Prosser
Memorial Health

Prosser Memorial Health

Board of Commissioners

Board Packet

December 17, 2020

Whitehead Conference Room

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, DECEMBER 15, 2020
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
Kevin Hardiek, CIO
Kristi Mellema, CQO
Dr. Brian Sollers, CMO

GUESTS:
Kurt Broeckelmann, Architect, bcDG
Paul Kramer, Project Director, NV5
Meg Hohnholt, Project Manager, NV5

I. CALL TO ORDER
   A. Pledge of Allegiance

II. SERVICES
   A. Replacement Facility Update and Plan
      1. Draft New Hospital Vision (Attachment D & E) — Craig
      2 Schematic Design Review (Attachment J) with packet — Kurt
      3. Natural Gas vs. Electricity — Paul
      4. CPARB PRC Review (Attachment E1) — Paul/Meg

III. QUALITY
   A. 2020 Environment of Care (EOC) Report and 2021 EOC Plan (Attachment EE) — Kristi

IV. ADJOURN

BOARD OF COMMISSIONERS
THURSDAY, December 17, 2020
6:00 PM, WHITEHEAD CONFERENCE ROOM
AGENDA

COMMISSIONERS:	STAFF:
Stephen Kenny, Ph.D.	Craig Marks, CEO
Sharon Dietrich, M.D.	Merry Fuller, CNO/COO
Glenn Bestebreur	David Rollins, CFO
Susan Reams	Kevin Hardiek, CIO
Keith Sattler	Shannon Hitchcock, CCO
Brandon Bowden	Kristi Mellema, CQO
Neilan McPartland	Dr. Brian Sollers, CMO
	GUEST: Dr. Terry Murphy, COS

I. CALL TO ORDER
A. Pledge of Allegiance

II. PUBLIC COMMENT

III. APPROVE AGENDA
Action Requested – Agenda

IV. CONSENT AGENDA
Action Requested – Consent Agenda
A. Board of Commissioners Meeting Minutes for November 19, 2020
B. Payroll and AP Vouchers #154819_through #155295_ dated 11-12-20 through 12-09-20 in the amount of _$11,466,159.34. Board Policies: #100.0005; 1000.006; 100.0007; #100.0008. Surplus Items Resolution : #0013016; #001225.

V. MEDICAL STAFF DEVELOPMENT
A. Medical Staff Report and Credentialing — Dr. Murphy
Action Requested – Advancement from Provisional
1. Advancement from Provisional
Lindsey Smith, DO – Active staff privileges in Emergency Medicine effective December 17, 2020 through June 25, 2022.

Brandon Peterson, MD – Consulting staff privileges in Pathology effective December 17, 2020 through June 25, 2022.

James Giles, MD – Telemedicine privileges in Neurology effective December 17, 2020 through June 25, 2022.

Elizabeth Walz, MD – Telemedicine privileges in Neurology effective December 17, 2020 through June 25, 2022.

2. New Appointment
Action Requested – New Appointment and Requested Clinical Privileges

H. Benno Marx, MD – Provisional/Courtesy staff with requested privileges in Family Medicine effective December 17, 2020 through June 24, 2021.

Robert J. Erwin, Jr., CRNA – Provisional/Allied Health staff with requested privileges in Anesthesia effective December 17, 2020 through June 24, 2021.

3. Reappointment
Action Requested – Reappointment and Requested Clinical Privileges
Tarvinder Singh, MD – Reappointment to Telemedicine staff with requested clinical privileges in Neurology from December 17, 2020 through December 16, 2022.

Corey White, DO – Reappointment to Telemedicine staff with requested clinical privileges in Neurology from December 17, 2020 through December 16, 2022.

4. Category Change Request
Action Requested – Category Change Request
Richard J. Unger, DO – Privileged in General Surgery, requesting to change clinical privileges category from Locum Tenens to Active Staff, effective January 1, 2021.

5. Rules and Regulations of the Medical Staff (Attachment HH) Dr. Murphy
Action Requested – Rules and Regulations of the Medical Staff

B. 2021 Medical Staff Model& Provider Recruitment/Succession Plan (Attachment P) Dr. Sollers/Craig
Action Requested – 2021 Medical Staff Model

VI. FINANCIAL STEWARDSHIP

A. Review Financial Reports for November 2020 (Attachment S) David
Action Requested – Financial Reports

B. Review 2021 Operating and Capital Budget (Attachment T) David
Action Requested – 2021 Operating and Capital Budget

C. COVID-19 Financial Plan (Attachments Y & Z) David/Craig

D. PMH Foundation New Board Members – Shelby Moore and Samantha Markus Shannon
Action Requested – Shelby Moore and Samantha Markus

