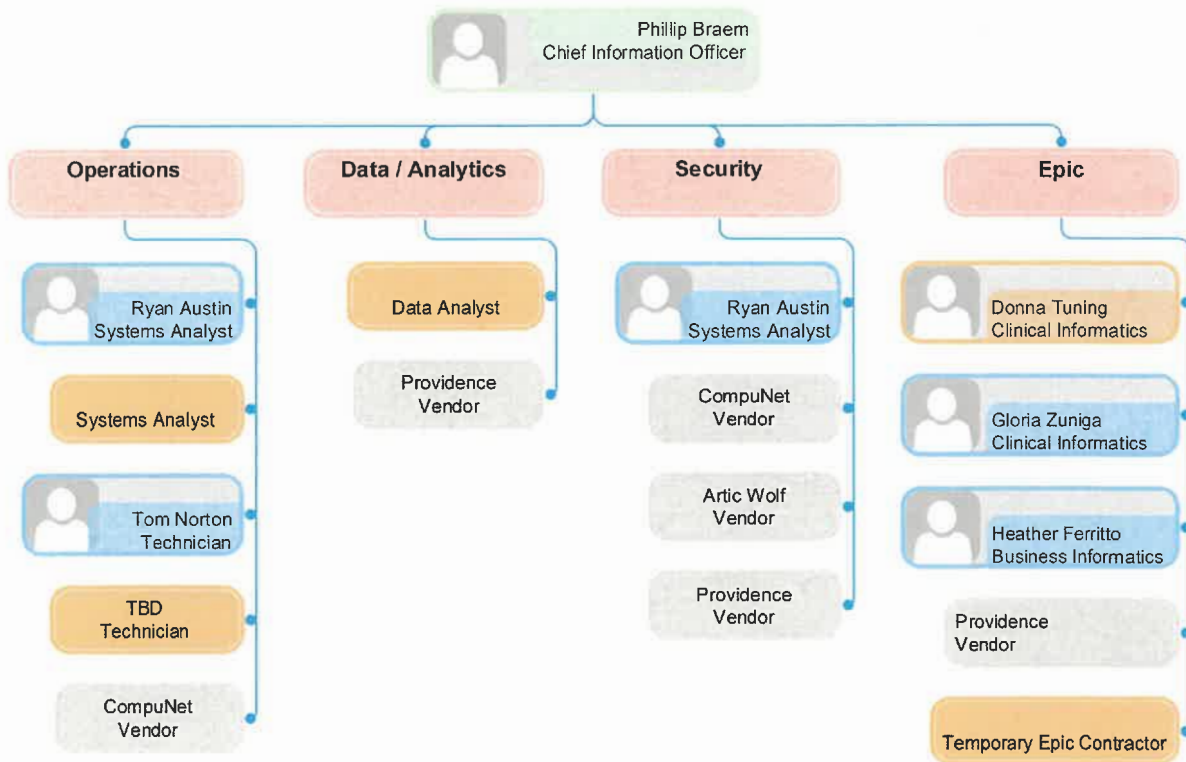
- Enhance backup strategy to add offsite backup to current backup strategy.
- Implement Epic Cupid, if appropriate
- Implement ED charges enhancement, FCC ASAP
- Implement any other Epic enhancements, if appropriate
- Implementation of Provation APEX. Procedure documentation solution for GI and other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

## PILLAR OF EXCELLENCE #6: FINANCIAL STEWARDSHIP

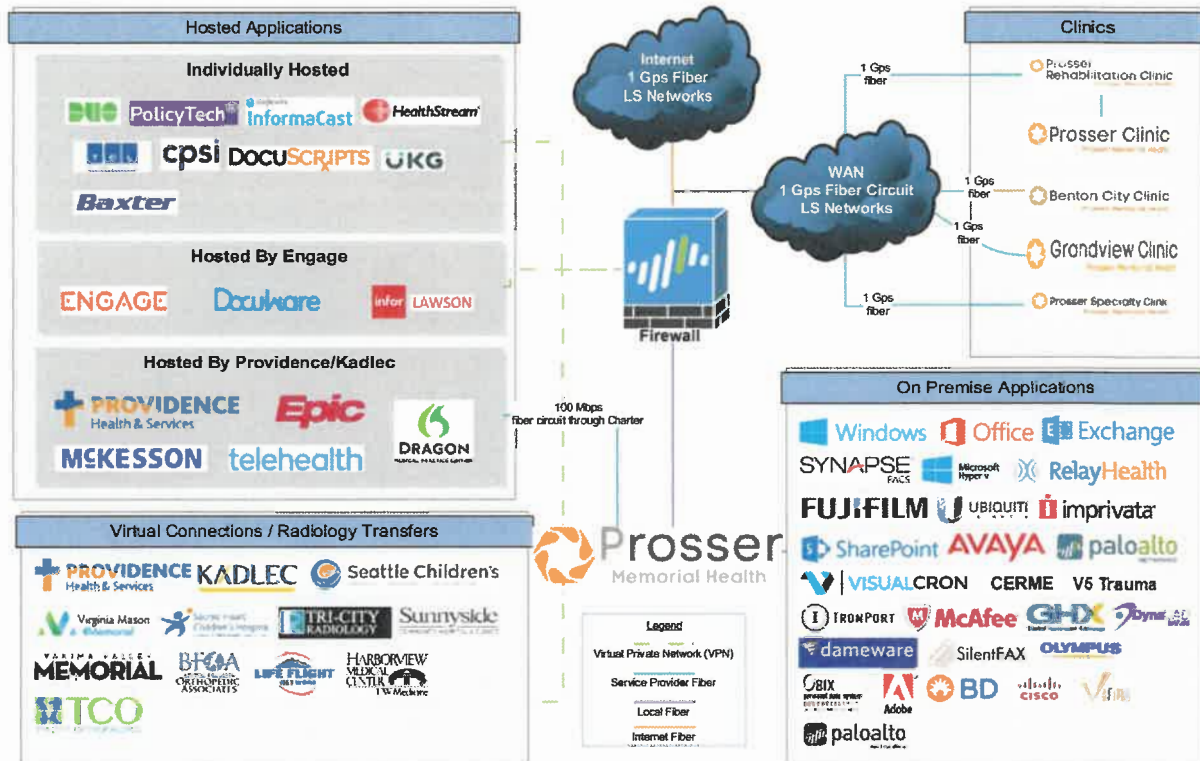
- Meet or exceed IT annual operating and capital budgets.

## IT SERVICES

## STAFF – CURRENT + FUTURE



## SUPPORTED SERVICES – HIGH LEVEL



## SECURITY POSTURE

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

## GOALS

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

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




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

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DATE: November 5, 2021

**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. Olympic Health Physics for Radiation Shielding Design
    - ii. OpenSquare final agreement
  - b. Agreements, contracts and/or amendments *being finalized*:
    - i. Benton Public Utility District – New Electric Service 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 later this year.
  - b. PMH Administration reviewed the current Visioning, Goals and Strategies document with PMH staff during the Strategic Planning Session earlier this month.
- C. Design – Utilities
- a. Water & Sewer – These utilities are currently under construction by the City of Prosser and the work was previously scheduled to be complete by this time.
    - i. The majority of the utility lines have been installed on-site, but final connections to services south of the site that run under the Highway remain on-hold during the irrigation season. The City has stated it will resume working in October, and now anticipates completion in spring of 2022.
    - ii. The City indicated in late October that they are in the process of negotiating a change order with their contractor for the revised scope of work. The public works department will seek City Council approval at the November meeting, set to take place on Tuesday, November 9.
    - iii. The City intends to complete the work before Spring 2022.
  - b. Electric Service – Project team is coordinating with Benton Public Utility District.
    - i. The team is working to draft an easement agreement and finalize plans for electric service to the replacement hospital. BPUD is reviewing the final site plan to ensure their electric service entrance design aligns with the site plan.

- D. Design – Site
  - a. The Civil Engineer, ECE, revised their site plans to align the drive access to the northwest corner of the site, in a location similar to the existing entrance to the site. They also revised the locations of proposed SVID ditch crossings to minimize cost while accommodating new drive lanes and pedestrian walking paths.
  - b. ECE submitted an application to the State for a State Environmental Policy Act review on October 7. This review is necessary to comply with overall building permitting and the Certificate of Need process.
  
- E. Design – Building
  - a. The 95% Construction Documents and 100% Construction Documents milestones were on track for November and December 2021, respectively, however the week of November 8, PMH requested the design team evaluate deletion of the second floor patio. bcDG is currently evaluating how this affects deliverable timelines. In addition, the project team is evaluating how to proceed without delaying the MACC and permitting processes.
  - b. bcDG will review design alternatives with the PMH board at the November board work session.
  
- F. Permitting
  - a. Certificate of Need (CoN) –
    - i. As previously reported, PMH has implemented two approaches in response to the January 13 Department of Health (DoH) letter stating the new facility would require a CoN. As of November 4, the most viable route appears to be a new Certificate of Need.
    - ii. CoN Application – the state Department of Health granted PMH an Intent to Issue a Certificate of Need, on November 4. PMH will follow up with the documents listed in the Intent to Issue letter.
  - b. State –
    - i. On October 15, the project team submitted a comprehensive Functional Program (FP), and current drawing set to the DoH in support of the project permit review and approval process. The team anticipates a 28-day review period with DoH, according to previous meetings with them.
    - ii. The state is currently reviewing the project. bcDG and NV5 will meet with the state on Tuesday, November 9<sup>th</sup> to review the project and understand any preliminary findings.
  - c. City –
    - i. The City completed a traffic study for the area serving the new Hospital, which includes North Gap Road, and it provided a projection of future car counts (traffic) in the area. This data was transmitted to and will be included in the traffic study the design team must perform to meet the City's requirements for the project. bcDG is working with their civil and traffic consultants to establish study criteria for the project, and a timeline for the initial deliverable and recommendations to review with the City as a part of the final permitting for the project.
  
- 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. Now that the first full draft of the functional program (FP) is complete and submitted to the State, the team will focus on Operational objectives, new procedures anticipated and planning for occupancy in the context of the new facility as outlined in the FP. NV5 will work to re-convene the operations team with a focus on operations and transition planning.



- b. A mock-up of a 'Nurse Server', one of the new operational concepts being proposed for the new Hospital, has been completed and is being tested by the Acute Care, Family Maternity and Emergency Support teams to verify its form and features.

### 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 approval. This will be the final step which will allow for the commencement of construction.
  - c. Graham's current schedule indicates the MACC will be ready for board review and approval at the February 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 is proceeding with early procurement of the steel joist & decking, and the pneumatic tube system.
  - b. Graham will open bids on November 10. They will then prepare a recommendation for PMH board review and approval at the November board work session.
- C. Upcoming project team members to procure include:
  - a. Art Consultant, 2022.
  - b. Signage Design and Fabrication vendor, summer 2022.
  - c. Landscape Design/Build Contractor
    - i. As noted in the September Board report, as part of the MACC process, the team intends to procure a design-build landscape contractor to provide this specific scope. Ideally, this contractor will be located within Prosser or the Tri-Cities with local ties and understanding of the Hospital site.
    - ii. The project team is developing a basis of design and scope memorandum, to be used in the procurement process for this scope as a part of the final bidding and establishment of the MACC.

### IV. SCHEDULE:

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- A. **See attached 4-month look ahead schedule.** NV5 updated this schedule to include items that will be presented to the Board for review and approval in upcoming Board meetings (shown as yellow boxes).
- B. Procurement of Project Team – August 2020 thru 2022
- C. Design – Construction Document Phase – April 2021 thru December 2021
- D. CoN process – Ongoing thru November 2021
- E. USDA Construction Contract Approval – early 2022
- F. Construction – February 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 with local and regional USDA representatives who have sent questions and comments to the project team, and the team is currently working on responses.
- B. **Construction Cost(s)** – As noted in previous reports, NV5, bcDG and Graham Construction, the project team’s GCCM, are all seeing volatile cost variability and increases in the market for materials and labor. The project team is working to mitigate these risks to the overall project budget by 1.) continuing and potentially expanding the value engineering process, 2.) shifting the bid process to early 2022 in hopes of encountering more favorable, or at least stable economic conditions, and 3.) evaluating early procurement options.
- C. **Traffic Study** – In recent meetings, the City of Prosser indicated that per their development regulations PMH may be required to improve Gap Road in the immediate vicinity of the property in order to accommodate future traffic loads. The extents and scale of the improvements are determined by the outcomes of the City’s and PMH’s traffic studies. The project team is currently advocating that PMH’s contributions to local traffic in the area will be unchanged by this project, since PMH is merely relocating their existing facility. In addition, the forthcoming traffic study will hopefully validate the team’s opinion that traffic to/from the new facility will not necessitate substantial traffic control measures at the new drive entry. The abovementioned process is ongoing, and as such the team will have a better understanding of the effect on the project once the PMH traffic study is complete and reviewed by the City.
- D. **City water and sewer construction** – As noted in Section II.C.a. above, the City is working through a change order with their general contractor. The City Council must approved the additional costs incurred by this change order, which are significant. While the Department of Public Works believes the City will approve the change order, and the work appears to be in the economic interests of the City, it is ultimately up to City Council to approve the additional costs. If they do not approve the change order, the project team will meet with the City to determine how the Replacement Hospital project may proceed without risk of water and sewer being incomplete.
- E. **West Façade redesign** – As mentioned in section II.E. above, PMH requested that the design team propose alternative designs for the west façade, which would delete the outdoor patio. This also involves interior redesigns to accommodate shifting departmental spaces within the building. bcDG is hard at work developing alternatives for PMH to review. They’ve indicated that this redesign could have a substantial impact on the ability to meet current design milestones, as the architectural, structural, mechanical, electrical and plumbing designs need to be changed to suit the chosen alternative. This could affect Graham’s ability to procure subcontracts for the project in the spring on 2022, and develop a MACC with their current schedule. Graham asserts that it is advantageous for PMH to establish the MACC in the spring of 2022, as they typically encounter the most competitive pricing in the spring. Delaying the procurement could raise the cost of the project. As this risk presented just days ago, the team is still developing a plan to move the project forward with as little impact to the project as possible.

## VII. NEXT STEPS:

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

## VIII. ATTACHMENTS:

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- A. 4 Month Look-Ahead Project Schedule

4 Month Outlook

NOVEMBER 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31	01	02	03	04	05 PROJECT TEAM MEETING	06
07	08	09	10	11	12 PROJECT TEAM MEETING	13
14	15 CONSULTANT-PMH MEETINGS	16	17 Review and approve early procurement contracts/prices	18 95% CD PACKAGE DUE	19	20
21	22 BOARD WORKSESSION	23	24	25 THANKSGIVING	26	27
28	29 NEW FACILITY OPERATIONAL MEETING (NV5-Led)	30	01	02	03	04
05	06	07	08	09	10	11

DECEMBER 2021

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

LEGEND

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

**4 Month Outlook**

**JANUARY 2022**

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

**FEBRUARY 2022**

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

Prosser Memorial Health  
Replacement Hospital



Owner Team Meeting Minutes

Meeting #	20211105	Date:	Meeting: Friday, November 22, 2021 Issued: Friday, November 22, 2021
Time & Location:	9:00amCT/8:00amMT/7:00amPT MS Teams Video Call	Prepared by:	Adam Trumbour - NV5
Attendees: X = Attended Meeting	<p><u>PMH</u></p> <p>Craig Marks ✓      David Rollins ✓      Merry Fuller ✓      Dr. Brian Sollers ✓ Bryon Dirkes      Steve Broussard ✓</p> <p><u>NV5</u>      <u>BCDG</u>      <u>Graham</u>      <u>USDA Consultant</u></p> <p>Paul Kramer ✓      Kurt Broeckelmann ✓      Bret Miche ✓      Gary Hicks Adam Trumbour ✓      Brooke Cinalli ✓      Chris Colley ✓ Clara Owinje ✓      Hilary Beashore ✓      Melissa Conser ✓ Randie Moore ✓ Trevor Graafstra ✓</p>		
Distribution:	Attendees		

PMN = Post Meeting Note  
minutes.

For minutes from prior weeks, please reference previously issued

No	Item	Date Due By	Ball in Court
1.	<b>GENERAL / ADMINISTRATION</b>		
1.1.	<u>Project Goals, Objectives, &amp; Strategies</u> 22Oct21 - PMH would like to review original goals again—they will do so during strategic planning process (early November). 5Nov21 - PMH completed review. Only finding is the lack of sidewalk heating at main entries to avoid ice buildup.	INFO	
1.2.	5Mar21 - Graham Team	CLOSED	
1.3.	5Mar21 - NV5 Transition	CLOSED	
2.	<b>SCHEDULE</b>		
2.1.	<u>4 Month Look-Ahead Schedule</u>	INFO	
2.2.	<u>In-Person Meetings</u> 05Nov21 - Design meetings to be scheduled for Nov 15 & 16	INFO	
2.3.	<u>Overall Project Schedule</u> 24Sept21 - 95% and 100% set milestones were resolved. Graham will use parts of 95% and 100% sets as appropriate for bidding. Graham will mobilize mid-march as of now; could use a site permit ahead of full bldg. permit? 05Nov21 - NV5 to coordinate MACC approval dates on master schedules. Project schedule will be updated once redesign plan is finalized.	INFO	
3.	<b>BUDGET</b>		
3.1.	<u>Budget Development</u> 15Oct21 - Graham to update current project cost projections and be ready to discuss current market conditions at board work session. Graham to send their quarterly market report to PMH for inclusion in board packet. 05Nov21 - Team to review next week with redesign elements.	INFO	Graham

Owner Team Meeting Minutes

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. NV5 to facilitate coordination.</p>	IN PROGRESS	NV5, bcDG, R&B
3.3.	DZA Feasibility Study	CLOSED	
4.	<b>PROCUREMENT / OWNER-LED ACTIVITIES</b>		
4.1.	GC/CM RFP	CLOSED	
4.2.	<p><b>Furniture &amp; Demonstration Furniture</b> 15Oct21 – PMH requests opportunity to try out furniture in a showroom or gallery. NV5 to coordinate this process. 22Oct21 – Craig to share his schedule for Chicago so that NV5 can attempt to coordinate with OpenSquare for a visit to Merchandise Mart. (Is there a mart in Seattle? Healthcare models shown there?) 05Nov21 – OpenSquare confirmed they will visit with PMH at Merchandise Mart in Chicago.</p>	IN PROGRESS	NV5, OpenSquare
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.</p>	IN PROGRESS	NV5; Others;
4.4.	Geotechnical Engineer	CLOSED	
4.5.	Commissioning Agent	CLOSED	
4.6.	<p><b>Security Design Consultant</b> 3Sept21 – A final review meeting will be scheduled later in the month to review and confirm system(s) included in the documents. Ongoing 24Sept21 – bcDG to schedule this meeting. 8Oct21 – bcDG to schedule meeting. PMN: Meeting is scheduled for 10/14. 15Oct21 – Security design generally approved. bcDG to send Steve cut-sheets for equipment review. 22Oct21 – bcDG is reviewing security concerns with respect to baby monitor today 10/23. Will report back to team as necessary. 05Nov21 – Overall building security design plans are finalized, but bcDG to revisit security design as 2<sup>nd</sup> floor is redesigned.</p>	IN PROGRESS	bcDG
4.7.	<p><b>New Facility Operational Meetings</b> 23Apr21 – Ongoing. 15Oct21 – team to maintain next meeting but then cancel two meetings and resume thereafter on operations planning, now that FP is complete. 22Oct21 – 10/25 mtg canceled. Reconvene on 11/1. Adam to work with Phillip to regain control of meeting from Carol. 05Nov21 – resuming after Thanksgiving.</p>	INFO	NV5
4.8.	BCDG Contract	CLOSED	

Owner Team Meeting Minutes

4.9.	<p><b>Landscape Consultant</b> 13Aug21 – Local design-build contract is preferable. Team to develop scope memo and design intent to support/inform bid process. Graham and NV5 to work on procurement plan once ready to procure. 3Sept21 – No updates 17Sept21 – Team to develop scope memorandum in October for use in MACC process. 8Oct21 – NV5 to schedule a meeting to get this going. 15Oct21 – NV5 to develop scope memo with Jason using marked-up landscaping plan. 05Nov21 – NV5 to finalize for board work session.</p>	In Progress	NV5
5.	<b>DESIGN / PERMITTING</b>		
5.1.	<b>Annexation &amp; Zoning</b>	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.</p>	IN PROGRESS	HFI, NV5, PMH
5.3.	<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. PMN: City will meet with their contractors on 10/14. 22Oct21 – City received a change order for the work; earliest they’d do the work is Jan/Feb 2022. It will be presented on Tuesday to City Council for discussion; it could then be approved at the Nov 9 Council meeting.</p>	IN PROGRESS	City of Prosser;
5.4.	<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.</p>	IN PROGRESS	NV5, PMH

Owner Team Meeting Minutes

5.5.	<p><b>State Permit Review</b>              8Oct21 – FP final draft issued to team for review this week. Aim to issue to DOH by October 15.              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.</p>	IN PROGRESS	bcDG, DoH, PMH
5.6.	<p><b>Electric Service</b>              13Aug21 – Expecting final engineering next week and pricing thereafter.              3Sept21 – No updates              17Sept21 – NV5 will transmit site plan to BPUD to update service application once the site plan is reviewed with, and approved by, PMH.              8Oct21 – BPUD is reviewing PMH’s requested modifications to the easement agreement.              PMN: BPUD indicated that they do not allow amendments to easement agreements.              22Oct21 – NV5 working through easement agreement execution.              05Nov21 – BPUD is reviewing the revised entry drive location.</p>	IN PROGRESS	BPUD, NV5
5.7.	Program Review	CLOSED	
5.8.	<p><b>Nurse Server Mockup</b>              8Oct21 – Nurse server mockup is complete and delivered. It is sitting in surgery area for staff to review.              22Oct21 – Merry aims to stock the nurse server so it can actually be used.              5Nov21 – Merry meeting with Nurse Directors to gather feedback toady. She will share with team.</p>	IN PROGRESS	PMH
5.9.	NV5 DD Review	CLOSED	
5.10.	<p><b>Design Progress Update</b>              8Oct21 – ED changes were verbally accepted. Clinic modifications are still under review. Nurse call should be simple (TV, call light, reading light). bcDG confirmed this is current design criteria.              22Oct21 – bcDG working through coordination with their subconsultants in support of the forthcoming 95% issuance.              05Nov21 – PMH board requested the west façade patio be deleted from the project. bcDG is working on options for the revised exterior façade, to be presented at the November 16 board meeting. The redesign is likely to affect the current project schedule since it affects all design trades (arch/struct/MEP). Graham would like to proceed with an early site package for construction, if possible. Graham also advises the team to proceed with construction as planned (early 2022) in order to receive the most favorable market pricing. Construction could proceed from east to west which would allow time for the west façade design changes to be implemented.</p>	IN PROGRESS	bcDG



Owner Team Meeting Minutes

5.11.	<p><b><u>SVID coordination</u></b>          18Jun21 – Team met with SVID on June 16. Another meeting will occur once ECE revises the site plan and we submit it to SVID for pricing; Graham to be present on this next call/meeting.          6Aug21 – NV5 to work on obtaining final pricing.          13Aug21 – NV5 will ask SVID for pricing once civil drawing is updated.          05Nov21 – SVID requested that the existing buried lateral be replaced at the drive entry. NV5 will review with SVID and PMH. Graham requested all SVID work be completed prior to construction start.</p>	INFO	NV5
5.12.	PAR Process	CLOSED	
5.13.	<p><b><u>Traffic Study</u></b>          17Sept – City received traffic projections this week and said they would forward to us. No mention of full report, though, which is 1 year in the works. bcDG to ask civil engineer what specific data they need from the City’s report so that we may request that and start our traffic study. Understood that there may be final coordination between the two reports are issued.          24Sept21 – bcDG to engage their consultant for traffic study.          80Oct21 – City transmitted the final traffic counts. bcDG is working with ECE to engage the traffic study.          05Nov21 – No update. PMH asked if there is any requirement for quantity of egress routes from the site. The site is somewhat restricted in other available routes, and to the team’s knowledge there are no such code requirements.</p>	IN PROGRESS	bcDG
5.14.	<p><b><u>Helipad</u></b>          17Sept21 – Port of Benton indicated that FAA money cannot be used for PMH helipad, since it would be on PMH property. NV5 is attempting to contact LifeFlight in order to coordinate helipad design requirements with civil engineer.          80Oct21 – Civil engineer has what they need to complete design. NV5 to ask LifeFlight if they need remote control of helipad lights.          150Oct21 – ECE to confirm the adjacent roads do not need to be shut down for a helicopter to land.          220Oct21 – NV5 to forward question to ECE.          5Nov21 – ECE confirmed this shouldn’t be an issue.</p>	INFO	NV5
5.15.	<p><b><u>Pneumatic Tube System</u></b>          17Sept21 – Need to plan logistics and timing of vendor on-boarding, system design and overall integration of the project. Graham prefers earlier procurement.          24Sept21 – Graham is taking the info they have and making adjustments to 3D model in anticipation of bidding.          80Oct21 – This is a potential early procurement package for design coordination.          PMN: need to review spec (delivery times? Training?) and p-tube locations with PMH.          150Oct21 – Need to review which stations need to be linked. bcDG to send NV5 matrix of locations and priority of delivery.          220Oct21 – Team to meet today to review. NV5 to coordinate.          05Nov21 – Currently three bidders.</p>	IN PROGRESS	bcDG; NV5; PMH
6.	PRE-CONSTRUCTION		

Owner Team Meeting Minutes

6.1.	<b>Value Engineering (VE) Process</b> 80Oct21 - Next VE phase would make substantial changes to aesthetics and function. This step will only be pursued if needed in the future. Moving forward, the team continues to work to identify opportunities for value engineering within the current design.	INFO	
6.2.	<b>ECCM/MCCM Procurement</b>	CLOSED	
6.3.	<b>Preconstruction Contract Amendment</b>	CLOSED	
6.4.	<b>CM Estimating</b> 13Aug21 - 95% CD issuance is likely next & final estimating opportunity. Graham to work on real-time costing in the interim. 3Sept21 - No updates. 17Sept21 - Graham to further develop procurement schedule and what is the intention of the "100% Construction Documents Estimate" shown on current Graham schedules. 24Sept21 - 100% CDs estimate likely not an actual deliverable since we will receive MACC shortly thereafter. 22Oct21 - NV5 to review with Graham.	INFO	Graham, NV5
6.5.	<b>Early Procurement</b> 24Sept21 - Need to identify which specific scopes will be procured early so that dwgs can be as complete as possible to support early procurement. 80Oct21 - Graham working on refining plans for presentation at October board meeting work session. Team to review week of October 11. 15Oct21 - Team is aiming to early-procure joists/metal deck and pneumatic tube system. Bids due by 11/9 Graham to send this information and a recommendation to the team on 11/10 since board report is issued at noon PT on 11/12. 05Nov21 - Graham will conduct bid opening at Spokane office and share a zoom link for the event on 2/10.	INFO	Graham
6.6.	<b>MACC prep</b> 05Nov21 - NV5 would like to review the format and content of anticipated MASC/MACC deliverables.		

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, November 12, 2021 at 9:00am CT / 8:00am MT / 7:00am PT](#)  
**Location:** [MS Teams Meeting](#)

**Upcoming In-Person Meetings**

[11/15 Design meetings in Prosser \(bcDG, NV5, PMH, R&B\)](#)  
[11/16 Board Work Session \(bcDG, Graham, NV5, PMH\)](#)

**4 Month Outlook**

**NOVEMBER 2021**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31	01	02	03	04	05 PROJECT TEAM MEETING	06
07	08	09	10	11	12 PROJECT TEAM MEETING	13
14	15 CONSULTANT-PMH MEETINGS	16 BOARD WORKSESSION	17 Review and approve early procurement contracts/prices	18 60% CD PACKAGE DUE BOARD MEETING	19	20
21	22	23	24	25 THANKSGIVING	26	27
28	29 NEW FACILITY OPERATIONAL MEETING (NVS-Led)	30	01	02	03	04
05	06	07	08	09	10	11

**DECEMBER 2021**

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

**LEGEND**

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

4 Month Outlook

JANUARY 2022

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

FEBRUARY 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30	31	01	02	03	04 PROJECT TEAM MEETING	05
06	07 NEW FACILITY OPERATIONAL MEETING (NV5-Led)	08	09	10 BID OPENING #1 @ PMH	11 PROJECT TEAM MEETING	12
13	14 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	15 BID OPENING #2 @ PMH	16	17	18 PROJECT TEAM MEETING	19
20	21 CONSULTANT-PMH MEETINGS	22	23 Review and approve Maximum Allowable Construction Cost (MACC)	24 BOARD MEETING	25	26
27	28 NEW FACILITY OPERATIONAL MEETING (NV5-Led)	29 BOARD WORKSESSION	30	01	02	03
04	05	06	07	08	09	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	01
02	03	04	05	06	07	08
09	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	01	02	03	04	05	06



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*Olympia, Washington 98504*

November 4, 2021

Craig Marks, CEO  
Prosser Memorial Health  
e-mail: [cmarks@pphdwa.org](mailto:cmarks@pphdwa.org)

Jody Carona, Consultant  
Health Facilities Planning and Development  
e-mail: [healthfac@healthfacilitiesplanning.com](mailto:healthfac@healthfacilitiesplanning.com)

RE: Certificate of Need Application #21-69 Prosser Memorial Health

Dear Mr. Marks and Ms. Carona:

We have completed review of the Certificate of Need application submitted by Benton County Hospital District #1. The application proposes to replace Prosser Memorial Health to a new site in Prosser, within Benton County. Enclosed is a written evaluation of the application.

For the reasons stated in this evaluation, the application submitted by Benton County Hospital District #1 proposing to relocate Prosser Memorial Health in its entirety to a new site is consistent with applicable review criteria of the Certificate of Need Program, provided the applicant agrees to the following in its entirety.

**Intent to Issue a Certificate of Need**

Because of the size of the construction project, the Department of Health may not issue a Certificate of Need until it receives a copy of the approved Conditional Use Permit. [WAC 246-03-030(4).] Once Benton County Hospital District #1 provides the Certificate of Need Program with a copy of a determination of non-significance or final environmental impact statement pertaining to the site for the hospital, a Certificate of Need will be issued for the project with the following conditions.

**Project Description:**

This certificate approves the relocation of Prosser Memorial Health to a new site in Benton County. The address of the new site has not yet been assigned. Three separate parcel numbers are identified in the application and have been relied upon for this review. The parcel numbers are identified on the Benton County Assessor website and listed below:

135942000010000

135942000011000

135942000012000

Benton County Hospital District #1 states that the following factors will remain with the relocation:

- 25 beds (no change in the licensed bed capacity);
- Prosser Memorial Health will continue to operate at a Critical Access Hospital;
- Prosser Memorial Health will operate with the same Medicare and Medicaid provider numbers;
- No addition of tertiary or other Certificate of Need reviewable services;
- No change in the planning area; and
- The existing hospital will close as an acute care hospital once the replacement hospital opens.

**Conditions:**

1. Approval of the project description as stated above. Benton County Hospital District #1 further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
2. Prosser Memorial Health will provide charity care in compliance with its charity care policies reviewed and approved by the Department of Health, or any subsequent policies reviewed and approved by the Department of Health. Prosser Memorial Health will use reasonable efforts to provide charity care in an amount comparable to or exceeding the average amount of charity care provided by hospitals in the Central Region. Currently, this amount is 1.30% gross revenue and 3.79% of adjusted revenue. Prosser Memorial Health will maintain records of charity care applications received and the dollar amount of charity care discounts granted. The department requires these records to be available upon request.
3. Prosser Memorial Health has completed its requirement by submitting its updated charity care policy to Department of Health for review and posting to the Department of Health website. Prosser Memorial Health will notify the Certificate of Need Program when the January 13, 2021, Charity Care Policy is approved by DOH's Hospital Financial/Charity Care Program.
4. Benton County Hospital District #1 will finance this project as described in the application.

**Approved Costs:**

The approved capital expenditure associated with the relocation of Prosser Memorial Health is \$64,707,545, which includes costs for land purchase, construction and fixed equipment, moveable equipment, associated fees, and taxes.

Please notify the Department of Health within 20 days of the date of this letter whether you accept the above project description, conditions, and capital costs for your project. If you accept these in their entirety, your application will be approved, and a Certificate of Need sent to you.


Craig Marks, Prosser Memorial Health  
Jody Carona, Health Facilities Planning and Development  
Certificate of Need Application #21-69  
November 4, 2021  
Page 3 of 3

If you reject any of the above provisions, your application will be denied. The department will send you a letter denying your application and provide you information about your appeal rights.

Send your written response to the Certificate of Need Program at this e-mail address:  
[fslcon@doh.wa.gov](mailto:fslcon@doh.wa.gov).

If you have any questions or would like to arrange for a meeting to discuss our decision, please contact the Certificate of Need Program at (360) 236-2955.

Sincerely,



Eric Hernandez, Program Manager  
Certificate of Need  
Office of Community Health Systems

Enclosure

**EVALUATION DATED NOVEMBER 4, 2021, FOR THE CERTIFICATE OF NEED APPLICATION SUBMITTED BY BENTON COUNTY HOSPITAL DISTRICT #1 PROPOSING TO RELOCATE PROSSER MEMORIAL HEALTH TO A NEW SITE IN PROSSER WITHIN BENTON COUNTY**

**APPLICANT DESCRIPTION**

Benton County Hospital District #1 (hospital district) is a public hospital district based in Prosser, within Benton County, Washington.<sup>1</sup> The hospital district operates six healthcare clinics and the acute care hospital known as Prosser Memorial Health also located in Benton County.<sup>2</sup> [source: Application, pdf 5, Prosser Memorial Health website, and Washington State Department of Revenue website]

The hospital district is managed by the seven elected board of commissioners identified below.

Stephen Kenny, PhD	Glenn Bestebreur	Keith Sattler	
Susan Reams	Sharon Dietrich, MD	Brandon Bowden	Neilan McPartland

[source: Prosser Memorial Health website]

**PROJECT DESCRIPTION**

This project focuses on Prosser Memorial Health (PMH) a 25-beds acute care hospital located at 723 Memorial Avenue, in Prosser [99350]. The hospital holds an active Washington State hospital license<sup>3</sup> and a Critical Access Hospital (CAH) designation from Centers for Medicare and Medicaid Services (CMS).<sup>4</sup> The Department of Health’s Trauma Service office has designated Prosser Memorial Health as a level IV adult trauma facility.<sup>5</sup>

PMH provides a variety of healthcare services to the residents of Benton County and surrounding communities. Table 1 below shows the 25 licensed acute care beds broken down by service. [source: DOH hospital licensing files, year 2020]

**Department’s Table 1  
Prosser Memorial Health  
Current Configuration of Licensed Acute Care Beds**

Services Provided	Total Beds
General Medical Surgical	25 <sup>6</sup>
<b>Total</b>	<b>25</b>

<sup>1</sup> Unified Business Identifier (UBI) #035-000-951.

<sup>2</sup> Healthcare clinics include: Benton City Clinic, Prosser Clinic, Prosser Memorial Health Grandview Clinic, Prosser Specialty Clinic, Prosser Specialty Clinic-ENT & Allergy, and Prosser Women’s Health Clinic.

<sup>3</sup> Washington State hospital license #FSL.HAC.00000046.

<sup>4</sup> Critical Access Hospitals (CAHs) are designated by CMS. The purpose of the program is to ensure people enrolled in Medicare have access to healthcare services, particularly hospital care, in rural areas. CAHs are small hospitals with 25 or fewer beds in rural areas and are often the central hub of health services in their communities, providing primary care, long-term care, physical and occupational therapy, cardiac rehabilitation, and other services in addition to emergency and acute care. Hospital staff provide these services either directly or in partnership with other community providers. [source: DOH Rural Health website]

<sup>5</sup> The Washington State Department of Health has authority to designate trauma services. The department designates five levels of acute care trauma services, three levels of pediatric acute care trauma services and three levels of trauma rehabilitation services. A level I designation serves patients with highest acuity and a level V designation serves patients with lower acuity.

<sup>6</sup> Washington Administrative Code 246-310-010(57) defines swing beds as: “up to the first five hospital beds designated by an eligible rural hospital which are available to provide either acute care or nursing home services.” The hospital district received prior approval to establish 10 swing beds at the Prosser Memorial Health, as a result, within the 25 acute care beds are 10 swing beds.



The hospital district submitted this application proposing to relocate PMH in its entirety, along with a medical office building, to a new site in Prosser, within Benton County. The hospital district provided the following description and rationale for the project. [source: Application, pdf 9]

*“PMH is a 25-bed CAH located in Prosser, Benton County. This application simply proposes the replacement of the current hospital, many portions of which have reached the end of their useful lives; and despite maintenance and investment by the District are no longer sufficient in terms of space, workflows, or efficiencies. The current layout also makes the provision of patient centered care challenging.*

*The original hospital building, a 19-bed hospital, was constructed in 1945. In response to community growth in 1952, a new wing was added, and another expansion occurred in the mid 1990s. Today, the original hospital is more than 75 years old. Master Planning and a facility/campus analysis conducted over the past several years demonstrated that the current campus does not include enough land (or have sufficient adjacent property that can be acquired) to undertake renovation and expansion necessary to assure the Hospital can continue to meet the needs of our growing and aging community.*

*After reviewing the findings from the various architectural and engineering studies undertaken, the publicly elected Board of Commissioners concluded that the Hospital should be replaced at another location in Prosser. While the replacement hospital will not increase in number of beds, it will provide much needed expansion space for existing essential services such as the emergency department, surgical services, intensive care, and imaging. And, most importantly, it will add private patient rooms which patients strongly prefer, but under the current pandemic have been proven to be the best means of assuring a safe patient environment.*

*The District has purchased undeveloped land (33.06 acres), approximately three miles away from the existing hospital for a replacement facility; the material elements of which include:*

- *25 beds (no change in the licensed bed capacity);*
- *PMH will operate with the same Medicare and Medicaid provider numbers;*
- *No addition of any tertiary or other CN reviewable services;*
- *No change in the planning area; and*
- *The existing hospital will close once the replacement hospital opens.”*

The new site for the hospital will be on the following three contiguous parcels of land:

- #135942000010000
- #135942000011000
- #135942000012000

As of the writing of this evaluation, an address has not been assigned to the parcels. [source: Application, pdf 7]

The estimated capital expenditure for the replacement hospital is \$64,707,545. Associated with PMH’s larger long-term plan, but not reviewable by CN and thus excluded from the estimated capital expenditure is the cost for a medical office building estimated at \$13,692,455. Only the costs for relocation of the hospital are subject to this review. The \$64,707,545 includes purchase of the land, construction and fixed equipment, moveable equipment, and other project costs. [source: Application, pdf 20]

If this project is approved, the district expects construction of the new hospital to begin in January 2022 and the hospital will be operational at the new site in January 2024. Under this timeline, year 2024 would be the first full calendar year of operation and 2026 would be full calendar year three. [source: Application, pdf 11]

The hospital district acknowledged that it is in the process of completing a State Environmental Policy Act (SEPA) determination for the site before construction can commence. [source: Application, pdf 12] Washington Administrative Code (WAC) 246-03-030(4) states, in part, that Certificate of Need applications are subject to SEPA requirements whenever the applicant proposes to construct a new hospital or to construct major additions

to the existing service capacity of such an institution. The rule further states that the Department of Health shall not issue a Certificate of Need approving hospital construction until the applicant provides a determination of non-significance or a final environmental impact statement (EIS), and until seven days after the issuance by the lead agency of any final EIS.

Nothing in WAC 246-03-030 precludes the Certificate of Need Program from making a commitment to issue approval to an applicant, then issuing the Certificate of Need after receipt of an appropriate environmental impact statement or determination of non-significance. Given that the new hospital would be more than 12,000 square feet, if this project is approved, the department would issue an ‘Intent to Issue a Certificate of Need’ for the project. Once hospital district provides the Certificate of Need Program with a copy of a determination of non-significance or final environmental impact statement pertaining to the site for the hospital, the department will issue a Certificate of Need.

**APPLICABILITY OF CERTIFICATE OF NEED LAW**

This project is subject to review as the construction, development, or other establishment of a new healthcare facility under the provisions of Revised Code of Washington (RCW) 70.38.105(4)(a) and Washington Administrative Code (WAC) 246-310-020(1)(a).

**EVALUATION CRITERIA**

WAC 246-310-200(1)(a)-(d) identifies the four determinations that the department must make for each application. WAC 246-310-200(2) provides additional direction in how the department is to make its determinations. To obtain Certificate of Need approval, an applicant must demonstrate compliance with the applicable criteria found in WAC 246-310-210 (need); 246-310-220 (financial feasibility); 246-310-230 (structure and process of care); 246-310-240 (cost containment).

Specific to this project, numeric need for the acute care beds at PMH is deemed met because the hospital has been operational at its current site for many years and the relocation does not include any increase in acute care beds.

**TYPE OF REVIEW**

This application was reviewed under the regular review timeline outlined in WAC 246-310-160 which is summarized on the following page.

**APPLICATION CHRONOLOGY**

<b>Action</b>	<b>Prosser Memorial Health</b>
Letter of Intent Submitted	January 29, 2021
Application Submitted	May 27, 2021
Department’s pre-review activities <ul style="list-style-type: none"> <li>• DOH 1<sup>st</sup> Screening Letter</li> <li>• Applicant's Responses Received</li> </ul>	June 15, 2021 July 23, 2021
Beginning of Review	July 30, 2021
End of Public Comment <ul style="list-style-type: none"> <li>• No public hearing conducted and public comments accepted through end of public comment</li> </ul>	September 3, 2021
Rebuttal Comments Due <sup>7</sup>	September 20, 2021
Department's Anticipated Decision Date	November 4, 2021
Department's Actual Decision Date	November 4, 2021

<sup>7</sup> During this review, the department received seven letters of support and no letters of opposition. Since all public comments were in support of this project; no rebuttal comments were submitted by the applicant.

## **AFFECTED PERSONS**

“Affected persons” are defined under WAC 246-310-010(2). In order to qualify as an affected person, someone must first qualify as an “interested person,” defined under WAC 246-310-010(34).

During the review of this project, one entity sought affected person status.

Kadlec Regional Medical Center – is a 337-bed acute care hospital located at 888 Swift Boulevard in the city of Richland, also within Benton County. [source: DOH internal database] The hospital provides a variety of health care services to residents of the county and surrounding communities. On February 12, 2021, Kadlec Regional Medical Center submitted its request for affected person status. The hospital qualifies for an interested person, however, given that Kadlec Regional Medical Center did not provide public comments, it does not qualify for affected person for this project.

## **SOURCE INFORMATION REVIEWED**

- Benton County Hospital District #1 Certificate of Need application received May 27, 2021
- Benton County Hospital District #1 screening responses received July 23, 2021
- Public comments received by the end of public comment on September 3, 2021
- Prosser Memorial Health DOH financial review dated October 21, 2021, using data obtained from the Hospital/Finance and Charity Care Program
- Department of Health Integrated Licensing and Regulatory System database [ILRS]
- Compliance history for facilities owned and operated by Benton County Hospital District #1 obtained from the Washington State Department of Health – Office of Health Systems Oversight
- DOH Provider Credential Search website: <https://www.doh.wa.gov/pcs>
- Prosser Memorial Health website at <https://www.prosserhealth.org>
- Washington State Department of Revenue website at <https://www.securedor.wa.gov>
- Piper Sandler & Co. website at <https://www.pipersandler.com>
- CMS QCOR Compliance website: [https://qcor.cms.gov/index\\_new.jsp](https://qcor.cms.gov/index_new.jsp)

## **CONCLUSION**

For the reasons stated in this evaluation, the application submitted by Benton County Hospital District #1 proposing to relocate Prosser Memorial Health in its entirety to a new site is consistent with applicable review criteria of the Certificate of Need Program, provided the applicant agrees to the following in its entirety.

### **Intent to Issue a Certificate of Need**

Because of the size of the construction project, the Department of Health may not issue a Certificate of Need until it receives a copy of the approved Conditional Use Permit. [WAC 246-03-030(4).] Once Benton County Hospital District #1 provides the Certificate of Need Program with a copy of a determination of non-significance or final environmental impact statement pertaining to the site for the hospital, a Certificate of Need will be issued for the project with the following conditions.

### **Project Description:**

This certificate approves the relocation of Prosser Memorial Health to a new site in Benton County. The address of the new site has not yet been assigned. Three separate parcel numbers are identified in the application and have been relied upon for this review. The parcel numbers are identified on the Benton County Assessor website and listed below:

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- Prosser Memorial Health will operate with the same Medicare and Medicaid provider numbers;
- No addition of tertiary or other Certificate of Need reviewable services;
- No change in the planning area; and
- The existing hospital will close as an acute care hospital once the replacement hospital opens.

**Conditions:**

1. Approval of the project description as stated above. Benton County Hospital District #1 further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
2. Prosser Memorial Health will provide charity care in compliance with its charity care policies reviewed and approved by the Department of Health, or any subsequent policies reviewed and approved by the Department of Health. Prosser Memorial Health will use reasonable efforts to provide charity care in an amount comparable to or exceeding the average amount of charity care provided by hospitals in the Central Region. Currently, this amount is 1.30% gross revenue and 3.79% of adjusted revenue. Prosser Memorial Health will maintain records of charity care applications received and the dollar amount of charity care discounts granted. The department requires these records to be available upon request.
3. Prosser Memorial Health has completed its requirement by submitting its updated charity care policy to Department of Health for review and posting to the Department of Health website. Prosser Memorial Health will notify the Certificate of Need Program when the January 13, 2021, Charity Care Policy is approved by DOH’s Hospital Financial/Charity Care Program.
4. Benton County Hospital District #1 will finance this project as described in the application.

**Approved Costs:**

The approved capital expenditure associated with the relocation of Prosser Memorial Health is \$64,707,545, which includes costs for land purchase, construction and fixed equipment, moveable equipment, associated fees, and taxes.

**CRITERIA DETERMINATIONS**

**A. Need (WAC 246-310-210) Need**

Based on the source information reviewed and agreement to the conditions identified in the conclusion section of this evaluation, the department determines that the Benton County Hospital District #1 application meets the applicable need criteria in WAC 246-310-210.

*(1) The population served or to be served has need for the project and other services and facilities of the type proposed are not or will not be sufficiently available or accessible to meet that need.*

As stated above in the Evaluation Criteria section, numeric need is deemed met for this project because the hospital has been operational at its current site for many years and is not requesting any additional services or beds with this project. The availability and accessibility review under this criterion will focus on the services proposed to be provided by the hospital at the new site.

**Prosser Memorial Health**

In response to this sub-criterion, the applicant provided information that focused on the following topics: the physical building, public/patient/material flow, patient care and delivery of services, and benefits associated with the relocation. Information provided by the applicant is below. [source: Application, pdfs 15-17]

*“PMH’s service area (which includes the communities from which 85% of its patients reside), in addition to the district boundaries, also includes Grandview, Sunnyside and Mabton in Yakima County. These communities are younger, highly Hispanic, and less affluent than either the District or the remainder of*

*Benton County. Without the ability to provide an adequate facility to meet the needs of these residents, access to care could be impacted if residents are forced to travel farther for needed care. For those with lower incomes, if options become too limited, they may choose to forego care altogether.*

*PMH is proposing to replace the entire hospital at a new site due to the age and deficiencies of the current building and due to the landlocked nature of the existing campus. The proposed replacement hospital will be located only three miles from the existing site; all hospital programs and services will be relocated, and the existing hospital building will close. No services will be reduced or eliminated as a result of the replacement.*

*As noted in the responses to the previous questions, PMH currently provides services to a diverse and lower income population. Building a replacement hospital will not change the population to be served. And, in fact, will provide a significantly improved patient experience for all.*

*Limitations of the existing site include.*

- *This site is bound by streets on two sides, and a steep hill and residences on the other two sides; so, there is no real opportunity to expand the existing facility.*
- *Due to the number of additions over the past 70+ years, there are numerous egress issues for the building that create undesirable problems with patient flow issues resulting in inefficiencies for both patients and staff.*
- *The building contains semi-private patient rooms, with insufficient space for conversion to private patient rooms without decreasing bed capacity. Decreased bed capacity will not meet PMH's current or future needs for bed capacity. Private patient rooms are required by current code and demanded by patients and payors alike.*
- *Numerous Hospital departments lack the square footage and sufficient space for staff and storage. There is also a lack of conference and meeting spaces throughout the Hospital, and it is sometimes impossible, or it is a very high cost to upgrade the current building to replace equipment or provide new technologies. For example, there is insufficient space to add MRI services inside the Hospital.*
- *The surgery department is undersized, and patient and material flow can be compromised. The square footage of the ORs and the department limits the type and volumes of surgical procedures that can be performed.*
- *The dietary department has inadequate preparation and cooking space and lack of storage for it to provide a menu based food service that is demanded by patients. The dining area also lacks sufficient space for afterhours amenities (vending, coffee, natural light, easy access, etc.).*
- *The current configuration is inefficient and expensive to operate. For example: all the existing systems are outdated and are not energy efficient. Lack of private rooms means that capacity can be limited when rooms must be shared. The existing operating rooms are not sufficiently sized for today's services; this limits the surgical services that can be offered.*
- *There are numerous code deficiencies that cannot be remedied without adversely impacting the operations and function of the Hospital. For example: many parts of the existing hospital are not ADA compliant, hallways are used for storage (which is a code violation), and there is inadequate parking for a facility of its size.*
- *All major mechanical, electrical, and plumbing infrastructure, i.e., air handling units, boilers, chillers, etc. have exceeded their useful life (most of this equipment is more than 28 years old).*
- *The hospital lacks an adequate loading dock and there is limited storage space for materials management.*

*The benefit is a new, state-of-the-art hospital building available to serve the communities for decades to come. It will include adequately sized spaces, private rooms, meeting, and conference facilities and will accommodate new technology and equipment. It will assure that Western Benton County and adjacent communities that prefer to use PMH enjoy easy access to a safe, quality environment.*

*Rather than build shelled space, the replacement hospital site has space for future expansion as need and demand warrants.”*

#### Public Comments

Of the seven letters of support, two were submitted that focus on this sub-criterion. Excerpts from these letters of support are below.

#### Combined Letter from Timothy Straub, MD and Tamera Schille, MD

*“Together we, Dr. Tamera Schille and Dr. Timothy Straub, are submitting this letter to demonstrate our strongest support for Prosser Memorial Health’s (PMH) certificate of need application for its replacement facility. We have lived in this community for decades, and our service to PMH as a provider and hospital commissioner demonstrates our belief that this project will be of significant benefit to our community. The new hospital will provide enhanced local access to an array of services, improve patient and provider experiences, and ensure high quality outcomes.*

*As a provider at the Yakima Valley Farmworkers Clinic (YVFWC), I, Dr. Schille, can attest to the importance of PMH to our patients and the community. YVFWC is strongly committed to providing compassionate care for the whole family at any age and any income level, with a specific and strong passion for the underserved. YVFWC provides services in over 40 clinics across Washington and Oregon and knows the importance of having a strong, local network of care within each community. PMH is a trusted YVFWC partner for its diverse patients residing in Western Benton County. YVFWC patients often face challenges with transportation and other barriers to accessing care that make local access to services imperative. The PMH project will ensure that they can provide a full array of high-quality services locally and will reduce barriers to care.*

*As a former member of PMH’s Board of Commissioners, I, Dr. Staub can attest to the strong commitment the Board has to continually assessing community needs and developing strategies and solutions to meet those needs. As a commissioner, I worked to ensure that our current physical plant was as up to date with the latest state-of-the-art equipment, but we realized that the time for a new facility was quickly approaching. This project will address the growing medical needs within our community.*

*The Department can have great confidence in the fact that the Board, the providers, and staff of PMH have fully vetted the plan for this replacement facility in partnership with the community. This replacement facility has been proposed and designed specifically to meet the unique needs of the community it will serve.*

*We both encourage you to move quickly to approve this important project in our community.”*

#### Combined Letter from Washington State Senator Maureen Walsh and Washington State Representative Bill Jenkin both representing the 16<sup>th</sup> Legislative District

*“We would like to add our full support of the Prosser Memorial Health’s application to the U.S. Dept of Agriculture for funding for their new hospital facility.*

*The current hospital facility is over 70 years old and has been outgrown by the size and needs of the community it serves, so the need for a new hospital is very clear. It brings new patient services and specialties that would have previously required their residents to travel. Having this in one location increases privacy and the quality of patient care.*

*As a hospital in a rural area, the service area of Prosser Memorial Health is quite large and with this new facility comes the opportunity to add treatment services such as Urology, Oncology, and full-service surgical services on the hospital campus. Currently, many of these treatments are unavailable locally and would*

*require travel of 40 miles or more. This new hospital would alleviate the need for Prosser residents and other local community members to travel for their healthcare needs.*

*The hospital will be constructed in an area the City of Prosser is planning to further develop, and we believe it will bring additional economic development to the area as well.*

*Prosser Memorial Health has always been a steadfast partner to the City of Prosser and the outlying areas. This new facility is simply one more way to anticipate the needs of their growing community.*

*Again, we want to express our full support for this project and acknowledge the tremendous benefit it will have on the citizens of Prosser and the surrounding areas. We are hopeful you will look favorably at their application and thank you for your thoughtful consideration.”*

### **Department Evaluation**

Prosser Memorial Health has been operating in Prosser for many years and, as a critical access hospital, provides acute care services, including emergency services, to the residents of Prosser and surrounding communities within Benton County. As a critical access hospital, Prosser Memorial Health operates 25 acute care beds, including 10 swing beds. Swing beds are beds that can be used either acute or post-acute care. They are often used as equivalents to skilled nursing facility care and give flexibility to the facility to meet the unpredictable demands of care in rural areas. Further, as previously stated, the hospital holds a level IV adult trauma designation from the Department of Health’s Trauma Service office. Information provided in the application demonstrates that Prosser Memorial Health is an important part of the healthcare infrastructure of Benton County.

Public comments in support of this project expressed the desire for the hospital’s continued operation and the necessity for the hospital to continue operations within the existing healthcare infrastructure. There were no comments submitted in opposition to this project.

Based on the information provided in the application, including public comments in support of this project, the department concludes that the hospital district provided sufficient documentation to demonstrate continued operations of Prosser Memorial Health in Prosser. **This sub-criterion is met.**

- (2) All residents of the service area, including low-income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly are likely to have adequate access to the proposed health service or services.

To evaluate this sub-criterion, the department evaluates an applicant’s admission policies, willingness to serve Medicare and Medicaid patients, and willingness to serve patients that cannot afford to pay for services.

The admission policy provides the overall guiding principles of the facility as to the types of patients that are appropriate candidates to use the facility and assurances regarding access to treatment. The admission policy must also include language to ensure all residents of the planning area would have access to the proposed services. This is accomplished by providing an admission policy that states patients would be admitted without regard to race, ethnicity, national origin, age, sex, pre-existing condition, physical, or mental status.

Medicare certification is a measure of an applicant’s willingness to serve the elderly. With limited exceptions, Medicare is coverage for individuals age 65 and over. Medicaid certification is a measure of an applicant’s willingness to serve low income persons and may include individuals with disabilities.

Charity care shows a willingness of a provider to provide services to individuals who do not have private insurance, do not qualify for Medicare, do not qualify for Medicaid, or are underinsured.

## **Prosser Memorial Health**

While the hospital will relocate to a new site, all current policies will remain in effect. The following policies were provided in the application and stated to be currently in use at Prosser Memorial Health. [source: Application, Exhibit 5, July 23, 2021, screening response, pdf 6]

- Hospital Admission Policy – effective date May 2021
- Outpatient Orders: Privileged and Non-Privileged Providers – effective date August 2019
- Swing Bed Admission Criteria – effective November 2010
- Charity Care/Financial Assistance Policy – effective January 2021
- Patient Rights and Responsibilities – effective September 2017
- Non-Discrimination Policy – effective February 2018
- End of Life Policy – effective August 2017
- Reproductive Health Care – effective December 2018

During the screening of this project, the department compared the policies listed above with those on the Department of Health website for Prosser Memorial Health.<sup>8</sup> The results of the comparison showed that Charity Care policy on the website is dated September 2017 and the policy provided in this application is effective January 2021. In its screening response, the hospital district clarified that “[s]imultaneous with the filing of the application, PMH forwarded to the appropriate office of the Department of Health several updated policies for review and posting. PMH has not received any communication from DOH requesting changes or expressing any concerns about the new policies.” [source: July 23, 2021, screening response, pdf 6]

Prosser Memorial Health is currently Medicare and Medicaid certified and the hospital district provided the current source of revenues by payer and stated that the projected increase in patient days could change the payer mix slightly. The table below shows the current and projected payer mix. [source: Application, pdf 22]

**Department’s Table 2  
Prosser Memorial Health Current and Projected Payer Mix**

Revenue Source	Current Percentage		Proposed Percentage	
	By Revenue	By Patient	By Revenue	By Patient
Medicare	31.1%	24.1%	30.1%	24.1%
Medicaid	32.2%	32.9%	32.4%	32.9%
Commercial & Other	33.3%	36.1%	34.1%	36.1%
Self-Pay	3.4%	6.9%	3.4%	6.9%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

In addition to the policies and payer mix information above, the hospital district provided the following information related to access to healthcare services provided by Prosser Memorial Health. [source: Application, pdf15]

*“Admission to PMH is based on clinical need. Services are made available to all persons regardless of race, color, national origin, creed, religion, age, disability, sex (birth or reassignment), sexual orientation, or gender identity consistent with the requirements defined by the US Department of Health and Human Services Office for the Civil Rights and the Washington State Department of Social and Health Services. A copy of PMH’s admissions and non-discrimination policies are included as Exhibit 5. As noted in response to the previous question, PMH already serves a diverse community; more than half of the population of the District is Hispanic, higher than Benton County (38%). The surrounding communities of Grandview/Mabton and Sunnyside have higher percentages of people below poverty than either the District or the County. And, have*

<sup>8</sup> <https://www.doh.wa.gov/DataandStatisticalReports/HealthcareinWashington/HospitalandPatientData/HospitalPolicies>



*a higher percentage of the population that are either at or below poverty or ALICE (Asset Limited, Income Constrained, Employed). PMH remains committed to serving all populations.*

*For hospital charity care reporting purposes, the Department of Health (Department) divides Washington State into five regions. PMH is located in the Central Washington region. According to 2017-2019 charity care data produced by the Department (the latest data available), the three-year charity care average for the Central Washington region, was 1.31% of total revenue and 3.78% of adjusted revenue. During this same timeframe, PMH provided charity care accounting for 1.46% of total revenue and 4.12% of adjusted revenue, above the Central Washington regional average.”*

There were no public comments or rebuttal comments provided under this sub-criterion.

### **Department Evaluation**

Prosser Memorial Health has been providing healthcare services to the residents of Benton County and surrounding areas since it became operational in 1945. While the hospital has been upgraded and expanded, it remains at the same site since its inception in 1945. This project proposes a relocation of the hospital and all services, associated policies currently in use, and all designations obtained by Prosser Memorial Health will remain in effect.