VII. EMPLOYEE DEVELOPMENT

A. AFSCME Contract 2021-2023 — Bryon/David

Action Requested – AFSCME Contract 2021-2023

VIII. SERVICES

A. Review 2021 PMH Strategic Plan (Attachment A) — Craig

Action Requested – 2021 PMH Strategic Plan

B. Review 2021 PMH Marketing Plan (Attachment B) — Shannon

Action Requested – 2021 PMH Marketing Plan

C. Review 2021 IT Plan (Attachment C) — Kevin

Action Requested – 2021 PMH IT Plan

D. PMH Replacement Facility Vision and Plan (Attachment D & E) — Craig

Action Requested – PMH Replacement Facility Vision and Plan

E. Completion of Schematic Design for PMH Replacement Facility (Attachment I) — Craig

Action Requested – PMH Replacement Facility Schematic Design

IV. QUALITY

A. Review 2020 Environment of Care (EOC) Report and 2021 EOC Plan (Attachment EE) — Kristi

Action Requested –2021 PMH Environment of Care Plan

B. COVID-19 Update — Merry/Dr. Sollers

C. Legislative and Political Updates — Commissioner Bestebreur

D. CEO/Operations Report — Craig

X. ADJOURN

Prosser Memorial Health

2020 - Patient Care Scorecard

Major Goal Areas & Indicators	2019 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2020 YTD	2019	2018
Quality																
Left Without Being Seen (ED & iVantage)	<1.0%	1.24%	0.90%	1.03%	0.19%	0.86%	0.41%	0.61%	0.13%	0.78%	1.43%	0.65%		0.79%	1.11%	1.00%
All-Cause Unplanned 30 Day Inpatient Readmissions (AC & iVantage)	<2.7%	2.33%	6.67%	9.30%	7.89%	2.94%	0.00%	4.76%	1.82%	0.00%	2.63%	0.00%		3.45%	5.4%	2.7%
Sepsis - Early Management Bundle (AC)	>84.6%	33.33%	50.00%	N/A	66.67%	100.00%	100.00%	66.67%	100.00%	N/A	100.00%	0.00%		71.43%	80.0%	84.6%
Head CT Interpretation within 45 minutes - Stroke (DI)	>90%	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	80.00%		92.59%	62.16%	N/A
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	0.00%	0.00%	0.00%		0.10%	0.07%	0.10%
Diabetes Management - Outpatient A1C>9 or missing result (PT)	<30.25%	37.43%	30.27%	32.62%	28.30%	32.09%	33.33%	21.71%	25.00%	24.56%	20.54%	22.29%		27.94%	30.25%	34.50%
Medication Reconciliation Completed	>90%	89.26%	99.38%	44.72%	89.90%	55.76%	42.31%	43.64%	34.84%	36.83%	36.85%	41.43%		47.08%	90.00%	2019 value is 85.16%
Turnaround time of 30 minutes or less for STAT testing (LAB)	<30 Minutes	34	31	34	38	39	37	36	36	38	53	34		37.27273	30	30
Median Time to ECG (CP & iVantage)	< 7 Minutes	6	4	6	3.5	7	7	6	11	12	7	7		7	7	NA
Surgical Site Infection (OR)	<2.0%	0.00%	0.00%	0.00%	0.00%	2.27%	1.89%	0.00%	0.00%	0.00%	0.00%	0.00%		0.36%	0.3%	0.3%
Colonoscopy Follow-up (OR/Clinic & iVantage)	>90%	100.00%	100.00%	100.00%	100.00%	N/A	N/A	83.33%	87.50%	100.00%	100.00%	100.00%		95.65%	90.0%	NA
Safe Medication Scanning	>90%	88.80%	91.30%	93.82%	90.55%	94.48%	93.70%	92.89%	93.66%	92.15%	94.16%	95.27%		92.80%	90.0%	NA
*Overall Quality Performance Benchmark (iVantage)	>48	48	48	48	58	58	58	49	49	49	44	44		48	48	0
*Inductions <39 Weeks without Clinical Indications (OB & iVantage)	<1	0	0	0	0	0	0	0	0	0	0	0		0	1	3
*Falls with Injury	<3	0	1	0	0	0	0	1	0	0	0	0		2	3	3

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

Prosser Memorial Health

2020 - Strategic Plan Scorecard

Major Goal Areas & Indicators	2020 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2020 YTD	2019 Avg	2018 Avg
Patient Loyalty																
IP - "Would Recommend"	> 85.1%	84.4%	85.7%	97.2%	95.7%	84.4%	88.9%	90.7%	95.5%	88.9%	87.0%	85.3%		88.3%	85.1%	83.8%
ED - "Would Recommend"	> 80.7%	73.8%	80.0%	85.0%	77.4%	83.3%	91.3%	72.7%	80.0%	22.0%	80.0%	75.0%		82.0%	80.3%	80.7%
Acute Care - "Would Recommend"	> 79.7%	80.9%	80.0%	94.4%	90.0%	82.6%	81.3%	86.2%	92.3%	75.0%	84.4%	85.7%		84.4%	78.6%	79.7%
OB - "Would Recommend"	> 92.2%	93.3%	92.3%	100.0%	100.0%	86.4%	92.9%	90.7%	100.0%	100.0%	100.0%	85.0%		93.1%	92.2%	88.6%
Outpatient Surgery - "Would Recommend"	> 91%	86.4%	83.3%	94.3%	85.0%	96.3%	95.2%	95.2%	87.5%	100.0%	70.0%	100.0%		89.8%	91.0%	84.9%
Swing Bed - "Would Recommend"	> 94.1%	100.0%	50.0%	100.0%	0.0%	100.0%	100.0%	100.0%	50.0%	100.0%	N/A	50.0%		76.2%	85.3%	94.1%
Clinic - "Would Recommend"	> 87.1%	92.9%	91.1%	87.9%	85.2%	87.0%	83.3%	86.0%	83.1%	92.3%	91.5%	75.4%		87.4%	87.1%	85.2%
Outpatient - "Would Recommend"	> 88.4%	88.5%	88.5%	85.0%	85.0%	97.3%	91.7%	94.0%	88.6%	88.0%	85.2%	89.7%		88.7%	88.4%	84.7%
Medical Staff Development																
Medical Staff Turnover	< 0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.1%	0.0%		0.2%	0.2%	0.6%
Specialty Clinic Visits	> 1063	1,197	1,101	1,021	588	686	807	931	939	1,027	1,192	975		951	950	872
Benton City Clinic Visits	> 1005	1,118	950	984	643	723	856	930	740	897	893	767		864	958	857
Prosser RHC Clinic Visits	> 1052	1,030	1,011	988	842	903	1,152	1,158	1,388	1,552	1,732	1,556		1,210	960	821
Grandview Clinic Visits	> 618	702	724	650	474	570	564	643	585	578	589	514		599	568	N/A
Women's Health Center	> 709	673	605	633	455	442	583	646	603	629	627	593		590	469	N/A
Comprehensive Pain Clinic	> 91	86	83	81	28	58	68	35	42	60	30	56		57	80	55
*# of Active Medical Staff	> 51	43	43	43	43	43	43	44	47	48	47	47		44	41	40
Employee Development																
Average Recruitment Time (days)	< 28	19	28	50	41	23	37	39	31	39	25	43		34	28	N/A
# of Open Positions (Vacancies)	< 23	35.0	27.0	27.0	24.0	22.0	21.0	20.0	43.0	39.0	43.0	28.0		29.9	23	8.8
Hours of Overtime - Overtime/Total Hours Worked	< 4.5%	7.9%	5.4%	6.0%	4.0%	4.2%	5.5%	6.1%	6.1%	6.2%	5.7%	5.4%		5.7%	5.7%	4.5%
Agency - Cost/Total Labor	< 8.7%	7.7%	9.0%	10.3%	8.1%	4.5%	5.6%	5.3%	6.0%	7.5%	6.7%	6.7%		7.6%	14.5%	10.5%
Turnover Rate	< 0.7%	0.4%	0.4%	0.7%	1.1%	0.4%	0.0%	0.0%	1.0%	0.7%	1.4%	1.0%		0.6%	0.7%	0.7%
Timely Evaluations	> 79.6%	89.0%	54.0%	91.0%	81.0%	54.0%	78.0%	85.7%	74.2%	69.6%	48.0%	63.6%		71.6%	79.6%	60.5%
Education Hours/FTE	> 2.15	1.57	0.01	1.93	0.98	0.55	0.86	0.83	1.71	1.49	1.49	1.81		1.20	1.55	2.15
New Hire (Tenure) < 1 year	< 10%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%		0%	0%	N/A
* Lost Workdays due to On-the-Job Injuries	< 167	8.00	8.00	8.00	16.00	8.00	15.00	1.00	0	2.00	13.00	20.00		9.00	167	163
Quality																
ED Encounters - Left Without Being Seen	< 1.0%	1.2%	0.9%	1.03%	0.2%	0.9%	0.4%	0.6%	0.1%	0.8%	1.4%	0.7%		0.7%	1%	1.0%
*Falls with Injury	< 3	0	1	0	0	0	0	1	0	0	0	0		2	3	3
Healthcare Associated Infection Rate per 100 Inpatient Days	< 0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%		0.0%	0.1%	0.1%
All-Cause Unplanned Readmissions within 30 Days	< 2.7%	2.3%	6.7%	9.3%	7.9%	2.9%	0.0%	4.8%	1.8%	0.0%	2.6%	0.0%		3.5%	5.4%	2.7%
Diabetes Management - Outpatient A1C>9 or missing result	< 30.3%	37%	30%	33%	28%	32%	33%	22%	25%	25%	21%	22%		28%	30.3%	34.50%
Services																
ED Visits	> 1,023	1,131	1,000	874	526	700	723	819	799	767	769	769		807	1,016	930
Inpatient Admissions	> 86	83	77	72	70	79	91	79	93	87	69	98		82	83	75
OB Deliveries	> 38	38	26	38	36	39	38	57	48	45	35	45		40	37	31
Surgeries and Endoscopies	> 126	109	100	90	32	44	110	128	132	101	129	123		100	118	117
Diagnostic Imaging Procedures	> 2,116	2,466	2,308	2,078	1,358	1,784	2,159	2,225	2,334	2,348	2,667	2,622		2,214	1,957	1,649
Lab Procedures	> 12,262	12,098	11,587	9,776	7,900	10,591	12,119	13,249	13,003	12,306	12,996	12,830		11,678	11,051	9,671
Adjusted Patient Days	>1,769	1,603	1,490	1,355	871	1,250	1,376	1,364	1,568	1,337	1,634	1,332		1,380	1,624	1,373
Therapy Visits	> 1,706	1,692	1,792	1,374	324	959	1,131	1,247	1,399	1,454	1,462	1,300		1,285	1,145	1,084
Outpatient Special Procedures Visits	> 225	268	226	319	222	211	189	198	235	265	306	267		246	224	225
Financial Performance																
Net Days in Accounts Receivable	< 48.62	59.97	64.28	61.84	48.35	48.00	52.15	54.46	56.64	57.18	60.35	63.22		63.22	63.79	50.96
*Total Margin	> 7.06%	4.50%	1.20%	-0.20%	16.40%	18.90%	32.62%	11.40%	-33.40%	19.00%	12.70%	-216.20%		2.70%	5.30%	1.8%
Net Operating Revenue/FTE	> $16,753	$ 16,075	$ 14,867	$ 15,320	$ 19,583	$ 19,245	$ 22,112	$ 16,939	$ 15,719	$ 22,234	$ 16,686	$ 5,332		$ 16,737	$15,794	$16,094
Labor as % of net Revenue	< 60.2%	60.3%	65.0%	63.8%	53.8%	53.5%	43.2%	60.6%	80.8%	52.1%	53.3%	191.6%		61.3%	59.6%	62.6%
Operating Expense/FTE	< $15,760	$ 15,534	$ 15,443	$ 15,969	$ 16,562	$ 15,823	$ 14,866	$ 16,479	$ 11,699	$ 18,165	$ 14,796	$ 16,994		$ 15,666	$15,190	$16,190
*Days Cash on Hand	> 120.39	96.39	93.02	97.86	152.33	221.00	228.66	229.29	231.33	222.58	220.04	183.42		183.42	120.39	108.23
Commercial %	> 28.7%	27.1%	27.7%	31.7%	29.7%	28.1%	30.0%	31.3%	27.4%	27.8%	28.4%	30.1%		29.0%	28.7%	28.2%
Total Labor Expense/Total Expense	< 62%	62.4%	62.6%	61.2%	63.7%	65.1%	64.3%	62.3%	60.2%	63.8%	60.1%	60.1%		61.3%	62%	63%

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

Vision

Patients
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Medical Staff
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Prosser Memorial Health

Mission: To improve the health of our community.

Values

Accountability
Service
Promote Teamwork
Integrity
Respect
Excellence

BOARD WORK SESSION	November 17, 2020		WHITEHEAD CONFERENCE ROOM
COMMISSIONERS PRESENT	STAFF PRESENT	GUESTS	COMMUNITY MEMBERS
• Dr. Steve Kenny • Keith Sattler • Glenn Bestebreur • Susan Reams • Brandon Bowden • Sharon Dietrich, M.D. • Neilan McPartland	• Craig Marks, CEO • Merry Fuller, CNO/COO • David Rollins, CFO • Shannon Hitchcock, CCO • Kevin Hardiek, CIO • Kristi Mellema, CCO • Dr. Brian Sollers	• Kurt Broeckelmann, Architect • Paul Kramer, Owner's Rep.	None
AGENDA	DISCUSSION	ACTION	FOLLOW-UP
I. CALL TO ORDER	Meeting was called to order by commissioner Kenny at 6:00 p.m.	None	None
II. SERVICES			
A. Replacement Facility Update			
A.1. Draft New Hospital Vision (Attachment A & B)	Craig Marks reviewed the Draft New Hospital Vision which was based on feedback from the staff, Board and Medical Staff.	The Board will be asked to approve the Vision for the new hospital in December.	None.
A.2. Design Update	Kurt Broeckelmann gave a design update on the site plan, floor plans and building exteriors. There was discussion regarding utilization of electric vs. natural gas at the new hospital.		Administration will follow-up with Cascade Natural Gas Company and Benton Public Utilities District to

			finalize their rates for the next five years.
A.3. GC/CM Task Force	Craig Marks and Paul Kramer discussed the development for the naming of a GC/CM Task Force. The Task Force will meet four times in December and January 2021. The following Board Members volunteered to be members of the Task Force: Keith Sattler, Sharon Dietrich and Susan Reams. Dr. Steve Kenny agreed to be an alternate if needed.	None, information only.	None.
B. Draft 2021 Strategic Plan Review (Attachment D)	The Draft 2021 Strategic Plan was reviewed by each Pillar Champion.	The Board will be asked to approve the 2021 Strategic Plan in December.	None.
At 8:15 p.m. the Board announced that they would go into Executive Session which was expected to last 25 minutes.			
III. EXECUTIVE SESSION			
A. RCW 42.30.110(d) – Contract - To review negotiations on the performance of public bid contracts when public knowledge regarding such consideration would cause a likelihood of increased costs.			
The Board resumed their regular business meeting at 8:43.			
IV. ADJOURN			
There being no further regular business to attend to, Commissioner Kenny adjourned the meeting at 8:43 p.m.			

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BOARD MEETING	NOVEMBER 19, 2020		WHITEHEAD CONFERENCE ROOM
COMMISSIONERS PRESENT	STAFF PRESENT	MEDICAL STAFF	GUESTS
• Dr. Steve Kenny • Glenn Bestebreur • Susan Reams • Keith Sattler • Sharon Dietrich, M.D. • Brandon Bowden • Neilan McPartland	• Craig Marks, CEO • Merry Fuller, CNO/COO • David Rollins, CFO • Kevin Hardiek, CIO • Shannon Hitchcock, CCO • Kristi Mellema	• Dr. Robert Wenger	

AGENDA	DISCUSSION	ACTION	FOLLOW-UP
I. Call to Order	Meeting was called to order by Commissioner Sattler at 6:00 p.m.		
I.A. Pledge of Allegiance			
II. Public Comment	None.		
III. APPROVE AGENDA		Commissioner Bestebreur made a Motion to approve the Agenda. The Motion was seconded by Commissioner Reams and passed with 7 in favor, 0 opposed and 0 abstained.	None.
IV. APPROVE CONSENT AGENDA A. Board of Commissioners Meeting Minutes for October 29, 2020. B. Payroll & AP Vouchers #154515 – 154818, dated		Commissioner Bestebreur made a Motion to approve the Consent Agenda. The Motion was seconded by Commissioner Dietrich and passed with 7 in favor, 0 opposed, and 0 abstained.	None.