The Admission Policy provided in the application is used to admit all patient and outlines rights and responsibilities for both Prosser Memorial Health and the patient. This policy includes the following non-discrimination language:

*“No patient will be denied admission or care based on race, color, national origin, creed, religion, age disability, sex (birth or re-assignment), sexual orientation, or gender identity. Every patient seeking care will be treated with dignity and respect, and afforded all other patient rights detailed by the Washington State Department of Health (WADOH) and the Centers for Medicare and Medicaid Services (CMS).”*

The Non-Discrimination policy ensures patients will be treated or admitted to the hospital without regard to *“race, color, national origin, creed, religion, age, disability, sex (birth or re-assignment), sexual orientation, or gender identity consistent with requirements defined by the US Department of Health and Human Services Office for the Civil Rights and the Washington State Department of Social and Health Services. These Civil Rights protections apply to patients, visitors, employees, providers, vendors, contract staff, and all others seeking care or providing services at all Prosser Memorial Health campus or events.”*

As a designated Critical Access Hospital, Prosser Memorial Health also operates with a Swing Bed Admission Criteria Policy used for the following purpose: *“To define parameters to place a person into a swing bed designation. Swing bed designation is used for short-term skilled nursing care or skilled rehabilitation services. The expected length of stay shall be less than 100 days. Swing bed designation shall not be used for non-skilled or custodial care services.”* This policy outlines the financial eligibility criteria for a patient to be admitted into the hospital’s swing bed program and provides the criteria used by the hospital to determine the eligibility for a patient’s admission.

Prosser Memorial Health currently provides services to both Medicare and Medicaid patients. The application does not propose to change that practice. The hospital’s current Medicare revenues are approximately 31.1% of total revenues; Medicaid revenues are currently 32.2%; commercial/HMO/self-pay, and other revenues are currently 36.7%. With the increase in patient days after relocation, the applicant expects Medicare and Medicaid revenues would be 30.1% and 32.4%, respectively. Commercial/HMO/self pay, and other revenues would slightly increase to 37.5%. Financial data provided in the application also shows both Medicare and Medicaid revenues.

The updated Charity Care/Financial Assistance Policy provided in the application has not yet been reviewed and approved by the Department of Health (DOH) Hospital Financial/Charity Care Program (HFCCP). The policy outlines the process one would use to obtain financial assistance or charity care. The policy provided in the application is effective January 13, 2021. The policy to be posted on the DOH website is written in both English and Spanish. The pro forma financial documents provided in the application include a charity care 'line item' as a deduction of revenue.

Based on the information above, the department notes that the applicant has completed its requirement by submitting the updated charity care policy to Department of Health. If this project is approved, the department would add a condition requiring the applicant to notify the Certificate of Need Program when the January 13, 2021, policy is approved by DOH's Hospital Financial/Charity Care Program.

Charity Care Percentage Requirement

For charity care reporting purposes, Washington State is divided into five regions: King County, Puget Sound (less King County), Southwest, Central, and Eastern. Prosser Memorial Health is located in Prosser, within the Central Region. This review includes historical data for years 2017 – 2019 in the Central Region and at that time, there were 21 licensed hospitals operating within the region.<sup>9</sup>

Table 3 below compares the three-year (2017-2019) historical average of charity care provided by the hospitals operating in the Central Region that reported data and Prosser Memorial Health's historical charity care percentages for the same years. The table also shows the projected percentage of charity care for Prosser Memorial Health. [source: Application, Exhibit 4 and Exhibit 6 and 2017 - 2019 charity care summaries]

**Department's Table 3  
Charity Care Percentage Comparisons**

	<b>Percentage of Total Revenue</b>	<b>Percentage of Adjusted Revenue</b>
Central Region Historical 3-Year Average	1.30%	3.79%
Prosser Memorial Health Historical 3-Year Average	1.48%	4.18%
Prosser Memorial Health Projected Average	1.40%	3.80%

As noted in Table 3 above, the three-year historical average shows Prosser Memorial Health has historically been providing charity care above the total and adjusted regional averages. For this project, the hospital district projects that Prosser Memorial Health may decrease its charity care dollars and percentages, but continue to provide charity care above the regional average for both total and adjusted revenues.

In past hospital CN reviews, the department has attached a charity care condition to the approvals, based, in part, on the fluctuation of charity care percentages. For this reason, if this project is approved, the department would attach the following charity care condition for Prosser Memorial Health.

Prosser Memorial Health will provide charity care in compliance with its charity care policies reviewed and approved by the Department of Health, or any subsequent policies reviewed and approved by the Department of Health. Prosser Memorial Health will use reasonable efforts to provide charity care in an amount comparable to or exceeding the average amount of charity care provided by hospitals in the Central Region. Currently, this amount is 1.30% gross revenue and 3.79% of adjusted revenue. Prosser Memorial Health will maintain records of charity care

<sup>9</sup> As of the writing of this evaluation, one hospital—Astria Regional Medical Center located in Yakima County—closed in January 2020. The hospital is included in the data for year 2017. Three hospitals did not report data to the Department of Health for years 2018 and 2019 and are not included for those two years. The three hospitals are: Astria Regional Health (that closed in January 2020), Astria Sunnyside Hospital, and Astria Toppenish Hospital.

applications received and the dollar amount of charity care discounts granted. The department requires these records to be available upon request.

Based on the information provided in the application and with the hospital district's agreement to the two conditions referenced above, the department concludes **this sub-criterion is met.**

- (3) The applicant has substantiated any of the following special needs and circumstances the proposed project is to serve.
  - (a) The special needs and circumstances of entities such as medical and other health professions schools, multidisciplinary clinics and specialty centers providing a substantial portion of their services or resources, or both, to individuals not residing in the health service areas in which the entities are located or in adjacent health service areas.
  - (b) The special needs and circumstances of biomedical and behavioral research projects designed to meet a national need and for which local conditions offer special advantages.
  - (c) The special needs and circumstances of osteopathic hospitals and non-allopathic services.
- (4) The project will not have an adverse effect on health professional schools and training programs. The assessment of the conformance of a project with this criterion shall include consideration of:
  - (a) The effect of the means proposed for the delivery of health services on the clinical needs of health professional training programs in the area in which the services are to be provided.
  - (b) If proposed health services are to be available in a limited number of facilities, the extent to which the health professions schools serving the area will have access to the services for training purposes.
- (5) The project is needed to meet the special needs and circumstances of enrolled members or reasonably anticipated new members of a health maintenance organization or proposed health maintenance organization and the services proposed are not available from nonhealth maintenance organization providers or other health maintenance organizations in a reasonable and cost-effective manner consistent with the basic method of operation of the health maintenance organization or proposed health maintenance organization.

### **Department Evaluation**

These sub-criteria are not applicable to this application.

### **B. Financial Feasibility (WAC 246-310-220)**

Based on the source information reviewed and agreement to the conditions identified in the conclusion section of this evaluation, the department determines that the Benton County Hospital District #1 application meets the applicable financial feasibility criteria in WAC 246-310-220.

- (1) The immediate and long-range capital and operating costs of the project can be met.

WAC 246-310 does not contain specific WAC 246-310-220(1) financial feasibility criteria as identified in WAC 246-310-200(2)(a)(i). There are also no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that direct what the operating revenues and expenses should be for a project of this type and size. Therefore, using its experience and expertise the department evaluates if the applicant's pro forma income statements reasonably project the proposed project is meeting its immediate and long-range capital and operating costs by the end of the third complete year of operation.

### **Prosser Memorial Health**

The hospital district provided the following assumptions used to project patient days, hospital utilization, and projected increases in patient volumes for Prosser Memorial Health. [source: Application, pdf 14]

“This project does not propose an expansion of an existing hospital. The replacement hospital is scheduled to open in 2024. As was discussed during the March 3, 2021 TA with Program staff, utilization estimates through 2026, the 3rd full year of the project were determined to be sufficient for this application. This information is provided in Table 5. Patient days are assumed to grow 1.5% per year due to population growth and aging.”

Prosser Memorial Health operates on a January 1 to December 31 fiscal year. [source: July 23, 2021, screening response, pdf 18] For this project, the hospital district provided utilization showing historical years 2017 – 2020, current year 2021, and projection years 2022 through 2026. Once relocated the first full year of operation at the new site is year 2024 and year three is 2026. Based on the assumptions above, the hospital’s utilization projections are shown in Table 4 below beginning in historical year 2019 through projection year 2026. [source: Application, pdf 12]

**Department’s Table 4  
Prosser Memorial Health  
Historical and Projected Utilization for Years 2019 through 2026**

	2019	2020	2021	2022	2023	2024	2025	2026
Licensed/Available Beds	25	25	25	25	25	25	25	25
Acute Discharges	1,001	1,020	997	1,012	1,028	1,043	1,059	1,075
Swing Discharges	132	106	137	139	141	144	146	148
<b>Total Discharges</b>	<b>1,133</b>	<b>1,126</b>	<b>1,134</b>	<b>1,151</b>	<b>1,169</b>	<b>1,187</b>	<b>1,205</b>	<b>1,223</b>
Acute Patient Days	2,348	2,402	2,349	2,384	2,420	2,456	2,493	2,116
Swing Patient Days	2,004	2,004	1,963	1,993	2,023	2,054	2,085	2,531
<b>Total Patient Days</b>	<b>4,352</b>	<b>4,406</b>	<b>4,312</b>	<b>4,377</b>	<b>4,443</b>	<b>4,510</b>	<b>4,578</b>	<b>4,647</b>
<b>Average Occupancy</b>	<b>47.7%</b>	<b>48.3%</b>	<b>47.3%</b>	<b>48.0%</b>	<b>48.7%</b>	<b>49.4%</b>	<b>50.2%</b>	<b>50.9%</b>

The assumptions used to project revenue, expenses, and net income for Prosser Memorial Health for years 2021 through 2026 are below. [source: Application, Exhibit 6]

Revenue Assumptions

- Patient days, with the project are detailed in Table 5 for the replacement hospital and drive assumptions of staffing and expenses. the without hospital financials assume no additional growth past 2023 as the hospital will likely be ‘at capacity.’
- Gross patient revenue was calculated using the same rates and utilization of services as in the baseline period of 2019 as it was expected to be more typical for a non-COVID year. Due to volume increases, there is a small change in payer mix during the project. The expected payer mix by year is as follows:

	2021	2022	2023	2024	2025	2026
Medicare	31.1%	30.7%	30.5%	30.3%	30.2%	30.1%
Medicaid	32.2%	32.3%	32.4%	32.4%	32.4%	32.4%
Commercial	33.3%	33.6%	33.7%	33.9%	34.0%	34.1%
Self Pay	3.4%	3.4%	3.4%	3.4%	3.4%	3.4%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

- Charity Care is assumed to be 1.2% of gross patient services revenue in 2021. In an effort to be conservative, however, the combination of charity care and bad debt was assumed to be 4.0% for the years 2022-2026. Charity care was assumed to increase to 1.4% (held to the 2021 proportion). Bad Debt is 2.3% of gross patient revenues in 2021 and increase to 2.6% in 2022-2026.

- Please note that some of the expenses associated with the recruitment plans for new providers in 2023, are expected to increase expenses in 2023 and 2024. These additional expenses impact the deductions from revenue in these two years.
- Other Operating Revenue is held constant throughout the pro forma period.
- Tax revenue is assumed to be \$862,000 per year, same as 2021.

Other Non-Operating Revenue Assumptions

- No increase in property taxes are projected.
- Investment income is calculated at 1.5%.

Expense Assumptions

- Salary expense corresponds to the FTEs needed to provide the service. FTEs increase in accordance with the increase in patient days. This level of productivity is based upon assumed productivity in 2021. Increases in staffing for the hospital are proportionate to the increase in patient days. Other increases in staffing are for the clinics and are based on the planned recruitment of new providers. Laundry staff are expected to decrease as this service will be contracted beginning in 2022.
- Employee benefits are kept at the same percentage of Salary as 2021 or 22.5% throughout the projection period.
- Professional fees include physicians, therapists, etc. and are assumed to be the same both with and without the project because the increases are based on planned recruitment of new providers that will occur with or without the project.
- Supplies were assumed to increase proportionate to the increase in patient days.
- Purchased Services – other: includes but is not limited to: software licenses and fees and advertising.
- Rentals and Leases: while there are no changes in the assumed leases with and without the project, there are some accounting changes that impact how leases are recorded on the income statement and balance sheet. As a result of these accounting changes, it appears that PMH's lease expense has decreased.
- Insurance: this expense was not assumed to change with the project.
- License and Taxes: these expenses were not assumed to change with the project.
- Other direct expenses include, but is not limited to: dues/fees, travel/education, employee recruiting, freight/handling, and bank fees and it was assumed to decrease slightly with elimination of the ambulance service.

Based on the assumptions above, the hospital district provided the following statements:

- Historical and projected Revenue and Expense Statement and Balance Sheet for hospital operations, including outpatient clinics, with this relocation project; and
- Historical and projected Revenue and Expense Statement and Balance Sheet for hospital operations, including outpatient clinics, without this relocation project.

While both sets of statements are reviewed for this project, only the statements that include this relocation project are summarized below.

If this project is approved, full year one at the new site is 2024 and year three is 2026. The statements provided by the district show years 2017 through year 2026. Table 5 on the following page shows historical years 2019 and 2020, current year 2021, and projection years 2022 through 2026. [source: Application, Exhibit 6]

**Department's Table 5**  
**Prosser Memorial Health and Clinics**  
**Revenue and Expense Statements for Years 2019 through 2026**

	<b>Historical CY 2019</b>	<b>Historical CY 2020</b>	<b>Current CY 2021</b>	<b>Projection CY 2022</b>
Net Revenue	\$62,193,583	\$65,942,666	\$79,090,000	\$73,206,000
Minus Total Expenses	\$58,938,343	\$62,921,631	\$68,849,000	\$70,078,000
<b>Net Profit / (Loss)</b>	<b>\$3,255,240</b>	<b>\$3,021,035</b>	<b>\$10,241,000</b>	<b>\$3,128,000</b>

	<b>Projection CY 2023</b>	<b>Projection CY 2024</b>	<b>Projection CY 2025</b>	<b>Projection CY 2026</b>
Net Revenue	\$75,465,000	\$81,144,000	\$83,302,000	\$86,810,000
Minus Total Expenses	\$72,924,000	\$80,759,000	\$81,570,000	\$81,528,000
<b>Net Profit / (Loss)</b>	<b>\$2,541,000</b>	<b>\$385,000</b>	<b>\$1,732,000</b>	<b>\$5,282,000</b>

Net revenue includes both inpatient and outpatient revenue, non-operating revenue, minus any deductions for contractual allowances, bad debt, and charity care. Total expenses include all expenses specific to the hospital and its clinics, such as staffing, supplies, and any purchased services.

In response to screening questions regarding the variation in non-operating revenue net of expense over the projection period, the applicant provided the following clarification. [source: July 23, 2021, screening response, pdf 8]

- “There are several non-operating expenses and non-operating revenue changes from 2021-2025:*
- a. Investment Income is expected to rise as investment returns on treasury grade securities is expected to rise (beginning no later than 2022) back to pre-pandemic levels.*
  - b. Interest Expense rises dramatically from 2020 thru 2025 due to the construction of the new hospital utilizing construction loans and then permanent financing instruments.*
  - c. HHS funds related to the CARES Act Provider Relief Fund in 2020-2021 for COVID-related lost revenue and expenses assistance is \$3,738,633 in 2020 and \$500,000 in 2021.*
  - d. State and other grants for COVID-related expenses were \$464,119 in 2020.*
  - e. Debt issuance costs of the loans used for interim financing of the hospital construction along with the final costs of the loans issued by USDA and other entities as needed. These costs may be broker fees, legal fees, origination, or other debt-issuance fees.*
  - f. The Small Business Administration (SBA) is expected to grant 100% forgiveness for the Paycheck Protection Program (PPP) assistance of \$6,350,000 that the District received for not reducing its staffing in 2020 during the height of the COVID-19 pandemic, especially in April and May of 2020 when its revenues dropped 48% and 40% from budget, respectively. The District was able to avoid any layoffs or staffing disruptions due to the receipt of these funds from HHS but was unable to recognize the funds as income in 2020 due to the SBA's inability to complete its audits in 2020 and issue a forgiveness letter. The District is still awaiting final confirmation of this forgiveness although the SBA has received all the requested documentation. U.S. Bank, which issued the funds on the behalf of the SBA has approved the forgiveness and the District's audit firm (DZA) also believes the District will receive 100% forgiveness.”*

The district also provided historical and projected balance sheets for Prosser Memorial Health, with clinic operations. Table 6 on the following page shows historical years 2019 and 2020, current year 2021, and projection years 2022 through 2026. [source: Application, Exhibit 6]

**Department's Table 6  
Prosser Memorial Health and Clinics  
Balance Sheet for Years 2019 through 2026**

<b>ASSETS</b>	<b>Historical CY 2019</b>	<b>Historical CY 2020</b>	<b>Current CY 2021</b>	<b>Projection CY 2022</b>
Current Assets	\$13,758,656	\$21,525,585	\$17,071,000	\$17,189,000
Property and Equipment	\$18,314,760	\$18,758,895	\$22,226,000	\$55,029,000
Other Assets	\$15,958,374	\$19,445,445	\$20,382,000	\$16,132,000
<b>Total Assets</b>	<b>\$48,031,790</b>	<b>\$59,729,925</b>	<b>\$59,679,000</b>	<b>\$88,350,000</b>

<b>LIABILITIES</b>	<b>Historical CY 2019</b>	<b>Historical CY 2020</b>	<b>Current CY 2021</b>	<b>Projection CY 2022</b>
Current Liabilities	\$6,425,737	\$9,089,953	\$5,925,000	\$7,142,000
Long-Term Debt	\$11,152,228	\$17,495,312	\$10,373,000	\$34,698,000
Deferred Credit	\$330,200	\$0	\$0	\$0
Equity	\$30,123,625	\$33,144,660	\$43,381,000	\$46,510,000
<b>Total Liabilities, Long-Term Debt, and Equity</b>	<b>\$48,031,790</b>	<b>\$59,729,925</b>	<b>\$59,679,000</b>	<b>\$88,350,000</b>

<b>ASSETS</b>	<b>Projection CY 2023</b>	<b>Projection CY 2024</b>	<b>Projection CY 2025</b>	<b>Projection CY 2026</b>
Current Assets	\$17,932,000	\$18,974,000	\$19,231,000	\$19,968,000
Property and Equipment	\$92,875,000	\$85,622,000	\$79,970,000	\$73,241,000
Other Assets	\$19,124,000	\$21,158,000	\$25,164,000	\$33,200,000
<b>Total Assets</b>	<b>\$129,931,000</b>	<b>\$125,754,000</b>	<b>\$124,365,000</b>	<b>\$126,409,000</b>

<b>LIABILITIES</b>	<b>Projection CY 2023</b>	<b>Projection CY 2024</b>	<b>Projection CY 2025</b>	<b>Projection CY 2026</b>
Current Liabilities	\$8,826,000	\$8,462,000	\$8,599,000	\$8,564,000
Long-Term Debt	\$72,055,000	\$67,856,000	\$64,608,000	\$61,405,000
Deferred Credit	\$0	\$0	\$0	\$0
Equity	\$49,050,000	\$49,436,000	\$51,158,000	\$56,440,000
<b>Total Liabilities, Long-Term Debt, and Equity</b>	<b>\$129,931,000</b>	<b>\$125,754,000</b>	<b>\$124,365,000</b>	<b>\$126,409,000</b>

There were no public comments or rebuttal comments provided under this sub-criterion.

**Department Evaluation**

To evaluate this sub-criterion, the department first reviewed the assumptions used by the applicant to determine the projected number of patient days, hospital utilization, and projected increases in patient volumes for Prosser Memorial Health. Given that the hospital has been in operation for many years, the hospital district relied upon historical volumes, market shares, and current utilization. Using actual experience is a reliable assumption, and the department concludes the assumptions used are reasonable.

For its projected revenue and expenses, the hospital district also based its projections on Prosser Memorial Health's actual experience. Since the hospital will continue to be operational during the construction of the new hospital, the applicant provided historical years 2017 through 2020 and current year 2021. Projection years include 2022 through 2026 for the Revenue and Expense Statement and Balance Sheet. The projected

revenue and expense statement for Prosser Memorial Health shows revenues covering expenses beginning in year 2022 through 2026, which is the third full year of operation at the new site.

To assist in the evaluation of this sub-criterion, the Department of Health’s Hospital/Finance and Charity Care Program (HFCCP) reviewed the pro forma financial statements submitted by the hospital district for Prosser Memorial Health. To determine whether the hospital would meet its immediate and long range capital costs, HFCCP reviewed Balance Sheets for historical year 2020 and projection year 2026 for Prosser Memorial Health. Historical year 2020 is summarized in Table 7 below. [source: October 21, 2021, HFCCP analysis, pdf 2]

**Department’s Table 7  
Prosser Memorial Health Balance Sheet for Historical Year 2020**

<b>Assets</b>		<b>Liabilities</b>	
Current Assets	\$36,262,886	Current Liabilities	\$5,944,711
Board Designated Assets	\$3,894,469	Other Liabilities	\$3,166,415
Property/Plant/Equipment	\$18,758,414	Long Term Debt	\$17,495,312
Other Assets	\$268,653	<b>Equity</b>	<b>\$32,577,984</b>
<b>Total Assets</b>	<b>\$59,184,422</b>	<b>Total Liabilities and Equity</b>	<b>\$59,184,422</b>

Projection year 2026 is summarized in Table 8 below. [source: October 21, 2021, HFCCP analysis, pdf 2]

**Department’s Table 8  
Prosser Memorial Health Balance Sheet for Projection Year 2026**

<b>Assets</b>		<b>Liabilities</b>	
Current Assets	\$19,968,000	Current Liabilities	\$8,564,000
Board Designated Assets	\$31,693,000	Other Liabilities	\$ -----
Property/Plant/Equipment	\$73,241,000	Long Term Debt	\$61,405,000
Other Assets	\$1,507,000	<b>Equity</b>	<b>\$56,440,000</b>
<b>Total Assets</b>	<b>\$126,409,000</b>	<b>Total Liabilities and Equity</b>	<b>\$126,409,000</b>

HFCCP also provided a review of the project’s costs compared to the hospital’s various assets. That review is summarized in the table shown below. [source: October 21, 2021, HFCCP analysis, p2]

<b>Prosser Memorial Health Replacement Hospital Project</b>	
Capital Expenditure	\$64,707,545
Percentage of Total Assets	109.332%
Percentage of Board Designated Assets	1,661.524%
Percentage of Equity	198.624%

After reviewing both the balance sheets and the comparison table above, staff from HFCCP provided the following analysis. [source: October 21, 2021, HFCCP analysis, pdfs 2-3]

*“Prosser will increase its total assets by over 100% after this project is completed. This is a substantial increase in assets. Review also shows that this project will greatly impact reserves, total liability and equity of Prosser.*

*Review of Prosser’s application is unusual for several reasons: first, it is the only replacement facility of its size reviewed in many years<sup>10</sup>; second, the other similar-sized replacement facilities reviewed were hospitals that*

<sup>10</sup> Samaritan Healthcare, a larger 50-bed replacement hospital, was reviewed in 2020.



leased the new facilities back from other entities<sup>11</sup>, therefore the hospitals did not show the entire impact of financing the construction of the new hospital on their books in the way that Prosser will; and third, it is only the second new or replacement hospital reviewed in many years that was not part of or subsidized by a larger system. Prosser, or rather its parent, Benton County Hospital District #1, cannot rely on the borrowing capacity of a large healthcare system. Prosser must incur debt on its own behalf, guaranteed only by its own operations and the willingness of its taxpayers to approve bond measures.

Just as the department sometimes concludes it is appropriate in the case of new hospitals to look farther in the future than the customary three years for need projections, it is occasionally appropriate to examine a project's financial feasibility over a longer time frame. This appears to be one such situation.

Prosser is proposing to build a replacement facility that is the same size as the existing hospital. As a result, the applicant is not projecting large increases in patient days<sup>12</sup>, nor is it proposing other changes to its services that might be expected to significantly increase revenues. Prosser has constructed its financial projections using conservative estimates and including known future cost increases, as well as decreases in areas where the new facility is projected to lower expenses.”

For hospital projects, HFCCP provides a financial ratio analysis that assesses the financial position of an applicant, both historically and prospectively. The financial ratios typically analyzed are 1) long-term debt to equity; 2) current assets to current liabilities; 3) assets financed by liabilities; 4) total operating expense to total operating revenue; and 5) debt service coverage. Historical and projected balance sheet data is used in the analysis.

For this project, Prosser Memorial Health's historical year 2020 balance sheet and the hospital's projected balance sheet for years 2022 through 2026 were used to review applicable ratios and pro forma financial information.<sup>13</sup> Tables 9 below summarize the review.

**Department's Tables 9  
Current and Projected Debt Ratios Prosser Memorial Health-Current Site**

Category	Trend*	State 2020	Actual 2020	Projected Year 2022	Projected Year 2023
Long Term Debt to Equity	B	0.575	0.537	1.391	1.469
Current Assets/Current Liabilities	A	2.792	6.200	2.407	2.032
Assets Funded by Liabilities	B	0.424	0.396	0.813	0.622
Operating Expense/Operating Revenue	B	0.973	0.962	0.964	0.977
Debt Service Coverage	A	6.123	3.914	2.602	2.088

**Projected Debt Ratios Prosser Memorial Health-Proposed Site**

Category	Trend*	State 2020	Full Year 1 2024	Full Year 2 2025	Full Year 3 2026
Long Term Debt to Equity	B	0.575	1.373	1.263	1.088
Current Assets/Current Liabilities	A	2.792	2.242	2.236	2.332
Assets Funded by Liabilities	B	0.424	0.607	0.589	0.554
Operating Expense/Operating Revenue	B	0.973	0.998	0.985	0.945
Debt Service Coverage	A	6.123	2.177	2.405	3.350

<sup>11</sup> Coulee Medical Center, 2009, and Snoqualmie Valley Hospital, 2012 and 2013.

<sup>12</sup> Moderate growth in patient days is projected in all projection years.

<sup>13</sup> Current year 2021 was not used in this section of the review.

Definitions:	Formula
Long Term Debt to Equity	Long Term Debt/Equity
Current Assets/Current Liabilities	Current Assets/Current Liabilities
Assets Funded by Liabilities	Current Liabilities + Long term Debt/Assets
Operating Expense/Operating Revenue	Operating expenses / operating revenue
Debt Service Coverage	Net Profit+Depr and Interest Exp/Current Mat. LTD and Interest Exp

\* A is better if above the ratio; and B is better if below the ratio.

After reviewing the financial ratios above, staff from HFCCP provided the following statements. [source: October 21, 2021, HFCCP analysis, pdf 4]

*“Most the ratios for Prosser are currently within appropriate range of the state 2020 figures.*

*The new hospital is better than break-even each year during construction and throughout the projection period. Usually the ratios for a brand new hospital are fair at best because of the large amount of debt. Most of Prosser’s ratios are outside the preferred range from project completion through the third year of operation, with the exception of operating expense to operating revenue, however, all show steady improvement toward the statewide averages. Current assets to current liabilities and operating expense to operating revenue are very close to the statewide average in most years of the project. While the debt-related ratios may appear to hinder Prosser’s future ability to borrow additional funds, its projected cash position should remain sufficient to more than cover the hospital’s costs.*

*Review of the financing and ratios show the immediate and long-range capital and operating costs of the project can be met. This criterion is satisfied.”*

In the ‘need’ section of this evaluation, the department concluded that Prosser Memorial Health is an integral part of the existing healthcare system for Prosser communities and neighboring areas within Benton County. The assumptions used as a basis for the financial projections are considered reasonable and reliable. The HFCCP financial analysis provides a thoughtful and candid review of the financial outlook for the hospital. Once the replacement project is complete and after operating at the new site for a few years, the hospital’s financial health improves.

Based on the information provided in the application, the department concludes that Benton County Hospital District #1 provided sufficient documentation to demonstrate that the immediate and long-range operating costs of the project can be met. **This sub-criterion is met.**

(2) *The costs of the project, including any construction costs, will probably not result in an unreasonable impact on the costs and charges for health services.*

WAC 246-310 does not contain specific WAC 246-310-220(2) financial feasibility criteria as identified in WAC 246-310-200(2)(a)(i). There are also no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that directs what an unreasonable impact on costs and charges would be for a project of this type and size. Therefore, using its experience and expertise the department compared the proposed project’s costs with those previously considered by the department.

### **Prosser Memorial Health**

To demonstrate compliance with this sub-criterion, the district provided the following information. [source: Application, pdf 21]

*“As was discussed in earlier sections of this application, this project is being driven by a need to replace an aging and out of date hospital with a replacement hospital consistent with today’s requirements for quality patient care in a growing community. That said, PMH recognizes that as a critical access hospital (CAH) costs will likely increase as CAHs receive cost based reimbursement. However, the designation itself, CAH, means that PMH is recognized as a provider of essential services and access to healthcare is increased for*

residents of its rural service area. In addition, PMH has assumed that some operating costs will decrease. For example, utility costs per patient day are expected to decrease by 11% by 2024 (the first year of operation of the new hospital). Maintenance costs have also expected to decrease PMH has selected finishes that are easier to clean and maintain.”

There were no public comments or rebuttal comments provided under this sub-criterion.

**Department Evaluation**

To assist in this evaluation, HFCCP also reviewed the projects costs under this sub-criterion and provided the following conclusions. [source: October 21, 2021, HFCCP analysis, pdf 5]

“Prosser Memorial Health’s rates are similar to the Washington statewide averages. Review of the data shows no unreasonable impact on the hospital or the community. The project costs to the patient and community are similar to current providers. This criterion is satisfied.”

Based on the information provided in the application and the HFCCP review above, the department concludes that **this sub-criterion is met.**

(3) The project can be appropriately financed.

WAC 246-310 does not contain specific source of financing criteria as identified in WAC 246-310-200(2)(a)(i). There are also no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that directs how a project of this type and size should be financed. Therefore, using its experience and expertise the department compared the proposed project’s source of financing to those previously considered by the department.

**Prosser Memorial Health**

The district proposes to relocate both the critical access hospital and a medical office building (MOB). The total costs for relocation of both is approximately \$78,400,000, with \$64,707,545 for the hospital and \$13,692,455 for the MOB. While the table below shows a breakdown of all costs, this review focuses on the hospital only. [source: Application, pdf 20]

**Department’s Table 10  
Breakdown of Estimated Capital Expenditure**

Item	Hospital	MOB	Total Costs
Land Purchase	\$1,362,647	\$361,853	\$1,724,500
Utilities to Lot Line	\$66,079	\$17,758	\$83,837
Building Construction (+ fixed Equip)	\$41,264,302	\$9,126,796	\$50,391,098
Fixed Equipment (not in above)	\$856,135	\$230,078	\$1,086,213
Moveable Equipment	\$8,272,337	\$492,960	\$8,765,297
Architect/Engineering Fees	\$3,434,536	\$923,000	\$4,357,536
Consulting Fees	\$1,456,875	\$391,522	\$1,848,397
Site Preparation	\$43,364	\$11,654	\$55,018
Supervision and Inspection of Site	\$235,406	\$63,264	\$298,670
Cost for Securing Financing	\$2,890,953	\$776,918	\$3,667,871
Sales Tax	\$3,904,155	\$1,049,207	\$4,953,362
Other Project Costs*	\$920,756	\$247,445	\$1,168,201
<b>Total Capital Expenditure</b>	<b>\$64,707,545</b>	<b>\$13,692,455</b>	<b>\$78,400,000</b>

\* Other project costs include moving costs, signage, permits and plans, art, final cleaning, and public notices.

The hospital district also provided a non-binding contractor’s estimate for the construction costs identified above. [source: Application, Exhibit 9]

The applicant provided the following clarification regarding start-up costs. [source: Application, pdf 21]  
*“Opening the new hospital is largely limited to moving some existing equipment (including staff offices and supplies), orienting staff, and relocating existing patients. It also includes an education campaign to inform the community of the new location, opening dates, etc. The physical moving costs were included in the capital expenditure breakout provided in response to Question 6. They are included in line item “moving costs.” All other start-up type costs are included in the pro forma budget within the affected line items, including staffing, marketing, supplies and purchased services (for training/orientation to new facility and for moving any equipment).”*

Table 8 in the application identified the following funding sources for the replacement of Prosser Memorial Health and the medical office building (MOB). [source: Application, pdf 23]

*Applicant’s Table*  
**Table 8**  
**Sources of Financing for Replacement Hospital**

<b>Source</b>	<b>Hospital</b>	<b>MOB</b>	<b>Amount</b>
District Purchase of Land (paid with cash in 2017 District Equity Contribution)	\$1,403,097	\$296,903	\$1,700,000
District Equity Contribution	\$9,904,216	\$2,095,784	\$12,000,000
Capital Campaign, State & Local Grants	\$1,650,703	\$349,297	\$2,000,000
District Prepays (paid through 12/31/2021)	\$1,072,957	\$227,043	\$1,300,000
USDA Rural Development Direct Loan	\$37,140,810	\$7,859,190	\$45,000,000
Revenue Bonds	\$4,952,108	\$1,047,000	\$6,000,000
Other Financing (Capital Municipal Lease Financing for Equipment)	\$3,218,870	\$681,130	\$3,900,000
USDA Direct Loan with LTGO Pledge	\$5,364,784	\$1,135,216	\$6,500,000
<b>Total</b>	<b>\$64,707,545</b>	<b>\$13,692,455</b>	<b>\$78,400,000</b>

*Source: Applicant*

The hospital district confirmed that the land for the new hospital was purchased by the hospital district in 2017 using cash reserves and clarified the funding source identified as ‘USDA Rural Development’ in table above. [source: July 23, 2021, screening responses, pdf 2 and pdf 5]

*“Our current application with USDA Rural Development outlines the four funding sources noted above including the issuance of debt, Direct Loans provided by USDA, a loan secured by a revenue fund pledge and a second secured by a LTGO pledge.*

*PMH’s USDA application is currently being reviewed by the USDA’s Washington State and national offices. Attachment 2 includes the USDA’s Rural Development Notice of Loan Application Review Action indicating the Prosser Public Hospital District’s pre-application has been approved. It states that the District is eligible for funding from USDA and requests the District to file a formal application with USDA.*

*Attachment 3 is a letter from Piper Sandler & Co., the District’s underwriter confirming the proposed interest rates (all fixed), the proposed terms for each debt instrument and the proposed amount of each debt instrument.*

*Note: The District expects to issue revenue bonds and use municipal lease financing for equipment.”*

As referenced by the applicant above, Attachment 2 included with the July 23, 2021, screening responses is a copy of the United States Department of Agriculture (USDA) ‘*Notice of Loan Application Review Action*’ dated February 5, 2019. The document confirms the hospital district’s application for Federal assistance is “*eligible for funding by the agency and can compete with similar applications from other grantees.*” The document further advises that the hospital district file a formal application for Federal assistance. [source: July 23, 2021, screening response, Attachment 2]

Attachment 3 referenced above is a letter from Piper Sandler & Co.<sup>14</sup> confirming the company’s intent to underwrite for the interim construction financing. The letter is dated July 7, 2021, and signed by Keith Kleven, Managing Director at Piper Sandler & Co. [source: July 23, 2021, screening response, Attachment 3]

In screening responses, the applicant provided further clarification about:

- funding sources and funding letters of commitment provided in the application; and
- any contingency plans for funding the project if the capital campaign, state, and local grants do not raise sufficient funds for the project.

The applicant’s information for each topic is below. [source: July 23, 2021, screening response, pdf 2-5]

**Funding Sources and Funding Letters of Commitment Provided in the Application**

*“There were two funding letters included in Exhibit 12 of the application. The first, from PMH’s CFO, confirmed that the Hospital’s contribution will be \$15,000,000, excluding the Foundation’s contribution. The letter further noted that of the \$15,000,000, the District had already acquired land (\$1.7 million) and as of 12/31/20 had expended another \$708,430 in project related expenses. Based on those expenditures, PMH committed to providing another \$12,591,570.*

*The second letter was from PMH’s Municipal Advisor describing the funding for the rest of the transaction.*

*A revised Table 8 is included below, with additional descriptions regarding the District/Hospital’s amounts referenced in Exhibit 12.*

*Applicant’s Table*

**Revised Table 8**

**PMH Sources of Financing for Replacement Hospital**

Source	Hospital	MOB	Amount	Referenced in Exhibit 12?
District Purchase of Land (cash reserves) paid in 2017 District Equity Contribution	\$1,403,097	\$296,903	\$1,700,000	Yes
District Equity Contribution	\$9,904,216	\$2,095,784	\$12,000,000	Yes
Capital Campaign, State & Local Grants	\$1,650,703	\$349,297	\$2,000,000	Yes
District Prepays (paid through 12/31/2021)	\$1,072,957	\$227,043	\$1,300,000	Yes, the amount \$708,430 was expended by 12/31/20, leaving another \$591,570 available.
PMH contribution, including Foundation				\$17,000,000

<sup>14</sup> *Piper Sandler Companies is an American independent investment bank and financial services company, focused on mergers and acquisitions, financial restructuring, public offerings, public finance, institutional brokerage, investment management and securities research. Through its principal subsidiary, Piper Sandler & Co., the company targets corporations, institutional investors, and public entities.* [source: Piper Sandler website]

*District Prepaids is the term for expenses already incurred in planning the project, such as the architectural and engineering fees related to the planning and design of the new facility, project management fees for the management of the project, legal fees associated with funding, contracts and licensing applications, other consultants such as environmental impact studies, traffic studies, equipment planning, geological studies, and other related fees.*

*The District has already incurred \$708,430 in related expenses as of 12/31/2020. An additional \$591,570 in related expenses between 1/1/2021 and 12/30/2021 have been estimated.*

*The District has already secured all District Equity contributions (\$15,000,000) through a Board Designated Reserve on our Balance Sheet. The District also has the funds available to cover any shortfall by the Foundation (\$2,000,000). The District Equity contributions of \$15,000,000 less the Land Purchase for \$1,700,000 and Prepaids. The District has \$29,234,739 in total Cash on Hand with \$27,061,381 available for use in non-restricted cash or investment accounts.*

*To date, the District has received a \$2,000,000 commitment by the Prosser Memorial Health Foundation. We have not budgeted for any capital campaign or grant funds beyond this.*

*The Foundation currently has committed over \$600,000. Importantly, it recently launched its official capital campaign with a target of at least \$2,000,000 to be secured by the end of 2026.”*

The applicant provided the two tables below to summarize the principal and interest repayment terms. [source: July 23, 2021, screening response, Attachment 4]

*Applicant's Tables  
Summary of Debt Service*

*Debt Amounts and Terms Provided by Client and Financing Consultant*

*Principal Payments*

<b>Group</b>	<b>Sum of USDA</b>	<b>Sum of USDA w/ LTGO Pledge</b>	<b>Sum of Revenue Bonds</b>	<b>Sum of Capital Notes</b>
2022	-	-	71,320.40	-
2023	-	-	109,833.41	-
2024	858,929.02	124,067.52	114,226.75	340,198.98
2025	878,254.92	126,859.04	118,795.82	350,404.95
2026-2020	4,696,729.39	678,416.47	669,173.92	1,916,157.86
2031-2035	5,249,429.67	758,250.95	814,152.39	1,293,238.21
Thereafter	33,316,656.99	4,812,406.01	4,102,497.31	-
<b>Grand Total</b>	<b>45,000,000.00</b>	<b>6,500,000.00</b>	<b>6,000,000.00</b>	<b>3,900,000.00</b>

*Interest Payments*

<b>Group</b>	<b>Sum of USDA</b>	<b>Sum of USDA w/ LTGO Pledge</b>	<b>Sum of Revenue Bonds</b>	<b>Sum of Capital Notes</b>
2022	-	-	160,000.00	-
2023	-	-	237,147.18	-
2024	1,012,500.00	146,250.00	232,753.85	117,000.00
2025	993,174.10	143,458.48	228,184.78	106,794.03
2026-2020	4,660,415.70	673,171.16	1,065,729.05	369,837.01
2031-2035	4,107,715.42	593,336.67	920,750.58	78,358.71
Thereafter	9,726,210.45	1,404,897.06	1,564,852.40	-
<b>Grand Total</b>	<b>20,500,015.67</b>	<b>2,961,113.37</b>	<b>4,409,417.84</b>	<b>671,989.76</b>

The hospital district also provided its amortization schedules for the both the principal and interest payments shown above. The two schedules demonstrate that the hospital district's loan is for 37 years beginning in year 2022 and ending in December 2058. [source: July 23, 2021, screening response, Attachment 4]

#### Contingency Plans for Funding the Project

*"The District has sufficient funds to cover any shortfall in Foundation contributions. The feasibility forecast shows the District's unrestricted cash to be \$20,808,000 or 109 days of cash as of the end of 2022. A day of cash for the District is currently about \$191,000. As such, even if the Foundation contributed no funds (of which it already has \$600,000) it would only reduce the District's Days of Cash on Hand from 109 to 99 days.*

*The Days of Cash on Hand metric for PMH is very strong, and easily surpasses normal funding liquidity requirements of at least 60 Days of Cash on Hand."*

#### Public Comments

Two of the seven letters of support focus on the funding of this project. Excerpts from the letters are below.

#### Neal Ripplinger, Executive Director, Prosser Economic Development Association

*"This letter is in support of Prosser Memorial Health for their USDA funding for the new hospital facility.*

*Our current hospital building is over 70 years old and undersized for the growing needs of our community. The new facility would solve many of these needs. It allows for increased patient services and specialties that would usually require travel to different locations. It increases privacy and the quality of the patients care and treatments.*

*As a hospital in a rural area, the service area of Prosser Memorial Health is quite large and with this new facility comes the opportunity to add treatment services such as Urology, Oncology, and full- service surgical services on the hospital campus. Many of these treatments would have been 40 minutes to an hour away, or more. This is a tremendous opportunity for our city and for our residents to not have to leave the community for their health care needs.*

*Prosser Economic Development Association believes strongly in Prosser Memorial Health and knows that this new facility will raise the bar for surrounding healthcare organizations as well. We also believe that with this new facility we will see additional benefit to Prosser in future economic growth.*

*Prosser Memorial Health has always been a wonderful partner in our city and community. This new facility is simply one more way they anticipate the needs we face and strive to meet and exceed them. We hope you will look at their application favorably. Thank you for your consideration."*

#### Dan Newhouse, Representative, House Committee on Appropriations United States Congress

*"I write to ask you to give full and fair consideration to Prosser Memorial Health's application for a loan under the USDA Rural Development loan program. The funding for new construction will support the organization's mission and growth as they continue their excellent service in the Prosser community.*

*For nearly 75 years, Prosser Memorial Health has served the Prosser and surrounding areas. This small-town hospital has continued expand their services to meet the needs of their community and, as a result, has continued to grow. Prior to the COVID-19 pandemic, Prosser Memorial grew at a rate of 10% each year since 2016. As a result, they have expanded service lines, purchased new equipment, and added clinics and providers to their team. However, this growth has only highlighted the limits and exacerbated the inadequacy of their current facilities to continue to serve their growing community.*

*Aging infrastructure, numerous code deficiencies, a lack of space for new equipment, and insufficient additional adjacent land to expand the Hospital for new and expanded services all make it clear that their current facility does not have the capacity to support the organization's mission and growth. Their proposed new facility will alleviate these issues and set them on a path for continued growth and service for the Prosser community.”*

### **Department Evaluation**

To assist in this evaluation, HFCCP also reviewed the capital costs under this sub-criterion and provided the following conclusions. [source: October 21, 2021, HFCCP analysis, pdfs 6-7]

*“As noted earlier in this review, complete replacement of a hospital like Prosser is uncommon in recent years. Just as need is generally evaluated on a longer time frame than three years for establishment of new hospitals, it is appropriate for the financial feasibility of a project like a hospital replacement to be evaluated on a longer term than construction of smaller, less costly facilities such as surgery or dialysis centers. District hospitals like Prosser are also more limited in how they may finance construction than other non- and for-profit hospitals, particularly hospitals that are part of larger organizations with significant financial resources upon which to draw.*

*The applicant indicates it will finance this project with a new series of long-term general obligation bonds, USDA direct and USDA guaranteed loans, and lease financing for equipment. Piper Sandler & Co. will underwrite the construction financing and act as placement agent for the USDA loans.*

*The costs and interest rates of each finance method were included in Prosser’s projected financial statements. Prosser provided sufficient information about the loan rates and programs, including amortization schedules, for the program to conclude that there is a reasonable probability of securing financing as proposed. In addition, nearly \$3 million of the total expense is composed of land purchased in 2017 and other costs already paid by the district.*

*The financing method used is appropriate business practice. This criterion is satisfied.”*

As noted above, the hospital district intends to fund this project with a variety of sources. If this project is approved, the department would attach a condition requiring the applicant to fund the project as described in the application.

Based on the information provided in the application, HFCCP review above, and the applicant’s agreement to the financing condition, the department concludes that **this sub-criterion is met.**

### **C. Structure and Process (Quality) of Care (WAC 246-310-230)**

Based on the source information reviewed and agreement to the conditions identified in the conclusion section of this evaluation, the department determines that the Benton County Hospital District #1 application meets the applicable structure and process of care criteria in WAC 246-310-230 and associated standards.

*(1) A sufficient supply of qualified staff for the project, including both health personnel and management personnel, are available or can be recruited.*

WAC 246-310 does not contain specific WAC 246-310-230(1) criteria as identified in WAC 246-310-200(2)(a)(i). There are also no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that directs what specific staffing patterns or numbers of full-time equivalents (FTEs) that should be employed for projects of this type or size. Therefore, using its experience and expertise the department evaluates the applicant’s staffing proposal to determine the reasonableness of the availability of staff.



**Prosser Memorial Health**

The district proposes to relocate the hospital, in its entirety, to a new site in Benton County. Since the hospital is currently operating, all staff is expected to relocate with the hospital. The hospital would continue to be operational at its existing site while the new facility is under construction. If this project is approved, the district expects construction of the new hospital to begin in January 2022 and the hospital will be operational at the new site in January 2024. [source: Application, pdf 11]

In response to this sub-criterion, the district provided a staffing table for Prosser Memorial Health showing current year 2021 and projection years 2022 through 2026. Table 11 below is a recreation of the applicant’s staffing table provided in the application. [source: Application, Exhibit 6]

**Department’s Table 11  
Prosser Memorial Health Current and Projected FTEs**

Type of FTE	Year 2021	Year 2022 Increase	Year 2023 Increase	Year 2024 Increase	Year 2025 Increase	Year 2026 Increase	Total
Acute	19.20	0.00	1.00	1.00	0.00	0.00	<b>21.20</b>
Operating Room	16.75	2.00	1.00	2.00	1.00	0.00	<b>22.75</b>
Labor & Delivery	14.94	1.00	0.00	1.00	0.00	0.00	<b>16.94</b>
Radiology	17.70	1.00	1.00	1.00	0.00	0.00	<b>20.70</b>
Laboratory	20.40	0.00	0.00	1.00	0.00	0.00	<b>21.40</b>
Respiratory Therapy	8.40	0.00	0.00	0.00	0.00	0.00	<b>8.40</b>
Outpatient Services	2.50	0.00	0.00	0.50	0.00	0.00	<b>3.00</b>
Clinics	86.75	10.51	6.88	10.54	4.73	0.00	<b>119.41</b>
Emergency	21.00	0.00	0.00	3.00	0.00	0.00	<b>24.00</b>
Ambulance	19.67	(19.67)	0.00	0.00	0.00	0.00	<b>0.00</b>
Employee Benefits	4.00	0.00	0.00	0.00	0.00	0.00	<b>4.00</b>
Admin/General	52.99	2.00	1.00	0.00	0.00	0.00	<b>55.99</b>
Maintenance	5.50	0.00	1.00	0.00	0.00	0.00	<b>6.50</b>
Laundry	2.80	(2.00)	0.00	0.00	0.00	0.00	<b>0.80</b>
Housekeeping	11.50	0.00	0.00	1.00	0.00	0.00	<b>12.50</b>
Dietary	10.60	1.00	0.00	0.00	0.00	0.00	<b>11.60</b>
Nurse Administration	8.20	0.00	0.00	0.00	0.00	0.00	<b>8.20</b>
Pharmacy	2.40	0.00	0.00	0.00	0.00	0.00	<b>2.40</b>
Medical Records	8.00	1.00	0.00	0.00	0.00	0.00	<b>9.00</b>
Social Service	3.00	1.00	0.00	1.00	0.00	0.00	<b>5.00</b>
<b>Total</b>	<b>336.30</b>	<b>(2.16)</b>	<b>11.88</b>	<b>22.04</b>	<b>5.73</b>	<b>0.00</b>	<b>373.79</b>

The applicant provided the following clarification about the table above. [source: Application, Exhibit 6 and July 23, 2021, screening response, p6]

*“Salary expense corresponds to the FTEs needed to provide the service. FTEs increase in accordance with the increase in patient days. This level of productivity is based upon assumed productivity in 2021. Increases in staffing for the hospital are proportionate to the increase in patient days. Other increases in staffing are for the clinics and are based on the planned recruitment of new providers. Laundry staff are expected to decrease as this service will be contracted beginning in 2022.*

*As was discussed with the Program staff on June 17, 2021, the District is currently planning to cease operating its ambulance service and is in process of transitioning the service to a separate operating entity by the end of 2021. PMH understands that this response is a sufficient answer to this question.*

There were no public comments or rebuttal comments provided under this sub-criterion.

**Department Evaluation**

This section of the evaluation focuses on the staffing of the proposed project. As stated in the project description section of this evaluation, Prosser Memorial Health is currently operational and the applicant proposes to relocate the facility in its entirety to a new site in Prosser. The hospital is a licensed critical access hospital with 25 acute care beds and provides a variety of health care services. The relocation of the hospital does not include a reduction or increase in services currently provided.

The FTE increases shown in the table above reflect projected FTE increases based on projected utilization of the hospital. The table shows a decrease in FTEs from year 2021 to 2022 because the hospital will contract for laundry and ambulance services. Beginning in year 2023, slight increases in FTEs are expected based on projected increases in utilization of the hospital. By the end of year 2026, a total of 37.49 staff is expected to be needed.

Information provided in the application demonstrates that Prosser Memorial Health is a well-established provider of healthcare services in Prosser and surrounding communities within Benton County. For the projected increase of 37.49 staff needed by the end of full year three (2026), the hospital district intends to use its recruitment and retention strategies that have been successfully used in the past.

Based on the information above, the department concludes **this sub-criterion is met.**

- (2) The proposed service(s) will have an appropriate relationship, including organizational relationship, to ancillary and support services, and ancillary and support services will be sufficient to support any health services included in the proposed project.

WAC 246-310 does not contain specific WAC 246-310-230(2) as identified in WAC 246-310-200(2)(a)(i). There are also no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that directs what relationships, ancillary and support services should be for a project of this type and size. Therefore, using its experience and expertise the department assessed the materials contained in the application.

**Prosser Memorial Health**

In response to this sub-criterion, the applicant provided the following statements. [source: Application, pdfs 25-26]

*“The existing ancillary and support services, and an indication as to whether they are provided in house or under agreement, are provided in Table 10. No ancillary or support agreements are expected to change as a result of this project.”*

*Applicant’s Table 10*

**Table 10**

**Ancillary and Support Services**

<b>Services Provided</b>	<b>Vendor</b>
Linen service	TBD
Pathology	Insight
Janitorial services	In-House
Biomedical	In-House
Biomedical waste	Steris
PT (PRN)	Contracted
Dietary	In-House
Respiratory Therapy	In-House
Pharmacy	In-House
Imaging	In-House
Central Supply	In-House
Laboratory	In-House
Medical Records	In-House
Maintenance	In-House
Blood Products and Services	Red Cross
Interpretation Services	In-House
Dietician	Kadlec Medical Center

Source: Applicant

There were no public comments or rebuttal comments provided under this sub-criterion.

### **Department Evaluation**

As previously stated, the relocation of the hospital to a new site in Benton County does not include reduction or increase in services currently provided. Information provided in the application demonstrates that Prosser Memorial Health is a well-established provider of healthcare services in Prosser and surrounding communities within Benton County. The application provided a listing of existing relationships that have been established by the hospital. The relocation of the hospital is not expected to change any of the existing relationships. Based on the information above, the department concludes **this sub-criterion is met.**

- (3) *There is reasonable assurance that the project will be in conformance with applicable state licensing requirements and, if the applicant is or plans to be certified under the Medicaid or Medicare program, with the applicable conditions of participation related to those programs.*

WAC 246-310 does not contain specific WAC 246-310-230(3) criteria as identified in WAC 246-310-200(2)(a)(i). There are known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that a facility must meet when it is to be Medicare certified and Medicaid eligible. Therefore, using its experience and expertise the department assessed the applicant's history in meeting these standards at other facilities owned or operated by the applicant.

As part of this review, the department must also conclude that the proposed services provided by an applicant would be provided in a manner that ensures safe and adequate care to the public.<sup>15</sup> To accomplish this task, the department reviews the quality of care compliance history for all Washington State and out-of-state healthcare facilities owned, operated, or managed by an applicant, its parent company, or its subsidiaries.

### **Prosser Memorial Health**

In response to this sub-criterion, the applicant provided the following statements. [source: Application, pdf 28] *"No facility or practitioner associated with the application has any history with respect to the above."*

### **Public Comment**

Of the seven letters of support, one focused on this sub-criterion and excerpts from the letter of support are below.

#### **Susan Miklas, Prosser Memorial Hospital Laboratory Director and Infection Preventionist**

*"I have a number of roles at Prosser Memorial Hospital, including Infection Preventionist. In this role, I am responsible for surveillance and investigation of hospital-associated infections I also continually review procedures to help prevent transmission of infections and assess trends; identify problems and design and implement specific interventions and quality improvement programs.*

*While the hospital has performed admirably in infection control, the past 18 months have illuminated the daily challenges associated with providing quality and safe clinical inpatient and outpatient care in an outdated and undersized hospital. In some areas, the current number of air exchanges do not meet current standards. Also, the hospital does not have designated airborne isolation rooms and is currently using portable machines to create the negative airflow. Our facility does not have design features (such as touchless sensors) and other technologies that mitigate transmission of viruses and bacteria. Further, because the hospital is so very undersized for current volumes, we lack space for social distancing.*

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<sup>15</sup>WAC 246-310-230(5).

*The publicly elected Commissioners of Prosser Public Hospital District should be commended for their foresight and their planning that is resulting in a replacement hospital that will be designed to assure a safe patient care environment for decades to come. I urge your timely approval.”*

### **Department Evaluation**

As a part of this review, the department must conclude that the proposed services provided by an applicant would be provided in a manner that ensures safe and adequate care to the public.<sup>16</sup> For hospital projects, the department reviews two different areas when evaluating this sub-criterion. One is a review of the Centers for Medicare and Medicaid Services (CMS) “Terminated Provider Counts Report” covering years 2018 through 2021.<sup>17</sup> The department uses this report to identify any healthcare facilities owned or operated by the applicant that were involuntarily terminated from participation in Medicare reimbursement.

The department also reviews an applicant’s conformance with Medicare and Medicaid standards. The department uses the CMS ‘Survey Activity Report’ to identify facilities with a history of condition level findings. For CMS surveys, there are two levels of deficiencies: standard and condition.<sup>18</sup>

- **Standard Level**

A deficiency is at the Standard level when there is noncompliance with any single requirement (or several requirements) within a particular standard that is not of such character as to substantially limit a facility’s capacity to furnish adequate care, or which would not jeopardize or adversely affect the health or safety of patients if the deficient practice recurred.

- **Condition Level**

Deficiency at the Condition level may be due to noncompliance with requirements in a single standard that, collectively, represent a severe or critical health or safety breach, or it may be the result of noncompliance with several standards within the condition. Even a seemingly small breach in critical actions, or at critical times, can kill or severely injure a patient, and such breaches would represent a serious or severe health or safety threat.

Benton County Hospital District #1 operates one hospital, Prosser Memorial health located in Benton County, and six rural health clinics. The hospital district does not operate any out-of-state healthcare facilities. Below is a summary of the two areas reviewed.

### **Terminated Provider Counts Report**

Focusing on years 2017 through 2021, neither Prosser Memorial Health nor any of the rural healthcare clinics were involuntarily terminated from participation in Medicare reimbursement.

### **Prosser Memorial Health**

The hospital’s most recent survey occurred in June 2021. The CMS survey noted four deficiencies, and of those, one was cited as condition level. The condition level deficiency related to infection prevention and control that required one follow up visit in August 2021. The hospital was not surveyed for years 2018, 2019, or 2020. The hospital is currently operating in full compliance with state and federal requirements.

### **Prosser Memorial Health Benton City Clinic**

The rural health clinic’s most recent survey occurred in January 2018. The CMS survey noted 12 deficiencies, and of those, one was cited as condition level. The condition level deficiency related to program evaluation that required one follow up visit in March 2018. The rural health clinic was not surveyed for years 2019,

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<sup>16</sup> WAC 246-310-230(5).

<sup>17</sup> Reports are all current as of October 29, 2021.

<sup>18</sup> Definitions of standard and condition level surveys: <https://www.compass-clinical.com/deciphering-tjc-condition-level-findings/>

2020, or 2021. The rural health clinic is currently operating in full compliance with state and federal requirements.

Prosser Memorial Health Grandview Clinic

This rural health clinic’s most recent survey occurred in December 2019. The CMS survey noted no deficiencies and no follow up visit required. The rural health clinic was not surveyed for years 2018, 2020, or 2021. The rural health clinic is currently operating in full compliance with state and federal requirements.

Of the six health clinics, only the two above were surveyed during years 2018 through 2021. As a result, recent survey data on the following four health clinics is not available: Prosser Clinic, Prosser Specialty Clinic, Prosser Specialty Clinic-ENT & Allergy, and Prosser Women’s Health Clinic.

The hospital district identified the following three key clinical staff for the hospital shown in the table below. [source: Application, p24]

**Department’s Table 12  
Prosser Memorial Health Key Staff**

<b>Name</b>	<b>Title</b>
Brian G. Sollers, DO	Chief Medical Officer
Merry B. Fuller, BSN, MN, RN	Chief Nursing Officer and Chief Operating Officer
Jared T. Clifford, DPM	Chief of Staff

Using data from the Medical Quality Assurance Commission, the department confirmed that all three key staff hold an active state license and have no conditions or limits on their license with no enforcement actions.

For this sub-criterion, the department considered the total compliance history of Prosser Memorial Health and two of its rural health clinics. The department also considered the compliance history of the key staff of the hospital. Based on the information reviewed, the department concludes that Prosser Memorial Health is in compliance with applicable state and federal licensing and certification requirements. As a result, the department concludes there is reasonable assurance that the relocation of the hospital to a new site in Benton County would not have a negative effect on the hospital’s or health clinics’ compliance. **This sub-criterion is met.**

(4) The proposed project will promote continuity in the provision of health care, not result in an unwarranted fragmentation of services, and have an appropriate relationship to the service area’s existing health care system.

WAC 246-310 does not contain specific WAC 246-310-230(4) criteria as identified in WAC 246-310-200(2)(a)(i). There are also no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that directs how to measure unwarranted fragmentation of services or what types of relationships with a services area’s existing health care system should be for a project of this type and size. Therefore, using its experience and expertise the department assessed the materials in the application.