10.23.20 through 11.11.20. Surplus Items Resolution: #0013335; #001038.			
AGENDA	DISCUSSION	ACTION	FOLLOW-UP
V. MEDICAL STAFF DEVELOPMENT			
A. Medical Staff Report and Credentialing	Dr. Wenger presented the following Advancement from Provisional Appointment: Pratic Bhattacharya, MD – Telemedicine privileges in Neurology effective November 19, 2020 through May 28, 2022.	A motion to approve the Advancement from Provisional Appointment and requested Clinical Privileges that have been reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee for the following provider was made by Commissioner Bestebreur and seconded by Commissioner Reams. The Motion passed with 7 in favor, 0 opposed, and 0 abstained. • Pratic Bhattacharya, MD	None.
	Dr. Wenger presented the following New Appointments: Tad White, DO – Provisional/Courtesy staff with requested privileges in Family Medicine effective November 19, 2020 through May 29, 2021. Ravi Pande, MD – Provisional/Telemedicine staff with requested privileges in Neurology effective November 19, 2020 through May 29, 2021. James Jordan, MD – Provisional/Telemedicine staff with requested privileges in Neurology effective November 19, 2020 through May 29, 2021.	A motion to approve the New 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 and seconded by Commissioner Sattler. The Motion passed with 7 in favor, 0 opposed, and 0 abstained. • Tad White, DO • Ravi Pande, MD • James Jordan, MD • Monjari Gillian, MD • Jake Vrdoljak, MD	None.

	Monjari Gillian, MD – Provisional/Telemedicine staff with requested privileges in Diagnostic Radiology effective November 19, 2020 through May 29, 2021. Jake Vrdoljak, MD – Provisional/Telemedicine staff with requested privileges in Diagnostic Radiology effective November 19, 2020 through May 29, 2021.		
	Dr. Wenger presented the following Reappointments: Ketan Kale, MD – Reappointment to Courtesy staff with requested clinical privileges in Hospitalist Medicine from November 19, 2020 through November 18, 2022. Katherine Cayetano, MD – Reappointment to Consulting staff with requested clinical privileges in Pulmonology from November 19, 2020 through November 18, 2022. Naveen Rawat, MD – Reappointment to Consulting staff with requested clinical privileges in Pulmonology from November 19, 2020 through November 18, 2022. Thomas Ballard, MD – Reappointment to Locum Tenens staff with requested clinical privileges in Diagnostic Radiology from November 19, 2020 through November 18, 2022. Randi Lindstrom, DO – Reappointment to Locum Tenens staff with requested clinical privileges in Emergency Medicine from November 19, 2020 through November 18, 2022. Minal Bhanushali, MD – Reappointment to Telemedicine staff with requested clinical privileges in Neurology from November 19, 2020 through November 18, 2022.	A motion to approve the Reappointment and requested Clinical Privileges that have been reviewed and recommended by the Department Chair, the Credentialing Committee and the Medical Executive Committee for the following providers was made by Commissioner Reams and seconded Commissioner Dietrich. The Motion passed with 7 in favor, 0 opposed and 0 abstained. • Ketan Kale, MD • Katherine Cayetano, MD • Naveen Rawat, MD • Thomas Ballard, MD • Randi Lindstrom, DO • Minal Bhanushali, MD • Ravi Menon, MD	None.

	Ravi Menon, MD – Reappointment to Telemedicine staff with requested clinical privileges in Neurology from November 19, 2020 through November 18, 2022.		
B. CRNA Contract (Attachment FF)	Merry Fuller gave a summary of the proposed CRNA Contract.	Commissioner Bestebreur made a Motion to approve the CRNA Contract as presented (Attachment FF), which was seconded by Commissioner Dietrich. The Motion was passed with 7 in favor, 0 opposed and 0 abstained.	None.
VI. FINANCIAL STEWARDSHIP	DISCUSSION	ACTION	FOLLOW-UP
A. Review Financial Reports for October 2020 (Attachment W)	David Rollins presented the October 2020 Financial Reports.	Commissioner Reams made a Motion to accept the Financial Reports for October 2020, which was seconded by Commissioner Bowden. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None.
B. COVID-19 Financial Plan (Attachment AA)	David Rollins presented the COVID-19 Financial Plan (Attachment AA) and the COVID-19 Financial Projections (Attachment BB) through October 31, 2020.	None.	None.
C. Review Draft 2021 Operating and Capital Budgets (Attachment X & Y)	David Rollins gave an overview of the 2021 Draft Operating Budget (Attachment X) and the Draft Capital Budget (Attachment Y).	None.	The 2021 Draft Operating Budget and the Draft Capital Budget will be taken to the Board for approval in December.
D. 2021 Budget and Property Tax Request for County Commissioners (Attachment Z & ZZ)	David Rollins presented and explained the Property Tax Resolution #1047 and the Certification of the Property Tax Levy.	Commissioner Bestebreur made a Motion to approve the Property Tax Resolution #1047 and the Property Tax Levy #1047 which was seconded by Commissioner Dietrich. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None.

VII. PATIENT LOYALTY	DISCUSSION	ACTION	FOLLOW-UP
A. Studer Update	Kevin Hardiek gave an update on the Studer Leadership Program, recapping highlights for 2020 and challenges faced due to COVID. In August, Huron Studer completed a full PMH ED assessment to aid in enhancing our ED operations. In October 2020, My Rounding software was added to the PMH Leadership toolbox to automate the entire rounding process with both staff and patients.	None. Information only.	None.
IV. QUALITY			
A. COVID-19 Update	Merry Fuller gave an update on the new COVID medication Bamlanirimab and the increase in cases we're seeing in Benton-Franklin County.	None.	None.
B. Legislative and Political Updates	Commissioner Bestebreur gave an update on the recent election results for the 15th & 16th Districts along with an overview of current issues on a Federal and State level.	None.	None.
C. CEO/Operations Report	Craig shared information about the AHA Rural Health Care Leadership Conference, February 17-18, 2021, which will be held virtually. Craig reminded the Board to save the date for the PMH Annual Christmas Lunch on December 17 and to be sure to wear their ugly sweater to the December Board Meeting.	The Board members will contact Craig if they are interested in registering for this Conference.	None.
V. ADJOURN			
There being no further business to attend to, Commissioner Sattler adjourned the meeting at 7:21 p.m.			

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

FINANCE COMMITTEE MEETING
WEDNESDAY – DECEMBER 16, 2020
7:00 a.m. – VINEYARD CONFERENCE ROOM
AGENDA

MEMBERS:
Keith Sattler
Neilan McPartland

STAFF:
Craig Marks
David Rollins
Stephanie Titus

CALL TO ORDER

I. APPROVE MINUTES
Action Requested – October 28 and November 18, 2020 Minutes

II. FINANCIAL STEWARDSHIP
A. Review Financials – November (Attachment X) David
Action Requested – November 2020 Financial Statements

B. Review Accounts Receivable and Cash Goal Stephanie

C. COVID-19 Financial Projection Plan (Attachments Y & Z) David

D. Voucher Lists
Action Requested - Voucher List Payroll and AP Vouchers #154819 through #155295 David
dated 11-12-20 through 12-09-10, in the amount of $11,466,159.34.