**Prosser Memorial Health**

In response to this sub-criterion, the applicant provided the following statements. [source: Application, pdf 27-281]

*“PMH works closely with most healthcare providers in Benton County as well as some in Franklin and Yakima Counties. These include but are not limited to:*

- Kadlec Medical Center
- Trios Health
- Lourdes Medical Center
- Amber Hills
- Sun Terrace Prosser
- Kennewick and Richland assisted living facilities

- Yakima Valley Memorial Hospital
- Life Care Center of Kennewick
- Regency Canyon Lakes Rehabilitation and Nursing Center
- Life Care Center of Richland
- Richland Rehabilitation Center
- Prestige Care & Rehabilitation – Sunnyside
- Other Yakima County nursing homes, if needed
- Yakima Valley Farmworkers Clinics
- Tri-Cities Chaplaincy
- Heartlinks Hospice and Palliative Care
- Yakima HMA Home Health and Hospice
- Tri Cities Home Health
- Senior Life Resources Northwest
- Other specialty and primary care clinics

*No existing working relationships are expected to change as a result of this project.*

*This project proposes a replacement hospital. It is not proposing any new CN reviewable services or beds. PMH does and will continue to work closely with other providers throughout the Benton/Franklin County planning area (as well as adjacent Yakima County) to ensure that timely and seamless patient transitions occur. No changes to these working relationships are proposed with the replacement hospital.*

*PMH has a long track record of working closely with EMS (having operated the local EMS service for many years), other existing hospitals, and other health care systems throughout the Benton/Franklin Counties as well as adjacent Yakima County. PMH collaborates with area nursing homes, assisted living, adult family homes, home health, and hospice agencies as well as outpatient providers. PMH works closely with all these different entities as well as payers to assure care coordination, smooth transitions of care, and reduced rehospitalization and ED visits.”*

There were no public comments or rebuttal comments provided under this sub-criterion.

### **Department Evaluation**

As previously stated, the relocation of the hospital does not include reduction or increase in services currently provided. Information provided in the application demonstrates that Prosser Memorial Health is a well-established provider of healthcare services in Prosser and surrounding communities within Benton County. The relocation of the hospital is not expected to result in unwarranted fragmentation of services.

This evaluation also considers the letters of support provided for this project under the previous review criteria. The letters stress the importance of the hospital remaining operational and the limitations of the current site.

For these reasons, the department concludes that approval of this project would not result in unwarranted fragmentation of services in the planning area. **This sub-criterion is met.**

- (5) *There is reasonable assurance that the services to be provided through the proposed project will be provided in a manner that ensures safe and adequate care to the public to be served and in accord with applicable federal and state laws, rules, and regulations.*

### **Department Evaluation for Prosser Memorial Health**

This sub-criterion is addressed in sub-section (3) above and **is met.**

#### **D. Cost Containment (WAC 246-310-240)**

Based on the source information reviewed and agreement to the conditions identified in the conclusion section of this evaluation, the department determines that the Benton County Hospital District #1 application meets the applicable need criteria in WAC 246-310-240.

(1) Superior alternatives, in terms of cost, efficiency, or effectiveness, are not available or practicable.

To determine if a proposed project is the best alternative, in terms of cost, efficiency, or effectiveness, the department takes a multi-step approach. First the department determines if the application has met the other criteria of WAC 246-310-210 thru 230. If the project has failed to meet one or more of these criteria then the project cannot be considered to be the best alternative in terms of cost, efficiency, or effectiveness as a result the application would fail this sub-criterion.

If the project has met the applicable criteria in WAC 246-310-210 through 230 criteria, the department then assesses the other options considered by the applicant. If the department determines the proposed project is better or equal to other options considered by the applicant and the department has not identified any other better options, this criterion is determined to be met unless there are multiple applications.

#### **Prosser Memorial Health**

The hospital district provided the following statements under this sub-criterion. [source: Application, pdfs 29-30]

*“PMH began exploring different options for bringing the hospital into the 21st century by first exploring a renovation/expansion (beginning in 2014/2015) and both a renovation and replacement hospital option in 2017. Three options were considered, and these options included: 1) replace the current hospital; 2) renovate and/or build addition at the existing hospital and 3) do nothing—or stay at the current site with no significant expansion.*

*Given the age and condition of the existing hospital, doing nothing would further exacerbate the challenges and limitations of the building. It would not improve patient care and would likely result in increasing patient dissatisfaction. Building an addition would provide for a wing of private patient rooms (14-15 were estimated to be able to be constructed) but would result in decreased parking and elimination of the less than adequate materials management dock area. This option would also not address all the aging building concerns and would be disruptive to patient care and would not provide any expansion opportunities for ancillary departments or meeting and conference room space for staff and the community. A new wing and reduced parking space were determined to be a short term ‘fix’ that was, frankly, inadequate, in many respects.*

*The selected option, to build a replacement hospital, was determined to be the solution needed to bring PMH’s options up to today’s standards (single patient rooms, expansion of facilities, etc.) and was also determined to be the least disruptive to patient care.”*

The district also provided an analysis of alternatives it considered and any rationale for rejection of alternatives. The table below is a summary of the applicant’s information.[source: Application, pdf 30]

**Department's Table 13**  
**Summary of Applicant's Advantages and Disadvantages Analysis**

<b>Criteria Considered in Applicant's Analysis</b>	<b>Build A Replacement Hospital (the project)</b>	<b>Add an Addition &amp; Renovate Existing Building</b>	<b>No Action</b>
<i><b>Patient Access to Healthcare Services</b></i>	<i>Provides PMH patients with a state-of-the-art hospital that meets today's requirements for private room bed capacity. Allow PMH to grow services; thus, increasing access for our community.</i>	<i>Provides some improvement in access with 14-15 private rooms. But does not provide the same array of services/facility that are available with the replacement hospital. Nor does it address space limitations in existing ancillary and support departments. Access likely impacted during construction.</i>	<i>PMH would still have an older building in need of repairs. Patient access increasingly compromised</i>
<i><b>Capital Costs</b></i>	<i>Highest capital cost in 2021-2023 timeframe</i>	<i>Lower initial capital costs than replacement hospital but because this is viewed as short term fix, will have highest long-term costs. Option did not include bringing entire building up to code.</i>	<i>Not applicable</i>
<i><b>Staffing Impact</b></i>	<i>The replacement hospital and expected growth in demand will require incremental staffing. Because this is a replacement hospital, growth in staffing is minimal (assumed to be about 11%).</i>	<i>Does not address the inefficiencies in areas beyond the new private patient room wing.</i>	<i>Even without the project, new staff may be needed if census grows.</i>
<i><b>Quality of Care</b></i>	<i>Increase in private rooms supports best practice.</i>	<i>Increase in private rooms supports best practice. Does not address needs beyond inpatient wing.</i>	<i>Quality of care may be impacted with continuation of semi-private rooms and insufficiencies of existing building</i>
<i><b>Cost or Operational Efficiency</b></i>	<i>Cost per patient day will increase due to the higher capital costs. Operational efficiencies expected with reduced energy costs and decreased maintenance costs.</i>	<i>Cost per patient day likely to increase with higher capital costs. Limited opportunity to gain operating efficiencies. Increased cost for ongoing repair and maintenance of existing building.</i>	<i>No opportunity to improve operational efficiency; operational costs and/or inefficiencies likely to increase because of limitations of existing physical building.</i>
<i><b>Legal</b></i>	<i>Per the Program's DOR response of January 13, 2021 requires CN. This determination is inconsistent with past practice and is being challenged by PMH</i>	<i>None</i>	<i>Not applicable</i>

There were no public comments or rebuttal comments provided under this sub-criterion.



### **Department Evaluation**

Based on the age and condition of the existing hospital, the department did not identify any alternatives that were superior in terms of cost, efficiency, or effectiveness that is available or practicable for this project. Considering the hospital's necessary role as a healthcare provider in Prosser and surrounding communities within Benton County, the department concludes that this project is reasonable and the best available option for the planning area and surrounding communities. **This sub-criterion is met.**

(2) *In the case of a project involving construction:*

(a) *The costs, scope, and methods of construction and energy conservation are reasonable;*

(b) *The project will not have an unreasonable impact on the costs and charges to the public of providing health services by other persons.*

### **Prosser Memorial Health**

The applicant provided the following statements under this sub-criterion. [source: Application, pdf 31]

*"Throughout the programming and design phases for the project, PMH's new hospital team worked diligently to question and confirm the efficiency of all proposed program areas. Programs and plans for similar types of Critical Access facilities were used to design a facility that was sufficiently sized to meet the needs of the community for the foreseeable future. If future growth is required, the primary departments have been arranged in a manner that will promote exterior expansion(s), rather than including the construction of any additional area or shell spaces. The only exception to this is in the surgery department, where, given the sensitive location, one shelled operating room space has been provided.*

*As the project has moved into the later design and construction document phases, and in order to control construction costs, under the guidance of Washington State Statute RCW 39.10, the PMH team applied for and was granted the ability to utilize a GCCM method of project delivery. This delivery method allows for the addition of a construction manager to the team. From design development on, a local construction resource (Graham Construction) has been providing realtime cost and constructability input to ensure that the design and systems for the facility remain economical and within the boundaries provided by the potential USDA funding program. The team has developed both target systems and values to track construction costs so that there are no inconsistencies or escalations in the budget when final pricing is agreed to. The team is also utilizing the resource of an independent estimator to review and confirm pricing quantities and values.*

*Regarding energy conservation, the team is working under the most current state and federal requirements and has chosen to proceed with an 'all electric' facility in support of the State of Washington's recent declaration that all new construction will be required to be 'carbon neutral' by 2030, or just six years after the proposed completion date. This decision also negates the need to extend a natural gas line to the site at an estimated cost of over \$350,000. All new systems will be high-efficiency, all lighting will be LED with control systems to minimize usage, and the team will have the input of a third party commissioning agent to provide peer review of the proposed mechanical, electric, and plumbing systems design."*

There were no public comments or rebuttal comments provided under this sub-criterion.

### **Department Evaluation**

To assist in this evaluation, HFCCP also reviewed the capital costs under this sub-criterion and provided the following conclusions. [source: October 21, 2021, HFCCP analysis, pdf 6]

*"The costs shown are within range of recent construction costs reviewed by this office. The most recent similar project reviewed, Prosser Memorial Health, had a per-unit cost approximately 16% higher than Prosser's cost. Also, construction cost can vary quite a bit due to type of construction, quality of material, custom vs. standard design, building site and other factors. Prosser will design the facility to the latest energy and hospital standards. Staff is satisfied the applicant plans are appropriate.*

*Staff is satisfied that replacing the existing hospital in order to better serve the area, and at a cost lower than renovating the existing facility, should not have an unreasonable impact of the costs and charges to the public of providing services by other persons. This criterion is satisfied.”*

As stated in this evaluation, documentation provided in the application, including public comments, demonstrates that the hospital is an integral part of the existing healthcare system for Prosser and surrounding areas. The HFCCP review also concludes that this project is not expected to have an unreasonable impact on the costs and charges to the public. For these reasons, the department concludes **this sub-criterion is met.**

- (3) *The project will involve appropriate improvements or innovations in the financing and delivery of health services which foster cost containment and which promote quality assurance and cost effectiveness.*

### **Prosser Memorial Health**

The applicant provided the following statements under this sub-criterion. [source: Application, pdf 32]

*“PMH expects that the replacement hospital will promote quality assurance by having an up to date facility capable of providing a level of care appropriate for a facility of its size in today’s health care environment. While a significant capital expenditure is needed to build the replacement hospital, over time, it is anticipated that the cost per patient day will decrease due to the efficiencies of the new building. PMH will not have to invest resources into repairing an aging facility that will not offer any improvements in operational costs. The replacement hospital is expected to increase patient satisfaction and quality of care while continuing to allow service area residents to receive care closer to home. Finally, the replacement hospital will provide PMH with the ability to expand the replacement hospital as needed in the future.”*

### **Public Comments**

Of the seven letters of support, two focused on this sub-criterion. Excerpts from the letters of support are below.

#### **Merry Fuller, MSN, RN, Prosser Memorial Health Chief Nursing Officer and Chief Operating Officer**

*“I serve as both the Chief Nursing Officer and the Chief Operating Officer at Prosser Memorial Health (PMH). While PMH has served our growing community well over the past decades, I witness the daily challenges of working in an aging and undersized hospital: patients and staff share corridors with the public; certain departments are undersized; we lack the space for staff to coordinate during shift changes; many areas are required to limit families because of space; and inefficiencies in staffing result because of the physical layout.*

*Our proposed replacement hospital was designed not only to eliminate the current square footage deficits and the lack of privacy and inefficiencies we currently experience, but also to build in attributes that support quality and that support our caregivers, thereby also supporting the patient experience and outcomes. Research has documented the link between the physical environment of a hospital ( e.g., single-bed or multiple-bed patient rooms) and patient ( e.g., fewer adverse events and better health care quality) and caregiver outcomes ( e.g., reduced stress and fatigue and increased effectiveness in delivering care).*

*The new design places emphasis on patient-centeredness, safety, infection control and overall efficiency. The replacement hospital is a win for the community. Please feel free to contact me with any questions.”*

#### **Brian Sollers, DO, Prosser Memorial Health Chief Medical Officer**

*“I am an obstetric provider in Prosser, Chief of Surgery and also serve as the Chief Medical Officer (CMO) for Prosser Memorial Health (PMH). I have been at PMH for more than 8 years and have had affiliations in the Tri-Cities where there were a number of hospital choices, and if one hospital was full or otherwise at capacity, patients could easily use another option. In contrast, here in the western end of Benton County, PMH serves as the health care hub for our growing, diverse community.*

*The current PMH hospital building is undersized for today's patient volumes, and because several portions are more than 40-50 years old, remodeling or expanding to accommodate new technologies is costly, disruptive and time-consuming. A number of the inpatient areas are small and crowded. Finding space to meet privately with patients and their families is a near impossibility. In addition, and after being in the Hospital almost daily over the past 18 months, I can attest to the challenges in providing the socially distanced space needed to keep both patients and staff safe.*

*The bottom line is that the hospital has reached the end of its useful life, and the Board of Commissioners and Leadership team has developed a plan for a replacement facility that has been vetted extensively by the medical staff and the community. I have personally sat on this planning committee since the start and I have a deep vetted interest in Prosser. I currently sit as the President of the Prosser Economic Development committee and know how important adequate and excellent health care is in need here in Prosser. The plan will assure that PMH can continue to meet the needs of the community for decades to come. I offer my full support for this project.*

*On behalf of my patients, I thank you for your attention to this important project.”*

### **Department Evaluation**

To assist in this evaluation, HFCCP also reviewed the capital costs under this sub-criterion and provided the following conclusions. [source: October 21, 2021, HFCCP analysis, pdf 7]

*“Staff is satisfied that the financing methods proposed by Prosser are appropriate and the new building should better accommodate current healthcare delivery methods than the older facility.”*

As stated in this evaluation, documentation provided in the application, including public comments, demonstrates that the hospital is an integral part of the existing healthcare system for Prosser and surrounding areas. Focusing on new construction and equipment, staff concludes that the new hospital would have the ability incorporate any technology and physical plant improvements for the new hospital. For these reasons, the department concludes **this sub-criterion is met.**

November 10, 2021

Eric Hernandez, Program Manager  
Certificate of Need Program  
Department of Health  
111 Israel Road Southeast  
Tumwater, WA 98501  
Via email:  
[FSLCON@DOH.WA.GOV](mailto:FSLCON@DOH.WA.GOV); [eric.hernandez@doh.wa.gov](mailto:eric.hernandez@doh.wa.gov)

Dear Mr. Hernandez:

Please accept this correspondence as Benton County Hospital District #1's (the District) acceptance to the terms and conditions included in the Department of Health's November 4, 2021, letter regarding its intent issue a certificate of need for the replacement hospital. The letter included one term, which is restated below:

*Once Benton County Hospital District #1 provides the Certificate of Need Program with a copy of a determination of non-significance or final environmental impact statement pertaining to the site for the hospital, a Certificate of Need will be issued for the project with the following conditions.*

The District agrees to the term. In addition to this term, the letter also required that the District agree to the Project Description and Conditions restated below, which we do:

**Project Description:**

This certificate approves the relocation of Prosser Memorial Health to a new site in Benton County. The address of the new site has not yet been assigned. Three separate parcel numbers are identified in the application and have been relied upon for this review. The parcel numbers are identified on the Benton County Assessor website and listed below:

135942000010000

135942000011000

135942000012000

Benton County Hospital District #1 states that the following factors will remain with the relocation:

- 25 beds (no change in the licensed bed capacity);
- Prosser Memorial Health will continue to operate at a Critical Access Hospital;
- Prosser Memorial Health will operate with the same Medicare and Medicaid provider numbers;
- No addition of tertiary or other Certificate of Need reviewable services;
- No change in the planning area; and
- The existing hospital will close as an acute care hospital once the replacement hospital opens.

**Conditions:**

1. Approval of the project description as stated above. Benton County Hospital District #1 further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
2. Prosser Memorial Health will provide charity care in compliance with its charity care policies reviewed and approved by the Department of Health, or any subsequent policies reviewed and approved by the Department of Health. Prosser Memorial Health will use reasonable efforts to provide charity care in an amount comparable to or exceeding the average amount of charity care provided by hospitals in the Central Region. Currently, this amount is 1.30% of gross revenue and 3.79% of adjusted revenue. Prosser Memorial Health will maintain records of charity care applications received and the dollar amount of charity care discounts granted. The department requires these records to be available upon request.
3. Prosser Memorial Health has completed its requirement by submitting its updated charity care policy to Department of Health for review and posting to the Department of Health website. Prosser Memorial Health will notify the Certificate of Need Program when the January 13, 2021, Charity Care Policy is approved by DOH's Hospital Financial/Charity Care Program.
4. Benton County Hospital District #1 will finance this project as described in the application.

**Approved Costs:**

The approved capital expenditure associated with the relocation of Prosser Memorial Health is \$64,707,545, which includes costs for land purchase, construction and fixed equipment, moveable equipment, associated fees, and taxes.

I want to take this opportunity to thank you and your staff for a professional and timely review. Please contact me with any questions.

Sincerely,

Craig Marks,  
CEO

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# Summary of Responses to Request for Terms

Prepared for **Prosser Memorial Health**



**Prosser**  
Memorial Health

**Keith Kleven**

MANAGING DIRECTOR

Tel: (612) 303-6508

Email: keith.kleven@psc.com

**Todd Van Deventer**

MANAGING DIRECTOR

Tel: (913) 345-3352

Email: todd.vandeventer@psc.com

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## Dual-Track Approach

- In an effort to secure the lowest cost of capital on the interim financing for the District, Piper Sandler and G.L. Hicks Financial ran a dual-track approach where bids for the interim financing would be solicited from banks under a private placement process and if none of the bids were satisfactory then the financing would pivot to a public offering.
- Over the last couple of months, Piper Sandler and G.L. Hicks Financial worked with the District to create the Request for Terms (“RFT”) document which summarized the financing and provided an overview of the District and its financial performance.
- The RFT was sent to prospective lenders on October 22.
- This presentation summarizes the results of the private placement solicitation process.

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## Overview of Solicitation Process

- The RFT was sent to 64 financial institutions requesting funding for an interim construction loan.
- Western Alliance submitted a proposal and Greater Nevada Credit Union is expected to provide a proposal.
- Western Alliance proposed an indicative 2.77% fixed interest rate with a drawdown feature. Western Alliance also provided an indicative variable rate of 2.25%.
- The following pages review the rate and terms provided in the Western Alliance proposal and compares it to a public Bond Anticipation Note offering.



## Comparison of Financing Economics\*

- Shown below is an analysis comparing the Western Alliance proposed indicative drawdown fixed rate of 2.77% against a Bond Anticipation Note offering with either a MIG-2 or MIG-3 rating.
  - The indicative rate is subject to change based on market conditions until the rate is locked.
  - Bond Anticipation Notes can be rated MIG-1, MIG-2, or MIG-3 by Moody's.
- The analysis below assumes a closing in February 2022 and a project draw schedule through March 2024.
- Includes estimated costs of issuance. The all-in cost listed below includes the cost of issuance in the rate.

	Western Alliance Proposal	MIG-2 Rating	MIG-3 Rating
Principal Amount	\$57,165,000	\$57,520,000	\$58,300,000
Final Maturity	9/1/2024	9/1/2024	9/1/2024
Interest Rate	2.77%	2.00%	2.50%
Imputed Interest Rate	1.72%	2.00%	2.50%
All-In Cost	2.20%	2.44%	2.94%
Interest Expense	\$2,481,795	\$2,901,564	\$3,676,139

\* Preliminary, subject to change.

## Western Alliance Proposal

	Western Alliance Proposal
<b>Amount:</b>	\$57.500MM
<b>Interest Rates* and Pricing:</b>	Fixed Rate: 2.77% Variable Rate: 79% x (Ameribor + 2.75%) = 2.25%; resets monthly
<b>Rate Lock:</b>	Fixed Rate can be locked within 30 days of closing Variable Rate can be locked within 14 day of closing
<b>Prepayment:</b>	Prepayable at par beginning on March 1, 2023
<b>Commitment Fee:</b>	0.25% of Par Amount
<b>Ancillary Business:</b>	None
<b>Default Rate:</b>	Not discussed
<b>Financial Covenants:</b>	DSCR of 1.25x (tested at FYE) DCOH not less than 60 days (tested at FYE) Obtain written consent from USDA and the Lender for additional debt
<b>Reporting Covenants:</b>	Audited financials within 9 mos of FYE Operating budget within 1 mo of adoption Quarterly financials within 45 day of quarter end Monthly construction progress reports on the 15th of each month
<b>Other:</b>	Lender's counsel: Stradling Yocca Carlson & Rauth; capped at \$20,000

\*Preliminary, subject to change.

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## Next Steps

- Piper Sandler to provide updated analysis comparing the financing options based on the terms provided by Greater Nevada Credit Union.
- Piper Sandler to engage Western Alliance and Greater Nevada in discussion over term sheets.
- Piper Sandler to provide an update to the analysis, including any revised terms, to the District based on the conversations with the two institutions.
- The District decides to move forward with the private placement or pivot to a public offering of Bond Anticipation Notes.

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## Disclosure

Piper Sandler is providing the information contained herein for discussion purposes only in anticipation of being engaged to serve as underwriter or placement agent on a future transaction and not as a financial advisor or municipal advisor. In providing the information contained herein, Piper Sandler is not recommending an action to you and the information provided herein is not intended to be and should not be construed as a “recommendation” or “advice” within the meaning of Section 15B of the Securities Exchange Act of 1934. Piper Sandler is not acting as an advisor to you and does not owe a fiduciary duty pursuant to Section 15B of the Exchange Act or under any state law to you with respect to the information and material contained in this communication. As an underwriter or placement agent, Piper Sandler’s primary role is to purchase or arrange for the placement of securities with a view to distribution in an arm’s-length commercial transaction, is acting for its own interests and has financial and other interests that differ from your interests. You should discuss any information and material contained in this communication with any and all internal or external advisors and experts that you deem appropriate before acting on this information or material.

The information contained herein may include hypothetical interest rates or interest rate savings for a potential refunding. Interest rates used herein take into consideration conditions in today’s market and other factual information such as credit rating, geographic location and market sector. Interest rates described herein should not be viewed as rates that Piper Sandler expects to achieve for you should we be selected to act as your underwriter or placement agent. Information about interest rates and terms for SLGs is based on current publically available information and treasury or agency rates for open-market escrows are based on current market interest rates for these types of credits and should not be seen as costs or rates that Piper Sandler could achieve for you should we be selected to act as your underwriter or placement agent. More particularized information and analysis may be provided after you have engaged Piper Sandler as an underwriter or placement agent or under certain other exceptions as describe in the Section 15B of the Exchange Act.

November 9, 2021

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

Mr. Todd C. Van Deventer  
Piper Sandler & Co.  
11635 Rosewood Street  
Leawood, Kansas 66211  
[todd.vandeventer@psc.com](mailto:todd.vandeventer@psc.com)

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

Gentlemen:

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


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

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

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

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

  
Monika E. Suarez  
Managing Director

  
Joshua J. Lentz  
Senior Vice President

### PROPOSED LENDING PARAMETERS

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

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

- Interest Payments:** Monthly interest payments, commencing on the first day of the month after closing. Capitalized interest to be drawn each month and funded into the Interest Fund based on outstanding balance on the Construction Loan. Interest on the Hospital Revenue Construction Loan is to be computed on the basis of a year comprised of 360 days, consisting of twelve (12) months with thirty (30) days.
- Principal Payments:** Principal due in full and payable on September 1, 2024.
- Interest Rate Pricing:**
- Fixed Interest Rate:**  
The Construction Loan will be made without original issue discount or premium and will bear a fixed rate of interest based on the following formula assuming a 2.5 year weighted average maturity:  
79% of sum of the 2-Year USD Semi-Annual Interest Rate Swap Rate (~ 0.62%) plus 2.89% (tax-exempt fixed rate) ~ **2.77%**.  
The fixed interest rate may be locked no earlier than 30 days prior to closing of the Construction Loan following all necessary approvals.
- Variable Interest Rate:**  
The Construction Loan will be made without original issue discount or premium and will bear a variable rate of interest to be reset each month based on the following formula:  
79% of sum of the American Interbank Offered Rate (“Ameribor”) Term 30 Days (~ 0.10112%) plus 2.75% (tax-exempt fixed rate) ~ **2.25%**.  
The Variable interest rate may be locked no earlier than two (2) weeks prior to closing of the Construction Loan following all necessary approvals.
- Reserve Requirement:** Not required for the Construction Loan.
- Prepayment Provisions:** The Construction Loan may be prepaid from proceeds of the USDA Direct Loans, at the option of the Borrower, in whole, or in part, on any date on or after March 1, 2023, at par, plus accrued interest to the date of prepayment, without premium.
- Security:** The Construction Loan is an obligation of the Borrower payable from the future proceeds of the USDA Direct Loans and net revenues of the Borrower and any other legally available moneys of the Borrower authorized for such use under the authorizing resolution of the Borrower with evidence of perfection of lien securing the Construction Loan and satisfactory to the Lender and Lender’s Counsel.

**Bancontrol Accounts:** In connection with the financing of the Construction Loan, there shall be established with Western Alliance Bank (the “Bank”) the following Hospital Revenue Bancontrol Accounts (the “Bancontrol Accounts”):

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

The Bancontrol Accounts will be held in money market accounts.

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

**Loan Draws:** Up to and including August 31, 2024, the Borrower may request disbursements from the Construction Loan on the last business day of the month pursuant to a projected draw schedule delivered at closing. Advances will be made to the Borrower upon review and approval of Project costs by the USDA and delivery to the Lender of any applicable lien waivers associated with the Project. Advances will be deposited and requested from the Construction Fund. Each request shall be delivered to the Lender 10 days prior to the last business day of the month.

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

**Additional Debt:** The Borrower shall not incur any additional debt, regardless of lien priority or source of payment, without first obtaining the written consent of the USDA and the Bank and providing evidence that it could afford the additional debt.

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

**Financial Covenants:** **Debt Service Coverage Ratio:** 1.25x (pari-passu with the USDA Letter of Conditions);  
**Days Cash on Hand:** No less than 60 days (pari-passu with the USDA Letter of Conditions);  
**Additional Parity Debt:** The Borrower shall not issue any Additional Parity Debt, regardless of lien priority or source of payment, without first obtaining the written consent of the USDA and the Lender.  
Covenants to be tested annually at fiscal year-end commencing with fiscal year-end 2022.



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

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

- Documentation:** Bond Counsel will prepare all of the legal documentation, which will contain customary affirmative and negative covenants as well as usual representations and warranties for like situated borrowers acceptable to the Lender. Events of Default shall include those that are deemed standard and customary for transactions of this nature all of which shall be subject to satisfactory review by the Lender.

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

- Loan Treatment:** The Lender will book the Construction Loan as loans, and, therefore, the Construction Loan will be made under the following conditions:
- 1) the Construction Loan shall not be registered or otherwise qualified for sale under the “Blue Sky” laws;
  - 2) the Lender will satisfy the requirements of Municipal Securities Rulemaking Board Rule G-34(a)(i)(F), such that no CUSIP numbers will be obtained for the Construction Loan(See “Assignment and Participation” herein);
  - 3) no official statement or similar offering document has been prepared in connection with the private placement of the Construction Loan;
  - 4) the Construction Loan will not settle through the DTC or any similar repository and will not be in book entry form; and
  - 5) the Lender will sign a letter of representations in a form acceptable to Lender’s Counsel and Bond Counsel.
- Fees Due at Closing:** The Borrower shall be obligated to pay all delivery costs, including legal fees of the Lender’s Counsel. The Lender’s Counsel fee shall not exceed \$20,000.
- Bond Counsel:** Foster Garvey, P.C. / Seattle, Washington
- Lender’s Counsel:** Stradling Yocca Carlson & Rauth, a Professional Corporation / Seattle, Washington
- Placement Agent:** Piper Sandler & Co. / Minneapolis, Minnesota
- Municipal Advisor:** G.L. Hicks Financial, LLC / Orem, Utah
- Origination Fee:** 25 basis points of the commitment amount of the Construction Loan. No termination or other ongoing fees.
- Ancillary Business Requirements:** No requirements.
- Estimated Closing Date:** On or around February 23, 2022

**No Fiduciary Relationship:**

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

The District will acknowledge and agree that:

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

**Reporting Requirements:**

**Annual Reporting Requirements.**

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

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

**Quarterly Reporting Requirements.**

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

**Monthly Reporting Requirements.**

The Borrower will provide the Lender with monthly construction progress reports. Monthly construction progress reports shall be available on or around the 15<sup>th</sup> day of each month.

**Other.**

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

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

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

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

**ACCEPTED AND AGREED TO:**

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

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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



568 1st Avenue S. #400 | Seattle, WA | 98104 | P: 206-729-8844 | F: 206-729-8845

October 15, 2021

NV5

Paul Kramer & Adam Trumbour  
2420 West 26<sup>th</sup> Ave, Suite D360  
Denver, CO 80211

Subject: Early procurement for PMH

Paul and Adam,

Following up on our conversations this month, Graham and bcdg have coordinated two (2) early bid packages; 1. Metal joist and deck (supply only) and 2. Pneumatic Tube. As we have discussed, the material lead times for metal joists and metal deck are such that we need to make commitments in November 2021 to have the new hospital dried in by this time next year. The Pneumatic Tube scope requires significant coordination with the design team to ensure proper space is allocated to the system. Our goal is to procure that sub-contractor early to begin the coordination process ahead of construction beginning.

Based on preliminary feedback from joist and deck suppliers, the cost of the materials is not due until materials are delivered to the job site. Currently that is scheduled for Summer 2022. However, by entering into an agreement (November 2021) we would incur a 15% cancellation fee in the event we had to cancel the order. We anticipate that to be approximate \$120,000. Once the joists and deck go into production, the entire contract amount would be due in the event we had to cancel the order. Production would likely start in Spring 2022.

The pneumatic tube scope would have an upfront design, engineer, and coordination fee. The cost of construction would not be incurred until work was in place on site. To mitigate the financial risk in early procurement, Graham is asking bidders to separate the upfront engineering costs from the construction costs and will execute an initial sub-contract for the engineering costs only. This is like our preconstruction agreement and (pending) construction agreement. We anticipate a total cost of \$385,000 and an upfront engineering fee around \$40,000 - \$50,000.

Graham is planning to use the 90% CD set provided by bcdg and their consultants to procure these two early packages. That set is planned to be issued on October 22, 2021. Here are key dates for this early procurement:

Advertisement for bid: 10.18.21  
90% CDs published 10.22.21  
Bid documents published 10.25.21  
Bidder questions due 10.29.21  
Addenda published 11.4.21  
Bids due (at 1:00pm pst) 11.9.21

Graham is planning to receive and open bids publicly at the Spokane Office. We will live stream the opening in the event bidders have elected to mail their bids to our office. Once we have the apparent low, responsible, bidders in hand, we can evaluate the numbers and recommend award of these two packages to the Board during the November board meeting.

Spokane,



Chris Colley, RA

Pre-Construction Project Manager



Prosser Memorial Health Replacement Hospital  
**BID PACKAGE 1**

Graham Construction & Management, Inc.  
 12439 E. Pinecroft Ave, Suite 102  
 Spokane, Washington 99216

Date: 11/10/21

# Joist & Deck (Supply Only)

Company Name	ProSteel, Inc.	Tombari		Budget
Base Bid Amount		\$ 649,750.00		\$ 735,000.00
Addendum 1		Yes		
Bid Bond		Yes		
Signed		Yes		





Prosser Memorial Health Replacement Hospital  
**BID PACKAGE 2**

Graham Construction & Management, Inc.  
 12439 E. Pinecroft Ave, Suite 102  
 Spokane, Washington 99216

Date: 11/10/21

# Pneumatic Tube

Company Name	Trans Logic Corp DBA Swisslog	Trans-vac Systems LLC	Pevco		Budget Value
Base Bid Amount	\$ 319,000.00	\$ 395,000.00	\$ 327,200.00		\$ 400,000.00
Add Alternate 1	-	3,750.00	-		
Addendum 1	Yes	Yes	Yes		
Bid Bond	Yes	Yes	Yes		
Signed	Yes	Yes	Yes		



## Specialty Clinic GI Services 2022 - Capital Requests and Minor Equipment

<b>Medtronic</b>	PillCam Recorder	\$ 4,495.00
	Software PillCam V9 US	\$ 2,000.00
	PillCam Recorder Cradle	\$ 955.00
	PillCam Recorder Accessories	\$ 1,045.00
	Recorder Service Plan (3 Year)	\$ 4,000.00
	Recorder Accessories- AccessDR3	\$ 55.00
	Estimated Freight	\$ 39.28
	<b>Total Amount</b>	<b>\$12,589.28</b>
<b>Provation Apex</b>	Professional Services (One-Time Fees)	\$26,405.00
	<b>Total Amount</b>	<b>\$ 26,405.00</b>
	<b>Total Clinic Request Amount</b>	<b>\$ 38,994.28</b>

## Surgery Center GI Services 2022 - Capital Requests and Minor Equipment

<b>Erbe</b>	Argon Plasma Coagulation Unit	\$ 16,995.00
	Pressure Reducer w/ Sensor	\$ 999.00
	Gas Tank-Full 40 cu ft Capacity 99.998% pure	\$ 399.00
	Electrosurgical Unit	\$ 39,990.00
	Cart w/ footswitch, cable wrap tank fixation kit	\$ 3,595.00
	Cart Wire Basket	\$ 149.00
	Side Rail	\$ 109.95
	Fastening Set	\$ 99.95
	One Pedal Foot Switch	\$ 699.00
	Two Pedal Foot Switch	\$ 2,398.00
	Monopolar Cables	\$ 1,199.60
	Extended Warranty (20% discount at time of purchase)	\$ 5,428.00
		<b>Total Amount</b>
<b>Olympus</b>	(4) SLIM Colonoscope w/ Dual Focus NBI Scopes	\$185,038.08
	<b>Total Amount</b>	<b>\$185,038.08</b>
	<b>Total Surgery Request Amount</b>	<b>\$257,099.58</b>

<b>Grand Total for GI Services</b>	<b>\$ 296,093.86</b>
------------------------------------	----------------------



# 5th Annual Veterans Day Breakfast

For Veterans & Their Families

**Nov. 11, 7-10am**  
at Prosser Memorial Hospital



**DEDICATION & HONOR**  
*a tradition of caring...*

Prosser Memorial Health will host their annual Veterans Day Breakfast, Thursday, November 11th from 7:00am to 10:00am at Prosser Memorial Hospital. Veterans and their families can drive-through the Prosser Memorial Hospital campus and pick up complimentary hot to-go breakfasts, coffee, and pastries. An appreciation gift will be provided to Veterans.

For more information, please call Shannon Hitchcock with Community Relations at 509.786.6601.



**Prosser**  
Memorial Health

[ProsserHealth.org](http://ProsserHealth.org)



# ★ ★ Thank You ★ ★



Annabelle



Christopher



Coral



Geneva



Hollie



Jennifer



Jesse



Kimberly



Maria Elena



Paul



Philip



Steve



Thomas H.



Thomas T.



Timothy



Prosser Memorial Health would like to thank our dedicated staff for their service to our country and community this Veterans Day and every day

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

Data pulled: 11.9.21 mf

Survey Group	2021 Goal	Oct 2021	# Of Surveys	YTD 2021	# Of Surveys	Patient Survey Comments	
Emergency Depart.	>81.4%	81.25	79	83.23	243	"The overall visit was better than I could have imagined. All staff were great and should be commended on the work they do. They treated me as a person, not just a patient, and I am grateful to them for that."	
HCAHPS-Inpatient	>87.9%	92.86	51	93.37	147	"Prosser Memorial is my 1 <sup>st</sup> option always! I love how well they care for patients."	
Acute Care	>84.1%	91.67	9	92.14	70	"Your nurses are angels. Fast. Gave good answers. I loved your doctors, outstanding... You have the best hospital and staff!"	
Family Birthplace	>92.3%	93.18	11	94.71	53	"Nurses always made sure I was well taken care of."	
Out-Patient Surgery	>87.3%	91.67	12	95.16	31	"The staff before and after were very polite, happy, great!"	
Clinic Network	>87.3%	92.46	63	90.53	549	"Great experience. Friendly, helpful, cheerful, caring, professional, did a good job."	
Out-Patient Services	>88.4%	94.83	29	93.45	466	"I've been coming for care for over a year (for a couple different problems) and always had excellent care."	
	2020 Goal	YTD Score	Equation			<b>*Composite score based on 2020 departmental revenue contributions</b>	
<b>Composite Score</b>	86.62%		ED	0.12x	83.23	9.99	ED: 12%
			IP	0.17x	93.37	15.87	IP: 17%
			OR	0.21x	95.16	20.08	OP-Surgery: 21%
			OP	0.11x	90.53	9.96	Clinic: 11%
			OP	0.39x	93.45	36.45	Outpatient: 39%
			TOTAL			<b>92.35%</b>	

Facility Scorecard\_Department\_ Filter: Mean Last Month\_Overall assessment\_Likelihood of recommending

# Coaching Continuum

Setting Performance Expectations (SPE)	Coaching for Success (CFS)	Coaching for Improvement (CFI)	Managing Performance Problems (MPP)	Formal Corrective Action
<ul style="list-style-type: none"> <li>For supporting new employees or existing employees <u>who transfer</u> into the department or new a job</li> <li>Consider using the discussion planner</li> <li>Use balanced seeking and telling approach</li> <li>Discussion Planner is kept in Mgr. Desk File</li> <li>Not part of the Formal Corrective Action Process</li> </ul>	<ul style="list-style-type: none"> <li>For supporting employees taking on new or challenging roles or assignments</li> <li>Consider using the discussion planner</li> <li>Use balanced seeking and telling approach – ask employee what’s needed for success</li> <li>Discussion Planner is kept in Mgr. Desk File</li> <li>Not part of the Formal Corrective Action Process</li> </ul>	<ul style="list-style-type: none"> <li>For making small performance / attitudinal corrections to help employees be successful</li> <li>Use discussion planner</li> <li>Contact your HR Business Partner for questions bargaining or difficult issues</li> <li>Use balanced telling and seeking approach – re-state expectations / accountabilities &amp; clarify any questions</li> <li>Not part of the Formal Corrective Action Process</li> <li>Discussion Planner is kept in Mgr. Desk File</li> </ul>	<ul style="list-style-type: none"> <li>Used for addressing reoccurring performance or attitudinal issues</li> <li>Use the discussion planner</li> <li>Consult Human Resources for coordination of Formal Corrective Action Policies &amp; applicable Union Contracts</li> <li>May require recognition of contractual or legal rights</li> <li>Use balanced telling and seeking approach – re-state expectations / accountabilities &amp; clarify any questions</li> <li>Discussion Planner is kept in Mgr. Desk File / Not part of the Formal Corrective Action Process</li> </ul>	<ul style="list-style-type: none"> <li>Used for addressing ongoing, chronic, habitual or egregious performance or attitudinal issues</li> <li>Before taking action, consult Human Resources for coordination with Formal Corrective Action Policies &amp; applicable Union Contracts</li> <li>Use PMH Specific Corrective Action Documents</li> <li>Use balanced telling and (where appropriate -seeking approach) – re-state expectations / accountabilities &amp; clarify any questions</li> <li>May require recognition of contractual or legal rights</li> <li>Corrective Action documents are kept in Employees’ Personnel File</li> </ul>
<p><b>Benefits to Doing:</b></p> <ul style="list-style-type: none"> <li>Promotes use of our Values</li> <li>It is <i>doing the right thing for the employee</i></li> <li>Promotes employee engagement</li> <li>Employee understands expectations</li> <li>Mgr. knows what employee needs</li> <li>Helps Mgr. remember discussion</li> </ul>	<p><b>Benefits to Doing:</b></p> <ul style="list-style-type: none"> <li>Promotes use of our Values</li> <li>It is <i>doing the right thing for the employee</i></li> <li>Promotes employee engagement</li> <li>Employee understands expectations</li> <li>Mgr. knows what employee needs</li> <li>Helps Mgr. remember discussion</li> </ul>	<p><b>Benefits to Doing:</b></p> <ul style="list-style-type: none"> <li>Promotes use of our Values</li> <li>It is <i>doing the right thing for the employee</i></li> <li>Employee understands expectations</li> <li>Mgr. knows what employee needs</li> <li>Helps Mgr. remember discussion</li> </ul>	<p><b>Benefits to Doing:</b></p> <ul style="list-style-type: none"> <li>Promotes use of our Values</li> <li>It is <i>doing the right thing for the employee</i></li> <li>Employee understands expectations</li> <li>Mgr. knows what employee needs</li> <li>Helps Mgr. remember discussion</li> </ul>	<p><b>Benefits to Doing:</b></p> <ul style="list-style-type: none"> <li>Promotes use of our Values</li> <li>It is <i>doing the right thing for the employee</i></li> <li>Employee understands expectations</li> <li>Mgr. knows what employee needs</li> <li>Helps Mgr. apply the process consistently &amp; fairly</li> <li>Prepares required step-by-step documentation</li> </ul>

**Craig Marks**

---

**From:** Bryon Dirkes  
**Sent:** Monday, November 08, 2021 2:00 PM  
**To:** Bryon Dirkes  
**Subject:** FW: Halloween Activities Contest Results:

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Congratulations to the top two winners from the:

- Halloween Chili contest (*with a total of 17 entries thank you everyone!*)
- Department Halloween Costume contest
- Individual Halloween Costume contest
- Pumpkin Carving contest



<b>Chili Contest</b>	
<b>Christine Rivero</b> (\$100 Amazon Card)	1 <sup>st</sup> Place
<b>Gaylyn Concienne</b> (\$50 Amazon Card)	2 <sup>nd</sup> Place

<b>Department Costumes</b>	
<b>Information Technology</b> (Department Pizza Party)	1 <sup>st</sup> Place
<b>Prosser Women's Health</b> (Department Pizza Party)	2 <sup>nd</sup> Place

<b>Individual Costumes</b>	
<b>Sara Dawson</b> (\$100 Amazon Card)	1 <sup>st</sup> Place
<b>Janie Gonzalez</b> (\$50 Amazon Card)	2 <sup>nd</sup> Place

<b>Pumpkin Contest</b>	
<b>Surgical Services</b> (Department Pizza Party)	1 <sup>st</sup> Place
<b>Acute Care</b> (Department Pizza Party)	2 <sup>nd</sup> Place

Thank you everyone for some great fun!

Bryon



# THE PULSE

PROSSER MEMORIAL HEALTH EMPLOYEE NEWSLETTER

NOVEMBER 2021

# News & Events

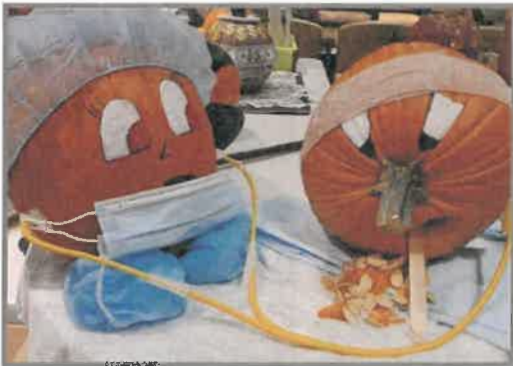
## Halloween Festivities

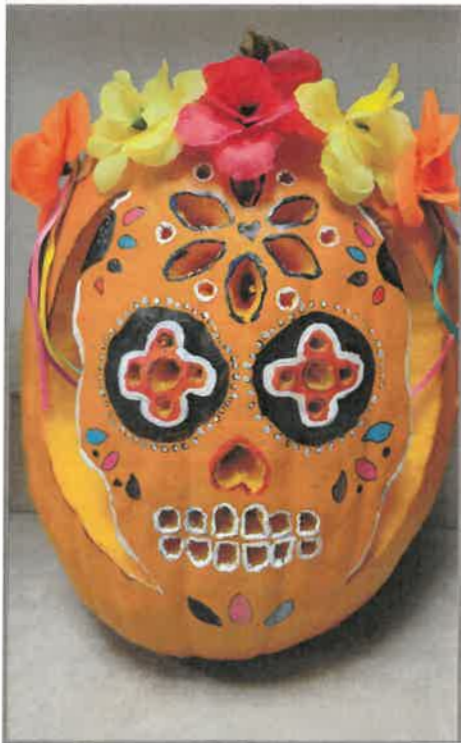




# News & Events

## Pumpkin Carving Contest





# News & Events Cont.

## Breast Cancer Awareness Month



## Health Resource Fair

Big shout out to Rosemary Mendoza, Kayla Campbell, and Molly Schutt from the Grandview Clinic for representing PMH at the Grandview School District drive-thru Health Resource Fair. They passed out goodies to more than 340 people braving the chilly weather. This amazing trio jumps up to help whenever we have a special project or event. Thank you!

# ASPIRE Awards



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



## Monique Saenz

Congratulations to Monique Saenz for receiving the Bronze ASPIRE Award! Monique stepped in to help at the front desk at the Prosser Clinic on a Saturday morning so the clinic could stay open and see patients. This was above and beyond her regular work schedule at the Specialty Clinic where she greets patients with her warm and welcoming smile during the week. Thank you Monique, because of you we were able to serve our community and take care of our patients on the weekend. [#ThisIsHowWeCare](#)



## Patients from the Orthopedic Center

Our team received an appreciative flower bouquet from patients at Prosser Orthopedic Center! Pictured: Denise Guillen and Thailee Wright.

# Anniversaries



## Happy 1 Year

- **Bryon Dirkes**  
Chief Human Resources Officer
- **Amber Guthrie**  
Nuclear Medicine Technologist
- **Melissa Pistoljevic**  
Benton City Clinic Director
- **Irish Zulita**  
Medical Technologist
- **Joshua Higgins**  
Laboratory Assistant II
- **Jeffery Tulee**  
Floor Care Technician
- **Evilin Perez**  
Medical/Surgical Technician
- **Kari Mendoza**  
CT Technologist-R
- **Jacqueline Villanueva**  
OR Technician
- **Kristen Redman**  
Medical/Surgical RN

## Happy 2 Years

- **Jill Pagel**  
Medical Social Worker
- **Meghan Luther**  
Laundry Worker
- **Andrea Moreno**  
Medical/Surgical Technician

## Happy 3 Years

- **Joshua Ammann**  
Paramedic

## Happy 5 Years

- **Maricela Rivera**  
Patient Registrar
- **Wellanie Bautista**  
Microbiologist

## Happy 6 Years

- **Phillip Braem**  
Senior Systems Analyst
- **Irene Chavez Castellanos**  
Medical/Surgical Technician
- **Iniguez Ivan**  
Medical/Surgical RN

## Happy 8 Years

- **Barbara Sawyer**  
Surgical Services RN
- **Nieva Glenn Pelobello**  
Medical Technologist
- **Thomas Norton**  
Help Desk Technician

## Happy 10 Years

- **Imelda Herrera**  
Prosser Clinic Patient Services Representative

## Happy 11 Years

- **Lorie Santoy**  
Prosser Specialty Clinic Surgery Scheduler Coordinator
- **Trudy Lewis**  
Cook

## Happy 12 Years

- **Verna Yoes**  
Certified Respiratory Therapist

## Happy 13 Years

- **Troy Bretthauer**  
CT Technologist - R

## Happy 14 Years

- **Susan Miklas**  
Laboratory Director/Infection Preventionist
- **Ernestina Salguero**  
Environmental Services Technician
- **Jennifer Kernan**  
Prosser Specialty Clinic Patient Services Representative
- **Mary Clark**  
Outpatient Special Procedures RN Wound Care

## Happy 23 Years

- **Mardi Dixon**  
Family Birthplace RN



# Birthdays

- **Ophelia Gonzalez**  
Benton City Clinic CMA
- **Dr. Thomas Tieu**  
Prosser Urology Center
- **Clara Bucio-Martinez**  
Emergency Department RN
- **Mary Castilleja**  
Patient Financial Services Clerical Support
- **Marla Davis**  
Medical/Surgical, OSP, Nurse Director
- **Denise Guillen**  
Prosser Orthopedic Center RN
- **Montessa Hendrix**  
Medical/Surgical CNA/Unit Secretary
- **Robyn Denny**  
Emergency Medical Services EMT-B
- **Hilda Campos**  
Outpatient Hospital Scheduler
- **Liz Conklin**  
Surgery Scheduler Coordinator
- **Gabriela Corona**  
Prosser Clinic CMA
- **David Rollins**  
Chief Financial Officer
- **Kirstine Perales**  
Family Birthplace OB Technician
- **Jessica Gonzalez**  
Patient Financial Services Collector
- **Alan McLaughlin**  
Medical/Surgical RN
- **Felicia Flores**  
Busy Bean/Gift Shop Coordinator
- **Maria Castro**  
Grandview Clinic CMA
- **Dr. Sharon Dietrich**  
Board Member
- **Dorien Garcia**  
Health Information Management Technician II
- **Genny Judkins**  
Director of Environmental Services
- **Rita Galvan**  
Surgery Scheduler Coordinator
- **Dorene Jones**  
Environmental Services
- **Nora Newhouse**  
Human Resources Generalist-Benefits
- **Philip Chong**  
Emergency Medical Services EMT-B
- **Robert Nagel**  
Medical/Surgical RN
- **Maria Del Rubi Rodriguez**  
Laboratory Assistant II
- **Jasmin Zepeda**  
Health Information Management Certified Coder
- **Sarah Glover**  
Grandview Clinic ARNP
- **Raquel McGraw**  
Laboratory QA QC Technologist
- **Andres Vanguardia**  
Groundskeeper



Free 20oz  
Busy Bean Coffee  
on your birthday!

# Welcome to the Team!



**From Left to Right:** Helen Burgard, Ryan Austin, Seirra Goble, Esperanza Lopez-Aviles, Vicki Acosta, Jomeca Escuyos, KeAndre Hardy, and Brianna Saenz

## What have you enjoyed about working at PMH so far?

**Esperanza Lopez-Aviles, Prosser Clinic Certified Medical Assistant:**

"I enjoy working with all my welcoming coworkers."

**Helen Burgard, Prosser Clinic Certified Medical Assistant:**

"Teamwork and how it feels like a family."

**Vicki Acosta, Nutrition Services Cook:**

"The work environment and kindness of all the staff members."

**Seirra Goble, Nutrition Services Cook:**

"So far it's a different environment than what I'm used to which is good. I appreciate how friendly HR and Administration is."

**Ryan Austin, Information Technology Systems Analyst:**

"Learning all the technology."

**Jomeca Escuyos, Family Birthplace RN:**

"The people! Everyone has been so friendly and helpful. Activities as well!"

**Brianna Saenz, Community Relations Busy Bean Barista:**

"I enjoy all of the employees I interact with while making their drinks."



### What is your favorite Fall activity?

**Esperanza Lopez-Aviles, Prosser Clinic Certified Medical Assistant:**  
"Soccer."

**Helen Burgard, Prosser Clinic Certified Medical Assistant:**  
"Going to the pumpkin patch."

**Vicki Acosta, Nutrition Services Cook:**  
"Going to the pumpkin patch and baking."

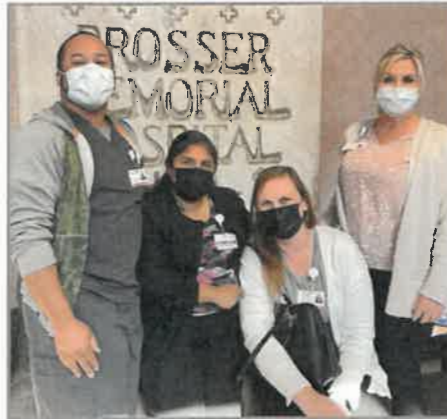
**Seirra Goble, Nutrition Services Cook:**  
"Pumpkin hunting and decorating my house."

**Ryan Austin, Information Technology Systems Analyst:**  
"Hunting."

**Jomeca Escuyos, Family Birthplace RN:**  
"S'mores! And pumpkin patches."

**Brianna Saenz, Community Relations Busy Bean Barista:**  
"My favorite fall activity is spending time outside by the fire pit."

## Scavenger Hunt



### Blood Drive - December 28



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



## TIME IS YOUR FRIEND IN INVESTING

If an uncle died and left you \$50,000 in his will, would you prefer to get your hands on that money today or wait a year to receive it? Most likely, your answer would be: "Now, please." You know instinctively that the sooner you receive the money, the sooner you can benefit from it.

It works much the same way with saving for retirement. The sooner you begin adding more to your retirement plan, the more time your extra contribution will have to grow and compound. Compounding\* is basically money making money. And time is a big part of the magic of compounding. The longer your money is invested, the more you potentially benefit from compounding.

The cumulative result after years of contributions and earnings may be the nest egg you'll need to see you through your retirement years. You can put time and compounding to work on your behalf right away by increasing your retirement plan contribution.

<b>Growing Your Savings</b>	
An extra retirement plan contribution of \$200 a month could potentially grow to:	
After 10 years	\$32,776
After 20 years	\$92,408
After 30 years	\$200,903
After 40 years	\$398,298
Source: SS&C Technologies, Inc.	
This is a hypothetical example used for illustrative purposes only and is not representative of any particular investment vehicle. It assumes a 6% average annual total return compounded monthly. Your investment performance will differ.	

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.

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

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

## Health and Wellness

# Southern Green Beans



### Ingredients:

- (3) 14.5 oz. cans cut green beans, undrained
- 3 cups chicken broth or water
- 4 slices bacon (no sugar added)
- 1/2 medium yellow onion, sliced and torn into pieces
- 3 garlic cloves, minced
- 1 tablespoon ghee
- 1/2 teaspoon salt
- 1/4 teaspoon pepper

### Instructions:

1. Add a large pot to low heat. Transfer the canned green beans, undrained and chicken broth or water to the pot. Make sure the liquid covers the green beans. Tear the onion slices into medium size pieces and add to the beans along with the ghee, garlic, bacon and salt/pepper.
2. Cook uncovered for 6 hours on low. Make sure to check back on the green beans throughout the day. As it cooks it will get low on liquid, so be sure to add more chicken broth or water as needed. If they do not have enough liquid they may shrivel and get crispy.
3. Once the beans are done cooking, remove the bacon and chop into smaller pieces and add back to the green beans.
4. Enjoy!

### Nutritional Information:

Serving Size: 1 serving  
Calories: 120  
Sugar: 5  
Sodium: 594  
Fat: 7

Carbohydrates: 12  
Fiber: 5  
Protein: 6  
Cholesterol: 14





**Prosser**  
Memorial Health

ROSEMARY P MENDOZA 509-307-5222 | RMENDOZA@PROSSERHEALTH.ORG

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## OBJECTIVE

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To obtain a leadership position at Prosser Memorial Health where I can use my 17 years of healthcare experience, and education, as a leader in the organization. To grow and enhance my experience and skills to contribute in a meaningful way as we continue to grow and serve our community.

## SKILLS & ABILITIES

---

- 17+ years of customer service working the front desk at busy primary care clinics and the Emergency Department.
- 3 years as the Lead at the Grandview Clinic
- Bilingual including medical terminology.
- Able to handle multiline switchboard and overhead phone calls.
- Experience with CDL, authorizations, surgery scheduling and an understanding of immigration and L&I paperwork.
- Detail oriented, strong written and verbal communication skills.
- Develop workflows and processes to gain efficiencies across the clinic.

## EXPERIENCE

---

- |                         |   |
|-------------------------|---|
| August 2013-<br>Present | <p>Lead Patient Service Representative, Prosser Memorial Health Benton City Clinic and Grandview Clinic</p> <ul style="list-style-type: none"><li>• Main receptionist for clinic, verify insurance, and attend patients. Make appointments and preregister patients. Keep order of the schedule, take payments and cash out. Assist the manager with provider and staff scheduling. Also assist with patient complaints or handle situations as they arise when manager is out of the office. Help coordinate staff coverage in accordance to provider schedules.</li></ul> |
| April 2005-July<br>2013 | <p>Lead Medical Receptionist, Sunnyside ENT and Orthopedics and General Surgery as well as Audiology-Sunnyside Hospital/Emergency Room, Receptionist/Lincoln Avenue Family Medicine Receptionist. All within the Sunnyside Hospital entity. Helped startup the Sunnyside ENT clinic before we had staff.</p> <ul style="list-style-type: none"><li>• Handled all data entry, medical records, referrals, insurance verification, preregistration, and scheduled all surgeries.</li></ul>  |

August 2013-  
Present

Lead Patient Service Representative, Prosser Memorial Health Benton City  
Clinic and Grandview Clinic

- Main receptionist for clinic, verify insurance, and attend patients. Make appointments and preregister patients. Keep order of the schedule, take payments and cash out. Assist the manager with provider and staff scheduling. Also assist with patient complaints or handle situations as they arise when manager is out of the office. Help coordinate staff coverage in accordance to provider schedules.
- Assisted the manager when she was out of the office or on vacation and handled situations as they would arise. Took care of provider schedules and time off requests. Trained all emergency room clerks and clinic staff.

## EDUCATION

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- University of Phoenix Bachelor's Degree in Business Administration: 2016
- Epic Cadence trainer: 2018
- Licensed cosmetologist, Sunnyside, Professional Beauty School:1998
- Grandview High School, Diploma:1998

## REFERENCES



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- Shannon Hitchcock  
Chief Communications Officer / E.D. of the Foundation | Community Relations  
Prosser Memorial Health  
723 MEMORIAL ST | PROSSER, WA 99350  
o: (509) 786 6601  
shannonh@prosserhealth.org
- Jose Santa-Cruz, MD  
MD | Medical Director Grandview  
PROSSER MEMORIAL HOSPITAL  
723 MEMORIAL ST | PROSSER, WA 99350  
o: 509 203 1080 x1088  
jsanta-cruz@prosserhealth.org
- Jessica Luther, ARNP  
ARNP  
BENTON CITY CLINIC- PROSSER MEMORIAL HEALTH  
701 DALE AVE | BENTON CITY, WA 99320  
o: (509) 588 4075  
jluther@prosserhealth.org



# Phillip Braem

Chief Information Officer

 phillip@braem.us  
 (509) 205-1490

## EDUCATION

### WESTERN GOVERNORS UNIVERSITY

*Washington*

*Bachelors of Science Information*

*Technology Management (Sep 2019)*

### CERRO COSO COMMUNITY COLLEGE

*California*

*Associate of Science Computer Information  
Systems (2012)*

## ADDITIONAL SKILLS

EPIC

Imprivata

HL7 Interfaces

VMWare

Pure Storage

Cisco Networking and Server  
Infrastructure

Microsoft Windows

Office 2016, 365

Migration to Office 365

Crystal Reports

Cognos Reports

Power BI

Hyper-V

Emergency Alert Systems

## CAREER OBJECTIVE

To leverage my skills to successfully fill the Chief Information Officer role at PMH. I am a focused professional with 20 years of experience with proven knowledge of information systems management, emerging technologies and report generation.

## EXPERIENCE

### SR. SYSTEMS ANALYST / INTERIM CIO

*Prosser Memorial Health, Prosser, WA / Jun 2017 - Present*

- Oversee daily departmental operations, analyze workflows, establish priorities and deadlines, develop standards, strategic planning, and budgeting.
- Recruit, hire, train and supervise staff. Evaluate and preform employee evaluations and disciplinary actions as needed.
- Participate on Leadership Team
- Design, build, operate equipment configuration prototypes, including network hardware, software, servers, or server operation systems.
- Develop and write procedures for installation, use, troubleshooting of communications hardware / software.
- Completed a full rip and replace of the network infrastructure including the phone system.
- Virtualized server and desktop infrastructure.
- Planned, Implemented and managed the roll out of multiple clinics.
- Successfully integrated 15+ applications / interfaces with EPIC and Providence Health.
- Collaborate with healthcare facilities to interconnect systems for Diagnostic imaging transfers.

### SYSTEMS ANALYST

*Prosser Memorial Health, Prosser, WA / Nov 2015 - Jun 2017*

- Assisted in budget preparation, strategic planning, and staff decisions.
- Supervised the IT Helpdesk employees
- Participated in multiple committees
- Assisted, created, and maintained EPIC and other various reports.
- Test, maintain, and monitor computer programs and systems, including coordinating the installation of computer programs and systems.
- Provide staff and users with assistance solving computer related problems, such as malfunctions and program problems.
- Perform risk assessments and execute tests of data

processing system to ensure functioning of data processing activities and security measures.

- Train users and promote security awareness to ensure system security and to improve server and network efficiency.

### **ACTING IS DIRECTOR / INFORMATION SYSTEMS ANALYST**

*City of Ridgecrest, Ridgecrest, CA / Aug 2011 - Nov 2015*

- Responsible for planning, budgeting, directing, managing and coordinating the City's IS efforts. Supervised and led a team of technicians along with researching and implementing new cost-effective technologies to save the City money and time.
- Develop or update project plans for information technology projects including information such as project objectives, technologies, systems, information specifications, schedules, funding, and staffing.
- Research and Implementation of Police Department 911 Recording System, Transit system software (Routematch), Parks & Recreation system (ActiveNet) and Financial System (Logos) - These all required working with departments, vendors and creating new policies for Board approval.
- Implementation of city network, active directory domains, exchange server, website, document imaging, surveillance system, ID Badges, financial system, and HelpDesk system.
- Integrated systems with multiple federal, state and multiple law enforcement agencies.

### **INFORMATION SYSTEMS SPECIALIST**

*City of Ridgecrest, Ridgecrest, CA / Aug 2005 - Aug 2011*

- Responsibilities included: Evaluate and install new software and hardware as well as upgrades to existing software/hardware.
- Manage local and wide area networks and telecommunications systems.
- Manage and maintain 911 system, financial system, government access channel, surveillance system, website, fuel management system, transit system and solar field.
- Provide end user support and training for various software and hardware. Integrate GIS maps with 911 systems (RIMS).
- Create custom applications using SQL, Access, and Dreamweaver for various departments. Webmaster. Install and maintain all wireless components. Manage help desk.

### **INFORMATION SYSTEMS TECHNICIAN**

*City of Ridgecrest, Ridgecrest, CA / Oct 2001 - Aug 2005*

# TERRA PALOMAREZ, RN BSN

7708 Fremont Way Yakima, WA 98908 · (509) 930-5856

terra.palomarez@gmail.com

Seasoned nursing director with 11 plus years of management experience in the fast-paced, ever changing world of healthcare. Sound clinical nursing experience for 20 years in rural, community based acute care settings. Excellent organizational and communication skills. Record of accomplishment in achieving exceptional results in patient satisfaction, quality of care, and nursing leadership.

## EXPERIENCE

### JANUARY 2017 TO PRESENT

#### CHIEF NURSING OFFICER, ASTRIA TOPPENISH HOSPITAL

For nearly 19 years, I have remained committed to learning and growing as a healthcare professional in progressively challenging leadership roles at Astria Toppenish Hospital. I have dedicated my efforts over the last several years to help build a best in class, award winning Obstetrics Department. As Chief Nursing Officer, I have demonstrated stable leadership and problem-solving abilities during continued transition and uncertainty.

- Director of Family Maternity Center and Respiratory Therapy 10/2010 to 12/2018
- Charge Nurse Family Maternity Center 06/2004 to 10/2010
- Registered Nurse, Labor and Delivery 06/2003 to 06/2004
- Nurse Tech II 05/2001 to 06/2003

### 01/2009 – 10/2010

REGISTERED NURSE PER DIEM, YAKIMA VALLEY FARMWORKERS CLINIC – TOPPENISH, WA

### 04/2004 – 12/2005

REGISTERED NURSE LABOR AND DELIVERY, PROSSER MEMORIAL HOSPITAL – PROSSER, WA

### 09/1997 – 09/2000

COMMUNITY CENTER PROGRAM MANAGER, WAPATO COMMUNITY CENTER – WAPATO, WA

### 09/1994 – 09/1997

YOUTH CENTER PROGRAM MANAGER, MABTON YOUTH CENTER – MABTON, WA

## **EDUCATION**

**MASTERS IN NURSING LEADERSHIP AND MANAGEMENT, WESTERN GOVERNORS UNIVERSITY**

**BACHELOR OF SCIENCE IN NURSING, WASHINGTON STATE UNIVERSITY**

Cum Laude

**ASSOCIATE OF SCIENCE, YAKIMA VALLEY COMMUNITY COLLEGE**

Dean's List

## **SKILLS**

- Proven Leader in Nursing
- Motivational Communication
- Active Listening
- Program Implementation and Management
- Critical Thinking
- Personnel Management
- Staff Education and Training
- Financial Stewardship

## **COMMUNITY SERVICE**

- Eisenhower High School Cheer Booster President 2013-2015
- March of Dimes Bronze Team Leader 2012
- Yakima March of Dimes Community Chair 2011
- March of Dimes Top Walker 2011
- March of Dimes Bronze Team Leader 2011

## **AWARDS**

- Clinical Manager of the Year 2016
- Director of the Quarter, 4<sup>th</sup> Quarter 2016
- HealthStream Award Winner Excellence Through Insight Award 2015 Overall Patient Experience Inpatient – OB/GYN
- Clinical Director of the Year 2014
- Director of the Quarter, 1<sup>st</sup> Quarter 2014
- Director of the Year 2010
- Director of the Quarter, 3<sup>rd</sup> Quarter 2010
- Nurse of the Year 2007
- Nurse of the Quarter, 4<sup>th</sup> Quarter 2006

## **REFERENCE**

Available upon request

# SASHA THOMASSON

1721 Juniper Rd., Mesa, WA 99343 · 509-240-2318

[sthomasson@prosserhealth.org](mailto:sthomasson@prosserhealth.org)

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## PROFESSIONAL SUMMARY

A seasoned nursing professional with demonstrated success in Acute Care, Emergency nursing, Case Management and Utilization review. Adaptable to meet patient needs and environmental conditions. Experienced with Critical Access facilities. Team-oriented with excellent communication and leadership skills. Currently the Director of Care Co-ordination at Prosser Memorial Health.

## EXPERIENCE

### SEPTEMBER 2011 – PRESENT

#### DIRECTOR OF CARE CO-ORDINATION, PROSSER MEMORIAL HEALTH

- September 2011-2017-Perdiem nurse for the Acute Care and primarily the Emergency department. Duties include but are not limited to medication management, time-management, exceptional documentation, management of trauma situations and care of diverse populations.
- August 2017-October 2019-Patient Care Coordinator for night shift. Duties included managing staffing, assisting with evaluations, crisis management and assisting in units as necessary.
- October 2019-August 2021-Case Management and Utilization Review. Duties included notification to insurance of admissions, utilization review and management of inpatients, communication, and training with physicians regarding patient status and documentation, management of EDIE patients, discharge planning and outpatient case management.
- August 2021-November 2021-Iterim Family Birthplace Director. Duties include managing timecards and the schedule, ordering of supplies, evaluations and interviewing/hiring new employees.
- November 2021-Present-Director of care Coordination-Management of the Utilization Review, Care Transitions department, house supervisors and employee health departments.

### OCTOBER 2002 – AUGUST 2011

#### REGISTERED NURSE-EMERGENCY ROOM, OTHELLO COMMUNITY HOSPITAL

Lead RN in the emergency room of a critical access hospital. Department contained 7 rooms and was staffed with 1 RN and 1 CNA. Duties include but are not limited to medication management, time-management, documentation, management of trauma situations, arranging transfers and care of diverse populations.

**AUGUST 1996 – SEPTEMBER 2002**

**REGISTERED NURSE-ACUTE CARE/EMERGENCY ROOM/CCU, ST. ELIZABETHS HOSPITAL (FORMALLY KNOWN AS ENUMCLAW COMMUNITY HOSPITAL)**

Worked as an LPN and then as an RN in the Acute care department as well as the ED and CCU for a critical care facility. Also covered as house supervisor.

## **EDUCATION**

**DUE TO GRADUATE SPRING OF 2022 WITH**

**BACHELOR'S DEGREE IN NURSING, WESTERN GOVERNORS UNIVERSITY**

Member of the National Honors Society for Leadership and Success.

**MARCH 2007**

**EMERGENCY MEDICAL TECHNICIAN/ADVANCED EMT, FCPHD#1**

Attended an EMT program sponsored by the hospital district with independent instructors.

**JUNE 2001**

**REGISTERED NURSE, HIGHLINE COMMUNITY COLLEGE**

Member of Phi Theta Kappa National Honors Society. Graduated top of my class in a bridge program for LPN to RN.

**JUNE 1996**

**LICENSED PRACTICAL NURSE, CLOVER PARK TECHNICAL COLLEGE**

Graduated second in class with perfect attendance.

## **SKILLS**

- Excellent time management skills.
- Excellent communication skills
- Excellent critical thinking and problem-solving skills
- Non-Violent Crisis intervention instructor
- BLS, ACLS, PALS, NRP, TNCC, ENPC Certified
- Ethical
- Team player
- Leader
- Dementia Capable Care instructor

## **ACTIVITIES**

Aside from nursing, my husband and I have a dairy farm in rural Franklin County. I manage the accounts payable and receivable as well as payroll. I am an active member and former Treasurer of the Mic-Columbia Dairy Woman's Association. Our mission is to promote the dairy industry in surrounding counties and in Washington State. My husband and I also served for two years as President couple for the Young Cooperators, a group that develops leadership skills within the Northwest Dairy Association/Darigold Company. I am an active member of Mesa Elementary's parent group and held

positions as President or Treasurer from 2009-2020. I volunteered as an EMT/AEMT for Franklin County Public Hospital District for 11 years serving North Franklin County. My greatest joy comes from participating in my four children's lives and attending sporting events.

# Jayme Dawnelle Thompson, D.O.

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(509) 910-4445 | Jaymet917@outlook.com

## Professional Summary

Doctor of Osteopathic Medicine experienced in a clinical setting serving migrant workers and medically underserved patient populations. Provider of medical care to a full spectrum of patients, from newborns to geriatrics. Team oriented with multiple ancillary services and peer physicians. Thoroughly dedicated to continuity of care for all patients.

## Experience

### **FAMILY MEDICINE PHYSICIAN, MIDVALLEY FAMILY MEDICINE, WAPATO, WA 2019-CURRENT**

- Only full-time physician currently at my location. Oversee several Physician Assistants at my location on a regular basis.
- Patient panel comprised of newborn to geriatric patients.
- Trained and regularly utilizing several procedures including nail removals (partial and total), joint injections (shoulder and knee), IUD removal and insertions, Nexplanon removal and insertions, skin tag removals, skin biopsy, cryotherapy and OMT.

### **FAMILY MEDICINE RESIDENT | 2016-2019 | SOLLUS NW FAMILY MEDICINE RESIDENCY**

- Providing compassionate patient care with extensive medical knowledge gained in intern year
- Managing long term medical complications and providing direction to specialty services when necessary
- Develop appropriate medical plans individualized to the patient's needs to improve overall health and well being
- Performing in clinic office procedures
- Senior year chief resident in 2019, oversaw several residents. Was in a leadership position for the residents and served as an advocate for the residents to administration on their behalf.

### **FAMILY MEDICINE INTERN | MAY 2016-JUNE 2017 | SOLLUS NW FAMILY MEDICINE**

- Extensive experience with inpatient medicine in the hospital setting, including rural and urban settings
- Analyzed labs and imaging results to carefully devise a diagnoses and educate the patient and their families on treatment options
- Developed the ability to make critical decisions and follow through with treatment plans under pressure
- Maintained detailed and accurate medical records

## Education

### **PACIFIC NORTHWEST UNIVERSITY OF HEALTH SCIENCES, D.O.**

- Doctor of Osteopathic Medicine
- June 2012-May 2016
- Yakima, WA



- **Honors and Awards**

- Pacific Northwest University of Health Sciences Academic Honors, 2012-2016
- Rowland and Elsie Seal Scholarship, Spring 2014 and 2015,
- Sigma-Sigma-Phi Honor Society Membership 2013-2016

## **HERITAGE UNIVERSITY**

- Bachelor of Science, Major in Medical Biology
- June 2009-May 2011
- Toppenish, WA

## **Licenses and Certifications**

Doctor of Osteopathic Medicine-Limited Physician License

Advanced Cardiovascular Life Support (ACLS)

Basic Cardiovascular Life Support (BCLS)

Neonatal Resuscitation Program (NRP)

Advanced Life Support for Obstetrics (ALSO)

American Association of Family Physicians (AAFP)

American Osteopathic Association (AOA)

**PROSSER MEMORIAL HEALTH  
MEDICAL STAFF BYLAWS**

Printed \_\_\_\_\_

**MEDICAL STAFF BYLAWS**

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## **Preamble:**

The purpose of the Bylaws for Prosser Memorial Hospital is to achieve two primary goals. First, to protect the public by assuring that the providers at the Hospital are competent and provide care within the standard of care.

Second, to provide fairness and uniformity to all providers practicing in the Hospital or seeking to obtain privileges to do so. The intent is to provide clear guidance to providers relating to the practice at the Hospital and to treat them with dignity and respect.

These Bylaws should be interpreted in the broadest sense possible so that all credentialing and remedial action relating to providers are privileged and confidential to the broadest extent permissible under applicable Washington and Federal Law. All committees and subcommittees discussed in these Bylaws are regularly constituted review committees and quality improvement committees. Unless otherwise marked, all documents utilized by these committees were specifically collected and maintained by the committee in furthering their peer review and quality improvement functions. Moreover, any persons selected, assigned or appointed by such committee to gather evidence or information or conduct reviews, shall be deemed an agent of such committee.

These Bylaws should not be interpreted to be establishing a standard of care on the part of the Hospital or of any of its providers. The purpose of these Bylaws are to be guidelines and it may not be reasonable or possible to strictly adhere to them in all situations.

## **DEFINITIONS**

Unless otherwise specified in these Bylaws, Rules & Regulations, Associated Manuals and Policies and Procedures, the following definitions shall apply:

“Administrator” shall mean the Administrator of Prosser Memorial Health, and their authorized designee.

“Admission” means the entry of a patient to the Hospital for any inpatient services, day surgery, or major invasive diagnostic procedure.

“Admitting Practitioner” means a Medical Staff Member who is privileged to independently admit a patient to the Hospital subject to the admitting policies of the Hospital and these Bylaws and Rules & Regulations.

“Advanced Practice Clinicians” (“APC”) means an individual other than a licensed (APC) M.D., D.O., D.D.S., or D.P.M., such as an Advanced Nurse Practitioner or Physician Assistant who has been granted Privileges or Membership as an APC.

“Applicant” means any practitioner who has applied for appointment, reappointment, or change in status to the Medical Staff.

“Application” means the act of applying for appointment, reappointment, or change in status to the Medical Staff.

“Attending Physician” means the Physician who is responsible for the ongoing supervision, coordination, and provision of care given to Hospital patients, pursuant to these Bylaws, the Policies and Procedures, and Rules & Regulations of the Hospital and/or Medical Staff.

“Board” or “Board of Commissioners” means the Elected Commissioners of Benton County Public Hospital District No. 1.

“Board Certified” means the Applicant or Physician is certified as a specialist by a specialty board organization recognized by the American Board of Medical Specialties. Osteopathic board certification also meets this requirement.

“Board Qualified” means Physicians who have successfully completed residency, but have not yet passed their specialty exam. Passing the exam must occur within the Board Eligible period defined by specialty by the ABMS or the physician is no longer eligible.

“Bylaws” means these Bylaws, Rules & Regulations, and Policies and Procedures of the Prosser Memorial Health Staff.

“Chair” or “Chairperson” means Chief or Chair of a Committee.

“Chief of Staff” means a member of the Active Medical Staff elected to be Chief Officer of the Medical Staff and their authorized designee(s).

“Committee” means a clinical organizational unit of the Medical Staff.

“Consulting Physician” means a Physician who is available to assist, consult, and collaborate as requested with the care provided to Hospital patients, as defined and specified by the Hospital and/or Medical Staff.

“Credentialing” means the process resulting in a Practitioner acceptance to the Medical Staff being granted practice Privileges.

“District” means Benton County Public Hospital District No. 1.

“Ex Officio” means a member of a committee or body because of an office or position held. The provision or resolution designating the member to a Committee or other group must confirm whether the member has voting rights.

“Hospital” means Prosser Memorial Health, Prosser, Washington.

“License” means a current license to practice in the State of Washington.

“Malpractice Experience means anything reportable to an insurance carrier, including but not limited to claims made or filed, or pending final judgments, lawsuits, or settlements.

“Immediate Past Chief of Staff” means a member of the Active Medical Staff who completed the most recent term of Chief Officer of the Medical Staff.

“Medical Executive Committee” means the governing body of the Medical Staff, referred to as the Medical Executive Committee or MEC.

“Medical Staff” means the formal organization of all licensed Physicians, Dentists, Podiatrists and APCs who are privileged under these Bylaws to attend patients or to provide other diagnostic, therapeutic, or teaching services.

“Member” means a Physician, Podiatrist, Dentist, or APC who has successfully obtained appointment and Privileges to practice as a part of the Medical Staff.

“Notice” shall mean all such notices, demands, or requests required or permitted to be mailed, shall be in writing, properly sealed, and shall be sent through the United States Postal Service, first class postage pre-paid. This does not apply to specific notice provisions in these Bylaws, An alternative delivery system may be used if it is reliable, expeditious, and if evidence of its use is obtained. Mailed notices to a member, applicant, or other person shall be to the address that last appears on the official records of the Medical Staff or the Hospital.

“Per Year” shall mean within the most recent 12-month period (unless otherwise specified).

“Physician” means Allopathic or Osteopathic Physician.



“Podiatrist” means Podiatrist physician and surgeons, as defined by WAC 246-922-010 and RCW 18.22.

“Practitioner” means a Physician, Podiatrist, Dentist, or Advanced Practice Clinician.

“Prerogative” means participatory right granted, because of Staff category or otherwise, to a Medical Staff Member which is exercisable subject to and in accordance with the conditions imposed by these Bylaws and by other Hospital and Medical Staff Rules, Regulations, or Policies.

“Privileging” means the granting of practice Privileges.

“Privileges” or “Clinical Privileges” means the permission granted by the Board to a Practitioner to render specific diagnostic, therapeutic, medical, dental, podiatric, or surgical services within the scope of their Privileges or Clinical Privileges.

“Proctor” means a Practitioner who is assigned to observe and monitor the care provided by another Practitioner. The degree of supervision and permission required prior to the rendering of patient care by the proctored Practitioner shall be clearly specified by the Medical Executive Committee, or Department policies.

“Related Documents” means documents related to these Bylaws, including but not limited to the Rules & Regulations and Hospital Policies and Procedures which are pertinent to Medical Staff practices within the Hospital.

“Residents” means individuals who are currently enrolled in a nationally accredited graduate medical education program and who, as part of their educational program, will provide health care services at the Hospital. Residents shall not be considered independent practitioners, shall not be eligible for Clinical Privileges or Medical Staff membership, and shall not be entitled to any of the rights or Privileges of practitioners under these Bylaws.

“Rules and Regulations” means the Rules & Regulations of the Medical Staff of the Hospital.

“Special Notice” means a written communication delivered personally to the required addressee or sent by United States Postal Service, first-class postage prepaid, certified or registered mail, return receipt requested, addressed to the required addressee at their address as it appears in the records of the Hospital.

“Suspension” means the withdrawal of Prerogatives of Medical Staff membership, responsibilities pertaining to patient care and Privileges to practice as a member of the Medical Staff.

“Locum Tenens” means providers who work at the Hospital pursuant to a contract the Hospital has entered into directly with a provider or with a third party.

“Vice Chief of Staff” means the member of the Active Medical Staff elected to be the next Chief Officer of the Medical Staff and their authorized designee.

## **1. NAME**

The name of this organization is the “Medical Staff of Prosser Memorial Health.”

## **2. PURPOSE**

The purposes and responsibilities of the Medical Staff are:

- 2.1 To evaluate the clinical practices of all Practitioners, to oversee the quality of medical care in the Hospital and to provide a means for establishing, maintaining, and enforcing professional standards for the continuing improvement of the quality of care rendered in the Hospital.
- 2.2 To assure a high level of professional performance by all Practitioners authorized to practice in the Hospital. Recommendations will be made to the Board delineating Clinical Privileges for each provider. Ongoing review will be done of each provider’s performance in the hospital.
- 2.3 To provide an educational setting that will maintain and advance professional knowledge and skill.
- 2.4 To provide a means for communicating issues concerning Medical Staff with the Board and Administration.
- 2.5 To participate in the Hospital’s long-range planning activity, to assist in identifying community health needs and to participate in developing and implementing appropriate institutional policies and programs to meet those needs.
- 2.6 To initiate and maintain rules of self-governance for the Medical Staff and to assure the quality of the medical care provided to patients of the Hospital.
- 2.7 To exercise through its officers, committees and other defined components the authority granted by these Bylaws and related documents to fulfill these responsibilities in a timely and proper manner and to account for this authority to the Board.

## **3. MEDICAL STAFF MEMBERSHIP**

### **3.1. NATURE OF MEMBERSHIP**

Membership in the Medical Staff and/or Clinical Privileges is a privilege extended only to professionally competent Physicians, Podiatrists, Dentists and APCs who meet the qualifications, standards and requirements set forth in these Bylaws. Appointment to and membership in the Medical Staff shall confer on the Member only such Clinical Privileges and Prerogatives as have been granted by the Board of Commissioners as delineated in these Bylaws. No Practitioner shall admit or provide services to patients in the Hospital unless they are a member of the Medical Staff who has been granted Privileges in accordance with the procedures set forth in these Bylaws.

### **3.2. QUALIFICATIONS OF MEMBERSHIP**

Membership is a privilege limited to professionally competent Practitioners that continuously meet the qualifications, requirements, and responsibilities set forth in these bylaws.

#### **3.2-1 General Qualifications**

##### Documentation of Qualifications

- (a) Practitioners licensed in the State of Washington or in the process of applying for a license in the State may apply for membership. They must document their experience, background, professional education and training, ability, judgment, and physical and mental health status to ensure that any patient treated by them will receive care of the generally recognized professional level of quality and efficiency established by the Medical Staff and Hospital and that they are qualified to exercise Clinical Privileges within the Hospital;
- (b) are determined, on the basis of documented references, to adhere to the lawful ethics of their respective professions;
- (c) are willing to participate in and properly discharge staff responsibilities and cooperate with the Medical Staff in assisting the Hospital in fulfilling its obligations related to patient care;
- (d) demonstrate the ability to work with and relate to other Medical Staff Members, members of other health disciplines, Hospital management and employees, the Board, visitors and the community in general, in a cooperative, professional manner that is essential for maintaining an environment appropriate to quality and efficient patient care and in accordance with hospital policy 345-0002;
- (e) are free of, or have under adequate control of, any significant physical or mental health impairment and are free from abuse of any type of substance or chemical that affects cognitive, motor or communication ability in a manner that interferes with, or presents a reasonable probability of interfering with, the qualifications required herein and in accordance with hospital policy 345-0003;
- (f) are able to write and speak the English language so as to be understood by others, and to prepare medical record entries and other required documentation in a legible manner;
- (g) are located close enough (office and residence) to the Hospital to provide continuous care to their patients. Areas close enough to the Hospital shall be defined in the Rules & Regulations or Policies and Procedures and established on the basis of the period of time within which a Practitioner must respond depending on the staff category, Clinical Privileges, or both involved and the feasibility of arranging alternative coverage; and

- (h) do not have a prohibited conflict of interest as defined by Board, Hospital or Medical Staff Bylaws, Rules & Regulations or policy.

### **3.2-2 Particular Qualifications**

- (a) Physicians. An applicant for physician membership in the Medical Staff must hold an M.D. or D.O. degree issued by a medical or osteopathic school and a valid license to practice medicine issued by the Washington State Professional Licensing Division. A year of post-doctoral training for all Physicians is required. Successful completion of a residency with Board Eligibility, Board Certification, or both in the field of specialization is required. Possess a current, valid, United States Drug Enforcement Agency number, if applicable.
- (b) Dentists. An applicant for dental membership in the Medical Staff must hold a D.D.S. or equivalent degree issued by a dental school and a valid license to practice dentistry issued by the Washington State Professional Licensing Division. General dentists must have taken and passed Parts I & II of the Dental National Boards. Possess a current, valid, United States Drug Enforcement Agency number, if applicable.
- (c) Podiatrists. An applicant for membership as a podiatrist in the Medical Staff must hold a D.P.M. degree issued by a podiatric school and a valid license to practice medicine issued by the State of Washington Professional Licensing Division. Successful completion of a residency in podiatric medicine with Board Eligibility and/or Board Certification is required. Possess a current, valid, United States Drug Enforcement Agency number, if applicable.
- (d) Advanced Practice Clinicians. Qualifications for Advanced Practice Clinicians are set forth in Article 15 of these Bylaws.

### **3.3. BASIC RESPONSIBILITIES OF MEDICAL STAFF MEMBERSHIP**

Each Member of the Medical Staff shall:

- (a) provide their patients with care at the generally recognized professional level of quality and efficiency established by the Medical Staff and the Hospital;
- (b) retain responsibility within their area of professional competence for the continuous care and supervision of each patient in the Hospital for whom they are providing services, or arrange for a suitable alternative to assure such care and supervision;
- (c) comply with the Bylaws, and with all other standards, policies, and rules of the Hospital, including, but not limited to, those requiring attendance at meetings and maintenance of professional liability insurance;
- (d) complete Medical Staff Committee assignments and responsibilities; as responsible for by appointment, election, or assignment;

- (e) prepare and complete the medical record and other required records for all patients they admit or in any way provide care to in the Hospital promptly and in accordance with the Rules & Regulations;
- (f) abide by the lawful and ethical principles of their profession;
- (g) aid in any educational programs for Medical Staff Members and other personnel when so assigned;
- (h) cooperate with the Medical Staff in assisting the Hospital in fulfilling its uncompensated or partially compensated patient care obligations;
- (i) pay dues, fines, and other assessments as required in the Rules & Regulations of the Medical Staff; and
- (j) It shall be the responsibility of the dental members of the Medical Staff to ensure that a Physician member of the Active or Courtesy Medical Staff performs the basic medical appraisal of the patient prior to admission to the Hospital. It shall be the responsibility of the podiatric members of the Medical Staff to ensure that a Physician member of the Active or Courtesy Medical Staff performs the basic medical appraisal of the patient prior to admission of the patient to the hospital if the patient is an ASA Level 3, 4, or 5. Podiatrists may independently do the medical appraisal on patients meeting standards of ASA Levels 1 and 2. A Physician member of the Active or Courtesy Medical Staff with appropriate Clinical Privileges shall be responsible for any medical problem that exists or arises during the patient's admission. The Physician member shall not be responsible for those specific areas of concern rendered by the podiatric or dental member of the staff.

### **3.4. LEAVE OF ABSENCE**

#### **3.4-1 Leave Status**

A member may request a leave of absence from the Medical Staff as provided below. The grant or denial of an employment-related leave of absence does not affect a request for Medical Staff leave of absence. This leave of absence is intended for voluntary leave lasting more than 60 days from clinical practice.

- (a) A Member may request a Medical Staff leave of absence by submitting a written request to the Administrator for transmittal to the Medical Executive Committee stating the beginning and end dates of the leave, which will not exceed one (1) year.
- (b) The MEC will determine whether a request for leave of absence will be granted. The granting or reinstatement may be conditioned upon the Member's completion of all medical records. The grant of a leave of absence will have no impact on any evaluation, investigation, professional review, or corrective actions pending for the Member.

- (c) During the period of the leave, the Member's Clinical Privileges, Prerogatives, and responsibilities shall be inactive. In addition, the Member will be excused from all Medical Staff responsibilities (meeting attendance, committee service, emergency service call obligations, etc.) Unless waived by the Medical Executive Committee, any obligation to pay dues shall continue. All unfulfilled responsibilities shall be completed prior to the leave of absence. A leave of absence shall not suspend a disciplinary process.
- (d) At least forty-five days prior to termination of the leave, the Member may request reinstatement of their Privileges and Prerogatives by submitting a written notice to the Administrator for transmittal to the MEC. The written notice will contain a written summary of their relevant clinical activities during the leave of absence.
- (e) Requests for reinstatement shall be reviewed by the MEC. The MEC will recommend whether to approve the Member's request for reinstatement. If a request for reinstatement is not granted, the Member will be entitled to request a hearing and appeal as provided in Article 17 of these Bylaws.
- (f) Leaves of absence are at the discretion of the MEC and not of right. If it is determined that a Member has not shown good cause for a leave the determination will be final with no recourse to a hearing or appeal.

#### **3.4-2 Medical Leave of Absence**

The Medical Executive Committee shall determine the circumstances under which a particular medical staff member shall be granted a leave of absence to obtain treatment for a medical condition or disability. At the discretion of the Medical Executive Committee, unless accompanied by a reportable restriction of privileges, the leave shall be considered a "medical leave" which is not granted for a medical disciplinary cause or reason.

#### **3.4-3 Military Leave of Absence**

Requests for leave of absence to fulfill military service obligations shall be granted upon notice and review by the Medical Executive Committee. Reactivation of membership and clinical privileges previously held shall be granted, but may be granted subject to monitoring, proctoring, or both as determined by the Medical Executive Committee.

### **3.5. EFFECTS OF OTHER AFFILIATIONS**

No practitioner shall be automatically entitled to Medical Staff membership or to exercise any particular clinical privilege merely because they he or she holds a certain degree; is licensed to practice in Washington or any other state; is a member of any professional organization; is certified by any clinical board; or had, or presently has, staff membership or Privileges at this Hospital or at another health care facility. This may not apply to locum tenens practitioner or practitioner providing proctoring services.

### **3.6. NON-DISCRIMINATION**

No aspect of Medical Staff membership or particular Clinical Privileges shall be denied on the basis of gender, creed, race, age, color, religion, ancestry, national origin, disability, marital status, sexual orientation, or gender identity; a handicap unrelated to the ability to fulfill patient care and required staff obligations; or any other criterion unrelated to the delivery of quality and efficient patient care in the Hospital, honorably discharged veteran or military status, to professional qualifications, to the Hospital's purposes, needs and capabilities, or to community need.

### **3.7. APPOINTMENT TO MEDICAL STAFF MEMBERSHIP**

#### **3.7-1 Board Action Required**

Initial appointments and reappointments to the Medical Staff shall be made by the Board. The Board shall act on appointments, reappointments, or revocations of appointments only after there has been a recommendation from the Medical Executive Committee as provided in these Bylaws; provided that in the event of unwarranted delay on the part of the Medical Executive Committee the Board may act without such recommendation on the basis of documented evidence of the Applicant's or Medical Staff Member's professional and ethical qualifications obtained from reliable sources in addition to those obtained from the Medical Staff. The Board may also act without such a recommendation for Administrative reasons unrelated to the quality of an individual practitioner's care, subject to Section 13.4-9.

#### **3.7-2 Duration of Initial Appointment**

Initial appointments shall be Provisional Medical Staff for at least 6 months, not to exceed 12 months. Refer to Section 4.2.

#### **3.7-3 Duration of Reappointments**

Reappointments to the appropriate category of the Medical Staff shall be for a period of two years following the effective date of reappointment. The Board, after considering the recommendation of the MEC, may set a more frequent reappraisal period for the exercise of particular clinical privileges, for a Member who has been the subject of corrective or disciplinary action.

#### **3.7-4 Duration of Appointment to Probationary Status**

Assignment to Probationary Status shall be for not more than one year. Probationary Status is detailed in Sect. 16.1 of the Corrective Action and Hearing Section.

## **4. CATEGORIES OF MEMBERSHIP**

### **4.1. CATEGORIES**

The categories of the Medical Staff shall include the following: Provisional, Active, Courtesy, Consulting, Locum Tenens, Telemedicine, Residents, and Honorary.

## **4.2. PROVISIONAL STAFF**

### **4.2-1 Qualifications**

The Provisional Staff shall consist of Physicians, Dentists, Podiatrists and Advanced Practice Clinicians who:

- (a) meet the qualifications set forth in Section 3.2 of these Bylaws;
  - (i) all initial appointments to the Medical Staff shall be Provisional for a minimum period of six months. Appointments to Provisional Membership may not exceed 12 months, at which time the failure to advance an appointee from Provisional to Active, Courtesy or Consulting Staff shall be deemed a termination of their Medical Staff appointment. Failure to exercise the privileges granted, failure to cooperate in the peer review process, failure to comply with policies on completion of medical records, or failure to adhere with policies on conduct may be considered an automatic relinquishment. This may not be an adverse action to restrict or revoke professional privileges. As a result, reporting to the National Practitioner Data Bank under the Health Care Quality Improvement Act of 1986 may not be required. A Provisional appointee whose membership is so terminated shall have the rights granted by these Bylaws to a member of the Medical Staff who has failed to be reappointed.
  - (ii) Provisional Staff Members shall be assigned to a clinical committee where their performance shall be reviewed by the chairperson of the clinical committee (or their representative) to determine the eligibility of such Provisional Member for full membership and for exercising the clinical privileges provisionally granted to them.
  - (iii) To be transferred from Provisional Staff to full Medical Staff Membership, a member must have provided care to an adequate number of patients, so that their clinical competence can be thoroughly evaluated. The review may consist of records from Prosser Memorial Health or other area hospitals, or at least three references from practitioners that are personally knowledgeable of the practitioner's competency according to hospital policy and Medical Staff Bylaws.

### **4.2-2 Prerogatives**

The Prerogatives of the Provisional Staff Member shall be to:

- (a) admit patients consistent with their Privileges;
- (b) exercise such Clinical Privileges as granted to them pursuant to the Credentialing section;



- (c) cannot make nominations for, or hold elective office. Such members may serve on committees and are eligible to vote.

#### **4.2-3 Responsibilities**

Each Provisional Medical Staff member shall:

- (a) meet the basic responsibilities set forth in Section 3.3;
- (b) discharge the responsibility which are specified in Section 4.3-3 for Active Staff Members or Section 4.4-3 for Courtesy Staff Members, or for the category for which they ultimately seek appointment. Failure to fulfill those responsibilities shall be grounds for denial of advancement to Active or Courtesy Staff status and termination of Provisional Staff status.

### **4.3. ACTIVE STAFF**

#### **4.3-1 Qualifications**

The Active Staff shall consist of Physicians, Dentists, Podiatrists and Advanced Practice Clinicians who:

- (a) meet the qualifications set forth in Section 3.2 of these Bylaws;
- (b) regularly admit patients or regularly provide outpatient care to patient; and
- (c) maintain Board Certification in specialty, if applicable.

#### **4.3-2 Prerogatives**

Unless otherwise provided in the Medical Staff Bylaws or Rules & Regulations, the Prerogatives of an Active Medical Staff Member shall be to:

- (a) admit patients consistent with their Privileges;
- (b) exercise such Clinical Privileges as granted to them pursuant to the Credentialing section;
- (c) hold office in the Medical Staff and Committees (except for APC's who are subject to the limitations set forth in Article 15); and
- (d) vote on all matters presented at general and special meetings of the Medical Staff and Committees of which they are a member.

#### **4.3-3 Responsibilities**

Each Active Medical Staff member shall:

- (a) meet the basic responsibilities set forth in Section 3.3;

- (b) actively participate in and regularly cooperate with the Medical Staff in assisting the Hospital in fulfilling its obligations related to patient care, including, but not limited to, emergency service and back up function, patient care audit (except for APC's who are subject to the limitations set forth in Article 15), peer review, utilization review, quality evaluation, corporate compliance and related monitoring activities required of and by the Medical Staff; in supervising APCs and proctoring other Medical Staff Members; and, in discharging such other functions as may be required from time to time; and
- (c) participate in the conduct of the business of the Medical Staff through attendance at general staff meetings and those scheduled Committee meetings of the Committee(s) to which the member is assigned in accordance with the attendance requirements for each Committee.

#### **4.4. COURTESY STAFF**

##### **4.4-1 Qualifications**

The Courtesy Staff shall consist of Physicians, Dentists, Podiatrists and Advanced Practice Clinicians who:

- (a) meet the qualifications set forth in Section 3.2;
- (b) are members in good standing of the Active Medical Staff of another hospital in the immediate vicinity where the physician primarily practices;
- (c) are members in good standing of the Medical Staff;
- (d) actively participate and cooperate with the Medical Staff in supervising APCs and proctoring other Medical Staff Members, and in discharge of such other functions as may be required from time to time; and
- (e) maintain Board Certification in specialty, if applicable.

##### **4.4-2 Prerogatives**

The Prerogatives of a Courtesy Staff Member shall be to:

- (a) admit or provide professional services for not more than 12 patients in the Hospital per calendar year. Members whose activity will exceed this limit must promptly request a change to Active Staff category;
- (b) exercise such Clinical Privileges as granted to them pursuant to the Credentialing Section.

#### **4.4-3 Responsibilities**

Each Courtesy Staff Member shall meet the basic responsibilities set forth in Section 3.3;

- (a) actively participate in and regularly cooperate with the Medical Staff in assisting the Hospital in fulfilling its obligations related to patient care, including, but not limited to, emergency service, patient care audit (except for APC's who are subject to the limitations set forth in Article 15), peer review, utilization review, quality evaluation, corporate compliance and related monitoring activities required of and by the Medical Staff; in supervising APCs and proctoring other Medical Staff Members; and, in discharging such other functions as may be required from time to time; and
- (b) vote on all matters presented at general and special meetings of the Medical Staff and Committees of which they are a member.

#### **4.4-4 Limitations**

Courtesy staff members who admit patients or regularly care for patients in the hospital, shall upon review of the MEC, be obligated to apply for membership in the Active Staff category.

### **4.5. CONSULTING STAFF**

#### **4.5-1 Qualifications**

The Consulting Staff shall consist of Physicians, Dentists, Podiatrists and Advanced Practice Clinicians who:

- (a) meet the qualifications set forth in Section 3.2;
- (b) possess unique clinical expertise and are reasonably available to the Hospital when so scheduled or when called to render a clinical opinion within their competence;
- (c) are members in good standing of the Active Medical Staff of another hospital; and
- (d) maintain board certification in specialty, if applicable.

#### **4.5-2 Prerogatives**

The Prerogatives of a Consulting Staff Member shall be to:

- (a) exercise such Clinical Privileges as granted to them pursuant to the Credentialing Section;
- (b) provide care to patients only at the request of the patient's attending physician. A Consulting Staff Member does not have admitting Privileges, and shall

provide services only under the supervision of the patient's attending physician;  
and

- (c) attend meetings of Medical Staff but may not vote.

#### **4.5-3 Responsibilities**

Each Consulting Staff member shall:

- (a) meet the basic responsibilities set forth in Section 3.3, (a), (b), (c), (e), and (f);
- (b) comply with all requirements set forth in the Medical Staff Bylaws, Rules & Regulations and Related Documents, and with all other standards, policies, and rules of the Hospital, including, but not limited to, those requiring maintenance of professional liability insurance and refraining from division of fees and;
- (c) obtain Privileges in the Hospital through the normal application process, as defined in the Credentialing section;
- (d) are willing and able to come to the hospital or promptly respond when called to render clinical services within their area of competence.

#### **4.6 LOCUM TENENS STAFF**

Locum Tenens shall apply for appointment, reappointment and Clinical Privileges in the same manner and form as other applicants, and the criteria for their appointment, reappointment and Clinical Privileges shall be the same as for other Applicants applying for Active Staff as set forth in 4.3-1.

Locum Tenens Providers are exempt from meeting attendance requirements and Committee appointments. Locum Tenens Providers shall not be eligible to vote or hold office on the Medical Staff and shall not be afforded any rights or Privileges under the Corrective Action, Article 16.

#### **4.7 TELEMEDICINE STAFF**

##### **4.7-1 Definition of Telemedicine Privileges**

"Telemedicine Privileges" means the authorization granted by the Hospital to render a diagnosis or otherwise provide clinical treatment to a patient at this Hospital by electronic communication or other communication technologies. The Medical Executive Committee shall make a recommendation to the Board regarding the clinical services that should be offered through telemedicine. For the purposes of this section: originating site is the Hospital, and distant site is the telemedicine provider.

#### **4.7-2 Qualifications**

Telemedicine Staff shall consist of Physicians who live and practice outside the Hospital's service area, hold a current, valid Washington license to practice medicine. These Physicians must have comparable qualifications and hold comparable liability insurance as Active Staff Physicians of this Hospital. The originating site will rely on the credentialing and privileging decisions made by the governing board of the distant site if all the following requirements are met: (1) the distant site is Joint Commission accredited; (2) the practitioner is privileged at the distant site for those services to be provided at the originating site; and (3) the originating site has evidence of an internal review of the practitioner's performance of these Privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and service.

#### **4.7-3 Limitations**

- (a) Telemedicine Staff shall only exercise Privileges in Telemedicine as determined and requested by the Medical Staff and approved by the Board.
- (b) Telemedicine Staff shall not be eligible to admit or attend patients in this Hospital, to hold office, or serve on any Medical Staff Committee.
- (c) Telemedicine Staff shall not be required to attend meetings or participate in Emergency Department or other specialty coverage service.
- (d) Telemedicine Staff shall accept responsibility for final interpretation, reports, and/or recommendations of treatment.

#### **4.8 RESIDENTS**

Residents may participate in patient care within the scope of their educational program. Documentation that must be provided prior to the clinical presentation are: (1) Documentation supporting their level of skill, (2) Evidence of professional liability insurance, (3) Compliance with licensing requirements according to their state of origin, and (4) Residents will be required to have a Washington license if here longer than 90 days. This care will be under the direction and supervision of Medical Staff members to whom these individuals are assigned. Each Resident must have the consent of the Medical Staff members to whom they are assigned before being allowed to perform a patient care service. Such Medical Staff member shall be responsible for the professional competence of the Resident.

While Residents are not required to obtain Medical Staff membership or Privileges, the supporting documentation must include a letter of support from their Medical Staff member, letter or Memorandum of Understanding from Residents' medical school validating membership, proof of liability insurance, and licensure. These must be turned into Administration at least 30 days prior to the beginning of the experience to allow for communication within the organization to prepare for the Resident.

While functioning at the Hospital, Residents shall abide by all provisions of the Hospital and Medical Staff Bylaws and shall be subject to the limitation or termination of their authority to

function at the Hospital at any time at the discretion of the Administrator or the Chief of the Medical Staff and shall be required to attend Medical Staff meetings when invited.

#### **4.9 HONORARY STAFF**

Honorary category is restricted to those individuals the staff wishes to honor. Such staff appointees are not eligible for clinical privileges and are not required to pay dues. They may, however, attend medical staff and department meetings, but are not eligible to vote.

#### **4.10 LIMITATIONS OF PREROGATIVES**

The Prerogatives set forth under each membership category are general in nature and may be subject to limitation by special conditions attached to a particular membership, by other Sections of these Bylaws and Related Documents, or by other policies of the Hospital.

#### **4.11 WAIVER OF QUALIFICATIONS**

Any qualifications may be waived at the discretion of the Board upon determination that such waiver will serve the best interest of the patients of the Hospital.

### **5. OFFICERS**

#### **5.1. OFFICERS OF THE MEDICAL STAFF**

##### **5.1-1 Identification**

The Officers of the Medical Staff shall be a Chief of Staff, Immediate Past Chief of Staff and Vice Chief of Staff.

##### **5.1-2 Qualifications**

Officers must be Members of the Active or Active Community Staff at the time of nomination and election, and must remain members in good standing during their terms(s) of office without a conflict of interest as defined by Board, Hospital or Medical Staff Policy. APC's may not serve as Officers and are subject to the limitations set forth in Article 15. Failure to perform the duties of the office, suspension or revocation of medical staff appointment or conviction of a criminal felony offense shall immediately create a vacancy in the office involved.

##### **5.1-3 Election of Officers**

- (a) Officers shall be elected at the Annual Meeting of the Medical Staff. Only Members of the Medical Staff with voting privileges shall be eligible to vote.
- (b) The nominating Committee shall consist of the Immediate Past Chief of Staff and the Chief of Staff or their designees. This Committee shall meet at least 2 months prior to the annual meeting for the purpose of soliciting input and preparing a list of nominations for the general election of officers.

- (c) This Committee shall offer one or more nominations for the positions of Chief of Staff and Vice Chief of Staff, and shall notify the nominees three weeks in advance of the meeting. Nominations shall not be officially announced until accepted by the nominee. In the event there are no nominations, the Chief of Staff will appoint a candidate for each position.
- (d) Installations will occur at the Annual meeting in November.

#### **5.1-4 Term of Office**

The term of office for all officers shall be two years. Officers shall take office on the first day of January.

#### **5.1-5 Immediate Past Chief of Staff**

The Chief of Staff shall, upon completion of that term of office, immediately become the Immediate Past Chief of Staff.

#### **5.1-6 Vice Chief of Staff**

The Vice Chief of Staff shall upon completion of that term of office, become the Chief of Staff.

#### **5.1-7 Vacancies in Office**

Vacancies in office shall be filled by the Medical Executive Committee within 30 days.

- (a) If the Chief of Staff is unable to serve the remaining term, the Vice Chief of Staff shall serve out the remaining term or MEC will appoint an interim officer who shall assume the Chief of Staff position and duties.
- (b) If there is a vacancy, the Medical Executive Committee shall appoint an interim officer to fill the office until the next regular election.

#### **5.1-8 Removal from Office**

Officers of the Medical Staff may be removed from office by a two-thirds vote of the Active Medical Staff present at a duly convened meeting at which a quorum is present. No such removal shall be effective unless or until it has been ratified by a majority of the Medical Executive Committee. Officers may also be removed by the Board for cause.

### **5.2. DUTIES OF OFFICERS**

#### **5.2-1 Chief of Staff**

The Chief of Staff shall:

- (a) serve as the chief officer of the Medical Staff;

- (b) act in coordination and cooperation with the Administrator in all matters of mutual concern within the Hospital;
- (c) call, preside at, and be responsible for agenda of all general meetings of the Medical Staff;
- (d) call special meetings of the Medical Staff;
- (e) serve as chairperson of the Medical Executive Committee;
- (f) enforce the Medical Staff Bylaws, Rules & Regulations and related documents;
- (g) impose sanctions where these are indicated;
- (h) ensure the Medical Staff's compliance with procedural safeguards in all instances in which corrective action has been requested against a Practitioner pursuant to the Corrective Action and Hearing Section;
- (i) represent the interests, policies, needs and grievances of the Medical Staff to the Board and to the Administrator;
- (j) attend, as necessary, meetings of the Board;
- (k) receive and interpret the policies of the Board for the Medical Staff;
- (l) report to the Board activities of various Medical Staff Committees;
- (m) speak for the Medical Staff in its external professional and public relations;
- (n) attend to all appropriate correspondence and notices on behalf of the Medical Staff;
- (o) assure coordination between the goals of the Medical Staff and the Hospital;
- (p) report to the Medical Staff at each general staff meeting;
- (q) assist the Committee Chairpersons in the administration of their Committee as necessary;
- (r) be authorized to initiate corrective action as allowed in the Corrective Action and Hearing Section;
- (s) perform such other functions as may be assigned by these Bylaws, the Medical Staff, the Medical Executive Committee or as reasonably requested by the Board of Commissioners;
- (t) assure coverage in their absence and notification of absence to Administration and/or Administrative Assistant;



- (u) facilitate coverage if any on-call provider does not respond; and
- (v) coordinate capital expenditure requests from the Medical Staff for the development of the Hospital budget for the coming year.

### **5.2-2 Immediate Past Chief of Staff**

The Immediate Past Chief of Staff shall:

- (a) assume all the duties and have the authority of the Chief of Staff in their absence;
- (b) be a member of the Medical Executive Committee;
- (c) act as advisor to the Chief of Staff;
- (d) be authorized to initiate corrective action as allowed in the Corrective Action and Hearing Section; and
- (e) perform such other functions as may be assigned by these Bylaws, the Medical Staff, the Medical Executive Committee or as reasonably requested by the Board of Commissioners.

### **5.2-3 Vice Chief of Staff**

- (a) assume all the duties and have the authority of the Chief of Staff in their absence;
- (b) be a member of the Medical Executive Committee;
- (c) act as Treasurer for the Medical Staff;
- (d) act as an advisor to the Chief of Staff;
- (e) be authorized to initiate corrective action as allowed in the Corrective Action and Hearing Section; and
- (f) perform such other functions as may be assigned by these Bylaws, the Medical Staff, the Medical Executive Committee or as reasonably requested by the Board of Commissioners.

## **6. CLINICAL DEPARTMENTS AND COMMITTEES**

### **6.1. ORGANIZATION OF COMMITTEES**

The Medical Staff shall be divided into clinical Committees. Each Committee shall function as a whole and be organized as a separate component of the Medical Staff and have a Chair whose selection and responsibilities are set forth in Section 6.7. When appropriate, the

Medical Executive Committee may authorize the creation, elimination, modification or combination of Committees.

## **6.2. COMMITTEES**

The current Committees include Surgery, Emergency, Perinatal/Pediatrics, Medical Executive, Medical Staff Quality Improvement, Credentials, Medicine, Pharmacy and Therapeutics, Physician Health and Wellness, and Community Clinics.

## **6.3. ASSIGNMENT TO COMMITTEES**

Each Medical Staff Member as appropriate shall be assigned membership and/or Clinical Privileges to at least one Committee consistent with the practice Privileges granted.

## **6.4 FUNCTIONS OF THE COMMITTEES: EACH COMMITTEE SHALL**

- (a) establish a Charter approved by the Committee, the Medical Executive Committee and the Board. The Charter will describe the Committee purpose, operational outline, composition, functions, reporting, meeting schedule, quorum and voting eligibility;
- (b) conduct, participate in and make recommendations regarding continuing education programs pertinent to clinical practice;
- (c) take appropriate action when important problems in patient care or opportunities to improve care are identified;
- (d) formulate recommendations for Rules and Regulations that are reasonably necessary for the proper discharge of its responsibilities, subject to approval by the Medical Executive Committee;
- (e) account to the Medical Executive Committee for all professional and Medical Staff administrative activities within that Committee; and
- (f) evaluate the effectiveness of actions taken relating to patient care and clinical performance. The findings from the original reviews and the effect of the actions taken shall be maintained and documented within the intent of RCW 4.24.250 and RCW 18.71.0195, and their updates.

## **6.5 MEETINGS**

Departments and Committees may hold meetings and mandate attendance in accordance with their own established policies and procedures for meeting frequency and attendance.

## **6.6 MODIFICATIONS OF COMMITTEES**

The Medical Executive Committee may create, eliminate, or combine Committees as follows:

- (a) Creation

- (1) A Committee may be created when a sufficient number of Practitioners with unique qualifications and clinical interests are available for assignment to or participation in the new organizational component. This newly constituted Committee must accomplish the relevant functions generally described in these Bylaws and related documents adopted pursuant to them; and/or
- (2) The activity associated with the new component is substantial enough to impose on its members the responsibility to accomplish those functions.

(b) Elimination or Combination

- (1) A Committee may be eliminated or combined when its membership cannot accomplish assigned functions, or when the activity associated with the component to be dissolved is no longer substantial enough to warrant the responsibility imposed on the members to accomplish those functions; and/or
- (2) When the union of two or more organizational components will result in more effective and/or efficient accomplishment of assigned functions, and the activity to be associated with the combination is substantial enough, without being unwieldy, to warrant the responsibility imposed on the members of such combined components to accomplish those assigned functions.
- (3) In instances of modification, the Hospital's written strategic plan, as currently being implemented, and any constraints or mandates imposed by planning authorities, shall also be considered.

## **6.7 COMMITTEE CHAIRS**

Unless otherwise specified, each Committee shall be headed by an elected Chair who shall be responsible for the overall supervision of the work of the Committee and who shall report to the Medical Executive Committee.

### **6.7-1 Qualifications**

Each Chair shall be a Member of the Medical Staff qualified by training, experience, demonstrated ability and willingness for the position. APC's may not serve as Chair and are subject to the limitations set forth in Article 15. The Chair must remain in good standing during the term of office. Failure to perform the duties of the office, suspension or revocation of Medical Staff appointment or conviction of a criminal felony offense shall immediately create a vacancy in that office.

### **6.7-2 Selection**

The Chair shall be elected at the last Committee meeting of each applicable term year (the "Election Meeting"). Active Medical Staff Members of that Committee shall be eligible to vote.

### **6.7-3 Term of Office**

Each Committee Chair shall serve a two-year term that coincides with the Medical Staff year or, until their successors are chosen, unless they shall sooner resign, be removed from office or lose their Medical Staff membership or Clinical Privileges. Committee officers shall be eligible to succeed themselves.

### **6.7-4 Removal**

Removal of a Chair during their term of office may be initiated by a two-thirds vote of all Active Staff Members of the Committee, but no such removal shall be effective until it has been ratified by the Medical Executive Committee (MEC). The MEC or the Board may remove a Chair for cause.

### **6.7-5 Duties**

Each Committee Chair shall have the following authority and responsibilities, which they may delegate to an active member of the Committee.

- (a) Act as presiding officer at Committee meetings.
- (b) Exercise a quality control function by developing criteria and standards of medical care, and reporting regularly to the MEC through the minutes of Committee meetings. In the event there are concerns about management of care of current hospital patients, the Chair of the Committee or designee is responsible for reviewing and evaluating quality of individual patient's care.
- (c) Give guidance on the overall medical policies of the Hospital and make specific recommendations and suggestions.
- (d) Recommend delineated Clinical Privileges for each member of the Committee;
- (e) Enforce the Medical Staff Bylaws within the Committee, including initiation of corrective action and investigation of clinical performance, and ordering of consultations when necessary.
- (f) Implement actions taken by the Medical Executive Committee within the Committee.
- (g) Serve as Physician Advisor for Utilization Review questions.
- (h) Participate in the administration of the Committee, including cooperation with the nursing service and the Hospital administration in matters such as personnel, supplies, special regulations, standing orders and techniques.
- (i) Participates in presentation of quarterly report to MEC, assists in identification of budgetary needs relating to the Committee.

- (j) Perform other duties commensurate with the office as may from time to time be reasonably requested by the Chief of Staff, the Medical Executive Committee or the Board.

## **7. COMMITTEE MEETINGS**

### **7.1. REGULAR MEETINGS**

Committees shall give notice of the time and place of regular meetings and shall meet at least quarterly. To maintain privileges, each member of a staff category required to attend meetings shall be required to attend:

- (a) At least 75 percent of the annual staff meetings.
- (b) At least 75 percent of all meetings or committees of which they are a member.

### **7.2. SPECIAL MEETINGS**

A special meeting of any Committee may be called by or at the request of the Chair, by the Chief of Staff, or by at least one-half of the members of the Committee but in no event less than two voting members. Notice of the time, place, and purpose of any special meeting shall be given to each member of the Committee not less than seven days before such meetings, by the person or persons calling the meeting.

### **7.3. QUORUM**

Unless otherwise specified, for all Committee meetings, a quorum shall consist of fifty percent (50%) of the voting Members of the Committee, but in no event not less than two voting Members.

### **7.4. ATTENDANCE REQUIREMENTS**

#### **7.4-1 Committee and Department Meetings**

Attendance requirements for Special meetings Committee or Department meetings shall be the same as set forth for the regular meetings of the Medical Staff, including the provisions for absence from meetings.

### **7.5. SPECIAL ATTENDANCE REQUIREMENTS**

#### **7.5-1 Notice**

A Practitioner whose presence is requested at a regular staff or other meeting to discuss a patient's clinical course or as a part of an investigation (See Corrective Action and Hearing Section) shall be so notified 15 days before the meeting and shall attend such meeting or provide a qualified representative.

## **7.5-2 Failure to Appear**

Failure by a Practitioner to attend any meeting with for which they were given notice that attendance was mandatory, unless excused for good cause, may result in corrective action in accordance with the Corrective Action and Hearing Section or in an automatic suspension of all or such portion of the practitioner's Clinical Privileges as the Medical Executive Committee may direct in accordance with the Corrective Action and Hearing Section. Such suspension shall remain in effect until the matter is resolved through any mechanism that may be appropriate, including corrective action, if necessary. In all other cases, the practitioner shall make a timely request for postponement if supported by an adequate reason why their absence will be unavoidable. Such presentation may be postponed by the Chief of Staff or by the Medical Executive Committee if the Chief of Staff is the practitioner involved, until not later than the next regular staff, Committee or other meeting; otherwise, the pertinent clinical information shall be presented and discussed as scheduled.

## **7.6. MANNER OF ACTION**

There shall be two manners of action.

### **7.6-1 Action at Committee Meeting**

The action of a majority of the members of the Committee or Department present at a meeting at which a quorum is present shall be the action of a Committee or Department.

### **7.6-2 Action Without a Meeting**

In the absence of a quorum or in lieu of a meeting, any Active Staff member of a Committee may call for a written ballot. Such a ballot must be in writing and signed by each Active Staff member entitled to vote. A majority vote of Active Staff members on the Committee shall constitute said action.

## **7.7. RIGHTS OF EXOFFICIO MEMBERS**

Persons serving under these Bylaws as ex-officio members of a Committee shall have all rights and Privileges of regular members except, they shall not be counted in determining the existence of a quorum and cannot vote unless granted that authority in these Bylaws.

## **7.8. MINUTES**

Minutes of each regular and special meeting of a Committee shall include a record of the attendance of members and the vote taken on each matter. The minutes shall be signed by the Chair and copies forwarded to the Medical Executive Committee as appropriate. Each Committee shall maintain a permanent file of the minutes of each meeting.

## **7.9. EXECUTIVE SESSION**

Any Committee may call itself into Executive Session. Only the voting members of the applicable group may be present during said Executive Session unless invited by the Chair of the meeting.

## **7.10 VIRTUAL/REMOTE MEETING ATTENDANCE**

Any mandatory meeting, including meeting of the Members, Board, MEC, or any other committee may be held by remote communication as provided, and subject to the following:

- (a) The technology used for electronic meeting shall allow attendees full access to and full participation in all meeting transactions either continuously or intermittently throughout the specified time of the meeting.
- (b) The MEC shall implement reasonable measures to authenticate the attendance and vote of each attendee. In addition, the MEC shall establish and implement procedural rules related to the conduct of electronic meetings.
- (c) Participation in a meeting by virtual remote procedure that comply with established Board authentication measures shall constitute presence for all purposes, including quorum and voting.
- (d) Any action that could be taken at an in-person meeting may also be taken at a remote meeting held pursuant to this provision.

## **8. STANDING COMMITTEES**

### **8.1. MEDICAL STAFF COMMITTEES**

There shall be a Medical Executive Committee and such other standing Medical Staff Committees whose purposes are to provide effective mechanisms to monitor and evaluate the quality and appropriateness of patient care. Unless otherwise established by these Bylaws, these Committees, including their composition, duties and meeting frequency, shall be as outlined in the Committee Charters approved by the Medical Executive Committee.

### **8.2. APPOINTMENT**

Unless otherwise specified, members of all Committees shall be appointed by the Chief of Staff for a term of two years unless the member shall sooner resign or be removed from the Committee. The Chief of Staff may also remove Committee members for cause.