E. Surplus Items Resolution
Action Requested - Surplus Items Property Description: ##0013016; #001225 David

F. Review Draft 2021 Operating and Capital Budgets David

G. Finance Committee Schedule – 2021 David

III. ADJOURN

FINANCE COMMITTEE MEETING MINUTES
WEDNESDAY – October 28, 2020
11:30 a.m. - ORCHARD CONFERENCE ROOM

MEMBERS:
Keith Sattler
Brandon Bowden

STAFF:
Craig Marks
David Rollins
Stephanie Titus

CALL TO ORDER
Keith Sattler called the meeting to order at 11:38 a.m.

I. APPROVE MINUTES
ACTION ITEM
A motion to approve the Finance Committee Meeting minutes for September 23, 2020 as presented was made by Brandon Bowden. The Motion was seconded by Keith Sattler and approved.

II. FINANCIAL STEWARDSHIP
A. David reported that the Balance Sheet shows a negative Cash Flow of $607,148 driven by the payoff of Compunet/Cisco telephone equipment of $478,193. AR was up $487,807 due to the reversal of prior month write-offs of old EPIC AR and resumption of bad debt to the collection agency. We recognized $1.3M of HHS Funds with new guidance suggesting possible repayment of most HHS Funds if Net Patient Revenue is the final determinant of forgiveness. New physicians and incentive payments to employees are the main drivers of salary expense variance with COVID reagents, flu vaccine and minor equipment for scopes driving supply variances.
ACTION ITEM
A motion to recommend acceptance of the September Financial Statements as presented to the PMH Board of Commissioners was made by Brandon Bowden. The Motion was seconded by Keith Sattler and approved.

B. Review Accounts Receivable and Cash Goal
Stephanie reviewed accounts receivable and cash receipts of $5,085,435 that were short of the goal of $5,609,310. Old EPIC declined to $2,558,949. Call Center planning is continuing and Go-Live is early 2021. Change in early-out business office to MDS is ongoing with completion in December 2020.

C. COVID-19 Financial Projection Plan (Attachment KK, LL)
Projection relatively unchanged at $12,299,041 if we can keep most COVID Funds.

D. Voucher List #153785 through # 154514 in the amount of $7,060,590.30.)
ACTION ITEM
A motion to recommend approval of the Voucher List #153785 through # 154514 in the amount of $7,060,590.30 as presented to the PMH Board of Commissioners was made by Brandon Bowden and seconded Keith Sattler and approved.

E. Surplus Items Resolution: 4 Mattress Overlays (FBC); #001038 OR Table.
ACTION ITEM
A motion to recommend approval of the Surplus Item Resolutions 4 Mattress Overlays (FBC); #001038 OR Table as presented to the PMH Board of Commissioners was made by Brandon Bowden and seconded by Keith Sattler and approved

F. Capital Requests
ACTION ITEM
A motion to recommend approval of the four listed Capital Request items as presented below was made by Brandon Bowden and seconded by Keith Sattler and approved.
1. Elevator Railing Upgrade for $12,923.40 - approved due to new State regulations.
2. Water Cooled Ice Machine/Water Dispenser for $6,729.12 - approved due to defective unit.
3. Express Chemistry Analyzer for $14,298.82 plus tax and shipping - approved as backup.
4. IV Pumps for $30,066 - approved for purchase due to current units being recalled.

III. ADJOURN
Having declared no further business, the meeting was adjourned at 12:35 p.m.

FINANCE COMMITTEE MEETING MINUTES
WEDNESDAY – November 18, 2020
12:00 p.m. - VINEYARD CONFERENCE ROOM

MEMBERS:
Keith Sattler

STAFF:
Craig Marks
David Rollins
Stephanie Titus

CALL TO ORDER
Keith Sattler called the meeting to order at 12:15 p.m. There was no action taken due to lack of quorum.

I. APPROVE MINUTES
ACTION ITEM - October 28, 2020
No action taken due to lack of quorum.

II. FINANCIAL STEWARDSHIP

A. David reported that October's Net Income was $740,261 for October and $5,308,529 year-to-date. COVID Funds swelled cash by nearly $20.0 million, earmarked $8.2 million to keep, $6.6 million is to go Back to Medicare in November 2020 and $5.2 million may have to return to HHS.
ACTION ITEM
No action taken due to lack of quorum.

B. Review Accounts Receivable and Cash Goal
AR Days were at 60.35 and cash collections were $5.5 million.

C. COVID-19 Financial Projection Plan (Attachment AA)
We are projecting to keep $8.2 million COVID Funds and 2020 Net Income of $8.4million if PMH Can recognize $6.35 of SBA PPP Funds in 2020.

D. Voucher List #154515 through #154818 dated 10-23-20 through 11-11-20, in the amount of $3.908.405.
ACTION ITEM
No action taken due to lack of quorum.

E. Review Draft 2021 Operating and Capital Budgets
Initial draft has $4.7 million Net Income with 6.46% margin and $1.93 million capital budget.

III. ADJOURN
Having declared no further business, the meeting was adjourned at 1:05 p.m.

MEMORANDUM

TO: BOARD OF COMMISSIONERS
PROSSER MEMORIAL HEALTH

FROM: CRAIG J. MARKS, CEO

DATE: DECEMBER 2020

RE: CEO REPORT

SERVICES

1. 2020 PMH Strategic Plan

While much work and activity are taking place on our replacement facility project, we cannot lose sight of the fact that the opening of a new facility is at least three years away if everything goes according to our plan. In the meantime, we must stay focused on our Pillar Goals and the objectives and the strategies that will enable us to achieve them. That is exactly what our 2021 Strategic Plan (Attachment A) does for us. This Plan was developed by reviewing our 2020 Strategic Plan and incorporating items that we have not yet achieved. We also asked each PMH department to submit their collective ideas about what should be included in the Plan. This is a little different from how we have done it in previous years, but I believe the outcome is similar.

As in previous years, the input we received was very good and made it challenging to determine what to include in our Plan, especially as we are working to streamline and make it shorter. Last month we shared an early draft of the 2021 Strategic Plan and made changes based on the feedback we received. As a reminder, we did not review our Mission, Vision , Values and Standards of Behavior this year, as they are typically reviewed every 3 to 5 years. Our current Mission, Vision, Values and Standards of Behavior were created/revised in the fall of 2016 and will be reviewed again next year, during the 2022 Strategic Planning Process.

This Strategic Plan will be a challenge to accomplish with many initiatives to pursue and accomplish ranging from our continued recruitment of additional providers to the development of a replacement facility. Most of our initiatives focus on and promote our continued growth and our commitment to become the best hospital we can be. It is important to note that this Plan keeps us focused on our Six Pillars of Excellence, the keys to our long-term success. The initiatives in the Plan are both short-term (e.g. provider recruitment) and long-term (e.g. the development of a replacement facility) and will enable us to be successful in both the short and long term. The Board will be asked to approve the proposed 2021 Prosser Memorial Health Strategic Plan at the December Board Meeting.