### **8.3. MEDICAL EXECUTIVE COMMITTEE**

Part of the duties and functions of the Medical Executive Committee shall be to provide effective mechanisms to monitor and evaluate the quality and appropriateness of patient care and the clinical performance where appropriate of all individuals with delineated Clinical Privileges, in order to assure continuous improvement in that care. The Medical Executive

Committee may appoint standing Committees to fulfill all or part of the following functions. These Committees, including their composition, duties and meeting frequency, shall be established by the Medical Executive Committee. If no Committee is formed, the Medical Executive shall perform the following functions:

### **8.3-1 Composition**

The Medical Executive Committee shall be composed of the officers of the Medical Staff, and the Chair of each Committee. The Chief of Staff shall serve as the Chair. The Administrator or their designee shall be an ex-officio member without the right to vote.

### **8.3-2 Duties**

- (a) Coordinating and reviewing credentials, investigations and recommendations to include each applicant for initial appointment, reappointment or modification of appointment and for Clinical Privileges.
- (b) Review and evaluate the qualifications of each health care affiliate applying to perform specified services.
- (c) Submit recommendations for membership and Clinical Privileges to the Board. Such recommendations shall include staff category, Clinical Privileges and special conditions attached thereto.
- (d) Investigate, review and report on matters, including the clinical or ethical conduct of any Practitioner, assigned or referred to it by: (1) the Chief of Staff (2) Hospital Administrator or (3) Chairman of the Board.
- (e) Investigate, review, and report on matters referred by the Chief of Staff, Medical Executive Committee, or as may otherwise be applicable regarding the qualifications, conduct, professional character and/or competence of any applicant of Medical Staff Member.
- (f) Establish such Committees and other mechanisms as are necessary and desirable to perform the functions assigned to it, including, but not limited to, the proctoring protocol.
- (g) The Medical Executive Committee shall provide the Board with quarterly reports summarizing the activities of the Medical Staff and its Committees for that quarter. This report shall be presented by the Chief of Staff, or authorized designee.
- (h) Develop a utilization review plan appropriate to the Hospital and that meets the requirements of law. Such a plan must include provisions for at least: (1) review of admissions and of continued Hospital stay; (2) discharge planning; and (3) data collection and reporting.



- (i) Participate in Disaster Planning Functions, including planning to provide appropriate response to, and the protection and care of Hospital patients and others at the time of, internal and external disasters through: (1) review, in cooperation with Hospital administration, written plan designed to safeguard patients at the time of an internal/external disaster and require Physicians to maintain current knowledge of fire and disaster plan; and (2) review, in cooperation with the Hospital administration, a written readiness plan which is rehearsed by all personnel involved annually.
- (j) Make recommendations to the Administrator on medical administrative issues.

### **8.3-3 Bylaws Review and Reviewing Function**

The duties involved in maintaining appropriate Bylaws, Rules & Regulations and other organizational documents pertaining to staff are to:

- (a) Conduct a bi-annual review of the Bylaws, Rules & Regulations, procedures, and forms promulgated in connection therewith.
- (b) Make necessary changes to the related documents and submit recommendations to the Medical Staff and to the Board for changes in these Bylaws.
- (c) Act upon all matters relating to Bylaw review as may be referred by the Board, the Medical Staff, the Chief of Staff, the Administrator, and Committees of the Medical Staff.

### **8.3-4 Continuing Medical Education (CME)**

Provide oversight of input into continued education to include but not limited to:

- (a) Participate in programs of continuing education that are designed to keep the Medical Staff informed of significant new developments and new skills in medicine and that respond to audit findings.
- (b) Evaluate the effectiveness of the educational programs developed and implemented.
- (c) Review on a continuing basis, the Medical Staff's needs for professional continuing education.
- (d) Act upon continuing education recommendations from any individual Medical Staff provider or Medical Staff Committee.

## **8.4. MEDICAL STAFF QUALITY IMPROVEMENT COMMITTEE**

### **8.4-1 Composition**

The Medical Staff Quality Improvement Committee is a component of the Hospital Quality Improvement Program and shall be made up of at least one representative of each Department/Committee. Physician members shall be active Members in good standing of the Medical Staff. The Chairperson shall be elected by the Committee members to serve for two year. Non-voting members must represent Nursing Quality and Administration. A Hospital staff member shall act as secretary. Each member, including the chair, shall receive appropriate education related to quality improvement activities. Members shall be appointed to a two-year term and may serve multiple terms. Quality Oversight Review will conducted in accordance with Critical Access Hospital regulations.

### **8.4-2 Duties**

- (a) Adopt, subject to the approval of the Medical Staff and the Board, specific programs and procedures for reviewing, evaluating and maintaining the quality and efficiency of patient care. Specific process will include (1) establishing objective criteria; (2) measuring actual practice against criteria; (3) analyzing practice variations from criteria by peers; (4) acting to correct identified problems; (5) following up on action taken; and (6) reporting the findings and results of the audit activity to the Medical Staff and the Governing Body.
- (b) Specific areas of monitoring shall include Medicare/Medicaid and Department specific quality screens as noted below but not inclusive:  
  
Tissue discrepancies, infections, complications, indications for procedures, etc.
- (c) Coordinate the findings and results of monitoring; Hospital utilization review activities, medical record completeness, timeliness and clinical pertinence; and other staff activities designed to monitor patient care practices.
- (d) Submit quarterly reports to the Medical Staff, Medical Executive Committee, Joint Conference Committee (JCC) with Board representative and Board.
- (e) Strive to assure quality care is provided, monitored, and outcomes evaluated by Medical Staff Quality Improvement Committee. All documentation and discussions regarding this peer review process shall be conducted to fulfill the intent of and obtain the protection afforded by all applicable governmental statutes, laws, rules and regulations.
- (f) Cooperate with the Medical Executive Committee in the preparation and evaluation of data used to assess the quality of care rendered by Practitioners.

## **8.5. QUALITY IMPROVEMENT PRIVILEGE**

All peer review/quality improvement documentation and discussions of any Committee shall be maintained and recorded in compliance with RCW 4.24.250, 70.41.200, 70.41.230, 70.44.062, 70.56.050, 42.56.360, and any other Washington state or federal law and any amendments.

## **9. CONFIDENTIALITY, IMMUNITY, AND RELEASES**

### **9.1. PURPOSE**

To facilitate the goals and objectives of the Medical Staff in fostering the highest quality and most efficient care reasonably possible, it is necessary to afford the proper protection and confidentiality to the Medical Staff, Board, and the Hospital and their representatives in the conduct of its duties pertaining to the business of the Medical Staff. The provisions of this Article are designed to assure the integrity of the process and cooperation among all parties involved in the proper functioning of the Medical Staff.

### **9.2. SPECIAL DEFINITIONS FOR THIS ARTICLE**

Under this Article, when a term is capitalized in the text, the following definitions shall apply:

- (a) **INFORMATION** means records of proceedings, minutes, records, reports, memoranda, statements, recommendations, data and other information and disclosures, in any form, relating to a Practitioner's professional qualifications, clinical ability, judgment, character, physical and mental health, professional ethics, ability to work cooperatively with others or any other matter that might directly or indirectly affect patient care or the efficient functioning of an institution or organization, including information of a like kind that may be provided by Third Parties.
- (b) **MALICE** means the dissemination of a known falsehood, or dissemination of information with a reckless disregard for whether it is true or false, and out of ill will, spite or vindictive motives.
- (c) **PRACTITIONER** means a past or current Medical Staff Applicant or Member or applicant for or possessor of Privileges, regardless of whether such person has actually exercised Privileges at the Hospital.
- (d) **REPRESENTATIVE** means the Board and any member or Committee thereof, the District, the Hospital, the Administrator, the Medical Staff, and any member, officer, department, service or Committee thereof, and any individual authorized by any of the foregoing to perform specific information-gathering or disseminating functions.
- (e) **THIRD PARTIES** means both individuals and organizations providing information to any Representative.

### **9.3. AUTHORIZATION AND CONDITIONS**

Any Practitioner who applies for, accepts or exercises Clinical Privileges at this Hospital, expressly:

- 9.3-1** Authorizes representatives to solicit, provide, and act on information bearing, or reasonably believed to bear, on the applicant's professional ability, character, ethical qualifications and other qualifications which in the opinion of the representatives might relate to or affect their competence and ability to provide quality care and work harmoniously with officers, personnel and staff of the Hospital to the end that quality medical care can be provided in as economical a manner as possible;
- 9.3-2** Authorizes third parties to provide information concerning the Practitioner to the third parties whom the representatives believe may possess or require relevant information regarding the practitioner
- 9.3-3** Agrees to be bound by the provisions of these Bylaws and specifically this article and to waive all legal claims against any representative who acts in accordance with the provisions of these Bylaws
- 9.3-4** Acknowledges that the provisions of this article are to express conditions to an application for Medical Staff appointment, reappointment, membership or the continuation of membership, and/or to the application for Clinical Privileges or to the continued exercise of Clinical Privileges at the Hospital and agrees to abide by and follow HIPAA regulations as stated in the HIPAA guidelines and State statutes.

### **9.4. CONFIDENTIALITY OF INFORMATION**

#### **9.4-1 General**

Medical Staff, Department, or Committee minutes, files and records, including information regarding practitioners collected or prepared for achieving and for maintaining quality patient care, reducing morbidity and mortality or contributing to clinical research shall be confidential to the fullest extent permitted by law. The information referred to in Sections 9.3 shall be part of the Medical Staff Committee files and shall not become part of any particular patient's file or of the general Hospital records.

#### **9.4-2 Other Information**

All other information shall also be confidential to the fullest extent permitted by law, subject to its necessary and reasonable use by the representatives to accomplish their respective functions and purposes.

#### **9.4-3 Dissemination of Information Restricted**

Dissemination or use of any information referred to in Sections 9.3 shall only be made when expressly required by law, pursuant to officially adopted policies or Bylaws of the Medical Staff or, if no officially adopted policy or Bylaw exists, only with the express approval of the Medical Executive Committee, or its designee.

#### **9.4-4 Breach of Confidentiality**

Any breach of confidentiality of the discussions or deliberations of Medical Staff Departments, Divisions, or Committees, except in conjunction with other hospital, professional society or licensing authority, is inappropriate and will be deemed disruptive to the operation of the Hospital. If determined that a breach occurred, the Medical Executive Committee shall undertake corrective action as it deems appropriate.

### **9.5. IMMUNITY FROM LIABILITY**

#### **9.5-1 Action Taken and Information Provided by Representatives**

Each representative shall be absolutely immune from liability to a Practitioner, whether in a judicial or other proceeding, for damages or other relief, for:

- (a) any action taken or statements or recommendations made within the scope of their duties as a representative; or
- (b) providing information concerning any practitioner, including otherwise privileged or confidential Information, to another representative or to any third party while performing their assigned duties in accordance with defined policies and procedures, provided that such representative acts without malice. Regardless of any provisions of state law to the contrary, truth shall be an absolute defense for a representative in all circumstances.

#### **9.5-2 Information Provided by Third Parties**

Each third party shall be immune from liability to a practitioner, whether in a judicial or other proceeding, for damages or other relief, for providing Information without malice concerning any practitioner, including otherwise privileged or confidential Information, to a representative.

#### **9.5-3 Release and Covenant Not to Sue**

The practitioner expressly agrees to release and hereby does release from liability and covenants not to sue or make claims against:

- (a) representatives or third parties for furnishing or passing to the Hospital or any other hospital any information disseminated without malice, and;

- (b) any representative for any act, communications, report, recommendation or disclosures, regardless of whether well founded in act or law, provided that it is done or made without malice.

#### **9.6. ACTIVITIES COVERED**

The confidentiality and immunity of this Article shall apply to all acts, communications, reports, recommendations or disclosures performed or made in connection with this or any other health care facility or organization's activities, including, but not limited to:

- (a) applications for appointment, reappointment, Clinical Privileges or modification thereof, and periodic reappraisals of a Member's status, Privileges, and/or Prerogatives;
- (b) corrective action (including summary suspension);
- (c) hearings and appellate reviews;
- (d) utilization reviews and patient care audits;
- (e) other Hospital Medical Staff Committee activities related to monitoring or maintaining quality patient care and other appropriate professional conduct;
- (f) peer review organizations and similar reports; and
- (g) compliance with the Federal Health Care Quality Improvement Act or any other applicable federal or state law or regulation.

#### **9.7. RELEASES**

Each Practitioner shall, at the request of the Hospital Administration or Medical Staff, execute general and specific releases in accordance with the express provisions and general intent of this article. Such releases or copies thereof may be submitted to third parties from whom information is sought. Failure to execute a release shall be treated as a failure to provide information, however, execution of these releases are not requisite to the effectiveness of this article.

#### **9.8. CUMULATIVE EFFECT**

Provisions in these Bylaws and in application forms relating to authorizations, confidentiality of information, and immunities from liability shall be in addition to all other protections provided by law and not in limitation thereof.

## **10. MEDICAL STAFF FILES**

### **10.1. DEFINITIONS**

There shall be two files (peer review and credentialing) maintained for each present or past Medical Staff Member and Advanced Practice Clinician. For the purposes of this article, the terms Medical Staff Member shall apply to both current and former members.

#### **10.1-1 Medical Staff Peer Review File**

The Medical Staff Peer Review File contains all documentation regarding all deliberations, discussions, information reported and received, and actions taken by any Committee of the Medical Staff, when the same involves issues of quality of care or peer review. This file is maintained by the Medical Staff Coordinator with oversight provided by the Medical Staff Executive Committee, in accordance with RCW 4.24.250, RCW 18.71.0195 and RCW 70.41.200 and their updates. Information regarding confidentiality and access to this file is maintained in Hospital Policy.

#### **10.1-2 Medical Staff Credentials File**

The Medical Staff Credentials File contains all relevant information pertaining to applications for membership, requests for Privileges, and staff status for each practitioner. This file is maintained by the Medical Staff Coordinator. This file is maintained by the Medical Staff Coordinator with oversight provided by the Medical Staff Executive Committee, in accordance with RCW 4.24.250, RCW 18.71.0195 and RCW 70.41.200 and their updates. Information regarding confidentiality and access to this file is maintained in Hospital Policy.

### **10.2. ADVERSE INFORMATION**

Any person may provide information to the Medical Staff about the conduct, performance, or competence of an applicant or member. A Quality Management Memo (QMM) will be initiated, routed and reviewed per hospital policy.

### **10.3. CONFIDENTIALITY**

The records of the Medical Staff and its Committees responsible for the evaluation and improvement of the quality of patient care provided in the Hospital shall be maintained as confidential. Access (as authorized by the Chief of Staff) to such records shall be limited per hospital policy and for the sole purpose of discharging Medical Staff responsibilities, subject to the requirement that confidentiality be maintained. Information shall be disclosed or available to the Board to allow the Board to discharge its lawful obligations and responsibilities and shall be maintained as confidential.

Information in the Credentials File of any Medical Staff Member may be disclosed with the Member's consent to any other medical staff, hospital, professional licensing board, medical school, or Underwriting Committee. But any disclosure outside the Medical Staff or the Hospital, except with the member's, shall require the authorization of the Chief of Staff, applicable Department Chair, and Administration.

#### **10.4. PROVIDER ACCESS TO FILES**

A Medical Staff Member shall be granted access to information contained in their Credentials File or Peer Review File, subject to the following provisions.

##### **10.4-1 Credentials File**

The Member may review, and receive a copy of, only those documents provided by or addressed personally to the member. Unless otherwise required by these Bylaws or law, all other information shall be provided only through a written summary (disclosing the substance but not the source) of other information, including, but not limited to, materials such as letters of reference where confidentiality of the reference has been assured. That summary shall be presented by the appropriate Department Chair or the Chief of Staff.

#### **10.5. PEER REVIEW FILE**

A written request is made by the member to the Chief of Staff and/or Administration. Upon approval by the Chief of Staff or Administration, review of the Peer Review File shall take place in the Medical Staff Coordinator's office, during normal working hours, in the presence of the appropriate Administrative Representative, Committee Chair or designee of the Medical Staff to protect integrity of the quality process. Note taking or photocopying Peer Review File is prohibited.

#### **10.6. CORRECTIONS, DELETIONS AND ADDITIONS TO THE FILES**

When a Medical Staff Member has reviewed their Peer Review and/or Credentials File, they may request, in writing a correction, clarification or addition of information in their Peer Review and/or Credentials File. The request shall include a statement of the basis for the action requested.

The Chief of Staff shall review such a request within a reasonable time and shall recommend to the Medical Executive Committee, after such review, whether to make the correction, clarification or addition requested. The Medical Executive Committee then shall either ratify or initiate action contrary to this recommendation.

The Medical Staff Member shall be notified promptly, in writing, of the decision of the Medical Executive Committee.

### **11. GENERAL PROVISIONS**

#### **11.1. DUES AND ASSESSMENTS**

The Medical Executive Committee shall have the power to recommend the amount of annual dues or assessments, if any, for each category of Medical Staff membership. A failure to pay such dues or assessments may result in Corrective Action.



## **11.2. AUTHORITY TO ACT**

Action of the Medical Staff in relation to any person other than the members thereof shall be expressed only through the Chief of Staff or the Medical Executive Committee, and they shall first confer with the Administrator. Any Member or Members, who act in the name of the Medical Staff without following this procedure shall be subject to such disciplinary action as the Medical Executive Committee may deem appropriate. But this provision shall not apply if the action involves the Administrator. In that situation, the Chief of Staff or Medical Executive Committee may confer directly with the Board.

## **11.3. DIVISION OF FEES**

Any division of fees by members of the Medical Staff is forbidden and any such division of fees shall be cause for exclusion or expulsion from the Medical Staff.

## **11.4. SECRET WRITTEN BALLOT**

Secret written ballots shall be returned in an unmarked envelope, which shall be placed inside a properly identified return ballot on which the Medical Staff Member has printed and signed their name. The names of members shall be verified by the Medical Staff records.

## **11.5. CONSTRUCTION OF TERMS AND HEADINGS**

The captions and headings in these Bylaws are for convenience only and are not intended to limit or define the scope or effect of any provision of the Bylaws.

## **11.6. DISCLOSURE OF INTEREST**

All nominees for election or appointment to Medical Staff offices, Committee Chairs, or the Medical Executive Committee shall, disclose in writing to the Medical Executive Committee those personal, professional or financial affiliations or relationships, of which they are reasonably aware, that could foreseeably result in a conflict of interest with their activities or responsibilities on behalf of the Medical Staff.

When performing any duty, task, or function in the Bylaws, if a Medical Staff member has or reasonably could be perceived as having a conflict of interest or a bias in any credentialing or peer review matter involving another individual, the person with the conflict will not participate in the final discussion or voting on the matter and will be excused from any meeting during that time.

Any Member with knowledge of the existence of a potential conflict of interest between any Members (or applicants) may present the conflict of interest to the MEC or Chief of Staff. The MEC or Chief of staff will make a final determination as to whether the provision in this section shall be triggered.

The fact that a Member is in the same specialty a Member or applicant whose performance is being review does not automatically create a conflict. The evaluation of whether a conflict of interest exists will be interpreted reasonably by the persons involved, taking into consideration

common sense and principles of fairness. No Member or applicant has a right to compel disqualification based on a mere allegation of a conflict of interest.

If a Member or staff person refrains from participation, or is excused from participation, this will not be interpreted as a finding of actual conflict.

#### **11.7. PROFESSIONAL LIABILITY INSURANCE**

Each Medical Staff Member granted Clinical Privileges in the Hospital shall continuously maintain in force professional liability insurance with a carrier and containing such coverage amount as required by the Board of Commissioners with respect to provider and coverage limits. The Medical Staff and Board of Commissioners may, in their sound discretion, accept self-insured retention plans, if in their opinion, a financially sound alternative has been presented to them. The Medical Staff and Board, in considering such alternative plans shall consider factors, which in its sound discretion are appropriate, including, but not limited to, the adequacy of the reserves of said plans (as determined by an independent actuary), the opinion of an independent auditor and the creation of a dedicated trust fund.

Practitioners who carry "Claims Made" professional liability coverage shall be required to have continuing liability insurance or "prior acts" coverage at the time of resignation from the Medical Staff, or in the event that a change in liability carrier is made. It shall be the Practitioner's responsibility to provide proof of coverage to the Medical Staff Coordinator's office within 60 days of resignation, or change in liability carrier.

#### **11.8. MEDICAL STAFF ROLE IN EXCLUSIVE CONTRACTING**

- (a) The Medical Staff shall review and make recommendations to the Board regarding quality-of-care issues related to exclusive arrangements for practitioner services, prior to any decision being made, in the following situations:
  - (1) the decision to execute an exclusive contract in a previously open department or service;
  - (2) the decision to renew or modify an exclusive contract in a particular department or service;
  - (3) the decision to terminate an exclusive contract in a particular department or service.
- (b) The Board shall have the exclusive authority to make any decisions regarding Exclusive Contracting.

#### **11.9. SUBSTANTIAL COMPLIANCE**

Technical, insignificant or non-prejudicial deviation from these procedures set forth in these Bylaws shall not be grounds to invalidate any action taken.

## **12. ADOPTION AND AMENDMENT OF BYLAWS**

### **12.1. INITIATION BY THE MEDICAL STAFF**

At the request of the Chief of Staff, the Medical Executive Committee, or upon timely written petition submitted to the Chief of Staff and signed by at least twenty-five percent (25%) of the Members of the Medical Staff in good standing and who are entitled to vote, consideration shall be given to the adoption, amendment or repeal of these Bylaws.

### **12.2. INITIATED BY THE BOARD**

If the Bylaws are not in compliance with the requirements imposed by law, regulation, order of court of law, for accreditation, for tax purposes, or otherwise necessary in the Board's judgment and discretion, the Board may request appropriate amendment. Such amendment as is proposed by the Board shall be deemed adopted by the Medical Staff unless the Medical Staff within the time frame designated by the Board takes action that amends these Bylaws to conform to such requirements within a reasonable period of time.

### **12.3. PROCESS**

The Bylaws may be adopted, amended, or revised by presentation of a proposed amendment or revision to the Medical Executive Committee, which after review, if deemed appropriate, shall present it to the General Medical Staff.

### **12.4. VOTING**

At the discretion of the Chief of Staff or Medical Executive Committee, a vote may be taken on a Bylaw amendment or change may be conducted in one of two ways:

- (a) At a General or Special Medical Staff Meeting to be adopted, an amendment or revision shall require a two-thirds vote of the Active Staff present at a meeting of the General Medical Staff at which a quorum is present.
- (b) By Written Ballot to be adopted, the affirmative vote of a two-thirds majority of the Active Medical Staff members who are eligible to vote and do cast ballots, shall be required to amend, adopt or repeal these Bylaws or any provision thereof.

Not less than seven days and not more than 21 days after the proposed change(s) have been presented to the Medical Staff, a secret written mail ballot, which sets forth the exact wording of the proposed addition, deletion or amendment, shall be sent to each Medical Staff Member entitled to vote. To be counted, the ballots must be received by the Medical Staff Coordinator not later than 21 days after the date the ballots were mailed. The Chief of Staff, Vice Chief of Staff and Medical Staff Coordinator shall count the ballots.

## **12.5. ADOPTION**

These Bylaws shall replace any previous Bylaws or Sections, and shall be reviewed every two years, or more frequently, if deemed appropriate by the MEC.

## **12.6. EFFECTIVE DATE**

The adoption, amendment, or revision of these Bylaws shall become effective when approved by an affirmative vote of the majority of the Board.

## **12.7. EXCLUSIVITY**

The mechanism described herein shall be the sole method for the initiation, adoption, amendment or repeal of the Bylaws.

# **13. PROCEDURES FOR APPOINTMENT, REAPPOINTMENT, AND PRIVILEGING**

## **13.1. CONSIDERATION OF APPLICATION**

### **13.1-1 General Procedure**

The Medical Staff Committees and Officers shall consider each application from a Practitioner for:

- (a) appointment or reappointment to the Medical Staff;
- (b) Clinical Privileges;
- (c) each request for modification of Medical Staff membership status or Clinical Privileges; or
- (d) temporary Privileges.

### **13.1-2 Application Verification**

The Medical Staff shall utilize the resources of the hospital to investigate and validate the contents of each application, prior to adopting and transmitting its recommendations to the Board of Commissioners.

## **13.2. APPLICATION FOR APPOINTMENT, REAPPOINTMENT OR PRIVILEGES**

### **13.2-1 General Provisions**

All applications for appointment or reappointment to the Medical Staff or change in status or Privileges, shall be in writing, submitted on a form prescribed by the Medical Executive Committee and the Hospital, with all provisions completed (or an explanation of why answers

are unavailable), and signed by the applicant. The applicant shall be given a copy of the Bylaws, Rules & Regulations, and other relevant policies relating to clinical practice, if any.

### **13.2-2 Request for Application Form**

All Applicants or designee must submit a written or electronic request to the Medical Staff Office for an application form.

### **13.2-3 Application Form**

The application form for initial appointment shall require detailed information which shall include but not limited to the following:

- (a) The applicant's qualifications, including professional training and experience, current licensure or certification in Washington State, current DEA registration, if applicable, certification of CPR training, ATLS, ACLS, PALS, Procedural Sedation, verification of current competency, and continuing medical education information related to the Clinical Privileges to be exercised by the applicant.
- (b) At least three peer references familiar with the applicant's current professional competence, character, ethics, reputation, and ability to work with others.
- (c) If applicable, desired membership category, department, and desired Clinical Privileges.
- (d) Past or pending professional disciplinary action, licensure limitations, or related matters.
- (e) Previously successful or pending challenges to any licensure or registration (state or district, Drug Enforcement Administration) or the voluntary relinquishment of such licensure or registration.
- (f) Membership status and/or voluntary relinquishment or involuntary revocation, suspension, reduction or failed renewal of Clinical Privileges at another hospital or institution.
- (g) Actions alleging fraud, abuse, or the violation of statutory, regulatory, or contractual requirements governing the provision of professional services or reimbursement therefore; and is not excluded from participation in any governmentally funded health insurance program.
- (h) Physical and mental health status.
- (i) Felony convictions.
- (j) Evidence of professional liability insurance coverage in such form approved by the Board (minimum of \$1 million and \$3 million aggregate) together with information concerning malpractice experience (including, but not limited to,

any claims made by a patient, and any pending or final lawsuits, settlements, or judgments), present and past malpractice insurance carriers (including authorization and consent for these entities to release information relative to the application).

- (k) An acknowledgement by the Applicant stating that the Applicant:
- (1) has received and had an opportunity to read a copy of the Bylaws and Rules & Regulations and has had an opportunity to receive an explanation of the sections not understood by the applicant, together with an agreement in writing that the applicant shall be bound by the terms thereof in all matters relating to consideration of the application, whether or not the applicant is granted membership and/or Clinical Privileges;
  - (2) agrees to submit to interviews and physical and mental examinations in regard to their application or at any other time;
  - (3) authorizes the Hospital to consult with members of the medical staff of other hospitals with which the applicant has been associated and with others who may have information bearing on their competence, character, ethics, other qualifications, and physical, mental and emotional health;
  - (4) consents to the Hospital's inspection of all records and documents that may be reasonably material to an evaluation of their professional qualifications and competence to carry out the Clinical Privileges they request as well as their moral and ethical qualifications for staff membership, and physical, mental, and emotional health;
  - (5) directs individuals who have custody of such records and documents to permit inspection and/or copying;
  - (6) agrees to inform the medical staff of any changes in the information provided on the application form during the application period, or at any subsequent time;
  - (7) acknowledges responsibility for timely payment of applicable dues and fees;
  - (8) pledges to maintain an ethical practice and to provide for continuous quality care for their patients; and
  - (9) releases from any liability and grants absolute immunity, to the fullest extent permitted by law, all individuals and organizations providing information to the Hospital and Medical Staff concerning the applicant and all Hospital and Medical Staff representatives for their acts performed in connection with evaluating the applicant and their credentials.
  - (10) acknowledges the Applicant's burden of proof under Section 13.4.
- (l) Each applicant for membership Privileges shall pay a non-refundable initial application or reappointment fee.

#### **13.2-4 Signature**

All applications must be signed by the applicant, which signature constitutes certification that the applicant will fulfill all obligations required of them as stated in the Bylaws and application.

### **13.3. WITHDRAWAL OF APPLICATION OR REQUEST FOR PRIVILEGES**

A Practitioner may voluntarily withdraw an application for membership or Privileges without prejudice, provided that not more than one application can be filed within a six-month period. Such a request to voluntarily withdraw an application or request for Privileges or to reapply must be made in writing to Administration.

### **13.4. PROCESSING THE APPLICATION FOR APPOINTMENT/PRIVILEGING**

#### **13.4-1 Applicant's Burden of Proof**

In connection with all applications, the applicant shall have the burden of producing information for an adequate evaluation of their qualifications and suitability for the Clinical Privileges and staff category requested, of resolving any reasonable doubts about these matters, and of satisfying requests for information including adequate responses from references. This burden may include submission to a medical, psychiatric, or psychological examination, at the applicant's expense, if deemed appropriate by the Medical Executive Committee which may select the examining physician or practitioner. This burden includes the execution of a release and grant of immunity in compliance with Article 9 of these Bylaws.

#### **13.4-2 Incomplete Application**

Failure to sustain the burden of producing adequate information within 30 days after the Applicant has been notified of the need for additional information shall be considered or deemed to constitute an incomplete application, shall be grounds for inability to process the application, and shall be deemed to be an automatic withdrawal of the application. Notice of the automatic withdrawal shall be in writing from the Medical Staff or its designee to the applicant. The applicant shall not be eligible to reapply for 6 months after the date of an initial automatic withdrawal. Two successive incomplete applications shall render the applicant ineligible to reapply for a period of 2 years after the date of the second automatic withdrawal.

#### **13.4-3 Verification of Information**

The applicant shall deliver a completed application form to the Medical Staff Coordinator, who shall seek to collect or verify the references, licensure, and other qualification evidence submitted. The Medical Staff Coordinator shall facilitate obtaining a report from the National Practitioners Data Bank, in compliance with the applicable Federal regulations. The Administrative Representative shall notify the applicant of any problems in obtaining the information required, and it shall then be the applicant's obligation to obtain the required information.

#### **13.4-4 Transmittal of Completed Application**

- (a) When collection and verification is accomplished, the Medical Staff Coordinator shall make available the completed application and all supporting materials to the Chief of Staff, Department Chair, and the appropriate Medical Staff Committee(s).

- (b) After receipt of the completed application the Department Chair and Credentialing Committee shall review the applications, may request additional information or documentation, and forward recommendations to the MEC.

#### **13.4-5 Applicant's Access to Credentials File**

An applicant shall be granted access to information contained in their Credentials File, subject to the following provisions:

- (a) written request is made by the applicant to the Chief of Staff; and
- (b) the applicant may review, and receive a copy of, only those documents provided by or addressed personally to the applicant. All other information shall be provided through a written summary (disclosing the substance but not the source) of other information, including, but not limited to, materials such as letters of reference, where confidentiality of the reference has been assured. That summary shall be written and presented by the Chief of Staff or designee.

#### **13.4-6 Additions to the Credentials File**

An applicant shall have the right to add to their own Credentials File a statement responding to any information in the file.

#### **13.4-7 Critical Access Hospital Regulations**

The Hospital and all members will comply with all Critical Access Hospital Statutes and Regulations.

#### **13.4-8 Medical Executive Committee Action**

At its next regular meeting, the Medical Executive Committee shall consider the Chief of Staff's recommendations and other relevant information. Actions may be one of the below:

- (a) **Deferral.** The Medical Executive Committee may, for good cause, choose to defer action on an application in order to request additional information which may include, but not be limited to, an interview, medical or psychiatric evaluation (at the applicant's expense), documentation or other additional information. The applicant shall be informed of the reasons for the deferral when the additional information is requested.
- (b) **Favorable Recommendation.** When the Medical Executive Committee's recommendation is favorable, the application, together with all supporting documentation, shall be promptly forwarded to the Board. For the purposes of this section, "all supporting documentation" includes the application form and its accompanying information.
- (c) **Adverse Recommendation.** When the Medical Executive Committee recommendation is adverse to the applicant, the Administrator shall give the



applicant special notice of the adverse recommendation and of the applicant's right to request a hearing in the manner specified in the Corrective Action and Hearing Section. The applicant shall be entitled to the procedural rights as provided in the Corrective Action and Hearing Section (or for APCs, including Members who are APCs, as provided in the APC Section). This recommendation could include a generally favorable application for appointment to the Medical Staff, but with limitations or denial of one or more requested Privileges. No such adverse recommendation need be forwarded to the Board until after the applicant has exercised or has been deemed to have waived their right to a hearing as provided in the Corrective Action and Hearing Section. The Board shall be informed of, but not take action on, the pending adverse recommendation until the applicant has exhausted or waived their procedural rights as stated in the Corrective Action and Hearing Section (or for APCs, including Members who are APCs, as provided in the APC Section).

The Medical Executive Committee shall then forward to the Medical Staff Coordinator, for transmittal to the Board, its recommendations.

The Medical Executive Committee recommendations shall specify whether Medical Staff appointment or Privileges is recommended, and, if so, as may apply, the membership category, department affiliation, and Clinical Privileges to be granted. Any special conditions to be required or deviation from original privileging request shall be documented in the minutes of the Medical Executive Committee

#### **13.4-9 Action by the Board of Commissioners**

- (a) On Medical Executive Committee Recommendation. After receipt of a recommendation, the Board shall act in the matter as follows:
  - (1) defer action and refer the recommendation back to the Chief of Staff for appropriate action, stating the reasons for such referral back and setting a time limit within which a subsequent recommendation by the Medical Executive Committee shall be made;
  - (2) adopt the recommendation; or
  - (3) if the Board's decision is adverse to the applicant in respect to either appointment or Clinical Privileges, the Administrator shall give special notice of such adverse decision, and the Board's decision shall be held in abeyance until the applicant has exercised or has been deemed to have waived their rights under Article 17 of the Hearing Section (or the Advanced Practice Clinician Section for APCs, including Members who are APCs) of these Bylaws. The fact that the adverse decision is held in abeyance shall not be deemed to confer Privileges where none existed before.
  
- (b) Without Benefit of Medical Executive Committee Recommendation. If the Board of Commissioners does not receive a Medical Executive Committee recommendation within 30 days, it may, after notifying the Medical Executive

Committee, take action on its own initiative. If such decision is favorable, it shall constitute the final decision of the Board. If the decision is one of those set forth in Article 17 of the Corrective Action and Hearing Section, the Administrator shall give the applicant special notice of such adverse decision and of the applicant's right to request a Hearing in the manner specified in Article 17 of the Corrective Action and Hearing Section; and the applicant shall be entitled to the procedural rights as provided in Article 17 of the Corrective Action and Hearing Section (or the Advanced Practice Clinician Section for APCs, including Members who are APCs) before any final adverse action is taken.

- (c) **Final Decision.** In the case of an adverse Medical Executive Committee recommendation pursuant to Article 16 of this document or an adverse Board decision pursuant to Article 16, the Board shall take final action in the matter only after the Applicant has exhausted or has waived their procedural rights as provided in Article 17 of the Hearing Section (or the Advanced Practice Clinician Section for APCs, including Members who are APCs). Action thus taken shall be the final decision of the Board, except that the Board may defer such decision by referring the matter back to the Chief of Staff for further reconsideration. Any such referral back shall state the reasons therefore, shall set the time limit within which a subsequent recommendation to the Board shall be made, and may include a directive that an additional hearing be conducted to clarify issues which are in doubt. After receipt of such subsequent recommendation and of new evidence in the matter, if any, the Board shall make a final decision.

#### **13.4-10 Notice of Final Decision**

Notice of the Board's final decision shall be given by the Administrator to the Medical Executive Committee, the Chair of each Medical Staff Committee concerned, and the applicant. A decision and notice to appoint shall include:

- (a) the staff category to which the applicant is appointed if applicable;
- (b) any special conditions attached to the appointment.

### **13.5. REAPPOINTMENTS**

#### **13.5-1 Application for Reappointment; Schedule for Review**

- (a) A review of each Medical Staff Member shall occur every two years and shall coincide with the Medical Staff Member's appointment to the Medical Staff pursuant to Article 3 of the Medical Staff Bylaws. A Member's request for a change in membership category or in Privileges may be processed in a year in which they are scheduled for biennial review; however, such Member's appointment shall also be reviewed in accordance with the schedule set forth above.

- (b) By applying for reappointment, the applicant thereby signifies their willingness to appear for interviews in regard to their application or at any other time, authorizes the Hospital to consult with members of the medical staffs of other Hospitals with which the applicant has been associated, and with others who may have information bearing on their competence, character, and ethical qualifications. They also consent to the Hospital's inspection of all records and documents that may be reasonable material to an evaluation of their professional qualifications and competence to carry out the Clinical Privileges they request as well as their moral and ethical qualifications for membership and/or Privileges.
- (c) At least 90 days prior to the expiration of a Member's current staff appointment, the Medical Staff Coordinator shall mail a reappointment or renewal application to the Medical Staff Member.
- (d) At least 60 days prior to the expiration date of their appointment, each Medical Staff Member shall submit to the Medical Staff Coordinator a completed reappointment or renewal application form. The reappointment or renewal application shall be in writing, on a form prescribed by the Medical Staff, and it shall require detailed information concerning any changes in the applicant's qualifications since their last review, including information on their malpractice experience. Specifically, the reappointment or renewal application form shall request all of the information and certifications requested in the initial application form, except for that information which cannot change over time, such as the applicant's premedical and medical education, date of birth, and so forth. The form shall also require information as to whether the applicant requests any change in their staff status and/or in their Clinical Privileges, including any reduction, deletion, or additional Privileges. A request for additional Privileges must be supported by the type and nature of evidence which would be necessary for such Privileges to be granted in an initial application for the same. At a minimum, such evidence shall include proof of current clinical competence and current clinical experience.

### **13.5-2 Verification of Information**

The Medical Staff Coordinator shall, in a timely fashion, seek to collect or verify the additional information made available on each reappointment or renewal application form and to collect any other materials or information deemed pertinent. The Medical Staff Coordinator shall make available the completed reappointment or renewal application form and supporting materials to the Medical Executive Committee. As required in the Health Care Quality Improvement Act of 1986, the Medical Staff Coordinator's Office shall facilitate a National Practitioner Data Bank query on the Applicant.

### **13.5-3 Medical Executive Committee Action**

Following receipt of a complete application for reappointment or renewal, the Medical Executive Committee shall review the application and all other pertinent information available

on the applicant being considered for reappointment or renewal, and shall take one of the following actions:

- (a) **Deferral.** The Medical Executive Committee may recommend a deferral of the application and refer the application back to the applicant with a request for additional information. The applicant shall have up to 60 days to produce the requested information, unless a shorter period is specified by the Medical Executive Committee. The Medical Executive Committee shall make its recommendation at its next meeting following the receipt of the requested information. If no action is taken within 45 days, then the recommendation shall be deemed to be adverse, and it shall be the obligation of the Medical Executive Committee to explain the adverse recommendation in writing.
- (b) **Favorable Response.** The Medical Executive Committee shall review the application as well as all other relevant information available to it and shall forward to the Board through the Administrator, its favorable reports and recommendations. The Medical Executive Committee shall review the application and make its recommendation to the Board within 45 days of receiving the application.
- (c) **Adverse Recommendation.** When the Medical Executive Committee recommends adverse action, either in respect to reappointment or renewal of Clinical Privileges, the Administrator shall give the applicant special notice of the adverse recommendation and of the applicant's right, if any, to request a hearing. The applicant shall be entitled to the procedural rights as provided in the Corrective Action and Hearing Section or the Advanced Practice Clinician Section. The Board shall be informed of, but not take action on, the pending recommendation until the applicant has exhausted or waived their procedural rights. Thereafter, the procedures specified in the Corrective Action and Hearing Section (or the Advanced Practice Clinician Section for APCs, including Members who are APCs) shall be followed.

#### **13.5-4 Reappointment Reports**

The Medical Executive Committee recommendations shall be written and shall be documented in the minutes. The minutes shall specify whether the applicant's appointment and/or Privileges should be renewed; renewed with modified membership category, and/or Clinical Privileges; or terminated. Where non-reappointment, denial of requested Privileges, a change in status, or a change in Clinical Privileges is recommended, the reason for such recommendation shall be stated and documented.

#### **13.5-5 Basis for Reappointment**

Each recommendation concerning the reappointment of a Medical Staff Member and Clinical Privileges to be granted upon reappointment shall be based upon whether such member has met the qualifications specified in the Bylaws and the Advanced Practice Clinician Section. Recommendations shall also be based upon the practitioner's compliance with legal

requirements applicable to the practice of their profession, with the Bylaws, hospital policies, rendition of services to patients, any physical or mental impairment which might interfere with the applicant's ability to practice medicine with reasonable skill and safety, and the provision of accurate and adequate information to allow the Medical Staff to evaluate current competency and qualifications.

#### **13.5-6 Duration of Reappointment**

Reappointment to the Medical Staff shall be for a period not to exceed two years from the month of Board approval.

#### **13.5-7 Failure to Request Reappointment**

Failure, without good cause, to request reappointment shall be deemed a voluntary resignation from the Medical Staff and shall result in automatic termination of Medical Staff membership, Privileges, and Prerogatives as applicable. If there is a delay and it is due to the Medical Staff Members or Advanced Practice Clinician's failure to timely complete and return a reappointment or renewal application provided by the Medical Staff Coordinator, such member shall be deemed to have resigned from the Medical Staff and declined to renew their Privileges.

### **13.6. TIME PERIOD FOR PROCESSING**

#### **13.6-1 General**

Applications shall be considered in a timely and good-faith manner by all individuals and groups required by this document to review and act thereon and, except for good cause, shall endeavor to be processed within the time periods specified in Article 13. The time periods specified herein are to assist those named in accomplishing their tasks and shall not be deemed, however, to create any right for the applicant to have their application processed within those periods. Any application shall be deemed to be received by the specified Committee at the time of its next regular meeting.

#### **13.6-2 Information Collection**

The Medical Staff Coordinator shall administer the process of information collection and verification tasks on an application. In the event any necessary materials are not received by the Medical Staff Coordinator within 60 days after the application is received, the applicant shall be notified, and the application shall remain pending until either the materials are received by the Medical Staff Coordinator or the expiration of 6 months from the date the application was received. Applications which are not completed within 6 months after receipt shall automatically be deemed to be withdrawn, notice of which shall be given in writing to the applicant. Such an applicant's application may, thereafter, be reconsidered only in accordance with the time frames stated in this document, and then only if all information therein which may change over time, including, but not limited to hospital reports and personal references, have been resubmitted. After automatic withdrawal of the application, the applicant will be required to pay an additional initial application processing fee at the time of resubmission of the application or new information.

### **13.6-3 Timing of Medical Executive Committee Review**

The Medical Executive Committee shall review the application and make its recommendation to the Board of Commissioners within 45 days. The Medical Executive Committee may recommend a deferral of the Application and refer the Application back to the Committee with a request for additional necessary information. The Committee shall have up to 30 days to produce the requested information, unless a shorter period is specified by the Medical Executive Committee. The Medical Executive Committee shall make its recommendation at its next meeting following the receipt of the requested information. If no action is taken by applicant within 45 days, then the recommendation shall be deemed to be Adverse, and it shall be the obligation of the Medical Executive Committee to explain the adverse recommendation in writing.

### **13.6-4 Timing of Board Action**

The Board shall then take action on the application within 45 days. If the Board action is to remand the application to the Chief of Staff for additional information, the Board shall specify the time limit within which it shall be provided. The Board shall then make its decision at the next regular meeting.

### **13.7. REAPPLICATION AFTER ADVERSE DECISION DENYING APPOINTMENT, REAPPOINTMENT OR PRIVILEGE REQUEST, ADVERSE CORRECTIVE ACTION DECISION, OR RESIGNATION IN LIEU OF DISCIPLINARY ACTION**

- (a) In the case of:
- (1) an applicant who (a) has received a final adverse decision regarding appointment or Privileges or (b) withdrew their application or request for membership or Privileges following an adverse recommendation by the Medical Executive Committee or Board;
  - (2) a former Medical Staff member who has (a) received a final adverse decision resulting in termination of Medical Staff membership or Clinical Privileges or (b) resigned from the Medical Staff following the issuance of a Medical Staff or Board recommendation adverse to the applicant's Medical Staff membership or Clinical Privileges; or
  - (3) a Medical Staff member who has received a final adverse decision resulting in (a) termination or restriction of their Clinical Privileges or (b) denial of their request for additional Clinical Privileges.

Such persons shall not be eligible to reapply for Medical Staff membership status and/or Clinical Privileges affected by the previous action for a period of at least one year from the date the adverse decision became final, the date the application or request was withdrawn, or the date the former Medical Staff member's resignation became effective, whichever applies. After the one-year period, the former applicant, former Medical Staff member, may apply for Medical Staff membership and/or Clinical

Privileges, which shall be processed as an initial application or request for Privileges. The applicant shall have all the rights granted under these Bylaws to an initial applicant. The former applicant, former Medical Staff member shall also furnish evidence that the basis for the earlier adverse recommendation or action no longer exists and/or of reasonable rehabilitation in those areas which formed the basis for the previous adverse recommendation or action, whichever is applicable. In addition, such applications shall not be processed unless the applicant or member submits satisfactory evidence that they have complied with all of the specific requirements any such adverse decision may have included.

- (b) A decision shall be considered to be adverse, for medical disciplinary reasons, only if it is based on the type of occurrences which might give rise to corrective action and not if it is based upon reasons that do not directly pertain to medical or ethical conduct. Actions which are not considered adverse include, but are not necessarily limited to, (a) actions based on a failure to maintain a practice in the area, which can be cured by a move; (b) failure to pay dues, which can be cured by paying dues; or (c) failure to maintain professional liability insurance, which can be cured by securing such insurance.
- (c) An adverse decision shall be considered final at the time of completion of:
  - (1) the Board's final decision after all Hearing, appellate review, and other quasi-judicial proceedings have been conducted, as applicable and exercised, by the Hospital bearing on the decision; and
  - (2) all judicial proceedings bearing upon the decision which are filed and served within 30 days after the completion of the Hospital proceedings described in (1) above.

### **13.8. FALSIFICATION/OMISSION/MISREPRESENTATION**

Any falsification, omission, or misrepresentation of information on an application for appointment, reappointment, or Privileges shall, unless deemed immaterial, be grounds for denial of that application, and may result in corrective action as specified in the Corrective Action and Hearing Section.

### **13.9. REVIEW BY OUTSIDE CONSULTANTS**

The Medical Staff Committee or the Medical Executive Committee may, through the Administrator, obtain the services of a qualified consultant(s) to review all or part of any application for appointment or reappointment to the Medical Staff or perform all or part of any peer review activity due to either a lack of expertise by the Medical Staff, a conflict of interest, administrative efficiency and/or other reasons. Such review shall be advisory to the Committee and the Committee shall retain the responsibility for making peer review or appointment recommendations as set forth in this document. The consultant(s) activities shall be confidential and protected to the same extent as if performed by the Committee.

## **14. CLINICAL PRIVILEGES**

### **14.1. EXERCISE OF CLINICAL PRIVILEGES**

Appointment to the Medical Staff shall confer upon the appointee only such Clinical Privileges as have been granted by the Board in accordance with the Bylaws. A Member providing direct clinical services at the Hospital shall be entitled to exercise only those Clinical Privileges specifically granted to them by the Board. Said Privileges must be within the scope of any license, certificate, or other legal credential authorizing them to practice in the State of Washington and consistent with any restrictions thereon.

### **14.2. DELINEATION OF PRIVILEGES IN GENERAL**

#### **14.2-1 Requests**

- (a) Each application for appointment or reappointment to the Medical Staff must contain a request for the specific Clinical Privileges desired by the applicant. Requests from an applicant for Privileges or from members for modification of Privileges must be supported by documentation of the requisite training, experience, qualifications and competency to exercise such Privileges.
- (b) The applicant shall have the burden of establishing their qualifications and current competence in such Clinical Privileges and providing specific documentation of this experience if requested by the Medical Staff Committee.

#### **14.2-2 Basis for Privilege Determination**

- (a) Requests for Clinical Privileges shall be evaluated on the basis of the practitioner's education, training, experience, and demonstrated ability and judgment. The elements to be considered in making determinations regarding Privileges, whether in connection with periodic reappointment or otherwise, may include education, training, direct observation of clinical performance and judgment, performance of a sufficient number of procedures each year to develop and maintain the practitioner's skills and knowledge, a review of the records of patients treated in this or other hospitals, and a review of the records of the Medical Staff which document the evaluation of the practitioner's delivery of care.
- (b) The granting of Privileges shall be based upon satisfactory completion of a proctoring requirement.
- (c) Other criteria may include the ability of the Hospital to provide adequate facilities and supportive services for the applicant and their patients; the need for additional practitioners with applicant's skill and training; current evidence of adequate professional liability insurance; and the geographic location of the applicant.



- (d) The granting or denying of Clinical Privileges shall not be based on sex, race, creed, and/or national origin.

#### **14.2-3 Procedure**

All requests for Clinical Privileges shall be processed pursuant to the procedures outlined in this document.

#### **14.2-4 Change in Medical Staff Status**

There is no specific relationship between change in Medical Staff category and privilege determination. The failure to obtain certification for any specific clinical privilege shall not, of itself, preclude a change in the Medical Staff category of any member. If a change in status is granted while special conditions regarding certain Privileges are in effect, continued monitoring on such Privileges may continue for a specified time period.

### **14.3. SPECIAL CONDITIONS APPLICABLE TO PRACTITIONERS WITH LIMITED PRIVILEGES**

#### **14.3-1 Admissions**

APCs who have been granted Privileges to admit or co-admit must do so strictly in accordance with applicable Hospital and Medical Staff Policies, Rules & Regulations, with particular attention to the Rules & Regulations pertaining to performance of the admitting history and physical exam.

#### **14.3-2 Procedures**

Procedures performed by Medical Staff Members shall be under the overall supervision of the Chair of the assigned Committee or the Chair's designee.

#### **14.3-3 Medical Appraisal**

All patients admitted for care to the Hospital shall receive the same basic medical appraisal by a practitioner with appropriate Clinical Privileges. Appraisal shall include a determination of the risk and effect of any proposed treatment or surgical procedure on the general health status of the patient. In the event of a dispute between practitioners regarding proposed treatment of a patient, the appropriate Committee Chair would be notified on behalf of the patient for resolution. If the dispute is unresolved the Chief of Staff will be contacted to intercede.

### **14.4. TEMPORARY PRIVILEGES**

#### **14.4-1 Circumstances**

The Administrator may, with concurrence of the Chief of Staff, grant temporary admitting and Clinical Privileges to an applicant. The granting of such Privileges shall be subject to the conditions set forth below:

- (a) Pendency of Application. After receipt of an application for appointment to the Medical Staff Privileges, including a request for specific temporary Privileges, an applicant may be granted temporary Privileges for an initial period of ninety days, with one subsequent renewal. This period may be extended ninety days for a good cause if the original application for Medical Staff membership is still being processed.
- (b) Care of Specific Patients. Upon receipt of a written application for specific temporary Privileges, a practitioner who is not an applicant for membership may be granted temporary Privileges for the care of one or more specific patients. Such Privileges shall be restricted to the treatment of not more than four patients in any one calendar year by any practitioner. The practitioner requesting permission to attend more than (4) patients in any one year shall be required to apply for membership in the Medical Staff Privileges before being granted the requested Privileges.
- (c) Locum Tenens. Upon receipt of a written application for specific temporary Privileges, a practitioner of documented competence may, without applying for membership on the staff, be granted temporary Privileges for a period of two years. However, the practitioner may not work more than 120 work days in a calendar year. In the event temporary Privileges exceed 120 days, consideration must be given to convert to Courtesy or Active staff. Such locum tenens Practitioner shall be entitled to admit patients to the Hospital providing all of their applicable credentials have first been reviewed and approved by the Chief of Staff and Administrator.

#### **14.4-2 Conditions**

Temporary Privileges may be granted only when the practitioner has submitted a written application for appointment and the information available reasonably supports a favorable determination regarding the requesting practitioner's licensure, qualifications, ability, and judgment to exercise the Privileges requested, and only after the practitioner has satisfied the requirement regarding professional liability insurance. Special requirements of consultation and reporting may be imposed by the Chief of Staff. Before temporary Privileges are granted, the practitioner shall acknowledge in writing that they have received and read or been offered an opportunity to read the Bylaws and that they agree to be bound by the applicable terms thereof in all matters relating to their temporary Clinical Privileges. At least three working days advance notice as well as criteria set forth in policy is required prior to granting temporary Clinical Privileges.

#### **14.4-3 Termination**

- (a) On discovery of any information or the occurrence which raises a question about a practitioner's qualifications, ability to exercise any or all of the temporary Privileges granted, or compliance with the Bylaws or any special requirements, the Administrator or designee may immediately terminate any or all of such practitioner's temporary Privileges. Where a patient's life or well-

being is endangered by continued treatment by the practitioner, the termination may be affected by any person entitled to impose a summary suspension under the Corrective Action and Hearing Section. In the event of any such termination, the practitioner's patients in the Hospital shall be assigned to another practitioner by the Chief of Staff to be responsible for supervision. The wishes of the patient shall be considered, where feasible, in choosing a substitute practitioner.

- (b) Temporary Privileges may be terminated by the Administrator at any time, upon the recommendation of the Chair of the Medical Executive Committee or Chair of the pertinent Medical Staff Committee. The patients will be reassigned another practitioner by the Chief of Staff.

#### **14.4-4 Rights of the Practitioner**

A Practitioner shall not be entitled to the procedural rights afforded by the Corrective Action and Hearing Section or by the Advanced Practice Clinician Section for denial or termination of temporary privileges.

#### **14.5. EMERGENCY PRIVILEGES**

In the case of an emergency, any physician member of the Medical Staff, to the degree permitted by their license and regardless of staff status, shall be permitted and assigned to do everything possible to save the life of a patient using every facility of the Hospital necessary, including calling for any consultation. When an emergency situation no longer exists, such practitioner must request the Privileges required if they desire to continue to treat the patient. In the event such Privileges are denied or they do not desire to request Privileges the patient shall be assigned to a member of the Medical Staff with appropriate Privileges. For the purposes of this section, an "emergency" is defined as a condition in which a patient is in imminent danger of serious or permanent harm or death and any delay in administering treatment would add to that danger.

#### **14.6. DISASTER PRIVILEGES**

**14.6-1** During a disaster in which the Hospital-wide emergency management plan or disaster plan has been activated, the Administrator, Chief of Staff, or their designee(s), may grant emergency disaster privileges, at their discretion on a case-by-case basis, to any qualified practitioner who is needed to supplement or substitute for a Medical Staff Member to handle immediate patient needs.

**14.6-2** The Administrator or Chief of Staff or their designee(s) may grant disaster privileges upon presentation of any of the following:

- (a) A current license to practice and valid picture identification issued by a state, federal, or regulatory agency.
- (b) Identification indicating that the Practitioner is a member of a Disaster Medical Assistance Team.

- (c) Identification indicating that the Practitioner has been granted authority by a federal, state or municipal entity to render patient care in emergency circumstances.
- (d) Presentation by current Hospital or medical staff member(s) with personal knowledge of the Practitioner's identity.

**14.6-3** Upon approval, the practitioner shall be issued appropriate identification to allow Hospital staff to readily identify the practitioner as holding disaster privileges, and shall be assigned to a Medical Staff Member, in the same specialty if possible, with whom to collaborate in the care of disaster victims.

**14.6-4** Verification of information required for granting disaster privileges will be considered a high priority and completed as soon as possible after the immediate situation is under control. The verification process shall be completed in the same manner as for Practitioners requesting temporary privileges.

**14.6-5** Disaster privileges shall terminate when the emergency or disaster situation no longer exists or when Medical Staff Members can adequately provide care. Disaster privileges shall also immediately terminate if the verification process described above results in negative information about the qualifications of the Practitioner.

**14.6-6** A practitioner requesting or granted disaster privileges shall be entitled only to the rights set forth in this Section 14.6 and not to any of the other rights established in these Bylaws. A Practitioner shall not be entitled to the procedural rights afforded by the Corrective Action and Hearing Section or by the Advanced Practice Clinician Section for denial or termination of disaster privileges.

## **14.7. PROCTORING**

The purpose is to define the process for validating privileging competence of a practitioner by satisfying the proctoring requirements of the Hospital. This focuses evaluation on a specific aspect of a practitioner's performance in a time-limited period.

### **14.7-1 General Provisions**

The proctoring requirements described in this policy represent the minimum requirement for validation of clinical competence and successful completion of a period of evaluation. Proctoring may include retrospective review of medical care or direct observation of procedures performed. Advanced proctoring requirements will involve direct observation of procedures unless otherwise recommended by the Department Chair. A proctor or Department Chair may recommend additional proctoring requirements if questions arise regarding a practitioner's professional practice during the course of the ongoing professional practice evaluation. Relevant information resulting from the focused evaluation process is integrated into the ongoing performance of the practitioner.

Proctoring is required for:

- (a) All initial staff appointments;
- (b) Requests for additional privileges from established medical staff members when advanced proctoring requirements have been established relative to the privileges request;
- (c) Requests for privileges using new technology from established medical staff members when advanced proctoring requirements have been established relative to the privileges requested.

#### **14.7-2 Proctoring Requirements**

- (a) It is the responsibility of the Chief of Staff or Department Chair to establish proctoring requirements for the members of a department. Minimum proctoring requirements are established in the Minimum Proctoring Requirements Policy.
- (b) Proctoring requirements include direct observation or retrospective review of cases performed.
- (c) Advanced proctoring requirements for specific procedures have been identified by each Department.

#### **14.7-3 Assignment of Proctors**

Proctors are assigned by the Department Chair or Chief of Staff, who will ensure that assignments are made in a timely manner.

- (a) All members of the Medical Staff who have themselves completed proctoring and hold unrestricted privileges to perform the procedures and/or manage the clinical cases to be proctored, regardless of Medical Staff membership category, may serve as proctors. Failure to serve as a proctor when assigned to do so may result in Medical Staff disciplinary action.
- (b) Proctoring may be performed by Medical Staff members who hold related privileges sufficiently similar to the privileges being proctored to allow them to make prudent and informed judgments regarding competence.
- (c) If no member of the Medical Staff possessing the requisite expertise is available to serve as a proctor, arrangements may be made by the Department Chair for proctoring by a qualified practitioner who is not a member of the Medical Staff
- (d) If the proctor and the practitioner being proctored disagree as to what constitutes appropriate care for a patient, the Department Chair will be asked by the proctor or practitioner being proctored to intervene and adjudicate the conflict.

#### **14.7-4 Proctor Duties**

- (a) The proctor must directly observe the procedure being performed and/or retrospectively evaluate medical management and complete the appropriate proctoring form.
- (b) Procedure proctoring should address:
  - (1) the indications and preparation of the patient for the procedure; and
  - (2) the technical skill demonstrated in performing the procedure.
- (c) The proctor will be expected to make reasonable accommodation to be available for cases that require direct observation. If the proctor is called upon to act as the assistant surgeon, the case cannot be counted as a proctored case.
- (d) Direct observation of procedures may be continued beyond the minimum proctoring requirements, if needed, until the proctor has observed a sufficient number of cases to make an informed judgment regarding the clinical performance of the individual being proctored. A request for additional proctoring requirements may be made by the proctor and submitted to the Department Chair for review and referral to the Medical Staff Executive Committee for action.
- (e) While the proctor's primary responsibility is to observe and evaluate performance, if the proctor reasonably believes that intervention is warranted to prevent harm to the patient, the proctor may take whatever action is reasonably necessary to protect the patient. If the case is stopped due to potential harm to the patient, the case is not considered proctored.
- (f) The proctor must assure the confidentiality of the proctoring report form. The proctor report form should be held by the proctor during any periods of review and should not be attached to the patient's medical record. When proctoring is completed, the proctor must deliver the completed proctoring form to the Department Chair.

#### **14.7-5 Termination of Proctorship**

- (a) Termination of proctorship requires a report to the Chair of the Medical Staff Quality Committee. The report shall include:
  - (1) The types and numbers of cases proctored;
  - (2) An evaluation of clinical performance;
  - (3) A statement regarding the practitioner's ability to practice without supervision.

- (b) A practitioner under proctorship, regardless of the reason or the category of Medical Staff membership, shall remain under proctorship until the proctorship has been terminated by the MEC.

#### **14.7-6 Failure to Obtain Certification**

- (a) If an initial applicant fails within the time of provisional membership to obtain the Certification from the Chair of the Medical Staff Quality Committee required by Section 14.7-1 of these Bylaws, or if a member exercising new Clinical Privileges fails to furnish such Certification within the time allowed by the Medical Staff Committee, those specific Clinical Privileges shall automatically terminate, and the member or applicant shall be entitled to a hearing, upon request, pursuant to the Corrective Action and Hearing Section or by the Advanced Practice Clinician Section, as applicable.
- (b) The MEC may extend the period of proctoring for cause.

#### **14.7-7 Medical Staff Advancement**

The failure to obtain Certification for any specific Clinical Privileges shall not, of itself, preclude advancement in Medical Staff category of any member. If such advancement is granted absent such Certification, continued proctorship on the uncertified procedure(s) shall continue for the specified time period.

### **14.8. MODIFICATION OF DEPARTMENT OR CLINICAL ASSIGNMENT**

On its own or upon recommendation of the Medical Executive Committee, the Medical Staff Committee may recommend a change in the Clinical Privileges or assignment(s) of a member. The Medical Executive Committee may also recommend that the granting of additional Privileges to a current Medical Staff member be made subject to monitoring.

### **14.9. LAPSE OF APPLICATION**

If a Medical Staff member requesting a modification of Clinical Privileges or department assignments fails to timely furnish the information reasonably necessary to evaluate the request, the application shall automatically lapse, and the applicant shall not be entitled to a Hearing as set forth in the Corrective Action and Hearing Section or by the Advanced Practice Clinician Section, as applicable. (Refer to 13.4-2, Incomplete Application.)

## **15. ADVANCED PRACTICE CLINICIANS**

### **15.1. DEFINITION OF ADVANCED PRACTICE CLINICIANS**

#### **15.1-1 Defined**

Advanced Practice Clinicians (APCs) are individuals who are qualified by training, experience and current competence in a discipline which the Board has determined by policy to allow to practice in the Hospital; and Have a recognized but limited scope of practice within medicine

and are licensed and permitted in the State of Washington to provide services independently in the Hospital — without the direction or immediate supervision of a physician such as Nurse Practitioners, Certified Registered Nurse Anesthetists and Physician Assistants.

#### **15.1-2 Health Practitioners Currently Authorized to Function in the Hospital as APCs**

Healthcare practitioners currently authorized to provide services in the Hospital within the categories of APCs shall be those designated by Board policy as stated in resolution adopted by the Board, which may, from time to time, review and modify the categories or types of healthcare practitioners authorized to function in the Hospital, upon the advice and consultation of or at the recommendation of the Medical Executive Committee.

### **15.2. QUALIFICATIONS OF APCS**

#### **15.2-1 Minimum Qualifications for APCs:**

- (a) APCs shall document their licensure as current and unlimited in their area of licensure, experience, background, professional education and training, ability, judgment, and physical and mental health status to demonstrate that any patient treated by them will receive care of the generally recognized professional level of quality and efficiency established by the Medical Staff and Hospital and that they are qualified to exercise such Clinical Privileges within the Hospital that they have been granted;
- (b) APCs shall have demonstrated, on the basis of documented references, to adhere to the lawful ethics of their respective professions;
- (c) APCs commit to participate in and properly discharge such responsibilities as they shall reasonably be assigned and cooperate with the Medical Staff in assisting the Hospital in fulfilling its obligations related to patient care.

#### **15.2-2 APC Licensing Requirements**

All APCs must hold a valid license, certification, registration, or other credential as required by the Washington State Department of Professional Licensing Division; or if not regulated by the Professional Licensing Division, shall, at a minimum, have been trained at a level consistent with certification standards in the particular APC specialty and have obtained such certification. Possess a current, valid, United States Drug Enforcement Agency Number, if applicable.

#### **15.2-3 Statement of Qualifications for Categories of APCs**

A statement of qualifications for each category of APCs shall be subject to approval by the Medical Executive Committee and the Board. Each such statement must be developed with input, as applicable, from the physician director of the clinical unit or service involved, from the physician supervisor APCs (when required by law or by Medical Staff or Hospital Policy),



and/or from such other representatives of the Medical Staff, Administration, and the Hospital's other professional staff as may be appropriate.

#### **15.2-4 Supervising Physician for APCs**

APCs who must be under the general supervision of a physician, such as a Physician Assistant, must identify a supervising physician who is legally responsible for every action of such APC and meets the qualifications set forth in the Bylaws.

#### **15.3. PREROGATIVES OF APCS AND LIMITATIONS THEREON**

- (a) The Prerogatives and limitations of APC status must be consistent with any limitations as stated in the Medical Staff Bylaws, the APC Section, and Policies and procedures governing practice by APCs in the Hospital.
- (b) An APC may exercise only such Clinical Privileges as are specifically granted individually to such APC.
- (c) An APC who requires supervision may exercise only such Clinical Privileges as are specifically granted individually to such supervised APC and which follow the instructions and supervision of a Medical Staff Member with the appropriate Clinical Privileges.
- (d) As set forth in these Bylaws, APCs may be members of the Medical Staff. APCs who are granted Medical Staff Membership:
  - (1) are eligible to vote on Medical Staff matters;
  - (2) may serve on Committees, and vote therein and must adhere to Committee attendance requirements.
  - (3) may not hold Medical Staff office;
  - (4) may not chair Committees; and
  - (5) shall generally comply with the requirements for Membership set forth in Article 3 and the requirements set forth in Article 15.

#### **15.4. RESPONSIBILITIES OF APCS**

Each APC shall:

- (a) meet the basic responsibilities set forth in Section 3.3;
- (b) refrain from any conduct or acts that are or could be reasonably interpreted as beyond, or an attempt to exceed, the scope of practice authorized within the Hospital; and

Each APC who does not required direct supervision of a Physician shall also:

- (a) retain appropriate responsibility within the APCs area of professional competence for the care and supervision of each patient in the Hospital for

whom the APC is providing services and, when necessary and as appropriate to the circumstances of the case, either arrange or alert the attending physician or consulting physician, as may be applicable, of the need to arrange a suitable alternative for such care and supervision;

- (b) ensure that the basic medical appraisal of the patient is performed (1) in accordance with the Policies, Procedures, Rules & Regulations of the Medical Staff and (2) prior to or at the same time as the admission of the patient to the Hospital;
- (c) ensure that, as is more particularly specified in the Policies, Procedures, Rules and Regulations of the Medical Staff, an attending physician or consulting physician with appropriate Clinical Privileges shall be notified upon admission and is available to provide such medical care of any patient being admitted to the Hospital and/or treated by the APC in the Hospital as may be necessary and which medical care is beyond the scope of practice, licensure and/or Privileges of the Independent APC to provide. Such Attending or Consulting Physician shall not be responsible for those specific areas of care rendered by the APC as specifically delineated in that APCs approved Clinical Privileges and as may be further described in this Article;
- (d) accept assignment by the Chief of Staff to the Department of the Medical Staff most appropriate to the APCs professional training and qualifications and is subject to an initial provisional period, formal periodic reviews and disciplinary procedures as specified in the Bylaws, but shall not be eligible to hold a Medical Staff office or vote on Medical Staff issues (except in Committees as appropriate). All APCs are subject to the authority of the Department Chair as specified in the Bylaws;
- (e) be subject to all Hospital Policies, Procedures, Rules and Regulations and the Medical Staff Bylaws unless specifically and expressly excepted there from in said Bylaws;
- (f) The quality and efficiency of the care provided by APCs within any Department shall be monitored and reviewed as part of the regular Medical Staff and/or Hospital Quality Improvement process, and APCs shall cooperate and provide assistance as required by such bodies; and
- (g) carry professional liability insurance in such amount and coverage as established by the Board. Documentation of coverage shall be provided to the Medical Executive Committee at the time of designation as an APC.

#### **15.5. PROCEDURES FOR GRANTING AND MAINTAINING PRACTICE PRIVILEGES**

- (a) Applications of APCs for practice Privileges shall be processed in the same manner as specified in the Credentialing Section for Physician applicants.

- (b) To practice at the Hospital, APCs must apply and qualify for such practice Privileges and be subject to biennial review thereof. Applications for initial granting of practice Privileges and biennial renewal thereof shall be submitted and processed in a parallel manner to that provided in the Credentialing Manual for Physicians unless otherwise specified in the Medical Staff Rules and Regulations.
- (c) The Medical Staff has the authority to recommend that the Board grant Membership and/or Privileges to individual APCs to practice their professional skills in the Hospital. The Medical Executive Committee, after considering the Department Chair recommendation, shall be responsible for establishing and recommending Privileges for each APC in accordance with their current competence and training to the Board for final approval.
- (d) Procedures for reviewing performance of APCs shall be established by the Medical Staff Quality Improvement Committee. Those procedures shall be developed with input from appropriate representatives of the Board, Medical Staff, Administration, and other professional staffs, and shall be periodically reviewed.

#### **15.6. PRACTICE PRIVILEGES OF APC'S**

Written guidelines and policies for the scope of Clinical Privileges and services that may be exercised by each category of APC shall be developed by the appropriate Committee with input from other representatives of the Medical Staff, Administration, and the Hospital's other professional staff. The guidelines and policies must include:

- (a) a description of the services to be provided and procedures to be performed, including any special equipment, procedures or protocols that specific tasks may involve, and assignment of responsibility for documentation in the medical record; and
- (b) a definition of the degree of assistance that may be provided to a Practitioner in the care of patients in the Hospital and any limitations thereon, including the degree of Physician supervision, consultation and/or collaboration required.

#### **15.7. RIGHTS OF APCS, INCLUDING MEMBERS WHO ARE APCS, WITH RESPECT TO ADVERSE ACTIONS**

##### **15.7-1 Procedure**

An APC shall have the right to challenge an adverse action (as defined in the Credentialing Section) in accordance with the procedure set forth in this Section. The APC, if desired, may file a written grievance with the Medical Executive Committee within (15) days after date of receipt of a special notice (as defined in the Corrective Action and Hearing Section) of a proposed adverse action. Upon receipt of the grievance, the Medical Executive Committee shall conduct an investigation that affords the APC an opportunity for an interview concerning the grievance. The interview shall not constitute a "Hearing" as provided in the Article 17,

and need not be conducted according to the procedural rules applicable to such hearings. Before the interview, the APC shall be informed of the nature of the circumstances giving rise to the action and the APC may present relevant information at the interview. A record of the interview shall be made and a recommendation on the action shall be made by the Medical Executive Committee. The Board may consider the recommendation of the Medical Executive Committee, together with any written comments by the APC and make a written final decision.

#### **15.7-2 Applicability of Corrective Action and Hearing Section to APCs**

Section 15.7-1 shall be the sole and exclusive remedy available to any APC who is the subject of an adverse action and nothing in the Medical Staff Bylaws shall be interpreted to entitle an APC to the procedural and hearing provisions of the Corrective Action and Hearing Section. Notwithstanding the preceding sentence, the Medical Executive Committee or the Board may, in their sole discretion, apply all or part of such provisions as they deem necessary or appropriate under the circumstances. In such event, those provisions of the Corrective Action and Hearing Section which are not in conflict with this section shall apply to APCs.

#### **15.8. TERMINATION OF PRIVILEGES**

- (a) The Privileges of all APCs shall automatically terminate when the APCs certificate or license expires, is revoked or suspended pursuant to the provisions set forth in the Corrective Action and Hearing Section.
- (b) An APC's Privileges may also be terminated for cause by the Chief of Staff or by the Chair of the Department to which the APC is assigned.
- (c) The Privileges of an APC who requires direct supervision shall automatically terminate when:
  - (1) the Medical Staff membership or applicable Privileges of the supervising Physician is terminated, whether such is voluntary or involuntary, or when that Member is no longer a member of the Medical Staff; or
  - (2) the supervising Physician no longer agrees to act as the supervising Physician, regardless of the reason, or the relationship between the APC and the supervising Physician is otherwise terminated, regardless of the reason.

### **16. CORRECTIVE ACTION**

#### **16.1. CORRECTIVE ACTION OTHER THAN PRECAUTIONARY, SUMMARY OR AUTOMATIC SUSPENSION**

The Medical Staff encourages the use of progressive steps by Medical Staff leaders, beginning with collegial and educational efforts, to address questions relating to a Member's clinical practice or professional conduct. The goal is to arrive at voluntary, responsive actions by the Member to resolve identified concerns.

If a member or employee observes or is aware of behavior that may warrant corrective action of a Member, that person should contact the COS or Administrator.

### **16.1-1 Collegial Review and Intervention**

A collegial and confidential review, study, or investigation of the practice of a member or members, or the use of a particular medication or procedure, may be initiated by the COS or the MEC for the purpose of formulating policy or resolving concerns regarding patient care, cooperation, and collegiality among the Medical Staff, or the reputation of Prosser Memorial Hospital.

Collegial intervention efforts may include counseling, education, and related steps such as:

- (a) Advising colleagues of all applicable policies, such as policies regarding appropriate behavior, emergency call obligations, and the timely and adequate completion of medical records;
- (b) Proctoring, mentoring, consultation, and letters of guidance; and
- (c) Sharing comparative quality, utilization, and other relevant information, including any variations from clinical protocols or guidelines, in order to assist individuals to conform their practices to appropriate norms.

The results of collegial intervention will be reported to the MEC along with a recommendation whether or not the matter requires further action. If the MEC votes that no formal investigation shall be taken, the matter will be recorded in the MEC minutes, but no record placed in the member's credentials file. If informal efforts prove ineffective, prior minutes of informal investigations may be cited as grounds for supporting a formal investigation. Collegial review or intervention shall not be considered adverse action against the practitioner and shall not be considered corrective action.

### **16.1-2 Criteria for Initiation**

A Medical Staff officer, any chairperson of the MEC or other Medical Staff Committee or Subcommittee, the Board, or Administrator may initiate requests for corrective action for, but not limited to, the following grounds:

- (a) The activities or professional conduct of any Member with clinical privileges are, or are reasonably probable of being:
  - (1) Detrimental to patient safety.
  - (2) Detrimental to effective delivery of patient care.
  - (3) Disruptive to Prosser Memorial Hospital operations.
- (b) Improper use of Hospital resources.
- (c) Unethical conduct.

- (d) Inimical or damaging to the reputation of the Medical Staff or Hospital or to the medical profession.
- (e) Formal charges for, or conviction of a felony or any other crime involving or affecting professional practice.
- (f) Violation of the Bylaws and related manuals, rules, policies or standards of the Hospital or Medical Staff.
- (g) Failure to comply with District policy related to Death with Dignity Act.
- (h) Failure to continuously meet the qualifications and requirements specified in the Bylaws for continued Clinical Privileges or membership on the Medical Staff.
- (i) Unauthorized disclosure of confidential information about the Hospital, Medical Staff, patient, Professional Review, or designated confidential business.
- (j) Failure to perform the responsibilities of Membership.
- (k) Non-compliance with a plan of correction agreed upon by the Member and Medical Staff leadership or Prosser Memorial Hospital.
- (l) A finding by any local, state, or national professional organization that a Member committed unethical acts.
- (m) A finding by any professional licensing board that a Member violated licensing statutes or rules.

#### **16.1-3 Initiation of a Request for Investigation or Corrective Action**

All requests for corrective action or investigation must be submitted in writing to the Medical Executive Committee (or prepared by the Medical Executive Committee if acting on its own initiative). The written request shall be supported by a description of specific activities or conduct alleged to constitute the grounds for proposing an investigation or specific corrective action. The Chief of Staff or in the event of a conflict, a designee appointed by the Medical Executive Committee, shall promptly notify the Administrator in writing within three business days of all requests so initiated and shall continue to keep the Administrator fully informed of actions taken in conjunction therewith. It shall be the duty of the Chief of Staff to cooperate with the Administrator in enforcing the provisions of this Article. Upon receipt, the Medical Executive Committee may act on the request or direct that an investigation be undertaken.

#### **16.1-4 Investigation and Report**

- (a) The MEC may designate a person or committee to conduct as an agent(s) to investigate, if an investigation is deemed necessary and proper. The person or committee may be independent of the hospital. The investigator (person or

committee) shall within 45 business days after designation (absent extenuating circumstances) forward a written report of the investigation to the MEC (including an interview).

- (b) The Medical Executive Committee may at any time within its discretion, and shall at the request of the Board, terminate the investigative process and proceed with action.
- (c) Any time after a corrective action request is made, the MEC, a Chairperson, or investigator (person or committee) may interview the Member subject to the corrective action request. If conducted, the interview must be initiated by special notice from the Administrator to the practitioner, with copies transmitted to the Chief of Staff. A written record (which need not be verbatim) of the matters discussed and findings resulting from the interview shall be made and transmitted to the practitioner, the Chief of Staff, the Administrator, and the practitioner's Peer Review File. The Chief of Staff and the Administrator or their respective designees may, at their option, be present as observers at an interview. If the practitioner fails to respond to the Special Notice or declines to participate in the interview, corrective action must immediately proceed.

#### **16.1-5 Medical Executive Committee Action**

Following receipt of a request, or if an investigation is requested, following receipt of the investigation report, the MEC shall take action. Action by the MEC may include without limitation:

- (a) Recommendation for No Corrective Action (including removal of information from the member's file);
- (b) Recommendation for Corrective Action
  - (1) Issuing of letters of admonition, censure, reprimand, or warning. If such letters are issued, the affected practitioner may make a written response that shall be placed in the Practitioner's Credentials file. Committee chairs may issue informal written or oral warnings outside the corrective action mechanism.
  - (2) Probation, special limitations or conditions imposed on continued Medical Staff membership or exercise of Clinical Privileges, including, but not limited to, requirements for admissions only when another physician agrees to provide oversight, consultation, or monitoring.
  - (3) Evaluation, monitoring and treatment of a physical, mental, or emotional problem of concern to the Medical Executive Committee as a condition of continued Medical Staff membership, and including concerns of substance abuse.
  - (4) Reduction, limitation, or revocation of Clinical Privileges.
  - (5) Suspension of Clinical Privileges until completion of specific conditions or requirements.

- (6) Change of membership status.
- (7) Suspension of Medical Staff membership until completion of specific conditions or requirements.
- (8) Termination, modification, or continuation of an already imposed summary suspension of Clinical Privileges.
- (9) Revocation of Medical Staff membership.
- (10) Such other actions as are deemed appropriate in view of the facts which prompted the investigation.

Nothing set forth herein shall inhibit the MEC from implementing summary suspension or restrictions at any time, in the exercise of its discretion pursuant to Section 1.3.

(c) Deferral

If additional time is needed to complete the investigative process, the MEC may defer action and shall notify the affected practitioner. The MEC may refer the matter back to an investigator for the purpose of obtaining additional specific data, or the MEC may conduct its own investigation as it deems necessary.

#### **16.1-6 Procedural Rights**

Any recommendation by the MEC which constitutes grounds for a Hearing as set forth in Section 17.2 shall entitle the Medical Staff member to the procedural rights as provided in Article 17, and the APC to rights as provided in Advanced Practice Clinicians Section. In such cases, the Administrator shall give special notice of the adverse recommendation and of the member's right to request a Hearing in the manner specified in Article 17, and the APC's hearing rights as specified in Advanced Practice Clinician Section.

#### **16.1-7 Subsequent Action**

- (a) If the MEC recommends that no corrective action be taken, such recommendation, together with such supporting documentation as may be requested by the Board, shall be transmitted to the Board. Thereafter, the procedure to be followed shall be the same as that provided for applicants in Sections of 13.4, as applicable.
- (b) If the MEC's recommended action is an admonition, reprimand, or warning to a practitioner, the Administrator shall promptly notify the practitioner. At the practitioner's request (if made within 7 days), the Medical Executive Committee may grant them an interview if such interview has not already occurred. Following the interview, if one is requested, if the Medical Executive Committee's final recommendation to the Board is an admonition, reprimand, or warning this shall conclude the matter when approved by the Board without substantial modification, and notice of the final decision shall be given by the Chief of Staff to the Board, Administrator, Medical Executive Committee, the Chair of each Committee concerned, and the practitioner. An admonition,



reprimand, or warning is not subject to appeal and does not constitute grounds for a Hearing.

- (c) Any recommendation of the Board which constitutes grounds for a Hearing as set forth in Section 17.2, shall entitle the Medical Staff member to the procedural rights as provided in Article 17. In such cases, the Board, through the Administrator, shall give the Medical Staff member special notice of the tentative adverse recommendation and of their right to request a hearing in the manner specified in Section 17.3-2.
- (d) Should the Board determine that the MEC's failure to investigate or initiate disciplinary action is contrary to the weight of the evidence, the Board may direct the MEC to initiate an investigation or a disciplinary action but only after consultation with the MEC. In the event the MEC fails to take action in response to a direction from the Board, the Board, after notifying the Medical Executive Committee in writing, may take such action as it deems appropriate on its own initiative. If such action is favorable to the practitioner, or constitutes an admonition, reprimand or warning to the practitioner, it shall become effective as the final decision of the Board. If such action is one of those set forth in Section 17.2, the Board, through the Administrator, shall give the Medical Staff member special notice of the adverse recommendation and of their right to request a hearing in the manner as specified in Section 17.3-2. The practitioner's rights, in such case, shall be as provided in Article 17.

## **16.2. PRECAUTIONARY SUSPENSION**

### **16.2-1 Criteria for Initiation**

- (a) A Medical Staff Officer, the chairperson of any Committee in which the practitioner is a member and exercises Clinical Privileges, the chairperson of the Medical Executive Committee, the Board, or the Administrator shall each have the authority to suspend all or any portion of the Clinical Privileges of a Medical Staff member or other practitioner whenever failure to take such action may result in imminent danger to the health and/or safety of any individual or is disruptive to the orderly operations of the Hospital. Such precautionary suspension shall be deemed an interim precautionary action and not a professional review action. It shall not imply any final finding of responsibility for the situation that caused the suspension.
- (b) A precautionary suspension shall become effective immediately upon imposition and the person or body responsible therefore shall promptly give oral or written notice thereof to the practitioner, Board, Medical Executive Committee, Chief of Staff, and Administrator. The precautionary suspension shall remain in effect unless modified by the person who initiated it, the Administrator, or the Board. The precautionary suspension, however, shall last no longer than 14 days.

- (c) The member shall be provided a brief written description of the reason(s) for the precautionary suspension, including the names and medical record numbers of the patient(s) involved (if any), within five days of the assessment of the precautionary suspension.

#### **16.2-2 Medical Executive Committee Action**

- (a) The MEC shall review the facts supporting the precautionary suspension within a reasonable time period not to exceed 14 days or reasons for delay shall be transmitted to the Administrator and the Board so the Board may consider whether the suspension should be lifted. In the event the suspension is not lifted on day 15 the suspension shall become a Summary Suspension and the process applicable to Summary Suspension shall apply from day 15 forward.
- (b) Prior to or as part of this review, the Member may be given an opportunity to meet with the MEC. If the member wishes to have legal counsel at the meeting, the Member must notify the MEC in writing prior to the meeting. At the meeting, the Member may propose methods, other than precautionary suspension or restriction, to address any identified concerns.
- (c) If conducted, the meeting must be initiated by special notice from the Administrator to the practitioner, with copies transmitted to the Chief of Staff. A written record (which need not be verbatim) of the matters discussed and findings resulting from the interview shall be made and transmitted to the practitioner, the Chief of Staff, the Administrator, and the practitioner's Peer Review File. The Chief of Staff and the Administrator or their respective designees may, at their option, be present as observers at the meeting. If the practitioner fails to respond to the Special Notice or declines to participate in the meeting, corrective action must immediately proceed. The meeting does not constitute a "Hearing", as that term is used in Article 17 and shall not be conducted according to the procedural rules applicable to hearings.
- (d) After considering the facts supporting the suspension or restriction and the Member's response (if any), the MEC will determine whether an investigation is necessary and, if so, whether the precautionary suspension or restriction should be continued, modified, or terminated pending completion of the investigation. Alternatively, the MEC may determine there is sufficient information to support closing the matter, recommending summary action, or routine corrective action.
- (e) There is no right to a hearing based on the imposition, continuation, or modification of a precautionary suspension or restriction. The MEC may, in its discretion, afford hearing and appellate rights as it determines.

#### **16.2-3 Care of Suspended Individual's Patients**

- (a) Immediately upon a precautionary suspension, the appropriate Department Chairperson or, if unavailable, the Chief of Staff, shall assign to another

practitioner with appropriate Clinical Privileges the responsibility for care of the suspended practitioner's patients still in the Hospital. The assignment is effective until all the patients are discharged. The wishes of the patient shall be considered in the selection of the assigned appointee.

- (b) It shall be the duty of all Medical Staff members to cooperate with the Chief of Staff, the Department's chairperson concerned, the Medical Executive Committee, and the Administrator in enforcing all suspensions.

### **16.3. SUMMARY SUSPENSION**

#### **16.3-1 Criteria for Initiation**

A Medical Staff officer, any chairperson of the MEC or other Medical Staff Committee or Subcommittee, the Board, or Administrator have the authority to summarily suspend or place conditions upon the exercise of all or any portion of the Privileges of a Member when:

- (a) There is substantial evidence of a gross dereliction of duty which relates to the assurance of a patient's well-being, or in the management of a patient, which in the judgment of those with authority to summarily act, indicates any patient(s) under the present or future care of the Member involved would be subject to imminent danger to their health, if the Member is permitted to continue to exercise their privileges. (A pattern of unusually high frequencies of unexpected deaths or morbidity shall constitute sufficient ground to invoke this provision.)
- (b) There is substantial evidence of a material violation of the Bylaws or Hospital Policies, Rules & Regulations, or an act, omission or pattern by the Member that has the potential of materially damaging the Hospital's licensure status or ability to effectively function as a provider of services.
- (c) There is substantial evidence the Member has committed acts of illegal or unethical nature while in the Hospital or another health care setting which, if proven, would justify revocation or permanent suspension of Medical Staff Membership, Privileges, professional licensure or prescribing authority.
- (d) There is substantial evidence the Member has committed sexual harassment of a Member, patient, staff member, or any other person employed or receiving services from the Hospital.
- (e) There is substantial evidence the Member has committed acts which violate the Washington Law Against Discrimination.

Such summary suspension or restriction shall become effective immediately upon imposition, and the person or body responsible therefore shall promptly give oral or written notice thereof to the practitioner, Board, Medical Executive Committee and Administrator.

In the event of any such suspension or restriction, the practitioner's patients whose treatment by such practitioner is terminated by the summary suspension or restriction shall be assigned to another practitioner with appropriate Clinical Privileges by the Committee chair or by the Chief of Staff. The wishes of the patient shall be considered, where feasible, in choosing a substitute practitioner.

#### **16.3-2 Medical Executive Committee Action**

At an MEC meeting, held no later than 14 days following summary action, the MEC shall review and consider the action to be taken. The MEC has the discretion to require the presence of the affected Member for the MEC interview and ascertainment of the Member's position on the summary action. The MEC, in consultation with the Administrator and Board, may impose a modification, continuation, or termination of the summary action. The MEC may also refer the matter for routine corrective action, as an alternative or concurrently. If the MEC decision is other than to rescind the action within 14 days of imposition, the Member may request to pursue the procedures applicable in the Fair Hearing section. If the MEC rescinds the summary action, but refers the matter for routine corrective action as an alternative, any request for the procedures established in the Fair Hearing section shall commence only after the MEC has taken action. If the MEC recommends routine corrective action concurrent with summary action, then any review procedures for both actions shall be consolidated and presented as one matter for the purposes of the procedures in the Fair Hearing section.

#### **16.3-3 Procedural Rights**

Unless the Board terminates the suspension or restriction, it shall remain in effect during the pendency of and the completion of the corrective action process and of the hearing and appellate review process. The Medical Staff member shall not be entitled to the procedural rights afforded by Article 17 until such time as the Medical Executive Committee or Board has taken action, and then only if the action taken constitutes grounds for a hearing as set forth in Section 17.2. Any right to a hearing shall terminate should the Medical Executive Committee or Board lift the Summary Suspension prior to the conclusion of the hearing and appellate process outlined in Article 17.

#### **16.3-4 No Liability for Suspension in Good Faith**

In the event that a summary suspension is not effective for any reason, the Hospital and other persons shall nevertheless not be liable in any way to the affected practitioner so long as the Hospital acted in good faith or had any reasonable basis to order the summary suspension or restriction. "Hospital" in this context shall include any person authorized to order a summary suspension or restriction or anyone acting by, through, or under such authorized person.

#### **16.4. AUTOMATIC SUSPENSION AND OTHER LIMITATION OF PRIVILEGES**

Automatic suspension occurs in response to determinations by external agencies or authorities that by definition implicate the Member's basic qualifications to practice at the Hospital. Automatic action may trigger additional internal inquiry or investigation. The investigation or inquiry may be delayed pending resolution of external proceedings. An automatic suspension

is not subject to hearing or appeal and reinstatement following the end of the disqualifying event is considered reapplication, unless determined otherwise by the MEC.

Unless otherwise specified, action taken under 16.4 shall not entitle practitioners to the procedural rights afforded by Article 17.

#### **16.4-1 License**

- (a) Revocation or Expiration. Whenever a practitioner's license authorizing them to practice in this state is revoked or has expired, their Medical Staff membership, Prerogatives, and Clinical Privileges shall be immediately and automatically terminated.
- (b) Restriction. Whenever a practitioner's license authorizing them to practice in this State is limited or restricted by the applicable licensing authority, those Clinical Privileges which they have been granted that are within the scope of said limitation or restriction shall be immediately and automatically terminated.
- (c) Suspension. Whenever a practitioner's license authorizing them to practice in Washington State is suspended, their Medical Staff membership and Clinical Privileges shall be automatically suspended effective upon and for at least the term of the suspension.
- (d) Probation. Whenever a practitioner is placed on probation by the applicable licensing authority, their applicable membership status, Prerogatives, Privileges and responsibilities, if any, shall automatically become subject to the terms of the probation effective upon and for at least the term of the probation.

#### **16.4-2 Drug Enforcement Administration or Other Controlled Substances Number**

Any revocation, restriction, or probation imposed under this subsection does not entitle to the Member to an Article 17 Hearing or Appellate Review.

- (a) Revocation, Suspension, or Expiration. Whenever a practitioner's Drug Enforcement Administration (DEA) certificate or other controlled substances number is revoked, suspended, or has expired, they shall immediately and automatically be divested of their right to prescribe medications covered by the certificate or number.
- (b) Restriction. Whenever a practitioner's use of their DEA certificate or other controlled substances number is restricted or limited in any way, their right to prescribe medications covered by the number is similarly restricted or limited effective upon, for at least the term of, and consistent with any other conditions of the restriction or limitation.
- (c) Probation. Whenever a practitioner's DEA certificate or other controlled substances number is subject to an order of probation, their right to prescribe medications covered by the certificate or number shall automatically become

subject to the terms of the probation effective upon and for at least the term of the probation.

#### **16.4-3 Medical Executive Committee Deliberation on Matters Involving License, Drug Enforcement Administration**

As soon as practicable after action is taken as described in Sections 16.4-1 or in Section 16.42, the Medical Executive Committee shall convene to review and consider the facts upon which such action was predicated. The Medical Executive Committee may then recommend such further corrective action as may be appropriate based upon information disclosed or otherwise made available to it and/or it may direct that an investigation be undertaken pursuant to Section 16. The procedure to be followed shall be as provided in Section 16 as applicable. The Medical Executive Committee shall also ensure that the practitioner's status and Privileges have been modified appropriately.

#### **16.4-4 Fraud and Abuse Laws**

A Practitioner's Medical Staff membership, Prerogatives and Clinical Privileges shall be immediately and automatically terminated upon conviction of violation of the Federal or State fraud and abuse laws, or upon exclusion from participation in any health care program funded in whole or in part by the federal government, including Medicare or Medicaid.

#### **16.4-5 Failure to Satisfy Special Attendance Requirement**

A Practitioner who fails without good cause to appear and satisfy the requirements of Section 17.4-1, "Personal Presence and Failure to Appear," shall automatically be suspended from exercising all or such portion of their Clinical Privileges as may be suspended in accordance with the provisions of that Section.

#### **16.4-6 Malpractice Insurance**

For failure to maintain the amount of professional liability insurance, or its equivalent, if any, required under the Hospital Bylaws, a practitioner's membership and Clinical Privileges, after written warning of delinquency, shall be automatically suspended and shall remain so suspended until the practitioner provides evidence to the Board that they have secured professional liability coverage as required by the Board. A failure to provide such evidence within 6 months after the date the automatic suspension became effective shall be deemed to be a voluntary resignation of the practitioner's Medical Staff membership.

#### **16.4-7 Failure to Pay Dues**

For failure to pay dues, if any, as required in these Bylaws, a practitioner's Medical Staff membership and Clinical Privileges, after written warning of delinquency, shall be automatically suspended and shall remain so suspended until the practitioner pays the delinquent dues. A failure to pay such dues within 6 months after the date the automatic suspension became effective shall be deemed to be a voluntary resignation of the practitioner's Medical Staff membership.

#### **16.4-8 Procedural Rights--Malpractice Insurance, Failure to Pay Dues or Attend Meetings**

Practitioners whose Clinical Privileges are automatically suspended and/or who have resigned their Medical Staff membership pursuant to the provisions of Section 16.4-5 through Section 16.4-7, or practitioners who have been placed on probationary status shall not be entitled to the procedural rights set forth in Article 17.

#### **16.4-9 Notice of Automatic Suspension; Transfer of Patients**

Whenever a practitioner's Privileges are automatically suspended or restricted in whole or in part, special notice of such suspension shall be given to the practitioner by the Administrator, with copies to the Medical Executive Committee and the Board. The giving of such notice shall not, however, be required in order for the automatic suspension to become effective. In the event of any such suspension, the practitioner's patients whose treatment by such practitioner is terminated by the automatic suspension shall be assigned to another practitioner by the Committee chair or Chief of Staff. The wishes of the patient shall be considered, where feasible, in choosing a substitute practitioner.

#### **16.4-10 Medical Administrative Dismissal**

Dismissal of a Medical Staff member from an administrative position or other contractual arrangement with the Hospital District shall not in and of itself affect the staff membership status or Clinical Privileges of that physician, unless so provided in that physician's contract or pursuant to a closed staff or exclusive use department as set forth in Article 17.6 of this document.

### **16.5. OTHER CORRECTIVE ACTION**

#### **16.5-1 Probationary Status/Probation**

Practitioners who have no longer fully met the requirements for Active Medical Staff membership, no longer qualify for Courtesy Staff membership, or who shall require closer supervision of one or more of their Clinical Privileges shall be assigned to probationary status. Assignment to probationary status is a privilege in lieu of dismissal from the Medical Staff; that practitioner shall be closely supervised by their Department chair, shall not be eligible to vote or hold office, shall remain eligible to admit and care for patients (unless otherwise restricted) under the supervision of the Department chair, and shall have their performance re-evaluated at the end of not more than one year by the Medical Executive Committee. Failure to re-establish eligibility for Active or Courtesy Staff after one year of probation shall be grounds for dismissal at which time the practitioner shall have all the rights accorded by the Bylaws, and specifically under Article 17 of the Corrective Action and Hearing Section or the Advanced Practice Clinician Section, as applicable.

#### **16.5-2 Medical Records**

The medical records shall be completed by the attending physician as specified in the Rules & Regulations and the Hospital Policies and Procedures. The COS, Department Chair, or

Administrator shall first issue a warning of delinquency. If a Member fails to complete medical records in a timely fashion, clinical privileges shall be withheld until all the delinquent records have been completed. Failure to complete the medical records within 30 days from the date that clinical privileges were first withheld or in a shorter time specified by the MEC, will be deemed a resignation of Membership and all clinical privileges for a Member.

#### **16.5-3 Failure to Provide Requested Information**

If at any time a member fails to provide required information pursuant to a formal request by the Medical Executive Committee, the Chief of Staff, or the Board, the member's clinical privileges are automatically relinquished without the rights set forth in Article 17 or the APC section until the required information is provided to the satisfaction of the requesting party. For purposes of this section "required information" refers to (1) physical or mental examinations as specified elsewhere in the Bylaws; (2) information necessary to explain an investigation, professional review action, or resignation from another facility or agency; or (3) information pertaining to professional liability actions involving the member.

#### **16.5-4 Disruptive Conduct**

Disruptive behavior is any behavior or conduct that interferes with safe patient care. Behaviors include overt and covert behaviors that threaten individual performance or the performance of the health care team. Examples include, but are not limited to:

- (a) Threatening, intimidating, abusive, demeaning, or other inappropriate language;
- (b) Refusing to help others;
- (c) Intentional failure to follow organizational policies and procedures;
- (d) Unwanted physical touching (e.g., pushing, shoving);
- (e) Making comments that undermine trust.

These actions may lead to corrective action. If corrective action is imposed for disruptive conduct, the Member shall be entitled to the procedural rights as set forth in Article 17.

#### **16.6. MANDATORY REPORTING REQUIREMENTS**

Changes in Privileges, adverse actions, and other actions taken pursuant to the Bylaws and related documents shall be reported as required by law. The report shall only use the description set forth in the final action as adopted by the Board.



## **17. HEARINGS AND APPELLATE REVIEW**

### **17.1. PREAMBLE AND DEFINITIONS**

#### **17.1-1 Intra-organizational Remedies**

Only the Board may entertain challenges to the substantive validity of intra-organizational legislation and in all proper cases may hear and decide those questions. The final determination by the Board shall be a condition precedent to Petitioner's right to seek judicial review in a court of law.

#### **17.1-2 Exclusive Remedy and Exhaustion Requirement**

If an adverse ruling is made with respect to a practitioner's Medical Staff membership, Medical Staff status or Clinical Privileges at any time, regardless of whether they are an applicant or a Medical Staff member, the individual must follow the remedies outlined by the Bylaws and this Hearings and Appellate Review procedure before resorting to formal legal action challenging the decision, the procedures used to arrive at it, or asserting any claim against the Hospital or participants in the decision process. The exclusive procedure for obtaining judicial review shall be by Petition for Writ of Review pursuant to RCW 7.16.030 et seq.

#### **17.1-3 Definitions**

Except as otherwise provided in the Bylaws, the following definitions shall apply under this Article:

- (a) "Body whose decision prompted the hearing" refers to the Medical Executive Committee in all cases in which the Medical Executive Committee or authorized officers, members or Committees of the Medical Staff took the action or made a recommendation which resulted in a hearing being requested; and refers to the Board in all cases where the Board or authorized officers, directors or Committees of the Board took the action or rendered the decision which resulted in a hearing being requested.
- (b) "Special notice" refers to a written communication delivered personally to the required addressee or sent by United States Postal Service, first-class postage prepaid, certified or registered mail, return receipt requested, addressed to the required addressee at their address as it appears in the records of the Hospital.
- (c) "Petitioner" refers to the Medical Staff member who has requested a hearing pursuant to Section 17.3 of the Hearing Section.
- (d) "Date of receipt" of any notice or other communication shall be deemed to be the date such notice or communication was delivered personally to the required addressee or, if delivered by mail, such notice or communication shall be deemed received 48 hours after being deposited, postage prepaid, in the United States mail in compliance with paragraph b in Section 17-1.3.

- (e) “Decision” shall have the meaning stated in Section 17.4-13.
- (f) “Action” shall have the meaning stated in Section 17.4-15. “Final action” shall mean that there are no further proceedings to be had as described in this Article 17, and the matter may proceed to judicial review if desired by the parties having standing in a particular matter to seek such review.
- (g) A person serving as a Hearing Officer, on a Hearing Committee, an Appeal Panel or on the Board has a “conflict of interest” if such person (1) may gain direct financial benefit from the outcome of the hearing or subsequent proceeding, (2) is in direct economic competition with the petitioner, or (3) acted as an accuser, investigator, fact finder, or initial decision maker in the matter at any previous level. A person shall not necessarily be deemed to have a conflict of interest merely because such person has heard of the case or has knowledge of the facts involved or what such person supposes the facts to be.
- (h) Delivery to the Administrator or Board shall mean and include:
  - (1) Delivery to a person in the Administrator’s office authorized to receive documents directed to the Administrator or Commissioner in accordance with Hospital policy (a copy of which is available upon request), and delivery to such a person shall have the same effect as delivery personally to the Administrator or Board, as applicable. It shall not be necessary for the Administrator or Commissioner to personally receive a document required to be served by this Article 17 provided delivery is accomplished in accordance with Hospital policy.
  - (2) Sending such request by certified mail, return receipt requested, to the Administrator or in care of the Administrator, properly addressed and postage prepaid, postmarked on or before the applicable due date.
- (i) Any action required of the Administrator or the Board under this Article 17 may be accomplished by any authorized designee thereof, in accordance with Hospital policy.

#### **17.1-4 Informal Dispute Resolution**

Any party to any proceeding under Article 17 may request informal dispute resolution such as mediation or other settlement negotiations. If all parties concur, and if the Member or Applicant waives all time restrictions and deadlines stated herein (at least for a period sufficient to allow the conduct of such informal dispute resolution), then this hearing process may be stayed in the discretion of the Chief of Staff or President of the Board (as may be applicable).

#### **17.2. HEARING REQUEST**

A Member or Applicant may request a hearing for any “Adverse Action” listed below, based on the competence or professional conduct of an individual. Unless specified otherwise, a Member or Applicant is entitled to hearing for:

- (a) Denial of initial appointment or reappointment, termination, or revocation of any appointment;
- (b) Denial of requested clinical privileges, suspension of clinical privileges for more than 15 days (other than precautionary suspension) or revocation of privileges;
- (c) Denial of reinstatement from a leave of absence if the reason is related to professional competence or conduct; and
- (d) Any other action which requires a report to be made to the Washington State Medical Commission or Disciplinary Boards under RCW 70.41.210 or other applicable law.
- (e) Any privileging action that requires a report to the National Practitioners Data Bank.

### **17.3. REQUESTS FOR A HEARING AND HEARING PREREQUISITES**

#### **17.3-1 Notice of Adverse Action**

A Member or Applicant against whom Adverse Action has been recommended or taken shall be given Special Notice by the Administrator within 14 days of the decision to recommend or take adverse action. The Special Notice shall state:

- (a) a summary of the grounds and reasons for the Adverse Action including pertinent facts and conclusions based thereon;
- (b) that the Member or Applicant has the right to request a hearing on the adverse action within 30 days of receipt of notice (*see* Sections 17.3-2 and 17.3-4);
- (d) that in the case of an application or reapplication for appointment and/or Privileges, the applicant shall have the option to withdraw such application or reapplication in whole or in part;
- (e) a copy of or internet link to the Medical Staff Bylaws; and
- (f) that the adverse action, if adopted, shall be taken and, if required, reported pursuant to RCW 70.41.210 and/or any other applicable law.

#### **17.3-2 Request for Hearing**

The Member or Applicant shall have 30 days following the date of receipt of Special Notice to file a written request for a hearing. The request shall be filed by delivery to the Administrator.

### **17.3-3 Waiver by Failure to Request a Hearing**

A Member or Applicant who fails to request a hearing within the time and in the manner specified in Section 17.3-2 waives any right to a Hearing and to any appeal which they might have otherwise been entitled. A waiver in connection with:

- (a) an Adverse Action by the Board shall constitute acceptance of that action, and will become effective as the final decision of the Board; and
- (b) an Adverse Action (or recommendation) by the Medical Executive Committee or other person or entity authorized by these Bylaws shall constitute acceptance of that adverse action or recommendation, and will become and remain effective pending the final decision of the Board. The Board shall consider the Medical Executive Committee's (or other authorized person or entity's) decision or recommendation at its next regular meeting following the action of the Medical Executive Committee or other authorized person.
- (c) In its deliberations the Board shall review all the information and material considered by the Medical Executive Committee and may consider all other relevant information received from any source in making its final decision. The consideration of such matter by the Board does not entitle the practitioner to any right to request an appellate review as provided for in this Article, such right having been waived, unless the Board's decision constitutes a modification of the MEC's adverse action or recommendation.

The Administrator shall promptly send the Member or Applicant Special Notice informing them of each action taken pursuant to this Section 17.3-3 and shall notify the Chief of Staff of each such action.

### **17.3-4 Notice of Basis for Requested Hearing**

In the request for a hearing, which must be in writing, the petitioner shall state a complete description of the grounds and reasons for the request, including, but not limited to, a list of any errors in judgment, mistakes of fact, mistakes in conclusions, or procedural errors which the petitioner believes have been previously made by the body whose decision prompted the hearing and about which the petitioner is appealing.

### **17.3-5 Time and Place for Hearing**

Upon receipt of a timely request for hearing, the Administrator shall deliver such request to the Chief of Staff or to the Board, depending on whose recommendation or action prompted the request for hearing. The Chief of Staff or the Board, as applicable, shall promptly schedule and arrange for a hearing. At least 30 days prior to the hearing, the Administrator shall give special notice to the petitioner of the time, place and date of the hearing and a list of the names of all witnesses expected to testify at the hearing on behalf of the body whose decision prompted the hearing. Except where impractical, the initial hearing date shall be not less than 30 days nor more than 90 days from the date of receipt of the request for hearing, provided, however, that a hearing for a petitioner who is under suspension then in effect shall be

expedited if requested by the petitioner and if reasonably practicable. All time limits may be reduced or enlarged by mutual agreement. If the parties are unable to so mutually agree, the presiding officer shall, in their sole discretion, grant or deny a request for postponement. In addition, the date of the hearing may be delayed upon a written decision issued by the presiding officer finding that the petitioner has failed to comply with Section 17.4-3 below.

### **17.3-6 Appointment of a Hearing Officer or Hearing Committee**

A hearing occasioned by an adverse action of the Medical Executive Committee or the Board shall be conducted by a Hearing Officer or Hearing Committee appointed by the Chief of Staff.

- (a) Hearing by Hearing Officer. A Hearing Officer and Hearing Committee consisting of persons who do not have a conflict of interest shall be used in the following adverse actions:
- (1) denial of Medical Staff reappointment;
  - (2) suspension of Medical Staff membership until completion of specific conditions or requirements for a period exceeding six (6) months;
  - (3) expulsion from Medical Staff membership; or
  - (4) imposition of restrictions on Privileges or termination of Privileges which effectively results in the practitioner having no rights to practice at the Hospital.

The Hearing Officer need not be a member of the Medical Staff or of the medical profession and may, but need not, be an attorney at law. The Hearing Officer shall not have a conflict of interest and shall be required to consider and decide the case in good faith.

- (b) Hearing By and Composition of Hearing Committee.
- (1) The Hearing Committee shall be composed of at least three (3) persons, and alternates as may be appropriate. The Hearing Committee shall be composed of individuals who do not have a conflict of interest and shall include, where feasible, an individual practicing the same specialty as the petitioner. Members of the Hearing Committee need not be members of the Medical Staff or of the medical profession.
  - (2) Chair of the Hearing Committee. The Chief of Staff or Chairman of the Board as appropriate shall designate one of the members of the Hearing Committee to act as the Chair. The Chair shall act as the Presiding Officer (as defined in Section 17.3-6 (b)(4)) unless and until a Hearing Officer is appointed pursuant to Section 17.3-6(b)(3).
  - (3) Where a Hearing Officer is used in conjunction with a Hearing Committee, the Hearing Officer will not act as an advocate for either side at the hearing, and will conduct the hearing, maintain decorum and rule on all evidentiary and witness matters.
  - (4) Presiding Officer.

Either the hearing officer, if one is appointed pursuant to Section 17.3-6, or the Chair of the Hearing Committee, shall be the Presiding Officer of the Hearing Committee. The Presiding Officer shall (1) act to maintain decorum and to ensure that all participants in the Hearing have a reasonable opportunity to be heard and to present all relevant oral and documentary evidence; (2) be entitled to determine the order of or procedure for presenting evidence and argument during the hearing; and (3) shall make all rulings on matters of law, procedure or the admissibility of evidence.

- (c) Notice of Appointment and Objections. Upon appointment of the Hearing Officer or Hearing Committee, such appointees shall disclose to the Administrator any conflict of interest which they believe exist. The petitioner shall be given written notice of the names of the appointee(s) by the Administrator at least ten days prior to any hearing, which notice shall include any disclosure by an appointee of a conflict of interest. The petitioner, and any other party to the proceeding, shall have five days after date of receipt of the notice to state any objections in writing, which shall be filed by delivery to the Administrator. The petitioner shall, without limitation, state any objection that an appointee is in direct economic competition with the petitioner. Either side shall have the right to submit written questions to the presiding officer which are directly related to determining whether the Hearing Officer or Hearing Committee members needed (including a Hearing Committee Hearing Officer if one is appointed) are impermissibly biased and to challenge their impartiality. Any objection or challenge directed at the Hearing Officer shall be ruled upon by the Chief of Staff or Chairman of the Board (as applicable) and resolved in their sole discretion. Any objection or challenge directed at one or more members of the Hearing Committee (other than the Presiding Officer) shall be ruled on by the Presiding Officer. Any objection or challenge to the Presiding Officer shall be considered by the Chief of Staff or Chairman of the Board (as applicable) and resolved in their sole discretion. Failure to timely challenge on the basis of existence of a conflict of interest shall be deemed a waiver of any such claim. A timely challenge shall mean the earliest opportunity to assert the existence of a conflict of interest when such is known or, through the exercise of reasonable diligence, should have been known.

#### **17.3-7 Pre-Hearing Contact**

Other than as may be specifically provided in these Bylaws, no evidence shall be presented by the petitioner, their representative, or the Medical Staff representative to the Hearing Officer or any member of the Hearing Committee except at the Hearing.

## **17.4. HEARING PROCEDURE**

### **17.4-1 Personal Presence and Failure to Appear**

The personal presence of the petitioner shall be required. A petitioner who fails without good cause to appear and proceed at such Hearing shall be deemed to have waived their rights in the same manner and with the same consequences as provided in Section 17.3-3.

### **17.4-2 Representation**

The petitioner, Medical Executive Committee, Administrator or Board shall be entitled to be represented by counsel or other person in any proceeding under this Article. At least 21 days prior to the hearing date, the petitioner shall inform the Administrator in writing if they will be represented at the hearing by an attorney or other person, and if so, of the name, address and phone number of the attorney or representative. Failure to timely advise the Administrator shall constitute grounds for a continuance of any such proceeding.

### **17.4-3 Pre-Hearing Disclosure**

- (a) At least ten days prior to the commencement of the hearing, each party shall deliver to the other party and to the Hearing Officer or Hearing Committee (1) a list of the names, addresses, and phone numbers of all witnesses the party will call at the hearing, together with a brief summary of the expected testimony of each such witness, and (2) a legible copy of all documents, briefs, motions or other written material upon which the party intends to rely in any manner at the hearing. Each party shall have the duty to promptly supplement the witness list or documents to be relied on whenever such change becomes known to such party. Failure to timely disclose the identity of a witness or produce copies of all documents expected to be relied upon shall constitute good cause for a continuance.
- (b) It shall be the duty of the petitioner and the body whose decision prompted the hearing to exercise reasonable diligence in notifying the Hearing Officer or Presiding Officer of any pending or anticipated procedural disputes as far in advance of the scheduled hearing as possible in order that decisions concerning such matters may if practicable be made in advance of the hearing. Objections to any pre-hearing decisions may be made at the hearing.
- (c) The Petitioner shall have the right to inspect and copy at the petitioner's expense any documentary information relevant to the charges which the body whose decision prompted the hearing has in its possession or under its control, as soon as practicable after the receipt of the petitioner's request for a hearing. Any identification of an individual patient shall be expunged in such records and any documents protected under RCW 4.24.250, RCW 18.71.0195 and RCW 70.41.200 shall remain privileged and confidential as to third parties.
- (d) The body whose decision prompted the hearing shall have the right to inspect and copy at its expense any documentary information relevant to the charges

which the petitioner has in their possession or control as soon as practicable after requesting the information. Any identification of an individual patient shall be expunged in such records.

- (e) The failure by either party to provide access to the documentary information described in Sections 17.4-3(c) and (d) at least ten days before the hearing shall constitute good cause for a continuance sought by the affected party.
- (f) The right to inspect and copy by either party does not extend to confidential information referring to individually identifiable practitioners, other than the petitioner, or attorney/client communication or attorney work product. The Hearing Officer or Presiding Officer shall consider and rule upon any request for access to information, and may impose any safeguards that justice, common sense and the protection of the peer review or quality improvement process requires. When ruling upon requests for access to information and determining the relevancy thereof, the Hearing Officer or Presiding Officer may, among other factors, consider the following:
  - (1) whether the information sought may be introduced to support or defend the charges;
  - (2) whether the information supports or negates the proposed adverse action;
  - (3) the burden imposed on the party in possession of the information sought if access is granted; and
  - (4) any previous requests for access to information submitted or resisted by the parties to the same proceeding.
- (g) A practitioner shall have no rights to discovery except as specifically provided in this Section 17.4-3.

#### **17.4-4 Record of Hearing**

A record of the hearing shall be kept. The Hearing Officer or Presiding Officer shall select the method to be used for making the record, such as court reporter, electronic recording unit, detailed transcription or minutes of the proceedings. The Hospital shall bear the cost of making a record of the hearing by the method selected by the Hearing Officer or Presiding Officer. A petitioner requesting an alternate method under Section 17.4-5 (e) shall bear the cost thereof. The cost of any transcript of the proceeding shall be borne by the party requesting the same.

#### **17.4-5 Rights of the Parties**

During a hearing, each of the parties shall have the right to:

- (a) call and examine witnesses;
- (b) introduce documents or other exhibits;



- (c) cross-examine witnesses or otherwise attempt to impeach any witness who shall have testified orally on any matter relevant to the issues, and otherwise rebut any evidence;
- (d) present evidence determined to be relevant by the Hearing Officer or Presiding Officer regardless of its admissibility in a court of law;
- (e) request that the record of the hearing be made by use of a court reporter or an electronic recording unit and/or to receive a copy thereof upon payment of any reasonable charges associated with its preparation;
- (f) submit a written statement at the close of the hearing;
- (g) be provided with access to all information made available to the Hearing Committee.

#### **17.4-6 Closed Hearing**

Proceedings and actions taken pursuant to this Article 17 shall be closed to all but necessary participants, including restriction of access to any record thereof but subject to the requirements of the Open Public Meetings Act as such may apply.

#### **17.4-7 Petitioner as Witness**

If the petitioner does not testify on their own behalf, they may be called and examined as if under cross-examination. The Hearing Officer or Hearing Committee may interrogate the witnesses or call additional witnesses if they or it deems such action to be appropriate.

#### **17.4-8 Procedure and Evidence**

The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs may be admitted, regardless of the admissibility of such evidence in a court of law. Each party shall, prior to or during the hearing, be entitled to submit memoranda concerning any issue of law or fact and such memoranda shall become a part of the hearing record. The Hearing Officer or Hearing Committee may request memoranda to be filed following the conclusion of the presentation of oral testimony. The Hearing Officer or Presiding Officer may, but shall not be required to, order that oral evidence be taken only on oath administered by any person designated by them who is authorized to notarize documents in this state, or by affirmation under penalty of perjury to the Hearing Officer or Presiding Officer. Applicants not yet members of the Medical Staff shall not be permitted to introduce information not produced to or upon request of the Medical Executive Committee during the application process, unless such applicant establishes that the information could not have been produced previously in the exercise of reasonable diligence.

#### **17.4-9 Evidentiary Notice**

The Medical Staff recognizes that certain matters or information are so well known that specific proof of them may be unnecessary. In reaching a decision, the Hearing Officer or Hearing Committee may take note, for evidentiary purposes, either before or after submission of the matter for decision, of any generally accepted technical or scientific matter relating to the issues under consideration and of any facts that may be judicially noticed by the courts of the State of Washington. This includes, not by way of limitation, matters or information which common sense dictates that the Hearing Officer or Hearing Committee is actually or theoretically acquainted with. Parties present at the hearing shall be informed of the matters to be noticed and those matters shall be recited in the Hearing record. Any party shall be given an opportunity, on timely request, to ask that a matter be evidentially noticed and to refute the evidentially noticed matters by evidence or by written or oral presentation of authority, the matter of such refutation to be determined by the Hearing Officer or Hearing Committee. The Hearing Officer or Hearing Committee shall also be entitled to consider any pertinent material contained on file at the Hospital or other health care facility of Prosser Public Health District, and all other information that can be considered, pursuant to these Bylaws, in connection with applications for appointment or reappointment to the Medical Staff and for Clinical Privileges.

#### **17.4-10 Burdens of Presenting Evidence and Proof**

- (a) The body whose decision prompted the hearing shall initially present the evidence which supports the adverse action.
- (b) The petitioner shall have the burden of proving, by clear, cogent and convincing evidence, that the adverse action lacks any factual basis or that such basis or the conclusions drawn there from are arbitrary and capricious, unreasonable, or clearly erroneous.

#### **17.4-11 Adjournment and Conclusion**

The Hearing Officer or Presiding Officer may, without special notice, recess the Hearing and reconvene the same for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation or oral and written evidence and argument, the hearing shall be closed. The Hearing Officer or Hearing Committee shall thereupon, at a convenient time, conduct deliberations outside the presence of the parties, which deliberations need not be upon the record as specified in Section 17.4-4. Upon the conclusion of its deliberations, the hearing shall be declared finally adjourned.

#### **17.4-12 Basis of Decision**

The decision of the Hearing Officer or Hearing Committee shall be based on the evidence produced at the hearing. Such evidence may consist of the following:

- (a) oral testimony of witnesses;
- (b) briefs or written statements presented in connection with the hearing;

- (c) any material contained in the Hospital or Medical Staff files regarding the petitioner which shall have been made a part of the Hearing record;
- (d) any and all applications, references, medical records, exhibits and other documents and records which shall have been made a part of the hearing record; and
- (e) any other evidence admitted in the proceeding.

**17.4-13 Decision of the Hearing Officer or Hearing Committee and Notice to Parties**

- (a) Within 30 days after final adjournment of the hearing, the Hearing Officer or Hearing Committee shall render a decision in writing which shall include and be accompanied by a written report that contains findings, conclusions and the decision (which shall together constitute the “Decision” as that term is used in this article). The Presiding Officer of a Hearing Committee shall be responsible for drafting or making provision for drafting the Hearing Committee’s decision. The decision shall be in sufficient detail to enable the parties, the appeal panel (if any), and the Board to determine the Hearing Officer’s or Hearing Committee’s basis therefore. The decision shall recommend confirm, modify, or reject the original adverse action which prompted the hearing and may recommend imposition of such form of discipline or action as shall be found warranted, which may be more stringent than that recommended by the body whose decision prompted the Hearing. The decision shall be by a majority of the Hearing Committee, but any member of a Hearing Committee may write a dissenting opinion if they disagree with the decision.
- (b) The decision shall be filed by delivery to the Administrator, who shall immediately provide a copy thereof to the petitioner by special notice and to the Medical Executive Committee and the Board. The hearing record and all other documentation considered by the Hearing Officer or Hearing Committee shall be filed by delivery to the Administrator for future reference by the parties or others as may be necessary or appropriate. If the decision is adverse in any of the respects listed in Section 17.2, the Administrator shall, by special notice, inform the petitioner and Medical Executive Committee of the right to request appellate review by the Board as provided in Section 17.5.