2. 2021 PMH Marketing Plan

Shannon Hitchcock, Chief Communications Officer, has been busy developing significant marketing/communication strategies that tell the Prosser Memorial Health story of the communities we serve and there is more to come. She has developed a proposed 2021 PMH Marketing Plan (Attachment B) which is a comprehensive overview of how we plan to continue telling our story through direct mail, social media, newspaper, billboards, radio, television, town halls, etc. The Plan emphasizes our providers, staff and the caring approach they provide to every patient; the new and advanced services provided at PMH; and how we will provide ongoing communication about all the wonderful things happening throughout Prosser Memorial Health. The Board received a draft 2021 PMH Marketing Plan last month and will be asked to approve it in December.

3. 2021 PMH Information Technology (IT) Plan

Kevin Hardiek, Chief Information Officer, and his staff have updated the 2021 IT plan based on input received throughout the year and during the planning process. It is also based on initiatives (e.g. new services and/or technology) included in the 2021 PMH Strategic Plan that have IT implications. The proposed 2021 PMH IT Plan (Attachment C) assesses our infrastructure (hardware and software) needs and our IT programmatic opportunities. Several key initiatives included in the IT Plan include: the integration of our new patient monitors throughout the hospital with EPIC; the replacement of Lawson as our human resources/payroll software platform; the acquisition and installation of virtual desktop infrastructure; and the continued focus on cyber security to protect our system and data from outside attacks. These are all initiatives that will enhance the performance of our IT systems and enhance staff engagement/satisfaction with our systems. The Board will be asked to approve the 2021 PMH IT Plan at the December Board Meeting.

4. Replacement Facility Update

Work continues at a brisk pace on our Replacement Facility Project covering many different areas ranging from the design of the facility to financing it. One area, led by our Owner's Representatives during our Strategic Planning Process, that everyone on our team (staff, Board, Medical Staff) had an opportunity to participate in the development of a Vision for our new facility (Attachment D) and a Plan to monitor our progress on the Vision (Attachment E). These documents were created from the almost five hundred suggestions we received from team members. This Vision and Plan will be monitored and reported on throughout the Replacement Facility Project and will help us ensure we build what is important to us and those we serve. The Board will be asked to approve this Vision and Plan at the December Board Meeting.

Another significant area that our Owner's Representatives (NV5) have been assisting us with was our preparation to go before the Washington Capital Project Advisory Review Board (CPARB) on December 3rd, to seek approval to utilize the GC/CM (General Contractor/Construction Manager) construction contracting method. This is the most common construction contracting method used on complex construction projects such as hospital replacements because it allows the GC/CM to get involved in the design of the project in effort to lower the cost of construction by making it easier to build and with lower cost materials. In

the State of Washington, public entities like PMH are not allowed by law to use the GC/CM method without the approval of CPARB. Our presentation to CPARB went as planned and was well received. However, CPARB voted 6 to 2 to not approve us because they did not believe we had enough direct Washington State experience on our team using the GC/CM Method in Washington (Attachment E1). They discounted our legal counsel from Washington (Andrew Greene – Perkins Coie) and the experience our entire team (CEO, CFO, Architects, Owner's Representatives) has using the GC/CM method in other states. They encouraged us to add additional Washington depth to our team and reapply. All members of CPARB stated that GC/CM was the appropriate construction method to use for our project. While we are disappointed in their decision, we plan to add a GC/CM Advisor from Washington to our team and reapply by December 21st and go before CPARB again on January 28th. We could appeal the decision which we believe we would win for several reasons, but it will be more timely to just reapply. This action has forced us to cancel the GC/CM Task Force Meetings scheduled for December and January, and they will be rescheduled for February. This will also delay the Board selecting a GC/CM from January to February. We will discuss this in more detail with the Board at the December Board Work Session.

Projects of this magnitude often run into bumps in the road that must be dealt with. This is just our first, but we are prepared to address it and move on. One of the key roles of our Owner's Representatives is to create a schedule and assist all parties in adhering to it. I have attached our schedule for the next several months (Attachment F), but our complete schedule takes us all the way through construction, with much greater detail. Several other areas that our Owner's Representatives are working on include: working with R&B/Mitchell Planning to conduct a full audit of PMH's existing medical equipment and developing a full medical equipment project cost estimate based upon existing, leased and new equipment planned to be purchased for the new facility; select a geotechnical engineer and coordinate site clearing (remove the Russian Olive Trees) at the building location only at this time; continue to work with the Washington Department of Health to determine whether or not we need a Certificate of Need (CON) for this project; coordinate with all the local and state agencies that have oversite on this project; assist in the selection of additional contractors for the project (e.g. furniture, fixtures and equipment (FF&E); security consultant; assist in the assessment of whether to utilize natural gas or electricity at out new site; and the development of a comprehensive budget for the project.

One of the most intriguing issues we are currently dealing with is whether we should plan for the use of natural gas or electricity on our new campus. Some of the facts we have been able to obtain include: while natural gas is not currently available on our site, Cascade Natural Gas is willing to run a natural gas line to our property for approximately $300,000; the natural gas line would be large enough to support our campus and some additional development north of the interstate; there would be an initial savings of approximately $100,000 for a reduction in the size of the electrical equipment needed for the project, if natural gas is utilized for the project; the net initial cost of using natural gas for the new facility is approximately $200,000 and based on current natural gas and electric rates, would have a payback period between 12 and 15 years; the current political climate in Washington (Attachment G) and along the West Coast

(Attachment H) is against the future use of fossil fuels; and our engineers are comfortable making either an all-electric or natural gas facility which will meet our long-term needs. We plan to discuss this with the Board at the December Board Work Session.

We will also discuss at the December Board Work Session the schematic design for our new facility (Attachment I). Our design team led by Kurt Broeckelmann has been working with members of our team, bringing our hopes and dreams to life on paper, which is what schematic design is all about (Attachment J). Kurt and his team will review the schematic design with the Board and seek their approval at the December Board Meeting. They will then move on to Design Development, the next step in the design process where the primary goal is to create a detailed design that includes the types of materials that will be used on the project, what the interior and exterior of the space will look like and what kind of equipment, systems and furnishings will be used in the building. To ensure that the facility we have designed to date is within our budget as developed in 2017, Kurt submitted the schematic design documents to a cost estimator. The cost estimator determined that the cost to construct our current project is $46,785 million compared to our estimate of $40.5 million in 2017. The variance is primarily due to scope creep and inflation according to Kurt (Attachment L). While we are concerned about the cost, we still have a long way to go before we begin to make changes based on cost. At this point, there are too many guesses in the project, thus we are not publishing a total project budget until we have answers to more of the unknown. By the time we complete design development (end of February), we will have a much more reliable total project cost that will be shared with the Board. The final area that we continue to work on is the USDA application. Gary Hicks, our financial consultant , is leading this effort and meeting with us on a regular basis. Our efforts in this area will increase dramatically after the first of the year through the end of March when we plan to submit our application.