**17.4-14 Action on and Effect of Decision**

The decision of the Hearing Officer or Hearing Committee shall be “final” as specifically defined. “Final” shall mean that the decision shall be the action of the Board unless (1) the Board affirmatively acts to modify or reverse the decision or remand the matter as provided for in Section 17.4-15 or (2) either the petitioner or the Medical Executive Committee seeks appellate review of the decision, pursuant to Section 17.5, to be filed in the manner set forth in Section 17.4-16.

#### **17.4-15 Procedure if No Appeal is Filed – Board Action**

Within forty (40) days after receipt of the report of the Hearing Officer or Hearing Committee, and if no request for appellate review has been timely filed, the Board may consider the decision (together with all or such portions of the record as it deems necessary and appropriate) and determine whether to take action to modify or reverse the decision, or decline to do so, which shall constitute an affirmation thereof. The Board may affirmatively approve the decision, reject the decision in whole or in part, or refer the matter back to the Hearing Officer or Hearing Committee. Any such referral back shall state the reasons therefore, set a time limit within which a response to the Board must be made, and may include a directive that the Hearing be reopened and conducted to gather additional evidence and/or clarify issues as directed by the Board. The response of the Hearing Officer or Hearing Committee, which may take the form of a modified Decision, shall be transmitted to the same parties and in the same manner as provided for in Section 2.4-11. After receipt of such response and any new evidence (if requested) in the matter, the Board may consider the Decision (including modifications thereof, if any) and determine whether to take action to modify or reverse the Decision, or decline to do so, which shall constitute an affirmation thereof. The decision by the Board shall be the Board's "Action." If the Board's Action is favorable to the Petitioner, such Action shall become the final decision of the Board and the matter shall be considered closed. The Administrator shall promptly send the Petitioner Special Notice informing them of the Action taken pursuant to this Section 2.4-13. If the Board's Action is (1) a modification or rejection of the Decision, (2) is an Adverse Action in any of the respects listed in Section 2.2, and (3) the Board's Action is more severe in effect than the Decision of the Hearing Officer or Hearing Committee, then the Special Notice shall inform the Petitioner of the right to request a reconsideration or an appellate review by the Board as provided in Section 2.5, which shall be filed in the manner specified in Section 17.4-16.

#### **17.4-16 Procedure if Petitioner or Medical Executive Committee Files an Appeal**

- (a) Time for Appeal. Within 15 days after the date of receipt of the decision, either the petitioner or the Medical Executive Committee may request an appellate review thereof, or if allowed by Section 17.4-15, an appellate review of the Board action. The request for appellate review shall be filed by delivery to the Administrator. The request shall include a statement of the reasons for the appeal as required by Section 17.4-16(c).
- (b) Waiver by Failure to Request Appellate Review:
  - (1) Waiver by the Petitioner. A petitioner who fails to request an appellate review within the time and in the manner specified in Section 17.4-16(a) waives any right to such review. Such waiver shall have the same force and effect as that provided in Section 17.3-3.
  - (2) Waiver by the Medical Executive Committee. If the Medical Executive Committee fails to request appellate review within the time and in the manner specified in Section 17.4-16(a), it shall be deemed to have accepted the decision.

- (c) Grounds for Appeal. The written request for appellate review shall include the grounds alleged as a basis for an appeal and a clear and concise statement of the facts in support of the appeal. The grounds for appeal from the hearing shall be:
- (1) substantial non-compliance with the procedures required by the Corrective Action and Hearing Section so as to deny a fair hearing;
  - (2) the decision or action is arbitrary, unreasonable, or capricious.

## **17.5. REQUEST FOR APPELLATE REVIEW TO BOARD OF COMMISSIONERS**

### **17.5-1 Request for Reconsideration**

Any party to the proceeding may file (by delivery to the Administrator) a request for reconsideration of any decision or action, which may be considered and granted or denied in the discretion of the person or entity which made such decision or took such action. Such request for reconsideration shall be made not more than seven business days after the date of receipt of such decision or action.

### **17.5-2 Board Decision to Allow Appellate Review Discretionary**

Upon receipt of a timely request for appellate review, the Administrator shall deliver such request to the Board. Review of a decision or an action shall be in the Board's sole discretion. Appellate review of a decision or action will be granted only in the event that the Board is persuaded, in its sole judgment, that a valid ground for appeal (as specified in Section 17.4-16(c)) exists. If the Board determines to grant an appellate review, such review shall proceed as provided for in Section 17.5-3, et seq. If the Board declines to grant appellate review, the action shall become the final action of the Board.

### **17.5-3 Time, Place, and Notice**

If appellate review is granted by the Board, it shall promptly schedule and arrange for an appellate review by an Appeal Panel (as defined in Section 17.54) which shall commence not less than 15 days nor more than forty (40) days from the date of the decision to grant appellate review. The Administrator shall give the petitioner special notice of the time, place, and date of the commencement of appellate review at least ten days prior thereto. When a request for appellate review is from a petitioner who is under a suspension then in effect, the appellate review shall be held as soon as the arrangements may reasonably be made, not to exceed 30 days from the date of the decision to grant appellate review. The date to commence appellate review may be extended for good cause by the Board, its President or their designee, or the Appeal Panel.

### **17.5-4 Appeal Panel**

The Board may sit as the Appeal Panel (in which event the President of the Board shall be the Presiding Officer) or it may appoint an Appeal Panel which shall have at least three members, any of whom may (but are not required to be Board members, and none of whom shall have a conflict of interest). If an Appeal Panel is appointed, one of its members shall be designated

as the Presiding Officer. The Presiding Officer shall determine the order of procedure during the review, make all required rulings, and maintain decorum. The Open Public Meeting Act shall be complied with, if and to the extent, applicable.

#### **17.5-5 Appeal Review Procedure**

- (a) Nature of Proceedings. The proceedings by the Appeal Panel shall be in the nature of an appellate review of the record of the hearing before the Hearing Officer or Hearing Committee, the decision, any subsequent results, reports and actions thereon, the written statement provided for in Section 17.5-5(c) and, if any oral arguments are allowed pursuant to Section 17.5-5(d), the oral statements made.
- (b) Representation. Each party shall have the right to be represented by an attorney or any other representative designated by the party.
- (c) Written Statements. The party seeking the review shall submit a written statement detailing the findings of fact, conclusions, such portions of the decision, and procedural matters with which they disagree, together with the reasons for such disagreement. This written statement may cover any matters raised at any step in the hearing process. The statement shall be filed by delivery to the Administrator at least 21 days prior to the scheduled date for commencement of the appellate review, who shall promptly submit it to the Appeal Panel and any other party to the proceeding. A written statement in reply may be submitted not later than seven business days prior to the scheduled date for commencement of the appellate review by any other party to the proceeding, which shall be filed by deliver to the Administrator, who shall promptly provide a copy thereof to all other parties to the proceeding.
- (d) Oral Arguments on Appeal. The Appeal Panel, in its sole discretion, may designate a time and place to allow the parties or their representatives to appear personally and orally argue their positions. Any party or representative so appearing shall be required to answer questions put to them by any member of the Appeal Panel. The Administrator shall give the parties special notice of the time and place for oral arguments not less than 14 days prior to the scheduled date thereof.
- (e) Consideration of New or Additional Matters. The Appeal Panel may, in exceptional circumstances and in its sole discretion, (1) accept new or additional oral or written evidence, subject to a foundational showing that such evidence could not have been made available to the Hearing Officer or Hearing Committee in the exercise of reasonable diligence and subject to the same rights of cross-examination or confrontation provided at the hearing; or (2) remand the matter to the Hearing Officer or Hearing Committee for the taking of further evidence and for decision.

- (f) Powers. The Appeal Board shall have all powers granted to a Hearing Officer or Hearing Committee, and such additional powers as are reasonably appropriate to the discharge of its responsibilities.
- (g) Recesses and Adjournment. The Appeal Board may recess the review proceedings and reconvene the same without additional notice for the convenience of itself or the participants or for the purpose of obtaining new or additional evidence or consultation. The Appeal Panel may, when ready and at a time convenient to itself, conduct its deliberations outside the presence of the parties, which deliberations need not be upon the record as specified in Section 17.4-4. Upon the conclusion of those deliberations the appellate review shall be declared finally adjourned.
- (h) Burden of Proof on Appeal. The party seeking the review has the responsibility of convincing the Appeal Panel that the Hearing Officer or Hearing Committee, Medical Executive Committee and/or Board made an incorrect decision because:
  - (1) of substantial non-compliance with the procedures required by these Bylaws so as to deny a fair hearing;
  - (2) the decision or action was not supported by substantial evidence based on the Hearing record or such additional information as may be permitted pursuant to these Bylaws;
  - (3) the decision or action was taken arbitrarily, unreasonably, or capriciously; or
  - (4) the Decision or Action was clearly erroneous.
- (i) Action Taken. The Appeal Panel may recommend that the Board affirm, modify or reverse the result or adverse action taken by the Medical Executive Committee or the Board or, in its discretion, may refer the matter back to the Hearing Officer or Hearing Committee for further review and recommendation to be returned to it within the time specified. Within 30 days after receipt of such recommendation after referral, the Appeal Panel shall make its recommendation to the Board (“Appeal Panel Decision”), which shall be filed by delivery to the Administrator, who shall immediately provide a copy thereof to the petitioner by special notice and to the Medical Executive Committee and the Board. If the Appeal Panel consists solely of members of the Board, the procedures outlined in this Section 17.5-5 shall nevertheless apply to a hearing before the Board insofar as may be applicable.
- (j) Conclusion of Appellate Review. The appellate review shall not be deemed to be concluded until all of the procedural steps provided in this Section 17.5-5 have been completed or waived.

#### **17.5-6 Decision**

Within thirty-five (35) days after the conclusion of the appellate review proceedings or receipt of the Appeal Panel decision, whichever is later, the Board may commence consideration of the Appeal Panel decision (together with all or such portions of the record as it deems necessary and appropriate) and determine whether to take action to modify or reverse the Appeal Panel decision, or decline to do so, which shall constitute an affirmation thereof. The Board may affirmatively approve the Appeal Panel decision in whole or in part, or refer the matter back to the Appeal Panel. Any such referral back shall state the reasons therefore and set a time limit within which a response to the Board must be made and may include a directive that the Appeal Panel clarify issues as directed by the Board. The response of the Appeal Panel, which may take the form of a modified Appeal Panel decision, shall be transmitted to the same parties and in the same manner as provided for in Section 17.4-13(b). After receipt of such response, the Board may consider the Appeal Panel decision (including modifications thereof, if any) and determine whether to take action to modify or reverse the decision, or decline to do so, which shall constitute an affirmation thereof. The decision by the Board shall be the final action of the Board.

#### **17.5-7 Further Review**

Except where the matter is remanded for further review and recommendation pursuant to Section 17.5-6, the final action of the Board following the appeal procedures set forth in Section 17.5 shall be effective immediately and shall not be subject to further review.

#### **17.5-8 Right to One Hearing**

Notwithstanding any other provision of these Bylaws, no practitioner shall be entitled as a right to more than one evidentiary hearing on any matter which shall have been the subject of an adverse action by either the Medical Executive Committee or the Board or by both.

#### **17.5-9 Revision to Decision that Prompted Hearing**

The body whose decision prompted the hearing may revise its decision at any time. If the decision that prompted the hearing is revised so that if it were the original decision, it would not have given the practitioner a right to a hearing, then the hearing process shall terminate and the practitioner shall no longer have a right to a hearing.

#### **17.5-10 Judicial Review**

Only a final action of the Board may be judicially reviewed and such final action may be reviewed only for illegal, corrupt, or arbitrary or capricious action, such review to be by the Benton County Superior Court. The petition for review must be filed within 30 calendar days of date of the final action of the Board. Such review shall be on the record.

#### **17.5-11 Waiver**

If at any time after receipt of special notice of an adverse action or result, a practitioner fails to make a required request, appearance or otherwise fails to comply with the provisions of Article



17, the petitioner shall be deemed to have consented to such adverse action or result and to have voluntarily waived all rights to which the petitioner might otherwise have been entitled under the Corrective Action and Hearing Section with respect to the matter involved. If any other party to such proceedings fails to make a required request, appearance or otherwise fails to comply with the provisions of Article 17, such party shall likewise be deemed to have voluntarily waived all rights to which such party might otherwise have been entitled under the Corrective Action and Hearing Section with respect to the matter involved.

#### **17.5-12 Release**

By requesting a hearing or appellate review under Article 17, a petitioner agrees to be bound by Article 17 provisions in all matters. Such petitioner is deemed to release and hold harmless all participants and the Hospital from any liability whatsoever in the Article 17 fair hearing process so long as they have acted without malice. "Hospital" in this context shall include, but not necessarily be limited to, the Board, Administration, Medical Staff, Hearing Officer or Hearing Committee, Appeal Panel, and/or their agents, employees, contractors, attorneys or designees.

#### **17.5-13 Confidential Nature of Proceedings**

All meetings, proceedings, and deliberations of the Board, its staff or agents concerning the granting, denial, revocation, restriction, or other considerations of the status of the clinical or staff Privileges of a practitioner (as that term is defined in the Medical Staff Bylaws) pursuant to Hospital and Medical Staff Bylaws, Rules & Regulations, and Policies and Procedures shall be confidential and conducted in Executive Session of the Board provided, however, that any final action of the Board regarding the same shall be done in public session.

### **17.6. EXCEPTIONS TO HEARING RIGHTS**

#### **17.6-1 Closed Staff or Exclusive Use Departments and Medico-Admin Officers**

- (a) **Closed Staff or Exclusive Use Departments.** The fair hearing rights of Article 17 do not apply to a practitioner whose application for Medical Staff membership and Privileges was denied or whose Medical Staff membership and Privileges are terminated on the basis that the Privileges sought or held are granted only pursuant to a closed staff or exclusive use policy. Such practitioners shall have the right, however, to request that the Board review the denial or termination and the Board shall have the discretion to determine whether to review such a request and, if it decides to review the request, to determine whether the practitioner may personally appear before and/or submit a statement in support of their position to the Board.
- (b) **Employees and Medico-Administrative Officer.** The fair hearing rights of Article 17 do not apply to those persons serving the Hospital as an employee thereof or in a medico-administrative capacity. Removal from office or termination of employment of such persons shall instead be governed by the terms of their individual contracts and agreements with the Hospital. However, the hearing rights of Article 17 shall apply to the extent that Medical Staff

membership status or Clinical Privileges which are independent of the practitioner's contract or terms of employment, are also removed or suspended, unless the contract or terms of employment provide otherwise.

### **17.6-2 Department/Service Formation or Elimination**

Upon approval of the Board, a Medical Staff department/service may be formed or eliminated following a determination by the Medical Staff of appropriateness of such elimination or formation. The Board's decision shall uphold the Medical Staff's determination unless the Board makes specific written findings that the Medical Staff's determination is arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with the law.

- (a) The Medical Staff shall determine the formation or elimination of a department/service to be appropriate based upon consideration of its effects on quality of care in the Hospital and/or community. A determination of the appropriateness of formation or elimination of a department/service must be based upon the preponderance of the evidence, viewing the record as a whole, presented by any and all interested parties, following notice and opportunity for comment.
- (b) The termination of Privileges pursuant to formation or elimination of a department/service determined to be appropriate by the Medical Staff shall not be subject to the procedural rights otherwise set forth in Article 17.

### **17.6-3 Advanced Practice Clinicians**

Advanced Practice Clinicians, including those who are Members of the Medical Staff, shall not be entitled to any of the rights set forth in Article 17 of these Bylaws. The exclusive process to be used for Advanced Practice Clinicians is set forth in the Advanced Practice Clinician Section of these Bylaws.

## **18. CONFLICT RESOLUTION**

### **18.1 CONFLICT RESOLUTION BETWEEN THE MEDICAL EXECUTIVE COMMITTEE AND THE GENERAL MEDICAL STAFF**

Unless otherwise set forth in the Medical Staff Bylaws or Hospital Articles of Incorporation or Bylaws, the Medical Executive Committee, in partnership with the general Medical Staff, establishes the following process for addressing conflicting recommendations made by the Medical Executive Committee and the General Medical Staff to help ensure consistent recommendations to the Board regarding medical staff issues. A conflict raised on behalf of the general Medical Staff must be supported by a petition clearly identifying the conflict and signed by at least twenty percent (20%) of the Active Staff. The Medical Executive Committee, in partnership with the general Medical Staff will make best efforts to address and resolve all conflicting recommendations in the best of the Medical Staff. After receipt of such a petition, the Medical Executive Committee shall meet with the General Medical Staff or a representative group thereof and seek to resolve the conflict through informal discussions. If

these informal discussions fail to resolve the conflict, the Medical Staff President shall initiate a formal conflict resolution process. The formal conflict resolution process will begin with a “representatives” meeting of an equal number of representatives from the Medical Executive Committee and the general Medical Staff within 30 days of the initiation of the conflict resolution process. If the Medical Executive Committee and general Medical Staff representatives meeting cannot produce a resolution to the conflict acceptable to the Medical Executive Committee and the general Medical Staff within 90 days of this representatives meeting, the general Medical Staff shall have the authority to act on the issue that gave rise to the conflict. An affirmative 2/3 majority vote of the Active Staff is required to confirm the position of the general Medical Staff.

## **18.2 CONFLICT RESOLUTION BETWEEN THE BOARD AND MEDICAL STAFF**

Unless otherwise set forth in the Medical Staff Bylaws or Hospital Articles of Incorporation or Bylaws, the Medical Staff, in partnership with the Board, establishes the following process for addressing conflicting recommendations made by the Board and the Medical Staff. The Medical Staff, in partnership with the Board will make best efforts to address and resolve all conflicting recommendations in the best interests of patients, the hospital, the communities we serve, and the members of the Medical Staff. When the Board plans to act or is considering acting in a manner contrary to a recommendation by the Medical Executive Committee or the Medical Staff, the Medical Executive Committee shall meet with the Board, or a designated committee of the Board and management and seek to resolve the conflict through informal discussions. The Medical Executive Committee and Board shall make best efforts to collaborate together to resolve the conflict. Any resolution arrived at during such meeting shall be subject to the approvals of the Medical Executive Committee and the Board. If, after 90 days from the date of the initial meeting, the Medical Executive Committee and Board cannot resolve the conflict in a manner agreeable to all parties, the Board shall have the authority to act on the issue that gave rise to the conflict.

## **18.3 EXPEDITED DETERMINATION**

If the Board determines, in its sole discretion, that action must be taken related to a conflict in a shorter time period than that allowed through the conflict resolution processes described in this Article to address an issue of quality, patient safety, liability, regulatory compliance, legal compliance or other critical obligations of the Hospital, the Board may take action which will remain in effect only until the conflict resolution process is completed. Actions taken which are not susceptible to change will not be changed.

## **18.4 EXCEPTIONS TO THE CONFLICT MANAGEMENT PROCESS**

The conflict management process described in this Article does not apply to issues involving disciplinary action, denial of requests for appointment, reappointment, denial of or changes in clinical privileges or any other matters relating to individual credentialing and privileging actions or actions that impact an individual practitioner.

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**ADOPTED** by the Medical Staff on November 9, 2021.

Chief of Staff:  \_\_\_\_\_

**APPROVED** by the Board of Commissioners on \_\_\_\_\_, 2021.

President: \_\_\_\_\_

**RULES & REGULATIONS**  
**OF THE**  
**MEDICAL STAFF**  
**PROSSER PUBLIC HOSPITAL DISTRICT**  
**DBA PROSSER MEMORIAL HEALTH**

**PROSSER MEMORIAL HEALTH  
RULES AND REGULATIONS OF THE MEDICAL STAFF**

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**PROSSER MEMORIAL HEALTH  
RULES AND REGULATIONS OF THE MEDICAL STAFF**

**1. Admission Discharge and Transfer of Patients**

**1.1 Nondiscrimination**

Patients are accepted to the Hospital on the basis of medical need and not on the basis of sex, race, color, creed religion, national origin, gender identification, sexual orientation, or any other nonmedical reason. The Hospital may admit patients suffering from all types of disease except when facilities and other resources are deemed unsuitable. Such patients shall be referred and/or transferred to a suitable facility as soon as possible. If an emergency room patient, the patient shall be stabilized and transferred in accordance with Hospital policies and applicable law.

**1.2 Admitting privileges:**

A patient may be admitted to the Hospital only by a member of the Medical Staff or by an APC either of which must have admitting privileges.

**1.3 Admitting policy:**

All Practitioners shall be governed by the official admitting policy of the Hospital.

**1.4 Provisional diagnosis:**

Except in emergency, no patient shall be admitted to the Hospital until a provisional diagnosis or valid reason for admission has been stated. In the case of an emergency, such statement shall be recorded in the medical record as soon as possible.

**1.5 Selection of Practitioner for emergency admissions:**

A member of the Medical Staff on call for the service will be assigned to the patient.

**1.6 Priority of admissions:**

Patients will be admitted on the basis of the following order of priority:

Emergency admissions  
Urgent admissions  
Preoperative admissions  
Routine admissions

**1.7 Discharge orders:**

Patients will be discharged only on an order of the attending Practitioner. Should a patient leave the hospital against the advice of the attending Practitioner, or without having been seen by the attending Practitioner, or without a proper discharge order, a signed notation of the incident shall be made in the patient's medical record by the attending Practitioner. All patients who refuse admission, or who discharge themselves without physician consent shall be required to sign a form to that effect which shall be witnessed. If such a patient refuses to sign the form, a notation of refusal shall be made in the patient's medical record.



**1.8 Final diagnosis/summary:**

Final diagnosis(es) shall be recorded in full, dated and signed by the responsible Practitioner or designee at the time of discharge of all patients or as soon as laboratory and pathological data become available.

A clinical discharge summary shall be completed on all medical records of patients hospitalized, including complicated obstetrical deliveries or infants. Normal obstetrical deliveries and normal newborn infants may utilize standardized forms. All summaries shall be signed or authenticated by the responsible Practitioner.

**1.9 Transfer of Patient:**

Patients shall be transferred to another level of care, treatment, and/or services, different professionals, or different settings based on the patient's needs and the Hospital's capabilities. The physician shall:

- a) Identify the patient's need for continuing care in order to meet the patient's physical and psychosocial needs;
- b) Inform patients, in a timely manner, of the need to plan for a transfer to another organization or level of care;
- c) Involve the patient and all appropriate licensed Members/Practitioners, staff, and family members involved in the patient's care, treatment and services in the decision to transfer;
- d) Provide the following information to the patient whenever the patient is transferred:
  - 1) The reason for the transfer; and
  - 2) Available alternatives to transfer (if any).
- e) Initiate and complete the transfer process.
- f) All transfers shall comply with EMTALA and the Hospital's specific EMTALA policy.

**2. General Conduct of Care**

**2.1 Responsibility for patient care:**

Practitioners privileged to submit orders shall be responsible for the medical care and treatment of each of their patients in the Hospital. Also, for the prompt completeness and accuracy of such patient's medical records. Whenever these responsibilities are transferred to another Practitioner, a note covering the transfer of responsibility shall be entered in the medical record.

**2.2 Continuous care:**

Each Practitioner shall reside sufficiently close enough to provide continuous care to their/her patients or shall name a similarly qualified Practitioner who may be called to attend such patients in their absence. In case of failure to name such associate, the Chief of Staff or the Chief Medical Officer shall have authority to call any qualified member of the staff to act on behalf of the attending Physician.

### **2.3 Time frame for seeing patients:**

The attending Practitioner or their designee must see the patient within the time frames specified in Department policy, and in no case more than 24 hours.

### **2.4 Requesting consultations:**

The attending Practitioner is responsible for requesting consultation with a qualified consultant when indicated.

- a) Documentation of a patient's refusal of a consultation recommended by their practitioner shall be indicated in the patient's medical record. This documentation should be provided for recommended psychiatric consultation as well as all other forms of consultation.
- b) A Consulting Physician must be qualified to give an opinion in the field in which their opinion is sought. The status of the Consulting Physician is determined by the Medical Staff on the basis of an individual's training, experience, competence and privileges.
- c) A consultation should include review of the patient's history, examination of the patient and the patient's record. A consultation note should be promptly entered into the patient's medical record using the current hospital Electronic Health Record system, stating the Consulting Physician's findings and recommendations. When operative procedures are involved, the consultation note, except in an emergency, shall be recorded prior to the operative procedures.
- d) Consultation reports should be completed in a timely manner and will contain a written opinion and recommendations by the consultant that reflect, when appropriate, an actual examination of the patient and the patient's medical record. A statement such as "I concur" will not constitute an acceptable consultation report. The consultation report will be made part of the patient's medical record.
- e) When a Practitioner requests consultation(s), Consulting Physician is authorized to submit orders. Questions or conflicts should be directed to the attending Practitioner. The Practitioner requesting a consultant is responsible for directly communicating with the consultant.

#### **2.4-1 Required Consultations**

- a) Consultations are required in all cases which, in the judgment of the attending physician:
  - 1) The diagnosis is obscure after ordinary diagnostic procedures have been completed, and it is the judgment of the attending that a diagnosis is required prior to disposition;
  - 2) There is doubt as to the best therapeutic measures to be used;
  - 3) Unusually complicated situations are present that may require specific skills of other practitioners; or
  - 4) The patient exhibits severe symptoms of mental illness which endangers themselves or others.
- b) Additional requirements for consultation may be established by the Medical Staff.

#### **2.4-2 Informal Consultations**

Informal consultations are when one provider in general terms provides his or her opinion regarding a medical issue related to a patient of another provider. They typically are in casual conversations during a chance meeting with another provider. These informal consultations are not a replacement for a required consultation. Informal consultations should not be documented in a patient's medical chart. An informal consultation is not when a provider has specific questions regarding the treatment of a patient and specifically contacts another health provider, either at this institution or another, to obtain recommendations and suggestions regarding the treatment of that patient. In those circumstances, the provider should document that they sought suggestions, identify which facility they contacted, and the specialty of the person they contacted. They need not name the specific physician with whom they discussed the patient.

#### **2.5 Consent for Invasive Procedures:**

An Invasive Procedure shall be performed only after receipt of a signed informed consent according to hospital policy, except in a life-threatening emergency.

#### **2.6 Surgery Assistants:**

A surgery assistant may be used by a practitioner at their discretion provided they have privileges at the Hospital.

#### **2.7 Pathological examination of tissues:**

Tissues removed during an operation shall be sent to the Hospital designated or contracted pathologist. The pathologist shall make such examination as they may consider necessary to arrive at a tissue diagnosis.

#### **2.8 Emergency Department coverage:**

- a) A designated individual shall prepare, at such intervals of time as may be determined by the Medical Executive Committee, a call list. A call list shall be available electronically. Updates or changes to call list shall be made available to the facility during week-day business hours and at least within 24 hours of a proposed change.
- b) On call Physicians for the Emergency Room must be available to see patients within thirty (30) minutes of the time of notification that the patient has presented for care. If the Physician has not responded within thirty (30) minutes, they will be notified that the patient needs care. If there is no response in less than twenty (20) minutes, the Administrator or their designee will be notified; if they are unavailable, the Chief of Staff or Chief Medical Officer will be called. Non-response by a Physician may be grounds for disciplinary action pursuant to the Corrective Action and Hearing section. Primary ED coverage will be provided by physicians on Emergency Department staff.
- c) Registered Nurses, meeting the competency guidelines set forth in policy, are authorized to perform medical screening examinations in the case of OB patients who present to the emergency department at greater than 20 weeks gestation.

Registered Nurses performing medical screening examinations are required to follow the Labor Status Assessment criteria as approved by the Medical Staff.

## **2.9 Obstetrics and Gynecological Care:**

- a) The attending provider shall be immediately available during the second stage of labor.
- b) Therapeutic abortions. Refer to Policy #873-0020
- c) Medical Screening Exams in the Emergency Department. Refer to Policy #723-0001.

## **3. End of Life Issues**

### **3.1 Hospital deaths:**

In the event of a patient's death in the Hospital, the deceased shall be pronounced dead by the Attending Physician or their designee or the code team leader if death occurred during a code. The body may not be released until an entry has been made and signed in the medical record of the deceased by a member of the Medical Staff. Death certificates shall be completed and signed by the hospitalist, primary care doctor, or coroner for a deceased inpatient or the primary care provider or coroner for a deceased emergency department patient. Emergency physician in rare instances shall complete the death certificate if last in attendance of the deceased and no other provider is involved.

### **3.2 Requesting autopsies:**

- a) All Practitioners shall exercise their clinical judgment to secure meaningful autopsies whenever possible. An autopsy may be performed only with written consent signed in accordance with state law.
  - 1) Autopsy may be performed in any case when authorization has been given by a member of one of the classes of persons below, in the following order of priority:
    - a. The surviving spouse or state registered domestic partner;
    - b. Any child of the decedent who is eighteen years of age or older;
    - c. One of the parents of the decedent;
    - d. Any adult brother or sister of the decedent;
    - e. A person who was guardian of the decedent at the time of death;
    - f. Any other person or agency authorized or under an obligation to dispose of the remains of the decedent. The Chief official of any such agency shall designate one or more persons to execute authorizations pursuant to the provisions of this section.
- b) If the person seeking authority to perform an autopsy or postmortem makes reasonable efforts to locate and secure authorization from a competent person in the first or succeeding class and finds no such person available, authorization may be given by any person in the next class, in the order of descending priority. No person shall have the power to authorize an autopsy or postmortem if a person of higher priority under this section has refused such authorization. (This does not affect autopsies performed under RCW 68.50.010 or 68.50.103).

Autopsies shall be performed by the Hospital pathologists coroner, pathologists selected by the County Coroner or pathologists selected by the person that has authority to request an autopsy under Section 3.2 (a)(1)Provisional anatomic diagnosis shall be recorded on the medical record within seventy-two hours after gross dissection and the complete protocol should be made a part of the medical record within six weeks. Organ procurement and documentation will be done according to hospital policy.

**3.3 Procedures on newly deceased patients. Refer to Policy #345-0013.**

**4. Medical Records**

A medical record must be maintained for each inpatient and outpatient.

**4.1 General Documentation Requirements:**

All clinical entries in the patient's medical record shall be dated, timed and signed. A medical record shall not be permanently filed until it is completed by the responsible Provider, except by order of the Medical Executive Committee (MEC).

- a) Medical records or any portion thereof shall not be transmitted via text message.

**4.2 Access to Medical Records:**

- a) All patient records are the property of PMH and shall not be taken from PMH without permission of the Administrator. Unauthorized removal of an original medical record from the hospital is grounds for disciplinary action by the MEC.
- b) Subject to the discretion of the CEO/or designee, former members of the Medical staff may be permitted access to information from the medical record of prior patients to whom they have provided medical care.

**4.3 Completion of Medical Records by Providers:**

Intervals during which specific documents are due to be completed:

- a) Definitions:
  - 1. 'Due' – the interval from the inception of the specific document task through the interval of documentation compliance with the Medical Staff Rules and Regulations.
  - 2. 'Deficient' – the interval beginning at the end of the specific document due date, through eventual signature.
- b) A document is either *due* or *deficient* until it has been signed by the responsible provider.
  - 1. History and Physical – Due within 24 hours of admission time in Electronic Medical Record (EMR).
  - 2. Preoperative H&P – If completed within 30 days prior to registration for surgery/procedure, an update is required within 24 hours after the patient physically arrives for admission/registration but prior to surgery/procedure requiring anesthesia services.
  - 3. Operative Note – Due immediately after surgery. Note is deficient if not complete within 24 hours post procedure.

4. Progress Note – At least one progress note is required for all inpatients for each calendar day. Notes are due within 24 hours of the initial progress note entry in the EMR.
5. Emergency Department Note – Due within 24 hours of the end of physician shift. A separate note is required by each physician involved in a patient’s care, including by a physician who signed off to another physician.
6. Verbal Order – Shall be signed by the ordering provider within 24 hours.
7. Transfer Note – Shall be signed by the provider requesting the transfer within 24 hours.
8. Discharge Summary – Due by midnight of the 2<sup>nd</sup> calendar day following the discharge date/time in the EMR.
9. Clinic Note - due within 48 weekday hours of patient visit. Chart is deficient at 72 weekday hours of patient visit.

#### **4.4 Medical Record Deficiency Process**

- a) Every Friday, the Health Information Management (HIM) department will review all Provider documentation compliance as tracked and reported by Epic. HIM will make document due/deficiency adjustments for all providers who have given prior notice of an extended leave with a specific interval, such as a vacation or illness. Any Epic reporting discrepancies versus the R&R’s, will be reconciled by HIM before any data distribution.
- b) HIM will not send to a Provider, Administration, MEC members or any other Provider review entity, Provider document deficiency data that does not conform to the deficiency definitions in the PMH Medical Staff Rules and Regulations.
- c) On Friday, the HIM department will notify each Provider with one or more chart deficiencies, of each deficiency as of the notification date/time, including patient name, the document due date, deficient document type. Provider notification will be by a consistent process determined by HIM and specified in a HIM policy approved by the MEC.
- d) The Provider will have 7 calendar days to complete any deficient charts following the initial Provider notification, and thereby resume compliance.
- e) After 7 days from the initial Provider notification, HIM will notify the Provider, Chief of Staff and Administration of any remaining record deficiency by the Provider. The Provider will have 7 days from this second notification to complete their records and return to compliance. HIM will notify the Chief of Staff and Administration if the Provider becomes compliant within these 7 days, or provide a Provider deficiency report to the Chief of Staff and Administration, of remaining deficiencies.
- f) After 7 days from the above notification (e), the Chief of Staff may bring a Provider’s remaining documentation deficiency record to the Medical Executive Committee for review/action, including possible suspension of privileges.
- g) Suspension for deficient documentation
  - 1) In the event of Provider suspension by the MEC, the Chair of the MEC will notify the following of that suspension by PMH email – the

- suspended Provider, HIM Manager, Chief of Staff, related Department Chair, Chief Nursing Officer, CEO/Administration.
- 2) Suspended Providers may complete the management of their current inpatients including consultations and scheduled surgical procedures. The suspended Provider cannot admit new patients, contribute new consultation, or perform previously unscheduled surgical procedures.
  - 3) Reinstatement - The Chief of Staff will notify the entities identified in (“1”) above, via PMH email, when the Provider’s privileges have been reinstated.
  - 4) Provider suspension for medical records deficiency is an automatic administrative suspension, and not the result of a professional review activity.

#### **4.5 Medical Orders**

- a) All orders must be dated, timed, and authenticated by the ordering practitioner who is responsible for the care of the patient, as authorized by the Bylaws. Individuals Medical Staff compliance rates are expected to exceed 90%.
- b) Orders must be entered clearly, legibly, and completely. Orders which are illegible or improperly entered will not be carried out until they are clarified by the ordering practitioner and are understood by the appropriate health care provider.
- c) The use of the terms “renew,” “repeat,” “resume,” and “continue” with respect to previous orders is not acceptable.
- d) Orders for “daily” tests will state the number of days and will be reviewed by the ordering physician at the expiration of this time frame unless warranted sooner. At the end of the stated time, any order that would be automatically discontinued must be rewritten in the same format in which it was originally recorded if it is to be continued.
- e) Orders for all medications and treatments will be under the supervision of the attending physician and will be reviewed by that physician in a timely manner to assure discontinuance when no longer needed.
- f) All orders must be completely rewritten when a patient is transferred from one service to another, when a patient is transferred from one unit to another and when a patient emerges from surgery.
- g) No order will be discontinued without the knowledge of the ordering physician, unless the circumstances causing the discontinuation constitute an emergency.
- h) All orders for drugs and medications administered to patients will be:
  - 1) Reviewed by attending physician at least weekly to assure the discontinuance of all drugs no longer needed;
  - 2) Canceled automatically when the patient goes to surgery or is transferred into or out of a critical care unit; and
  - 3) Reviewed by the Pharmacist before the initial dose of medication is dispensed (except in emergencies or in care settings where the medical

care provider directly supervises drug administration). In cases when a Pharmacist is otherwise unavailable, the medication order will be reviewed by a Pharmacist as soon thereafter as possible, preferably within 24 hours.

- 4) All medication orders must clearly state the administration times or time interval between doses. If not specifically prescribed as to time or number of doses, the medications will be controlled by automatic stop orders or other methods. When medication or treatment is to be resumed after an automatic stop order has been employed, the orders that were stopped must be rewritten.
- i) All sections of these Rules & Regulations that reference written or transcribed orders shall include electronic order entries.

#### **4.6 Verbal Orders**

- a) A verbal order (either in person or via telephone) for medication or treatment will be accepted only under circumstances when it is impractical for such order to be entered by the responsible practitioner.
- b) Verbal orders shall identify the names of the individuals who gave, received, and implemented the order.
- c) All verbal and medication orders must be dated, timed and authenticated within 48 hours by the ordering practitioner or another practitioner who is responsible for the care of the patient, as authorized by Bylaws. Individual Medical Staff compliance rates are expected to exceed 90%.
- d) The following are the personnel authorized to receive and record verbal or telephone orders:
  - 1) A member of the Medical Staff;
  - 2) An Advanced Registered Nurse Practitioner;
  - 3) A Physician Assistant;
  - 4) A Registered Nurse;
  - 5) A Pharmacist, who may transcribe a verbal order pertaining to medications;
  - 6) A Respiratory Therapist, who may transcribe a verbal order pertaining to respiratory therapy treatments;
  - 7) A Physical Therapist, who may transcribe a verbal order pertaining to physical therapy treatments;
  - 8) A Radiology Technologist, who may transcribe a verbal order pertaining to radiological tests and/or therapy treatments;
  - 9) An Occupational Therapist, who may transcribe a verbal order pertaining to occupational treatments;
  - 10) A Speech Therapist, who may transcribe a verbal order pertaining to speech therapy;
  - 11) A Nuclear Medicine Technologist, who may transcribe a verbal order pertaining to nuclear medicine;



- 12) A Diagnostic Medical Sonographer, who may transcribe a verbal order pertaining to diagnostic sonography; and
  - 13) A Lab Tech who may transcribe a verbal order pertaining to lab work.
- e) For verbal or telephone orders or for telephonic reporting of critical test results, the complete order or test result must be verified by having the person receiving the information record and “read-back” the complete order or test result.

#### **4.7 Retiring a Medical Record**

Records of Providers who are no longer available for document completion, such as being deceased or no longer on the medical staff, will be forwarded by HIM to the appropriate committee Chair for review. The Committee Chair will sign the documents as the Department Chair, or direct HIM to retire the chart(s).

### **5. Medical Staff Responsibilities and Conduct**

#### **5.1 Initial Drug Testing:**

Upon application for privileges and/or appointment or reappointment if not previously tested, to the medical staff of Prosser Memorial Health, a provider agrees to immediate testing of blood and/or urine for controlled substances and/or alcohol at the time of application request. Outside testing within the last 2 years for locum tenens providers or out of the area physicians may be approved at the discretion of the Credentialing Committee. (Policy #345-0015)

#### **5.2 Dues:**

Dues shall be assessed on initial appointment to the Provisional Staff, and thereafter upon biennial reappointment. The amount of dues may be changed by action of the Medical Executive Committee.

#### **5.3 Reporting liability/misconduct:**

A Practitioner shall report to Hospital Administrator or Chief Medical Officer any involvement in a professional liability action, professional misconduct proceeding or a proceeding or investigation alleging fraud and abuse by the Practitioner, within ten (10) days of learning of such investigation, claim, proceeding or action. This information shall include all investigations, claims, suits, final judgments or settlements, pending professional misconduct proceedings, and pending malpractice actions that are filed against the Practitioner or of which the Practitioner otherwise has knowledge.

#### **5.4 Impairments:**

Qualifications for membership in the Medical Staff and the criteria entitling a Practitioner to exercise Clinical Privileges in the Hospital include demonstrated competence and judgment, satisfactory with current physical and mental condition, and ability to work harmoniously with others, sufficient to assure the Medical Staff and the Board that any patient treated by the Practitioner in the Hospital will receive quality care and that the Hospital and Medical Staff will be able to operate in an orderly manner. If an employee or

another Practitioner perceives that a Practitioner is not able to satisfactorily comply with these standards, resolution will take place according to Medical Staff and Hospital policy.

#### 5.5 **Nondiscrimination or Harassment:**

Prosser Memorial Hospital is committed to providing equality of opportunity and an environment that fosters respect for all members of the Hospital community. The goal is to promote an environment that is free of discrimination, harassment, and retaliation. Discrimination or harassment will not be tolerated at any time. To facilitate that goal, the Hospital retains the authority to discipline (including termination) or take appropriate corrective action for any conduct that is deemed unacceptable or inappropriate, regardless of whether the conduct rises to the level of unlawful discrimination, harassment, or retaliation.

- a) Discrimination is conduct that treats a person less favorably because of the person's race, color, creed, religion, national origin, citizenship, sex, sexual orientation, gender identity or expression, disability, or veteran status.
- b) Harassment is conduct directed at a person because of the person's race, color, creed, religion, national origin, citizenship, sex, pregnancy, age, marital status, sexual orientation, gender identity or expression, disability, or veteran status that is unwelcome and sufficiently severe, persistent or pervasive that:
  - 1) Could reasonably be expected to create an intimidating, hostile, or offensive work or learning environment or
  - 2) It has the purpose or effect of unreasonably interfering with an individual's work or performance. Harassment is a form of discrimination.
- c) Retaliation means to take adverse action against individuals because they have (or are perceived to have) reported concerns under this policy or cooperated with or participated in any investigation related to this policy.
- d) Sexual Harassment is a form of harassment characterized by:
  - 1) Unwelcome sexual advances, request for sexual favors, or other verbal or physical conduct of a sexual nature by a person who has authority over the recipient when:
    - a. Submission to such conduct is made either an implicit or explicit condition of the individual's employment, or ability to use Hospital facilities and services, or
    - b. Submission to or rejection of the conduct is used as the basis for a decision that affects tangible aspects of the individual's employment, status, or use of Hospital facilities; or
  - 2) Unwelcome and unsolicited language or conduct that is of a sexual nature and that is sufficiently severe, persistent, or pervasive that it could reasonably be expected to create an intimidating, hostile, or offensive working or learning environment, or has the purpose or effect of unreasonably interfering with an individual's work performance. This also includes acts of sexual violence, such as sexual assault and sexual exploitation.

## **6. Certifications**

- 6.1** Certification requirements shall be the same for Active, Active Community Courtesy, Advanced Practice Clinician or Locum Tenens staff.
- 6.2** Each provider must be Board Eligible/Certified in their practice specialty and maintain the following Certifications unless otherwise defined below:
- a) Emergency physicians: ACLS, ATLS and PALS unless Board Certified in Emergency Medicine.
  - b) Emergency PACs and ARNPs: ACLS, ATLS and PALS
  - c) CRNAs: ACLS, PALS and NRP
  - d) Hospitalists/Internal Medicine: ACLS
  - e) General Surgeons: ACLS and ATLS
  - f) Surgeons other than General Surgeons: ACLS
  - g) Family Practice physicians:
    - Adult – ACLS
    - Pediatric – PALS and NRP\*
    - Obstetrical – NRP\*
  - h) Pediatricians: PALS and NRP\*
  - i) OB/GYNs: ACLS and NRP
  - j) ARNPs: ACLS, NRP\* and PALS\*\*
  - j) PACs: BLS, and if providing OB services: ACLS and NRP\*
  - k) RNFAs: OR Certification and ACLS
  - l) Anesthesiologists: ACLS

\*Not required for providers whose practice is limited to the outpatient setting only.

\*\*Not required for providers whose practice is limited to adults only.

## **7. Additional Training**

- 7.1** Completion of training modules such as Healthstreams, Gnosis or other types of training can be mandated by department or the MEC as required. Medical staff must demonstrate completion by required dates.

## **8. Photography and Audio/Visual recording**

### **8.1 Purpose and Scope:**

This defines the limitations upon the use of video and/or audio recording of any kind to ensure that the use of such devices does not compromise the integrity of protected health information, proprietary information, individual rights to privacy, quality of patient care, and the efficient operations of Prosser Memorial Hospital facilities.

- a) It is the policy of PMH to ensure the appropriateness of photography and audio/visual recording of patients and workforce. Photography and/or audio/visual recording by patients, visitors, and workforce is prohibited at PMH facilities except where specifically authorized by this policy.

- 1) This policy applies to all patients, visitors, and personnel (e.g., Medical Staff, volunteers, contracted personnel, and employees of PMH). It applies to the interior and exterior of PMH facilities.
- 2) This policy does not include photography or audio/visual recording for security or emergency management or other routine operational purposes.

## **8.2 Definitions**

The following definitions apply for the purposes of this section and policy.

- a) Audio/Visual Recording: Capturing any photograph, digital image, scan, motion, picture, videotape, computer feed, electronic, or audio recording using any device.
- b) Patient: Any individual receiving services in a PMH facility.
- c) Workforce: All Medical Staff, auxiliary healthcare providers, students, volunteers, contracted personnel, and employees of PMH.
- d) Visitor: Any individual who is visiting an PMH facility for any purpose who is not a patient, a member of the Medical Staff, or workforce.

## **8.3 Photographs and Audio/Visual Recording Initiated by Patients, Family Members, and Visitors**

- a) Still photographs and video of a patient taken by a member of the patient's family or by the patient's visitors are permitted if the patient consents and if it is not disruptive to workforce or other patients.
- b) Still photographs or audio/visual recording of workforce members is not permitted without express written authorization.
- c) Photographing or audio/visual recording of daily operations of the healthcare environment by patients and visitors is prohibited.
- d) Medical Staff may require any photographing or audio/visual recording be stopped immediately at any time they consider it to be disruptive or interfering with healthcare operations or care of a patient.
- e) Request for photographs or audio/visual recording for legal purposes should be referred to the Hospital Administrator.
- f) If it is observed or suspected that a patient, family member, visitor or vendor has taken recordings or photographs in violation of this policy, PMH security should be contacted. If the individual refuses to stop photographing or recording, the person shall be considered disruptive and removed.

## **8.4 Photography and Audio/Visual Recording Initiated by PMH Workforce**

- a) Workforce at PMH may make and use audio/visual recordings or images of a patient for the identification, diagnosis, or treatment of the patient. The individual is responsible for explaining to the patient why the recording or image is necessary and shall add the images or recordings to the patient's medical record.
- b) Workforce of PMH may make and use audio/visual recordings or images of patients for internal or external use other than the identification, diagnosis, or treatment of the patient (for example, education purposes). In order to do so, the

individual must secure the patient's or the patient's legally authorized representative's authorization prior to the production of any audio/visual recordings or images and prior to the use/disclosure of the patient's protected health information. Once signed, this consent/authorization should become a part of the patient's medical record.

- c) In the event a workforce member is unable to secure a patient's authorization prior to PMH approved recording or imaging for internal purposes other than for the identification, diagnosis, or treatment of the patient, the audio/visual recording or image must remain in PMH possession without being viewed or used for any purpose unless the patient's informed consent is obtained.
- d) When a patient is unable to give consent or authorization prior to the production of audio/visual recordings or images and consent or authorization for use cannot subsequently be obtained, PMH will destroy the recording or images without viewing or using them for any purpose.
- e) PMH will inform patients of their right to request cessation of the production of any audio/visual recordings or images. PMH will accommodate a patient's right to rescind consent or authorization before the audio/visual recording or image is used.
- f) Where PMH engages in routine filming for internal use (for example, performance improvement) other than the identification, diagnosis, or treatment of the patient, it will post signage informing patients of the same. Before engaging in such recording or filming of patients, anyone who is not already bound by PMH's confidentiality policies must sign a confidentiality statement to protect the patient's identity and confidential information.

## **9. Confidentiality**

- 9.1** All Members of the Medical Staff, and their respective employees and agents, must maintain the confidentiality, privacy, and security of all Protected Health Information in records maintained by PMH or by business associates of PMH, in accordance with any and all privacy and security policy and procedures adopted by PMH to comply with current federal, state, and local laws and regulations, including, but not limited to, the HIPAA Privacy Regulations. Protected Health Information may not be requested, accessed, used, shared, removed, released, or disclosed except in accordance with PMH's health information privacy policies, the Washington Health Care Information Act, and the Washington Public Records Act. Medical information about a patient whom a Medical Staff member is treating can be furnished by the medical staff member to any health care provider within the facility who has responsibility for that patient's care.
- 9.2** The use of electronic signature or stamp signature is acceptable only if the practitioner whose signature the electronic signature or stamp represents is the only person who has possession of the electronic user ID and password combination or stamp, and is the only one who uses it.
- 9.3** All electronic data pertaining to the medical care of individual patients is a part of the legal medical record and confidential to the same extent as other PMH medical records.

Passwords used by a Member of the Medical Staff to access PMH computers may be used only by such member, who may not disclose the password to any other individual (except to authorized persons of the computer system). The use of a member's password is equivalent to the electronic signature of the member. The member may not permit any practitioner, resident, or other person to use their passwords to access PMH computers or computerized medical information. Any misuse of information or passwords may, in addition to any sanctions approved by the MEC regarding security measures, be a violation of state and federal law and may result in adverse action, termination, suspension or any appropriate penalty.

- 9.4 No patient information shall be transmitted, shared, or otherwise communicated through any unsecured network or transmission method, including but not limited to text messages on a cellular/WiFi network.

## **10. Amendments to the Medical Charts**

- 10.1 Amendments, alterations or modifications to the medical chart after a chart entry has been made in the EMR is not encouraged. It should be avoided. If an amended modification or alteration is deemed appropriate, the entry in the EMR should clearly identify that it is an amendment, modification, or alteration of a previous entry and if possible briefly explain the justification for doing so.

## **11. Pelvic Exams**

A health care provider at PMH may not knowingly perform a pelvic examination on a patient who is anesthetized or unconscious unless:

- a) The patient or person authorized to make health care decisions for the patient gave specific informed consent to the examination;
- b) The examination is necessary for diagnostic or treatment purposes; or
- c) If sexual assault is suspected, evidence may be collected if the patient is not capable of informed consent due to a longer term medical condition, or if evidence will be lost.

## **12. Stem Cell Therapies**

Any provider at PMH who performs stem cell therapies not approved by the United States Food and Drug Administration shall comply with the provisions of RCW 18.130.420.

## **13. Confidentiality of Peer Review and Patient Care Activities**

**The purpose of this section is to emphasize the importance of maintaining confidentiality of peer review and patient care activities.**

### **13.1 Confidentiality of Peer Review Activities:**

The medical staff of PMH acknowledges the extreme importance of confidentiality with respect to the affairs of the Hospital. Each member of the medical staff, by accepting staff appointment, therefore, agrees to maintain the confidentiality of all peer review and quality assurance information pertaining to the Hospital or the medical staff. This commitment to confidentiality includes:

- (a) Information regarding the appointment and/or limitations/restrictions to the reappointment of practitioners to the medical staff;
- (b) Information regarding actions taken within the medical staff quality improvement process, including the opinions expressed by practitioners who participate in quality improvement or peer review;
- (c) Privilege information regarding risk management and malpractice issues/cases involving the Hospital and/or individual practitioners.

### **13.2 Confidentiality of Patient Care and Medical Records:**

The medical staff of PMH will endeavor to maintain the confidentiality of the privileged affairs of a hospital patient in a professional and caring manner. Each member of the medical staff agrees to review only the medical records of patients with whom he/she is currently or has been involved in providing patient care, peer review, or as authorized by the Medical Staff Bylaws and Rules and Regulations.

### **13.3 Breach of Confidentiality**

Breaches or infractions of confidentiality by individual staff members may compromise the interest of PMH or the medical staff and may be reported to the Chief of Staff or MEC. The Chief of Staff or MEC will act to remedy the problem, which may include: dismissal from a committee assignment and/or medical staff office; disciplinary action as deemed appropriate by the MEC and/or the Hospital Board; and other appropriate legal action.

## **14. Adoption and Amendment of Rules & Regulations**

### **14.1 Method of Adoption and Amendment:**

These Rules & Regulations may be adopted, amended, or revised by presentation of a proposal to the Medical Staff. Such Proposal may be initiated directly by the Medical Executive Committee. Proposals will become effective following an affirmative majority vote by the Medical Staff and approval by the Board.

ADOPTED by the Medical Staff on November 9, 2021.

  
\_\_\_\_\_  
MD, Chief of Staff

APPROVED by the Board of Commissioners on \_\_\_\_\_, 2021.

\_\_\_\_\_  
Chair



## PMH Medical Staff Committees Report August-October - 2021

### Medical Executive Committee: Dr. Clifford, Chair

- The Committee met each month during the period.
- Quality reports included the 2021 Patient Scorecard, PMH Clinics Chart Review policy and Utilization Review update.
- COVID-19 updates were provided at each meeting
- The new Hospital Security service now in place during M-F after-hours and 24 hours on weekends.
- PMH Gastroenterology Privileges forms were approved.
- There were 7 New Appointments and 11 Reappointments to the Medical Staff approved and recommended to the Board during the period.
- The PMH Medical Staff Bylaws and Rules & Regulations were finalized for review by the full Medical Staff.

### Medical Staff Quality Improvement Committee: Dr. Martin, Chair

- The Committee met three times in the period.
- Chart reviews were conducted on 98 patient records during the period, including FPPE reviews.

### Credentialing Committee: Dr. Martin, Chair

- The Credentialing Committee met three times in the period.
- PMH Gastroenterology privileges were reviewed, approved and advanced to the Medical Executive Committee.
- There were 19 New Appointment/Reappointment applications reviewed by the Committee for the period.

### Emergency Department Committee: Dr. Wenger, Chair

- The Committee met two times during the period.
- Covid-19 updates, equipment updates and quarterly benchmarking reports were provided at each meeting.
- Arrival to Discharge time, ECG times, DI reads, and Admit Decision to Floor Times metrics remain in focus.
- High ED volumes and up-staffing have been discussed and solutions are in process.

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

- The Committee(s) met in September.
- Acute Care Services Report, Infection Control/Exposure Report, Reportable Diseases and Covid-19 updates were reviewed/discussed by the Committee.
- The P&T Dashboard data was reviewed.
- Dolophine (*methadone*) 5 mg tablets and Olumiant (*baricitinib*) 2 mg tablets were added to the PMH formulary.
- Medication Back-Order list was reviewed and subsequently made available on Sharepoint
- A new per diem Pharmacist to begin at PMH in October.

### Perinatal / Pediatric Committee: Dr. Carl, Chair

- The Committee met two times during the period and stayed current with a COVID report at each meeting.
- Family Birth Center monthly statistics reported from Press Gainey and HCAHPS reports were reviewed.
- IUGR Recommendations, Infant Face Masks and Pediatric Admissions for Surgical Emergencies were discussed.
- There were 5 High Risk cases presented for review by the Committee.

### Surgery Committee: Dr. Sollers, Chair

- The Surgery Committee met in September.
- The 2021 Surgical Services Dashboard was presented for review and a COVID update was provided.
- Delays in surgical starts and surgical time accuracy when booking was discussed in an effort to streamline services in a busy department.

### Community Clinics Committee: Dr. Santa-Cruz, Chair

- The Community Clinics Committee met one time during the period and a COVID vaccine update was provided.
- A new Hypertension documentation tool was reviewed by the Committee and was made available to all primary care providers.
- The Welcome to Medicare and Medicare Annual Wellness visits were discussed. A plan for staffing and implementation to capture this community health opportunity to be reviewed at the next meeting.
- A clinic provider recruitment update was provided and future needs were discussed.

Attachment DD



**Prosser**  
Memorial Health

**Balance Sheet**  
**October 31, 2021**

<b>Assets</b>					<b>Liabilities &amp; Fund Balance</b>				
	<b>10/31/2021</b>	<b>9/30/2021</b>	<b>10/31/2020</b>	<b>12/31/2020</b>		<b>10/31/2021</b>	<b>9/30/2021</b>	<b>10/31/2020</b>	<b>12/31/2020</b>
Cash & Temporary Investments	8,662,866	8,071,500	4,532,411	5,666,965	Current Portion of Bonds Payable	850,157	848,827	588,460	927,492
COVID Cash Holding	1,389,154	1,473,753	8,183,503	3,166,415	Current Portion of USDA	-	-	-	-
Gross Patient Accounts Receivable	31,514,355	33,643,597	27,229,788	27,102,308	Current Portion Capital Leases	248,407	247,661	-	242,588
Less Allowances for Uncollectible	(19,526,000)	(20,971,000)	(16,239,900)	(16,699,000)	Accounts Payable	1,999,046	2,409,671	1,388,215	1,390,403
Net Patient Receivables	11,988,355	12,672,597	10,989,888	10,403,308	Payroll & Related Liabilities	2,890,620	3,316,547	2,901,056	2,463,441
Taxes Receivable	247,538	306,233	162,461	31,706	Cost Report Payable	1,063,039	1,123,701	7,358,833	521,596
Receivable from 3rd Party Payor	-	361,916	1,686,995	397,478	Other Payables to 3rd Parties	969,467	969,467	465,709	777,000
Inventory	595,353	295,184	459,149	484,142	Deferred Tax Revenue	143,662	215,493	138,932	-
Prepaid Expenses	1,199,969	1,084,529	1,491,453	1,208,748	Deferred EHR Medicare Revenue	-	-	55,033	-
Other Current Assets	5,366	18,999	63,235	118,401	Deferred COVID Revenue	1,389,154	1,473,753	8,183,503	9,516,650
Total Current Assets	24,088,601	24,284,711	27,569,095	21,477,163	Accrued Interest Payable	95,649	76,654	98,349	19,670
Whitehead Fund - LGIP	1,214,676	1,214,579	1,213,263	1,213,585	Other Current Liabilities	-	-	-	-
Funded Depreciation - Cash	559,416	1,277,726	6,859,680	1,020,257	Total Current Liabilities	9,649,201	10,681,774	21,178,090	15,858,840
Funded Depreciation - TVI	17,716,731	16,791,856	12,391,739	15,448,177	Non Current Liabilities				
Bond Obligation Cash Reserve	767,514	767,511	767,459	767,478	Bonds Payable net of CP	9,835,526	9,883,566	10,966,322	10,311,216
USDA Debt Reserve Fund	-	-	-	-	USDA Financing Payable net of CP	-	-	-	-
Tax Exempt Lease Funds	-	-	1,001,864	893,149	Capital Leases net of CP	626,579	647,696	1,096,379	833,861
Board Designated Assets	20,258,337	20,051,672	22,234,005	19,342,646	Total Non Current Liabilities	10,462,105	10,531,262	12,062,701	11,145,077
Land	478,396	478,396	478,396	478,396	Total Liabilities	20,111,306	21,213,036	33,240,791	27,003,917
Property Plant & Equipment	44,619,205	43,993,911	41,905,579	42,040,809	Fund Balance				
Construction In Progress	4,612,789	5,062,205	1,193,568	1,906,093	Current YR Unrestricted Fund Balance	13,884,035	12,791,117	5,308,529	3,290,127
Accumulated Depreciation	(30,256,431)	(30,062,775)	(27,999,589)	(28,455,218)	Prior YR Unrestricted Fund Balance	32,577,983	32,577,984	29,623,249	27,293,932
Net Property Plant & Equipment	19,453,959	19,471,737	15,577,954	15,970,079	Restricted Fund Balance	-	-	-	-
Investment & Other Non Current Assets	1,026,987	1,028,577	1,046,075	1,042,893	Total Fund Balance	46,462,018	45,369,101	34,931,778	32,574,304
Land - Gap Road	1,745,440	1,745,440	1,745,440	1,745,440					
Net Investments & Other Non Current Assets	2,772,427	2,774,017	2,791,515	2,788,333					
<b>Total Assets</b>	<b>\$ 66,573,324</b>	<b>\$ 66,582,137</b>	<b>\$ 68,172,569</b>	<b>\$ 59,578,221</b>	<b>Total Liabilities &amp; Fund Balance</b>	<b>\$ 66,573,324</b>	<b>\$ 66,582,137</b>	<b>\$ 68,172,569</b>	<b>\$ 59,578,221</b>



**Statement of Operations  
October 31, 2021**

Month Ending						Year to Date					
Actual	Budget	Variance	%	Prior Year	%	Actual	Budget	Variance	%	Prior Year	%
<b>Gross Patient Services Revenue</b>						<b>Gross Patient Services Revenue</b>					
\$ 3,463,893	\$ 3,182,176	\$ 281,717	9%	\$ 2,710,596	28%	\$ 34,919,452	\$ 29,798,036	\$ 5,121,416	17%	\$ 27,598,001	27%
12,964,572	11,665,930	1,298,642	11%	10,633,377	22%	128,483,848	109,240,293	19,243,555	18%	89,549,884	43%
16,428,465	14,848,106	1,580,359	11%	13,343,973	23%	163,403,300	139,038,329	24,364,971	18%	117,147,885	39%
<b>Deductions from Revenue</b>						<b>Deductions from Revenue</b>					
<b>Contractual Allowances</b>						<b>Contractual Allowances</b>					
3,000,655	2,760,040	(240,615)	-9%	2,609,904	15%	33,601,616	25,845,136	(7,756,480)	-30%	21,066,462	60%
3,619,215	3,145,985	(473,230)	-15%	3,138,526	15%	35,919,398	29,459,145	(6,460,253)	-22%	25,788,792	39%
2,278,447	1,824,337	(454,110)	-25%	1,722,466	32%	20,858,001	17,083,174	(3,774,827)	-22%	14,934,678	40%
648,306	191,517	(456,789)	-239%	161,413	302%	3,200,704	1,793,373	(1,407,331)	-78%	1,634,045	96%
9,546,623	7,921,879	(1,624,744)	-21%	7,632,309	25%	93,579,719	74,180,828	(19,398,891)	-26%	63,423,977	48%
285,889	178,119	(107,770)	-61%	208,648	37%	2,465,744	1,667,918	(797,826)	-48%	1,368,476	80%
(144,638)	347,302	491,940	142%	(270,517)	-47%	3,098,731	3,252,147	153,416	5%	2,657,677	17%
9,687,874	8,447,300	(1,240,574)	-15%	7,570,440	28%	99,144,194	79,100,893	(20,043,301)	-25%	67,450,130	47%
6,740,591	6,400,806	339,785	5%	5,773,533	17%	64,259,106	59,937,436	4,321,670	7%	49,697,755	29%
337,283	-	337,283	0%	-	0%	8,701,042	6,350,235	2,350,807	37%	5,115,455	70%
206,955	28,611	178,344	623%	55,526	273%	375,967	286,114	89,853	31%	728,302	-48%
<b>7,284,829</b>	<b>6,429,417</b>	<b>855,412</b>	<b>13%</b>	<b>5,829,059</b>	<b>25%</b>	<b>73,336,115</b>	<b>66,573,785</b>	<b>6,762,330</b>	<b>10%</b>	<b>55,541,512</b>	<b>32%</b>
<b>Net Patient Services Revenue</b>						<b>Net Patient Services Revenue</b>					
2,742,169	2,658,999	(83,170)	-3%	2,470,293	11%	27,292,067	25,634,224	(1,657,843)	-6%	24,195,050	13%
832,824	636,878	(195,946)	-31%	426,890	95%	6,737,522	6,127,568	(609,954)	-10%	5,344,644	26%
152,018	222,894	70,876	32%	208,521	-27%	2,706,881	2,087,191	(619,690)	-30%	2,257,495	20%
3,727,011	3,518,771	(208,240)	-6%	3,105,704	20%	36,736,470	33,848,983	(2,887,487)	-9%	31,797,189	16%
344,807	372,585	27,778	7%	299,010	15%	3,618,538	3,499,497	(119,041)	-3%	3,341,303	8%
62,259	41,867	(20,392)	-49%	32,791	90%	624,778	418,667	(206,111)	-49%	304,905	105%
1,255,438	930,591	(324,847)	-35%	774,372	62%	10,163,288	8,920,218	(1,243,070)	-14%	6,563,519	55%
34,396	46,797	12,401	26%	42,281	-19%	438,616	446,673	8,057	2%	462,491	-5%
277,356	325,315	47,959	15%	347,336	-20%	3,020,757	3,253,148	232,391	7%	2,684,407	13%
147,779	176,630	28,851	16%	180,140	-18%	1,795,405	1,766,300	(29,105)	-2%	1,718,362	4%
90,770	85,533	(5,237)	-6%	116,220	-22%	861,307	855,333	(5,974)	-1%	742,783	16%
195,247	246,996	51,749	21%	232,435	-16%	1,826,840	2,469,956	643,116	26%	2,293,262	-20%
109,760	131,711	21,951	17%	38,681	184%	748,222	1,317,120	568,898	43%	829,144	-10%
2,517,812	2,358,025	(159,787)	-7%	2,063,266	22%	23,097,751	22,946,912	(150,839)	-1%	18,940,176	22%
<b>6,244,823</b>	<b>5,876,796</b>	<b>(368,027)</b>	<b>-6%</b>	<b>5,168,970</b>	<b>21%</b>	<b>59,834,221</b>	<b>56,795,895</b>	<b>(3,038,326)</b>	<b>-5%</b>	<b>50,737,365</b>	<b>18%</b>
<b>1,040,006</b>	<b>552,621</b>	<b>487,385</b>	<b>88%</b>	<b>660,089</b>	<b>58%</b>	<b>13,501,894</b>	<b>9,777,890</b>	<b>3,724,004</b>	<b>38%</b>	<b>4,804,147</b>	<b>181%</b>
<b>Operating Expenses</b>						<b>Operating Expenses</b>					
73,342	71,831	1,511	2%	68,109	8%	732,150	718,310	13,840	2%	709,727	3%
11,834	2,935	8,899	303%	55,157	-79%	(13,677)	29,345	(43,022)	-147%	170,657	-108%
(32,265)	(44,920)	12,655	-28%	(43,094)	-25%	(353,619)	(449,196)	95,577	-21%	(336,471)	5%
-	347	(347)	-100%	-	0%	17,287	3,472	13,815	398%	(39,531)	-144%
<b>52,911</b>	<b>30,193</b>	<b>22,718</b>	<b>75%</b>	<b>80,172</b>	<b>-34%</b>	<b>382,141</b>	<b>301,931</b>	<b>80,210</b>	<b>27%</b>	<b>504,382</b>	<b>-24%</b>
<b>\$ 1,092,917</b>	<b>\$ 582,814</b>	<b>\$ 510,103</b>	<b>88%</b>	<b>\$ 740,261</b>	<b>48%</b>	<b>\$ 13,884,035</b>	<b>\$ 10,079,821</b>	<b>\$ 3,804,214</b>	<b>38%</b>	<b>\$ 5,308,529</b>	<b>162%</b>
<b>Non Operating Income</b>						<b>Non Operating Income</b>					
<b>Total Operating Expenses</b>						<b>Total Operating Expenses</b>					
<b>Operating Income (Loss)</b>						<b>Operating Income (Loss)</b>					
<b>Non Operating Income</b>						<b>Non Operating Income</b>					
<b>Total Non Operating Income</b>						<b>Total Non Operating Income</b>					
<b>Net Income (Loss)</b>						<b>Net Income (Loss)</b>					





**Prosser**  
Memorial Health  
**Statement of Cash Flows**  
**October 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>	
	<b>NET INCOME (LOSS)</b>	<b>13,884,035</b>
1,092,917		
195,247	Depreciation Expense	1,826,840
-	Amortization	-
-	Loss (Gain) on Sale of Assets	(13,087)
<b>1,288,164</b>	<b>TOTAL</b>	<b>15,697,788</b>
	<b>WORKING CAPITAL</b>	
702,877	Decrease (Increase) in Assets	(1,054,186)
(1,032,573)	Increase (Decrease) in Liabilities	(6,466,116)
<b>958,468</b>	<b>NET CASH PROVIDED BY OPERATIONS</b>	<b>8,177,486</b>
	<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>	
(175,878)	Capital Purchasing	(5,285,092)
-	Proceeds on Capital Assets Sold	-
(69,158)	Investment Activity	(758,063)
<b>(245,036)</b>	<b>NET CASH USED BY INVESTING ACTIVITIES</b>	<b>(6,043,155)</b>
<b>713,432</b>	<b>NET CHANGE IN CASH</b>	<b>2,134,331</b>
	<b>CASH BALANCE</b>	
29,596,925	<b>BEGINNING</b>	<b>28,176,026</b>
30,310,357	<b>ENDING</b>	<b>30,310,357</b>
<b>713,432</b>	<b>NET CASH FLOW</b>	<b>2,134,331</b>



**Direct Cash Flow Statement  
October 31, 2021**

	<u>November</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>September</u>	<u>October</u>
	<u>2020</u>	<u>2020</u>	<u>2021</u>	<u>2021</u>	<u>2021</u>	<u>2021</u>	<u>2021</u>	<u>2021</u>	<u>2021</u>	<u>2021</u>	<u>2021</u>	<u>2021</u>
<b>CASH FLOWS FROM OPERATING</b>												
<b>PAYMENTS RECEIVED</b>												
Commercial	2,121,099	2,414,554	2,296,225	1,984,410	2,593,354	2,421,069	2,349,146	2,942,914	2,651,970	2,898,177	3,130,632	3,153,931
Medicaid	1,434,182	1,675,687	1,265,054	1,229,965	1,440,320	1,547,715	1,640,050	1,744,690	1,672,738	1,588,232	2,103,782	1,687,063
Medicare	1,130,711	1,403,483	1,171,942	1,387,433	1,668,819	1,764,868	1,802,039	2,032,441	1,638,886	1,879,928	1,638,399	1,603,757
VA	42,931	56,106	65,677	22,295	31,789	20,376	57,256	18,589	64,834	88,287	56,988	52,706
Worker's Comp	132,385	111,946	88,129	114,184	160,025	137,947	128,164	148,895	146,239	100,236	109,063	145,456
Self Pay	143,017	92,175	123,234	97,626	140,201	120,912	141,867	149,680	168,795	121,182	163,813	108,110
Other Non Patient Payments	1,081,347	260,618	677,789	233,837	252,420	520,727	465,324	425,634	53,644	435,091	101,670	1,465,202
Cash Received (Patients, Insurance, Other)	<b>6,085,672</b>	<b>6,014,569</b>	<b>5,688,050</b>	<b>5,069,750</b>	<b>6,286,928</b>	<b>6,533,612</b>	<b>6,583,846</b>	<b>7,462,843</b>	<b>6,397,106</b>	<b>7,111,133</b>	<b>7,304,347</b>	<b>8,216,225</b>
Patient Refunds	(1,149)	(2,846)	(523)	(3,050)	(2,783)	(20,303)	(10,582)	(19,388)	(21,959)	(1,590)	(35,193)	(28,515)
AP Expenses	(2,227,757)	(4,074,458)	(2,879,560)	(2,739,020)	(2,582,219)	(3,158,797)	(3,554,584)	(2,503,723)	(2,425,738)	(3,291,615)	(3,506,526)	(3,837,948)
Settlement LumpSum Payments	(6,591,980)	-	(149,326)	-	-	-	-	-	-	-	-	-
Payroll Expenses	(2,327,668)	(2,327,668)	(2,606,229)	(2,505,688)	(2,702,199)	(2,526,957)	(2,499,104)	(2,527,250)	(3,843,249)	(2,646,771)	(2,640,425)	(3,402,985)
Loan/Interest Expense	(57,467)	(388,019)	(114,934)	(57,467)	(57,467)	(57,467)	(57,467)	(171,436)	(57,467)	(57,467)	114,934	(57,467)
<b>NET CASH PROVIDED BY OPERATING</b>	<b>(5,120,349)</b>	<b>(778,422)</b>	<b>(62,522)</b>	<b>(235,475)</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>CASH FLOWS FROM INVESTING ACTIVITIES</b>												
Capital Purchasing	(416,382)	(458,739)	(436,683)	(457,012)	(1,404,848)	(272,317)	(500,472)	(756,111)	(509,764)	(337,064)	(421,857)	(175,878)
<b>NET CASH USED BY INVESTING ACTIVITIES</b>	<b>(416,382)</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>(509,764)</b>	<b>(337,064)</b>	<b>(421,857)</b>	<b>(175,878)</b>
<b>NET CHANGE IN CASH</b>	<b>(5,536,731)</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>CASH BALANCE</b>												
<b>BEGINNING</b>	<b>34,949,918</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>26,981,155</b>	<b>28,466,090</b>	<b>28,005,019</b>	<b>28,781,645</b>	<b>29,596,925</b>
<b>ENDING</b>	<b>29,413,187</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>26,981,155</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>NET CASH FLOW</b>	<b>(5,536,731)</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>



### Key Operating Statistics October 31, 2021

Month Ending					Year to Date				Prior Year	Change
Actual	Budget	Variance	%		Actual	Budget	Variance	%		
<b>Key Volumes</b>										
314	188	126	67%	Inpatient Acute Days	2,946	1,848	1,098	59%	1,938	52%
37	178	(141)	-79%	Inpatient Swing Days	719	1,743	(1,024)	-59%	1,310	-45%
351	366	(15)	-4%	<b>Total Inpatient Days</b>	3,665	3,591	74	2%	3,248	13%
119	87	32	36%	Inpatient Admissions	1,180	857	323	38%	830	42%
121	87	34	38%	Inpatient Discharges	1,181	857	324	38%	830	42%
3	13	(10)	-78%	Swing Bed Discharges	63	132	(69)	-52%	92	-32%
1,665	1,709	(44)	-3%	Adjusted Patient Days	17,150	16,757	393	2%	13,787	24%
11.32	11.81	(0.49)	-4%	Average Daily Census	12.06	11.81	0.24	2%	10.65	13%
574	408	166	41%	Adjusted Discharges	5,526	3,999	1,527	38%	3,523	57%
2.60	2.16	0.44	20%	Average Length of Stay - Hospital	2.49	2.16	0.34	16%	2.33	7%
12.33	13.25	(0.91)	-7%	Average Length of Stay - Swing Bed	11.41	13.25	(1.83)	-14%	14.24	-20%
45%	47%	-2%	-4%	Acute Care Occupancy (25)	48%	47%	1%	2%	43%	13%
48	46	2	5%	Deliveries	489	450	39	9%	400	22%
166	140	26	19%	Surgical Procedures	1,710	1,371	339	25%	963	78%
1,134	933	201	22%	Emergency Dept Visits	10,896	9,152	1,744	19%	8,108	34%
14,955	12,611	2,344	19%	Laboratory Tests	144,865	123,667	21,198	17%	115,625	25%
3,209	2,087	1,122	54%	Radiology Exams	30,320	20,470	9,850	48%	21,727	40%
1,346	1,082	264	24%	PMH Specialty Clinic	13,057	10,614	2,443	23%	9,646	35%
739	1,024	(285)	-28%	PMH - Benton City Clinic Visits	7,574	10,046	(2,472)	-25%	8,767	-14%
1,092	1,072	20	2%	PMH - Prosser Clinic Visits	12,827	10,516	2,311	22%	11,868	8%
972	756	216	29%	PMH - Grandview Clinic Visits	7,374	7,413	(39)	-1%	6,097	21%
489	641	(152)	-24%	PMH - Women's Health Clinic Visits	6,041	6,288	(247)	-4%	5,917	2%
<b>LABOR FULL-TIME EQUIVALENT</b>										
297.23	306.25	9.02	3%	Employed Staff FTE's	284.40	306.25	21.85	7%	265.27	7%
30.23	30.50	0.27	1%	Employed Provider FTE	30.86	30.50	(0.36)	-1%	29.39	5%
327.46	336.75	9.29	3%	All Employee FTE's	315.26	336.75	21.49	6%	294.66	7%
294.72	252.56	(42.16)	-17%	Productive FTE's	277.75	252.56	(25.19)	-10%	257.65	8%
13.83	20.00	6.17	31%	Outsourced Therapy FTE's	15.15	20.00	4.85	24%	13.91	9%
5.43	2.81	(2.62)	-93%	Contracted Staff FTE's	7.30	2.81	(4.49)	-160%	4.11	78%
19.26	22.81	3.55		All Purchased Staff FTE's	22.45	22.81	0.36	2%	18.02	25%
8.52	5.00	(3.52)	-70%	Contracted Provider FTE's	7.34	5.00	(2.34)	-47%	6.96	5%
355.24	364.56	9.32	3%	All Labor FTE's	345.05	364.56	19.51	5%	319.64	8%



**Prosser**  
Memorial Health  
Financial Operations  
October 31, 2021

	YTD 2020	YTD 2021	YTD Budget 2021
<b>Utilization</b>			
Admissions	830	1,180	857
Adjusted Admissions	3,523	5,522	3,999
Average Daily Census	7.1	10.8	6.8
Adjusted Occupied Beds	30.1	50.5	31.6
Average Length of Stay (days)	2.3	2.5	2.2
Outpatient Revenue %	76.4%	78.6%	78.6%
Total Yield (net patient revenue)	59.0%	57.8%	90.6%
Hospital Case Mix Index	0.99	0.99	1.00
Average Charge Per Patient Day	8,497	9,528	8,297
<b>Financial Performance (\$000)</b>			
Net Patient Revenue	49,698	64,259	59,937
Total Operating Revenue	55,542	73,336	66,574
Total Operating Expense	50,737	59,834	56,796
Income (Loss) from Operations	4,804	13,502	9,778
Excess of Revenue Over Expenses	5,309	13,884	10,080
EBIDA (Operating Cash Flow)	7,097	15,329	12,248
Additions to Property, Plant, and Equipment	2,892	5,285	557
<b>Balance Sheet (\$000)</b>			
Unrestricted Cash and Investments	12,716	10,052	7,445
Accounts Receivable (gross)	27,230	31,514	26,121
Net Fixed Assets	15,578	19,454	14,590
Current and Long-Term Liabilities (excluding LT debt)	21,178	9,649	6,863
Long-Term Debt	10,966	9,836	10,113
Total Liabilities	32,144	19,485	16,976
Net Worth	34,932	46,462	41,965

	YTD 2020	YTD 2021	YTD Budget 2021
<b>Key Ratios</b>			
Operating Margin (%)	8.6%	18.4%	14.7%
Excess Margin (%)	10.5%	21.5%	16.7%
Operating EBIDA Margin (Operating Cash Flow)	12.8%	20.9%	18.4%
Average Expense per Adjusted Patient Days	3,680	3,489	3,389
Average Net Revenue per Adjusted Patient Days	3,605	3,747	3,577
Net Accounts Receivable (days)	60.31	54.09	50.06
Current Ratio (x)	1.30	2.50	2.93
Cash on Hand (days)	197	143	156
Cushion Ratio (x)	103.87	85.71	53.64
Return on Equity (%)	15.20%	29.88%	25.52%
Capital Spending Ratio	3.04	2.97	7.58
Average Age of Plant (Years)	10.17	13.80	10.52
Debt Service	9.02	12.64	11.83
Debt-to-Capitalization (%)	27%	20%	20.75%
<b>Patient Revenue Sources by Gross Revenue (%)</b>			
Medicare	29.8%	32.7%	29.8%
Medicaid	31.9%	30.7%	31.9%
Commercial Insurance	29.4%	28.4%	29.4%
Self-pay and Other	8.9%	8.2%	8.9%
<b>Labor Metrics</b>			
Productive FTE's (incl contract labor)	282.63	307.54	280.37
Total FTE's (incl contract labor)	319.64	345.05	364.56
Labor Cost (incl benefits) per FTE - Annualized	119,374	127,761	111,419
Labor Cost (incl benefits) as a % of Net Operating Revenue	57.2%	50.1%	50.8%
Net Operating Revenue per FTE - Annualized	208,515	255,045	219,137
Operating Expense per FTE - Annualized	190,479	208,089	186,952

**Contacts:**

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Director of Finance

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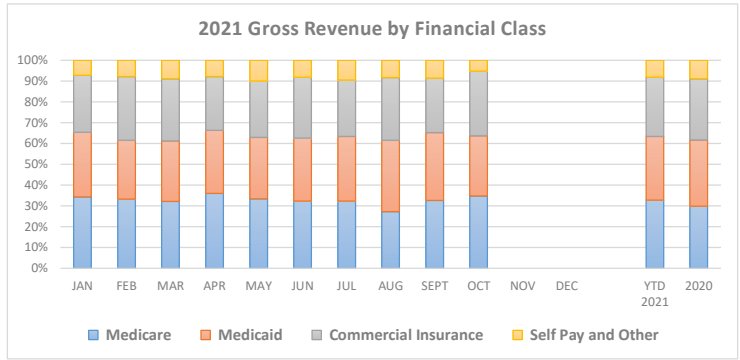
[drollins@prosserhealth.org](mailto:drollins@prosserhealth.org)  
[stitus@prosserhealth.org](mailto:stitus@prosserhealth.org)





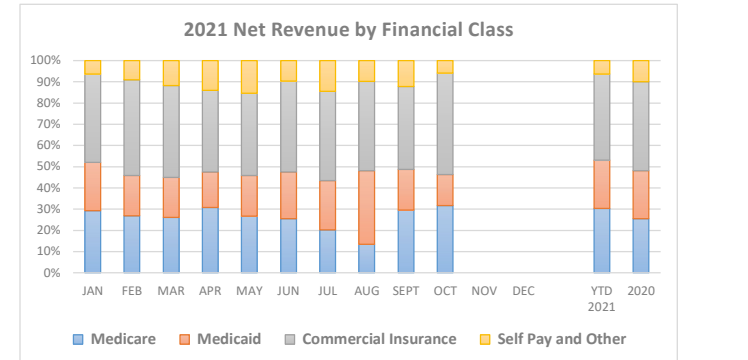
**Revenue by Financial Class  
October 31, 2021**

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					
DEC					
YTD 2021	32.7%	30.7%	28.4%	8.2%	100.0%
2020	29.8%	31.9%	29.4%	8.9%	100.0%



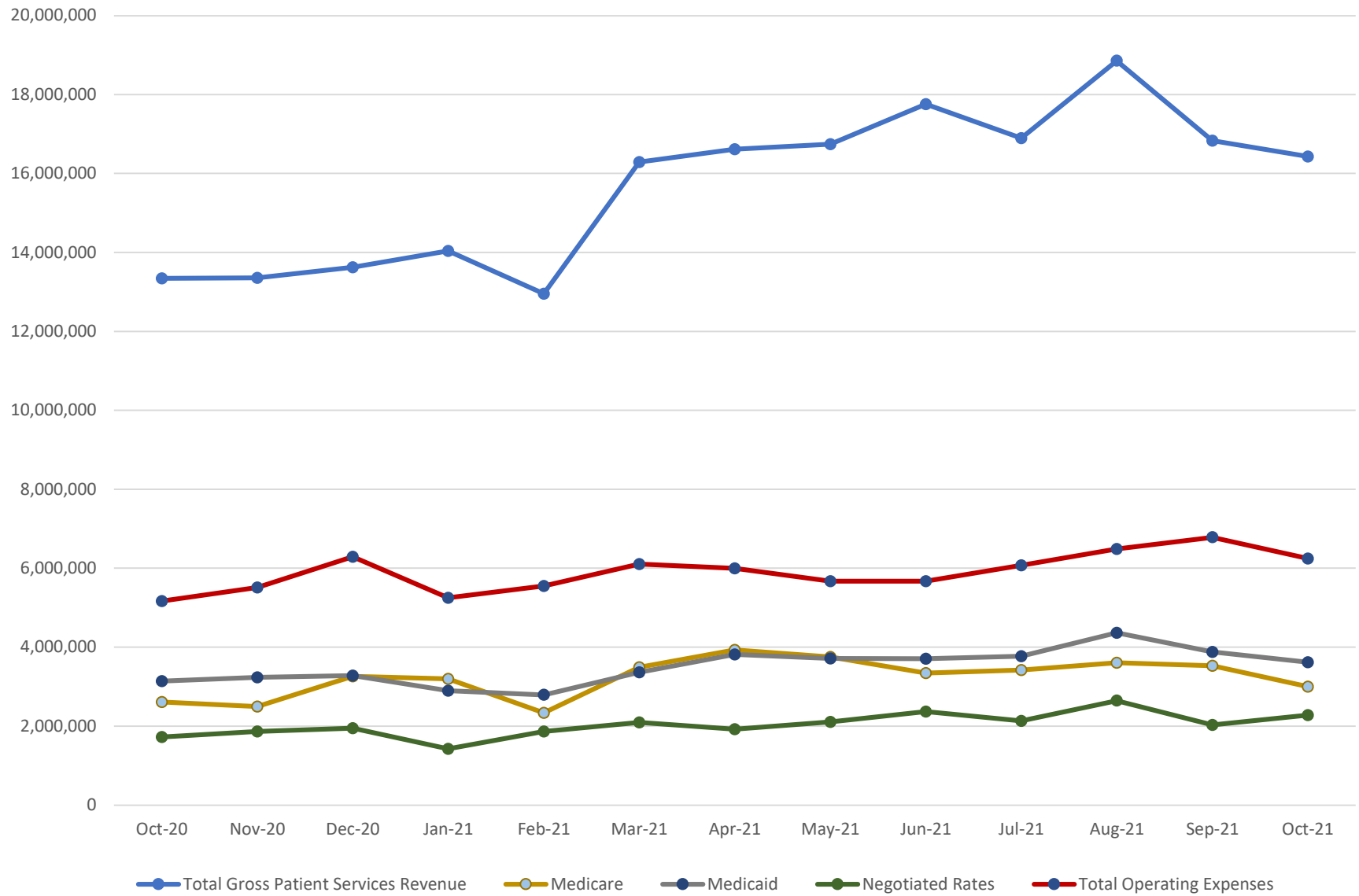
**Net Revenue by Financial Class  
October 31, 2021**

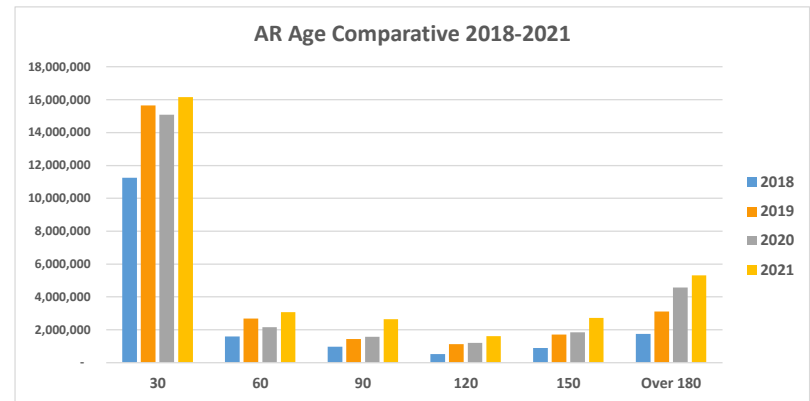
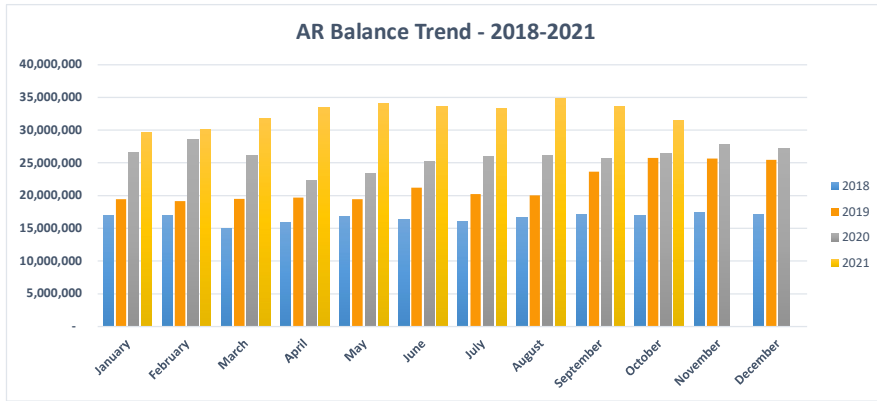
Month	Medicare	Medicaid	Commercial Insurance	Self Pay and Other	Total
JAN	29.3%	22.8%	41.6%	6.3%	100.0%
FEB	27.0%	19.0%	45.0%	9.1%	100.0%
MAR	26.2%	18.9%	43.2%	11.7%	100.0%
APR	30.8%	16.8%	38.5%	14.0%	100.0%
MAY	26.7%	19.1%	38.8%	15.3%	100.0%
JUN	25.6%	22.1%	42.7%	9.7%	100.0%
JUL	20.2%	23.2%	42.1%	14.4%	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					
DEC					
YTD 2021	30.4%	22.7%	40.6%	6.3%	100.0%
2020	25.6%	22.6%	41.9%	9.9%	100.0%





# Prosser Memorial Health





<b>AR Balance Trend</b>							
	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		
December	13,844,649	16,777,361	17,137,550	25,486,600	27,102,309		

<b>AR Age Balance Comparative</b>							
	30	60	90	120	150	Over 180	
2016	5,764,890	1,788,817	1,021,149	886,772	1,057,259	3,052,980	13,571,867
2017	7,333,974	2,068,274	1,173,391	973,197	1,239,481	3,160,156	15,948,473
2018	11,251,593	1,585,061	962,907	527,976	882,602	1,740,116	16,950,255
2019	15,658,099	2,680,280	1,440,042	1,118,026	1,715,917	3,111,857	25,724,222
2020	15,089,177	2,157,729	1,575,589	1,200,851	1,838,768	4,570,673	26,432,788
2021	16,155,832	3,068,991	2,636,544	1,622,424	2,720,219	5,310,345	31,514,355

<b>AR Percentage of Total Balance</b>							
2016	42%	13%	8%	7%	8%	22%	100%
2017	46%	13%	7%	6%	8%	20%	100%
2018	66%	9%	6%	3%	5%	10%	100%
2019	61%	10%	6%	4%	7%	12%	100%
2020	57%	8%	6%	5%	7%	17%	100%
2021	51%	10%	8%	5%	9%	17%	100%



**Lease Schedule**

As of:

**October 31, 2021**

**Building Rentals**

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

**A -**

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

**Leased Equipment**

Lease	Effective Date	Term Date		Payment Amount																Total
Biomerieux - Vitek Compact	Aug-16	Aug-21		1,811.14		21,734	12,678													56,145
Labsco - Lab Equipment	Nov-15	Aug-21	New Equip Purchased	1,091.00		12,001	8,728													38,918
Labsco - Lab Equipment	Nov-15	Aug-21	New Equip Purchased	2,150.00			17,200													
Labsco - Lab Equipment	Nov-15	Aug-21	New Equip Purchased	645.00			5,160													
Pyxis, CareFusion	Feb-11	Jan-21	Renewed	6,186.00		67,232	74,232													134,464
Echo Reagent, Immucor	Oct-15	Sep-20		1,963.70		17,673														41,238
Bact/Alert 3D Blood Culture Read, Biomerieux	Jun-15	May-20		608.37		3,042														10,342
GE Optima CT660 64-Slice CT	Apr-15	Mar-20	Buy Out	8,850.91		26,553														132,764
GE Fuji C351 Wireless Detector w FDx Console	Jun-15	Jun-20	Buy Out	3,490.22		17,451														66,179
GE Logiq E9 XDCLEAR 2.0	Mar-16	Mar-21	Buy Out	2,451.08		29,413	7,353													59,334
Stryker - Fee per Case agreement	Mar-18	Mar-23		7,739.16		92,870	92,870	92,870	23,217											394,697
Biomerieux	Dec-19	Dec-24		798.70		9,584	9,584	9,584	9,584	8,786										66,179
Johnston Sales - Billboard Lease	Oct-19	Oct-20	Renewed	400.00		3,600	4,800													47,922
Flex Financial (MAKO)	Oct-19	Oct-24		21,157.04		233,779	233,779	233,779	233,779	175,335										4,800
Karl Storz	Mar-21	Aug-23		5,838.37		58,384	70,060	46,707												1,168,897
Leaf	Sep-16	Sep-20	Renewed	7,807.00		93,684	93,684	93,684	93,684											175,151
Baxter - Infusion Pumps	Aug-17	Aug-22		193.80		2,326	2,326	1,550												336,000
Baxter - Spectrum SW	Aug-17	Aug-22		60.00		720	720	480												6,202
GE - Mindray	May-15	May-20		1,764.22		8,821														1,920
Quadient	Apr-20	Jul-25		282.00		2,256	3,384	3,384	3,384	3,384	1,974									8,821
Total Equipment Leases						555,667	505,078	495,709	400,672	271,504	1,974	-	-	-	-	-	-	-	-	2,701,560
Total Future Leases						1,580,545	1,532,342	1,271,858	1,123,304	1,002,626	736,815	737,253	585,571	448,529	405,291	413,301	420,215	140,951	-	11,889,591

**Capital Budget 2021**

Department		Description	2020 Approved Cost	2021 Approved Cost	Actual Spend	Purchase Date	Funding Source
60700	Med/Surg	Hospital Bed Upgrade	94,500	30,000	125,311	5/1/2021- 6/1/21	Cash
		Vein Finder		6,500			Cash
		Bladder Scanner		11,316			Cash
70100	Family Birthplace	Infant Warmer		11,714			Cash
70200	Surgical Services	Stretchers (3)		49,722	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			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			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			Cash
85100	PFS	Cubicles (PFS) - COVID remodel*		28,877	-	9/30/21	Cash
85400	Info Technology	Virtual Desktop Infrastructure		350,000	325,794	Various	Cash
85200	Patient Registration	Call Center*		35,328	32,672	Various	Cash
		Call Center-Office Furniture			13,621	6/1/21	Cash
		Call Center-Monitors/RFI/Printers			11,245	6/1/21	Cash
86000	Administration	Hospital Flooring*	100,000		7,183	Various	Cash
		Patient Monitoring System*	1,122,456		844,509	Various	Lease
		<b>TOTAL</b>	<b>\$ 2,144,669</b>	<b>\$ 1,804,052</b>	<b>\$ 2,248,504</b>		
				\$ 189,621	\$ 872,090		Lease
				\$ 1,468,123	\$ 1,208,504		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
84300	Maintenance	Top of Elevator Car Guardrail			12,923	2/1/21	Cash
84300	Maintenance	AC Compressor			18,912	6/1/21	Cash
71800	Cardiopulmonary	Echotable w/ Pediatric Adapter			8,866	4/1/21	Cash
71400	Diagnostic Imaging	Vivid E95 4D Ultra Upgrade			79,332	6/1/21	Cash
70200	Family Birthplace	(2) Maternity Beds			36,756	6/1/21	Cash
72700	Speciality Clinic-ENT	ENF-V3 Video Rhino Laryngoscope			23,566	6/1/21	Cash
72700	Speciality 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*			-	9/30/21	Cash
		<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 585,390</b>		

\*Italized indicates CIP ongoing



# Prosser

Memorial Health

As of:  
October 31, 2021

## Capital Project Expenditures

<u>Project Name</u>	<u>Budget</u>	<u>Aug-21</u>	<u>Sep-21</u>	<u>Oct-21</u>
CIP - New Prosser Hospital		2,688,253	2,715,172	2,844,506
CIP - Gap Rd Land Improvement		118,571	118,571	118,571
	78,400,000	2,806,824	2,833,743	2,963,077
CIP - Call Center	35,328	-	-	-
CIP - Kronos	60,000	-	-	-
CIP - Nuclear Medicine	797,612	-	-	-
CIP - Public Traffic Floor Repl	100,000	7,183	7,183	7,183
CIP - DI TEE Project	132,234	2,637	2,637	2,637
CIP - Pt Monitoring	1,122,456	1,081,273	1,098,453	1,098,453
CIP - Dermatology Clinic		11,543	13,545	29,789
CIP - Beaker Lab System		258,294	261,701	261,736
CIP - Acute Care Remodel	25,000	-	-	-
Asset Clearing:				
Compunet (Virtual Desktop)	350,000	325,794	325,794	
COVID Tru-D Lights Qty 3			285,540	
COVID Business Office Remodel			50,897	
<i>Karl Storz Instruments &amp; Stryker</i>				
<i>Equip</i>		173,899	182,712	249,914
<i>Headsets &amp; Monitors</i>		-	-	-
<i>Desks</i>		-	-	-
<i>Med/Surg Hospital Bed</i>		-	-	-
<i>GE Healthcare MAC CU360 80%</i>				
	81,022,630	4,667,447	5,062,205	4,612,789



## Statement of Operations

2021			2022			COMPARATIVES			
Actual Annualized	Budget	%		Budget		BUDGET 2022 vs 2021		BUDGET TO ACTUAL 2022 vs 2021	
<b>Gross Patient Services Revenue</b>			<b>Gross Patient Services Revenue</b>						
\$ 42,063,935	\$ 35,754,783	18%	Inpatient	\$ 47,813,606	\$ 12,058,822	29%	\$ 5,749,671	14%	
155,403,225	131,077,865	19%	Outpatient	171,012,302	39,934,437	26%	15,609,078	10%	
197,467,159	166,832,648	18%	<b>Total Gross Patient Services Revenue</b>	<b>218,825,908</b>	<b>51,993,259</b>	<b>26%</b>	<b>21,358,749</b>	<b>11%</b>	
<b>Deductions from Revenue</b>			<b>Deductions from Revenue</b>						
<b>Contractual Allowances</b>			<b>Contractual Allowances</b>						
41,180,685	31,011,682	33%	Medicare	44,950,078	13,938,396	34%	3,769,394	9%	
43,941,235	35,348,146	24%	Medicaid	48,069,524	12,721,378	29%	4,128,289	9%	
24,665,784	20,498,169	20%	Negotiated Rates	27,370,770	6,872,601	28%	2,704,985	11%	
3,878,400	2,151,876	80%	Other Adjustments	4,288,095	2,136,219	55%	409,695	11%	
113,666,104	89,009,873	28%	<b>Gross Contractual Allowances</b>	<b>124,678,467</b>	<b>35,668,594</b>	<b>31%</b>	<b>11,012,363</b>	<b>10%</b>	
3,305,148	2,001,341	65%	Charity Care	3,643,925	1,642,584	50%	338,778	10%	
3,585,834	3,902,265	-8%	Bad Debt	3,953,382	51,117	1%	367,548	10%	
120,557,085	94,913,479	27%	<b>Total Deductions From Revenue</b>	<b>132,275,774</b>	<b>37,362,295</b>	<b>31%</b>	<b>11,718,689</b>	<b>10%</b>	
76,910,074	71,919,170	7%	<b>Net Patient Services Revenue</b>	<b>86,550,134</b>	<b>14,630,964</b>	<b>19%</b>	<b>9,640,060</b>	<b>13%</b>	
11,902,026	6,893,572	78%	Other Operating Revenue	185,766	(6,507,806)	-55%	(11,716,260)	-98%	
<b>88,812,100</b>	<b>78,612,742</b>	<b>13%</b>	<b>Net Revenue</b>	<b>86,735,900</b>	<b>8,123,158</b>	<b>9%</b>	<b>(2,076,200)</b>	<b>-2%</b>	
<b>Operating Expenses</b>			<b>Operating Expenses</b>						
34,047,736	30,759,717	11%	Salaries	36,824,052	6,064,335	18%	2,776,316	8%	
8,191,291	7,378,120	11%	Benefits	9,559,137	2,181,017	27%	1,367,846	17%	
3,367,487	2,504,430	34%	Purchased Labor	3,245,555	741,125	22%	(121,932)	-4%	
45,606,514	40,642,267	12%	Sub-Total Labor Costs	49,628,744	8,986,477	20%	4,022,230	9%	
4,378,911	4,199,077	4%	Professional Fees - Physicians	4,185,974	(13,104)	0%	(192,937)	-4%	
680,040	502,400	35%	Professional Fees - Other	886,913	384,513	57%	206,873	30%	
12,251,203	10,835,171	13%	Supplies	14,406,736	3,571,565	29%	2,155,533	18%	
538,106	535,978	0%	Purchased Services - Utilities	569,705	33,727	6%	31,599	6%	
3,944,936	3,903,777	1%	Purchased Services - Other	4,887,257	983,480	25%	942,322	24%	
2,292,896	2,119,560	8%	Rentals & Leases	1,935,628	(183,932)	-8%	(357,268)	-16%	
1,131,450	1,026,400	10%	Insurance License & Taxes	1,243,052	216,652	19%	111,602	10%	
2,189,958	2,963,947	-26%	Depreciation & Amortization	2,299,456	(664,491)	-30%	109,498	5%	
928,779	1,538,544	-40%	Other Operating Expenses	1,674,356	135,812	15%	745,577	80%	
28,336,280	27,624,855	3%	Sub-Total Non-Labor Expenses	32,089,077	4,464,222	16%	3,752,797	13%	
<b>73,942,794</b>	<b>68,267,121</b>	<b>8%</b>	<b>Total Operating Expenses</b>	<b>81,717,821</b>	<b>13,450,699</b>	<b>18%</b>	<b>7,775,027</b>	<b>11%</b>	
<b>14,869,306</b>	<b>10,345,621</b>	<b>44%</b>	<b>Operating Income (Loss)</b>	<b>5,018,079</b>	<b>(5,327,541)</b>	<b>-36%</b>	<b>(9,851,227)</b>	<b>-66%</b>	
<b>Non Operating Income</b>			<b>Non Operating Income</b>						
874,301	861,972	1%	Tax Revenue	888,000	26,028	3%	13,699	2%	
(18,468)	35,214	-152%	Investment Income	35,214	-	0%	53,682	-291%	
(422,570)	(539,035)	-22%	Interest Expense	(560,173)	(21,138)	5%	(137,603)	33%	
17,287	4,167	315%	Other Non Operating Income (Expense)	4,167	-	0%	(13,120)	-76%	
<b>450,549</b>	<b>362,318</b>	<b>24%</b>	<b>Total Non Operating Income</b>	<b>367,208</b>	<b>4,890</b>	<b>1%</b>	<b>(83,341)</b>	<b>-18%</b>	
<b>\$ 15,319,855</b>	<b>\$ 10,707,938</b>	<b>43%</b>	<b>Net Income (Loss)</b>	<b>\$ 5,385,287</b>	<b>\$ (5,322,651)</b>	<b>-35%</b>	<b>\$ (9,934,568)</b>	<b>-65%</b>	
16.74%	13.16%		Operating Margin	5.79%					
17.25%	13.62%		Total Margin	6.21%					
38.3%	39.1%		Salaries as a % of Net Revenue	42.5%					
51%	52%		Labor as a % of Net Revenue	57%					

## CAPITAL EXPENDITURE SCHEDULE - 2022

GL #	DEPARTMENT	YEAR	DESCRIPTION	APPROVED COST	Spent To Date	FUND SOURCE
60700	Med/Surg	2022	Sit to Stand Chair	10,000		Cash
		2022	Blanket warmer	6,000		Cash
		2022	Child Cribs (x2)	18,000		Cash
		2022	Sleeper Sofa - Room 4	5,500		Cash
		2022	Zoll Monitor	50,000		Cash
70100	Family Birthplace	2022	Draeger Infant Warmer	13,224		Cash
70200	Surgical Services	2021	Colonoscope Sterilizer	80,000		Cash
		2022	Stryker SPY-PHI (blood flow monitor)	115,000		Cash
		2022	Megadyne Ace Blade	13,500		Cash
		2022	Gastrosopes (x2)	46,000		Cash
		2022	Flexible Uteroscope	15,500		Cash
		2022	Hana Table (Ortho)	123,504		Cash
70700	Laboratory	2021	Nova Biomedical Stat Profile	13,227		Cash
		2022	Chemistry Freezer	6,658		Cash
		2022	RALS middleware interface	29,363		Cash
		2022	Bugsy - EPIC module IC surveillance	90,000		Cash
71400	Diagnostic Imaging	2021	TEE Service Line	132,234	2,603	Cash
		2022	i-STAT blood analyzer	11,868		Cash
71800	Cardiopulmonary	2022	Philips V60 BiPAP Interface	43,322		Cash
		2022	PFT Interface (Easy Pro)	15,000		Cash
		2022	Hamilton Ventilator Interface	15,000		Cash
72000	Physical Therapy	2022	Chattanooga Vectra GENSYS	5,736		Cash
72300	Emergency Dept	2022	Stryker Stretchers (x3)	22,300		Cash
		2022	ED EHR Module	10,000		Cash
		2022	Metro Carts (x2)	15,000		Cash
		2022	Altrix Unit	30,000		Cash
		2022	Level 1 Unit	8,000		Cash
		2022	Zoll Monitor	50,000		Cash
72500	OSP	2021	Exam Chair	11,000		Cash
		2021	Blanket Warmer	5,000		Cash
		2022	New Patient Care divider curtains	7,000		Cash
72600	Benton City	2021	Security Cameras	12,000		Cash
		2022	Repainting of Building	38,622		Cash
		2022	Remodel for Provider Office	7,020		Cash
72640	Women's Health	2022	Blanket Warmer	5,000		Cash
		2022	Fluid Warmer	5,000		Cash
72700	Specialty Clinic	2022	Medtronic Pill Capsule	17,889		Cash
		2022	Provation Prof Fees Documenting SW	37,000		Cash
		2022	Mini C Arm	30,000		Cash
		2022	Mini OER Reprocessor	35,572		Cash
		2022	Olympus Scope	20,532		Cash
		2022	Apex Interface Implementation	26,405		Cash
84200	Supply Chain	2022	E-Transit Courier Van	54,480		Cash
84600	Environmental Service	2022	Carpet Shampooer	13,000		Cash
		2022	Floor Scrubber	15,000		Cash
85600	Scheduling Call Center	2022	First floor Cubicle Set up	50,000		Cash
			TOTAL	\$ 1,384,456	\$ 2,603	
				\$ -		Lease
				\$ 1,384,456		Cash
			<b>2022 Capital Budget Proposed</b>		<b>\$ 1,381,853</b>	





Ordinance / Resolution No. 1059
RCW 84.55.120

WHEREAS, the Prosser Memorial Health Board of Commissioners of Benton County Public Hospital District No. 1 has met and considered its budget for the calendar year 2022; and,

WHEREAS, the districts actual levy amount from the previous year was \$ 898,663.43; and,

WHEREAS, the population of this district is [X] more than or [ ] less than 10,000; and now, therefore,

BE IT RESOLVED by the governing body of the taxing district that an increase in the regular property tax levy is hereby authorized for the levy to be collected in the 2022 tax year.

The dollar amount of the increase over the actual levy amount from the previous year shall be \$ 17,098.98 which is a percentage increase of 1.00% from the previous year.

additional revenue resulting from new construction, improvements to property, newly constructed wind turbines, solar, biomass, and geothermal facilities, and any increase in the value of state assessed property, any annexations that have occurred and refunds made.

Adopted this 18 day of November, 2021.

Three horizontal lines for signature or date.

If additional signatures are necessary, please attach additional page.

This form or its equivalent must be submitted to your county assessor prior to their calculation of the property tax levies. A certified budget/levy request, separate from this form is to be filed with the County Legislative Authority no later than November 30th. As required by RCW 84.52.020, that filing certifies the total amount to be levied by the regular property tax levy. The Department of Revenue provides the "Levy Certification" form (REV 64 0100) for this purpose. The form can be found at: http://dor.wa.gov/docs/forms/PropTx/Forms/LevyCertf.doc.

To ask about the availability of this publication in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711. For tax assistance, call (360) 534-1400.



# Levy Certification

Submit this document to the county legislative authority on or before November 30 of the year preceding the year in which the levy amounts are to be collected and forward a copy to the assessor.

In accordance with RCW 84.52.020, I, Stephen Kenny,  
(Name)

Prosser Memorial Health, President, , for Benton County Public Hospital , do hereby certify to  
Board of Commissioners District No. 1  
(Title) (District Name)

the Benton County legislative authority that the Commissioners  
(Name of County) (Commissioners, Council, Board, etc.)

of said district requests that the following levy amounts be collected in 2022 as provided in the district's  
(Year of Collection)

budget, which was adopted following a public hearing held on 11/18/21 :  
(Date of Public Hearing)

Regular Levy: \$915,762.41  
(State the total dollar amount to be levied)

Excess Levy: \_\_\_\_\_  
(State the total dollar amount to be levied)

Refund Levy: \_\_\_\_\_  
(State the total dollar amount to be levied)

Signature: \_\_\_\_\_

Date: 11/18/21

To ask about the availability of this publication in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users, please call (360) 705-6718. For tax assistance, call (360) 534-1400.

# Gingerbread Kit Online Sales Fundraiser

The Prosser Memorial Health Foundation will have a variety of gingerbread building kits online for purchase November 1st - 30th, or while supplies last. Baskets can be picked up at the hospital Friday, Dec. 3rd from 10am - 4pm.

*Thank you for your support!*



Attachment JJ



Organization	Purpose	Award	Date Rec'd	Amount Recognized in FY2020	Amount Recognized in FY2021	Balance Remaining	Repayment	Other Notes
Greater Columbia Accountability of	Telehealth Application Funding for relief	\$ 6,000	4/3/2020	\$ 6,000		\$ -	\$ -	Received for initial telehealth expenditures
CMS Medicare Advanced Benefits	Advance of Medicare Payments	\$ 6,591,980	4/21/2020	\$ -		\$ -	\$ 6,591,980	Three months worth of Medicare payments advanced to PMH. REPAID 11/30/2020
US Bank SBA Economic Injury Disaster	Payroll Protection Forgiveness Loan	\$ 10,000	4/30/2020	\$ 10,000		\$ -	\$ -	US Bank SBA grant deposited into our account.
US Bank SBA Payroll Protection Program Loan (PPPL)	Payroll Protection Forgiveness Loan	\$ 6,350,235	5/4/2020	\$ -	\$ 6,350,235	\$ -	\$ -	SBA PPI. 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	\$ 427,800	\$ 1,389,154	\$ -	Each CAH will receive at least \$1,000,000 with the average CAH/Rural Hospital to receive \$4,000,000 and each Rural Health Clinic to receive at least \$100,000 with the average to be about \$160,000. (NARHC.ORG (National Association of Rural Health Clinics))
HHS	Provider Relief Payment	\$ 150,680	6/15/2020	\$ 150,680		\$ -	\$ -	CARES Act Phase 1 (2% Net Income)
HHS	Provider Relief Payment	\$ 103,253	6/25/2020	\$ 103,253		\$ -	\$ -	CARES Act: Safety Net Distribution
HHS	RHC COVID-19 Testing Program	\$ 49,461	5/20/2020	\$ 49,461		\$ -	\$ -	HHS: RHC COVID-19 Testing Program
WSHA	ASPR PPE purchase from WSHA	\$ 20,000	5/21/2020	\$ 20,000		\$ -	\$ -	Grant funds thru WSHA for Staff PPE
Medicaid SRDSH	SRDSH reallocation of addtl funds	\$ 29,382	5/22/2020	\$ 29,382		\$ -	\$ -	The SRDSH amount that is funded by the HSNA fund, is set by RCW at \$1,909,000, and the federal matching funds has historically been 50%. Due to the current COVID-19 pandemic, congress passed the CARES ACT, which increase the federal matchin% percentage to 58.2% effective 1/1/2020
HHS	RHC COVID-19 Testing Program	\$ 49,461	6/9/2020	\$ 49,461		\$ -	\$ -	HHS: RHC COVID-19 Testing Program
HHS	Provider Relief Payment	\$ 1,300,000	7/20/2020	\$ -	\$ 1,300,000	\$ -	\$ -	CARES Act (\$100,000 per RHC; \$1,000,000 for CAH)
HRSA (WA DOH)	SHIP Grant Hospital COVID Funding	\$ 83,136	7/27/2020	\$ 83,136		\$ -	\$ -	HRSA Rural Hospital SHIP Grant COVID Funding
Molina	PCP Stabilization Payment	\$ 25,434	8/4/2020	\$ 25,434		\$ -	\$ -	Molina Healthcare provided COVID pmt to providers
HHS	RHC COVID-19 Testing Program	\$ 49,461	12/7/2020	\$ -	\$ 49,461	\$ -	\$ -	HHS: RHC COVID-19 Testing Program
WSHA	HCA CARES COVID Funding	\$ 370,982	12/31/2020	\$ 370,982		\$ -	\$ -	WSHA - CARES funding distributed to hospitals.
WSHA	HCA CARES COVID Funding	\$ 7,913	1/25/2021	\$ -	\$ 7,913	\$ -	\$ -	WSHA - CARES funding distributed to hospitals
HCA	HCA CARES COVID Funding - RHC	\$ 9,439	4/15/2021	\$ -	\$ 9,439	\$ -	\$ -	HCA - CARES funding distributed to RHCs
HCA	HCA CARES COVID Funding - RHC	\$ 3,511	4/15/2021	\$ -	\$ 3,511	\$ -	\$ -	HCA - CARES funding distributed to RHCs
HHS Stimulus - RHC	RHC COVID-19 Testing Program	\$ 200,000	6/10/2021	\$ -	\$ 200,000	\$ -	\$ -	HHS: RHC COVID-19 Testing Program
HHS Stimulus - RHC	RHC COVID-19 Testing Program	\$ 100,000	8/17/2021	\$ -	\$ 100,000	\$ -	\$ -	HHS: RHC COVID-19 Testing Program
HCA	HCA CARES COVID Funding - RHC	\$ 252,684	10/12/2021	\$ -	\$ 252,684	\$ -	\$ -	HCA - CARES funding distributed to RHCs
Totals		\$ 20,965,744		\$ 4,283,567	\$ 8,701,043	\$ 1,389,154	\$ 6,591,980	



**BOARD OF COMMISSIONERS SELF-EVALUATION QUESTIONNAIRE**

Answer Key

- 1 - Strongly Agree
- 2 - Agree
- 3 - Disagree
- 4 - Strongly Disagree

**1) Board Composition**

**Your Answer**

**Comments**

1. Board members are required to disclose possible conflicts of interest before their appointment and periodically throughout their term as Commissioners.		
2. Board members are protected against the potential liabilities of governance through indemnity arrangements, insurance and other measures.		
3. Board members regularly attend Board meetings in order to conduct business and make informed decisions.		
4. The legal responsibilities and the potential liabilities of governance are clearly spelled out to the Board.		

**2) Support for Commissioner Education**

5. The Board provides opportunities for development through:		
a. A formally established program for orienting Board Members		
b. Continuing education sessions for all Board members, including discussions of local and national hospital issues.		
c. Reimbursement of expenses for local, State and National conference and seminar attendance.		
d. Subscriptions to periodicals on health care management and trusteeship.		
6. Members are encouraged to identify areas where further Board education is needed or in which additional information would be helpful.		

**3) Board Committee Procedures**

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).		
8. The Board has a written set of bylaws that are periodically reviewed.		

Answer Key

1 - Strongly Agree  
2 - Agree

3 - Disagree  
4 - Strongly Disagree

**3) Board Committee Procedures (cont'd)**

	Your Answer	Comments
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.		
10. The Board conducts business using formal procedures such as "Roberts Rules of Order."		
11. Board meetings are scheduled at appropriate intervals.		
12. The length of Board meetings is realistic and based on planned agendas.		
13. The Board has the necessary information to arrive at responsible decisions.		
14. The Board conducts its deliberation in a thoughtful and objective manner.		
15. The bylaws provide for a committee structure with Board member participation allowing the Board to fulfill its responsibilities.		
16. Standing ad hoc committees report regularly to the Board.		
17. Committees are reviewed annually with regard to composition, goals, responsibilities and performance.		

**4) Scope of Responsibility**

18. The Board exercises its authority to make policy and other decisions that the Board should make.		
19. The Board effectively fulfills its responsibility for establishing and maintaining the organization's long-range or strategic plan.		
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.		
21. A performance evaluation of the CEO is done annually.		
22. The Board has policies, a process and guidelines for reviewing contracts for all professional services, leases, etc.		
23. The Board makes informed decisions on Medical Staff appointments, reappointments and clinical privileges and fulfills its responsibility for a properly functioning Medical Staff.		
24. The Board effectively monitors and evaluates all areas of performance, including quality of care.		
25. The Board refrains from making decisions related to the implementation of policy that should be made by the CEO and Management Staff.		

Answer Key

1 - Strongly Agree

3 - Disagree

2 - Agree

4 - Strongly Disagree

Scope of Responsibility (cont'd)	Your Answer	Comments
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.		
27. The Board effectively represents the hospital/system in the political arena, influencing the decision making process.		
28. The Board actively participates in the fund-raising and development programs.		
29. The Board receives an accurate record of deliberation made during its meetings through the timely distribution of minutes.		
30. Board members receive meeting notices, written agendas with appropriate materials well in advance of meetings.		
31. Background material is supplied early enough for study before Board meetings.		
32. Board members routinely receive relevant hospital/system publications, such as magazines, newsletters, bulletins, press releases, brochures and announcements.		
33. The Board has adopted a policy and process to manage and reduce risk.		
34. The Board receives sufficient status reports on the implementation of Board actions and decisions.		
35. The Board has established an effective means to promote open communications between the Board, Medical Staff and hospital staff.		
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.		
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		
b. A Joint Conference Committee		
c. Medical Staff membership on Board Committees		
d. Board membership on Board Committees		
e. Exchange of Board and Medical Staff activities		
f. Special ad hoc committees formed to deal with issues affecting the Board, Administration and Medical Staff.		



**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	
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 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	





**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>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>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>	

# INDEX Trending

Fall 2021

27.6

MARKET		VALUE					FINANCE
INPATIENT MARKET SHARE	OUTPATIENT MARKET SHARE	QUALITY	OUTCOMES	PATIENT PERSPECTIVE	COST	CHARGE	FINANCE
33	4	61	76	31	58	33	60

Summer 2021

19.8

MARKET		VALUE					FINANCE
INPATIENT MARKET SHARE	OUTPATIENT MARKET SHARE	QUALITY	OUTCOMES	PATIENT PERSPECTIVE	COST	CHARGE	FINANCE
39	4	61	53	31	55	34	60

Winter 2021

17.0

MARKET		VALUE					FINANCE
INPATIENT MARKET SHARE	OUTPATIENT MARKET SHARE	QUALITY	OUTCOMES	PATIENT PERSPECTIVE	COST	CHARGE	FINANCE
40	4	51	53	31	55	34	61

# Trending from Prior Release

INDEX RANK



MARKET		VALUE					FINANCE
INPATIENT MARKET SHARE	OUTPATIENT MARKET SHARE	QUALITY	OUTCOMES	PATIENT PERSPECTIVE	COST	CHARGE	FINANCE
40	4	51	53	31	55	34	61

Spring 2021

INDEX RANK



MARKET		VALUE					FINANCE
INPATIENT MARKET SHARE	OUTPATIENT MARKET SHARE	QUALITY	OUTCOMES	PATIENT PERSPECTIVE	COST	CHARGE	FINANCE
44	4		54	30	37	29	44

Fall 2020

INDEX RANK



MARKET		VALUE					FINANCE
INPATIENT MARKET SHARE	OUTPATIENT MARKET SHARE	QUALITY	OUTCOMES	PATIENT PERSPECTIVE	COST	CHARGE	FINANCE
44	4		27	23	37	29	45

Summer 2020

INDEX RANK



MARKET		VALUE					FINANCE
INPATIENT MARKET SHARE	OUTPATIENT MARKET SHARE	QUALITY	OUTCOMES	PATIENT PERSPECTIVE	COST	CHARGE	FINANCE
44	4	53	27	28	37	29	46

Spring 2020