5. Nuclear Medicine Update

As I mentioned previously, we sometimes hit a bump in the road and that has also happened with our nuclear medicine project. We were recently notified by one of our contractors that a booster fan and exhaust fan for our air conditioning unit in nuclear medicine are on backorder due to COVID-19 and the holidays and will not be available until mid-January (Attachment M). This will delay the opening of the department until February. On a positive note, we have hired Amber Guthrie to be our full-time nuclear medicine technologist. Amber has been working in the Tri-Cities and is excited to help get our department started and grow in the future. Other good news is that our radioactive materials license was approved by the Washington DOH and our nuclear medicine equipment will be installed in December. We are excited to offer this new service to our community and can't wait until February!

6. Prosser Clinic Remodel

The Prosser Clinic remodel project (building out the pharmacy space for exam rooms and a radiology suite) was declared substantially complete by the contractor (Total Site Services, LLC) on November 27, 2019. This means that we can take occupancy of the space, but that a punch list of work was yet to be completed. The contractor is then required to complete the punch list and provide the owner (PMH) a number for documents including: O & M manuals with

warranties; as-built drawings and specifications; lien waivers; and several AIA documents (affidavit of payment of debts and claims; affidavit of release of liens; and consent of surety to final payment). Once these items are received, PMH issues a Notice of Completion (NOC) form to several state agencies including the Department of Revenue; Labor and Industries; and employment Security. Once we receive release of lien notices from these agencies, we can release retained funds for the project. We did not receive the required documentation from Total Site Services, LLC until August 2020, probably because of the pandemic. We received the final release of lien letter from the Department of Labor & Industries on November 30, 2020. Therefore, we will be asking the Board to declare the Chardonnay Clinic Remodel Project complete and release all retained funds to Total Site Services, LLC at the December Board Meeting (Attachment N).

7. Hospital Commitment

The Washington State Hospital Association (WSHA) recently held a conference call with all hospital CEOs in the State. The purpose of the call was to bring hospital leaders together in how we are going to deal with a surge in COVID-19 cases. WSHA's concern was that if we did not agree to something like this, the Governor would step in and set the rules, which possibly would not be in our best interest. As a result, a commitment was made by each hospital CEO to work together to address surges in COVID-19 patients (Attachment O). Since we agreed to this commitment I have had discussions with representatives from both Kadlec (staff) and Trios (CEO) about how we can better work together on transfers. Both organizations are very interested in working with us, and I have a follow-up call with representatives from Kadlec, including their CEO later this week. All three organizations are very interested in doing what is best and right for our patients.

MEDICAL STAFF DEVELOPMENT

1. 2021 Medical Staff Model and Provider Recruitment/Retention Plan

As part of the Strategic Planning Process, a considerable amount of time was spent discussing the Medical Staff Development Pillar and specifically, the provider needs of the communities we serve. Based on the need analysis contained in the 2021 Strategic Planning Packet (not a perfect system, but one used across the country), we continue to have needs in primary care and specialty (secondary) care. These shortages force residents to seek care elsewhere, which helps explain our historically low market share. In Attachment P you will find our proposed 2021 Medical Staff Model and Provider Recruitment/Succession Plan which was approved by the PMH Medical Staff and is being recommended to the Board for approval in December. The Plan is equal in primary care (IM/FP, FP/Ped, PA/NP) goals and specialty care (Dermatology, GI, Mental Health) goals, and will be challenging to accomplish with the nation-wide provider shortage.

2. Medical Staff Recruitment

As we near the end of 2020, I am pleased to report that we had a very good recruitment year. We were fortunate to add Dr. Tom Tieu (Urology), Dr. Coral Tieu (ENT), Dr. Shem Rode (Emergency Medicine), Bailey Padilla (VNM), Becky Morris (CRNM) and Afton Dunham (Nurse Practitioner) to the PMH Team. These are all outstanding providers that have and will continue to have a positive impact on our community and organization for years to come. Our Team continues to grow and get stronger every year. Our current recruitment areas of focus as we end 2020 and enter 2021 are dermatology, GI and primary care for Benton City. We are currently in discussions with Dr. Nicola Nylander, dermatologist, about joining us. I am meeting with Dr. Nylander next week to discuss a proposed contract, and to also discuss acquisition of equipment (lasers, etc.) she owns and to assess the clinic space we are proposing for her clinic (current Benton City Pain Clinic Space, the Pain Clinic would move to the Specialty Clinic in Prosser). We hope to reach an agreement on this topic and have her join us this spring. We interviewed our first primary care provider candidate for our opportunity in Benton City, but did not believe it was a good fit for this candidate. We hope to interview additional candidates soon. We have yet to interview a GI candidate but have signed a contract with Cejka Search to assist us with this important search.

3. Dr. Yung Huang

We recently learned that Dr. Yung Huang, general surgeon, will be leaving PMH in February to pursue new opportunities. Please join me in thanking Dr. Huang for his service to our patients and PMH and wish him well in his new adventures! Dr. Richard Unger, general surgeon, will be joining the PMH Team in January. In addition, we are currently talking to several general surgeons in the Tri-Cities about the possibility of taking call at PMH. Dr. Unger has indicated that he expects to take a great deal of call, but when he's on vacation or off for a day or two, we plan to utilize Dr. Elerding and possibly general surgeons from the Tri-Cities for coverage.

4. Medical Staff Rules and Regulations

The Medical Staff have been working for several months on updating their Board Certification requirements in their Rules and Regulations (Attachment HH). The Medical Staff has now reviewed and approved these changes and will ask the Board to approve the changes in December.

EMPLOYEE DEVELOPMENT

1. Employee Engagement

Despite the COVID-19 pandemic, we are still going to fill the month of December with holiday festivities (Attachment Q). While we are not able to have our Annual Holiday Party Extravaganza this year, Thursday December 17th will be our day of celebration. Starting early that morning, just like Santa, special gifts will be distributed to all our staff. In addition, we will be holding a department Christmas Tree Decorating contest and our annual ugly Christmas sweater contest. Finally, we will be serving our annual holiday dinner today and night shift staff, complete with prime rib, mashed potatoes, veggies and peppermint stick ice cream.

While this year is unlike any previous year, let's make the most of it and enjoy the activities and have a wonderful holiday season! I don't know about you, but I can't wait to turn the page on 2020!

2. Employee/Medical Staff Engagement Surveys

The engagement survey process for both our staff (November 13) and Medical Staff (November 20) ended in November. This process is conducted once per year and enables us an opportunity to anonymously hear from our staff and Medical Staff about how well we, as an organization, are engaging with our team. This process will identify areas of change from previous years (because we use the same survey instrument), areas where we are performing well and opportunities for improvement. We will use this information to develop strategies to enhance our performance at the department level and throughout the organization. At this point, we only have high level information from People Element, such as participation levels. Our staff participation was 86.0% compared to 74.5% in 2019. Our Medical Staff participation level was 75.0% compared to 75.0% in 2019. These are good participation levels (that is the highest staff participation level we have ever had!) and will give us an accurate view of the engagement levels of our team. We anticipate detailed reports to be available in January, which will be shared with everyone and used to develop our improvement plans.

3. ASPIRE Program

One of the highlights of our Annual Holiday Parties in the past was the recognition of all recipients of ASPIRE Awards throughout the year (Attachment R) and the random selection of twelve of those individuals to receive checks ranging from $250 to $1000. These individuals were and are being recognized for living our ASPIRE Values. They are being recognized for doing things for their patients, co-workers, visitors, providers, etc. that go above and beyond the duties in their job descriptions. Four Bronze Medal recipients will receive checks for $250; four Silver Medal recipients will receive checks for $500; and four Gold Medal recipients will receive checks for $1,000. This year, due to the pandemic, the random drawing will be held in the Vineyard Conference Room at 2:00 p.m. December 17th, immediately following the Holiday Luncheon. The checks will be delivered to the lucky individuals shortly thereafter. Please join me in thanking each of these individuals for their efforts to exceed the expectations of others and truly make PMH great!

4. AFSCME (American Federation of State, County and Municipal Employees) Negotiations

On December 4th, the PMH bargaining team (Bryon Dirkes, Merry Fuller, David Rollins, Rocky Snider, Stephanie Titus and Kirk Ehlis, legal counsel) held the first negotiation session with the ASFSCME bargaining team to renegotiate the current contract which is set to expire on December 30, 2020. Several bargaining sessions are scheduled for the coming days, with a goal of reaching a tentative agreement (TA) by December 9th. If a TA is reached and the AFSCME Union members ratify the contract before December 17th, we will bring the contract to the Board for approval in December. If not, the provisions in the current contract will remain in effect until the Board can approve the contract in 2021.

FINANCIAL STEWARDSHIP

1. Financial Performance – November

2020 has been an upside-down year for many reasons, but primarily because of the pandemic. This has also caused financial ups and downs for us and hospitals across the country. Just when I thought we were getting back to normal from a financial perspective, we experienced November (Attachment S). November is the first month since the pandemic started that our actual gross revenue exceeded our budget. Our gross revenue was 1% better than expected, which is usually a good sign for financial success. That was not the case for us. Our deductions from revenue were $375,270 (5%) over budget; working with our auditor we determined that we will probably not get to keep $3,369,462 of HHS Covid relief funds that we previously recognized; and to complete the perfect storm, our expenses were $466,606 (9%) over budget. These items combined to give us a loss from operations for November of ($3,781,056). After adding in non-operating income, our net income (bottom line) for November was a loss of ($3,737,408). Most of this loss can be attributed to one-time occurrences, but it demonstrates that we must stay very diligent in our collection practices and expense management.

The November results obviously had a very negative impact on our year-to-date performance. It is interesting to note that while our gross and net revenue are behind budget, they now exceed last year which is why we will have to return most of our HHS funding. Fortunately, our expenses are in line with our budget. The bottom-line result is that our net income for the year is $1,571,120, compared to our budget of $4,077,839. This variance will be made up by the SBA PPP relief funds ($6.35 million), but we will not be able to recognize those funds until next year. Thus, our financial performance is similar to last year, however, we have $6.35 million we are waiting to record in early 2021. Our payor mix remains strong and our cash flow remains positive even though over $5 million dollars will be returned to HHS in the near future. While November did not end up being the positive financial month we thought it would be, our overall financial position remains strong.

2. Proposed 2021 Operating and Capital Budgets

After several months of working with our Leadership Team, the finance staff have developed a proposed 2021 Operating and Capital Budget (Attachment T) which the Board will be asked to approve at the December meeting. The budgets are based on input from our staff, Leadership Team, Medical Staff and the proposed 2021 Strategic Plan. The Budget Packet goes into detail about what is contained in the budgets, so I will only write about a couple of key points. First, we continue in our rapid growth mode as a result of our successful provider recruitment and service expansion. This is especially true when we compare our budget to 2020, which was negatively impacted by the COVID-19 pandemic. As a result, our Operating Budget is projecting a net income (bottom line) of $4,357,703 (6.03% total margin) plus $6,350,235 of SPA-PPP relief funds for a total of $10,707,938 and a total margin of 13.47%. We had hoped to recognize the PPP relief funds in 2020, however because we are a public entity and the payback of the funds will not be forgiven until 2021, our auditors will not allow us to record them in 2020 even though that's when the funds were earned. This performance

exceeds our Pillar Financial Stewardship goal and will enable us to continue our journey towards a new facility. Our proposed Capital Budget includes $1,800,052 of acquisitions, of which $1,216,866 will be immediate outlays of cash, while the remaining $440,877 will be leases with payments over the life of the leases. As a result of our projected operations and capital spending, and the possible return of $5.2 million in HHS Funds, we are only projecting a positive cash flow of $91,755 which will enable us to continue building up our cash reserves as we continue to plan for a new facility.

3. PMH Foundation Update

Convergent Non-Profit Solutions will present their final report and recommendations for Phase 1 of the capital campaign feasibility study for the new hospital to the Foundation Board in December. Based on the 66 interviews they conducted over a three-week period they are recommending we set a campaign goal between $2-2.5 million. There are three different options if we're interested in partnering with them on Phase 2 of the campaign, when we begin asking for donations. Shannon and the Foundation Board will do a cost analysis based on our goal and Convergent's fee structure to determine how much support we will need during this phase.

The annual Gingerbread House Build event has morphed into an online fundraising opportunity where the public can purchase different themed gingerbread house kits and pair it with wine, beer, cider and non-alcoholic drinks that will be wrapped up in a festive holiday tote for pick up or delivery this Friday. If you are interested in purchasing a kit and/or making a donation to the Foundation visit the website at: https://www.prosserhealth.foundation/ and click Shop in the lower right corner. Gingerbread kits can also be purchased in the gift shop through Christmas Eve.

The Gift Shop has partnered with French Vanilla Market in Sunnyside to provide purchasing, staging and stocking assistance. Sales have been very strong since making the change!

The Foundation will not be sending an end of the year letter out this year, soliciting donations, as the cost of printing and mailing the letter was a breakeven proposition for the Foundation last year. If you would like to make an end of the year donation you can contact Shannon Hitchcock directly at 509-786-6601 or make a secure, online donation on the foundation's website.

QUALITY

1. The COVID-19 pandemic continues to be just like the bad penny we can never get rid of. The number of positive COVID-19 cases is going up across the country, including our area. While the number of positive cases is going up, we are fortunate that the number of hospitalized patients with COVID-19 have remained flat. Between 15% and 20% of all hospitalized patients in Benton and Franklin Counties have COVID-19. Hospitals in our area are actually seeing a significant increase in other very sick patients. This increase may be due to individuals not seeking care earlier because of the pandemic and fear that they would contract COVID-19 in a

doctor's office or the hospital. Also, we are fortunate that area deaths have not significantly increased. This may be because of our enhanced therapeutic treatments (Remdesivir, Bamlanivimab, etc.) that patients are now being treated with. The largest development on the horizon will be the release by the FDA of two COVID-19 vaccines, which is expected any day. We are currently working with the Washington Department of Health (DOH) regarding their COVID-19 Vaccination Plan. We anticipate that PMH and our Clinics will be administration sites. We will prioritize vaccinations based on guidelines being finalized by the CDC and DOH. Based on everything I have read, our staff and providers will be among the highest priority to receive the vaccine. Let's hope that these vaccines help us get this horrible pandemic under control. In the meantime, Governor Inslee recently released a new proclamation regarding restrictions on non-urgent medical procedures (Attachment V). Fortunately, WSHA worked with the Governor's Office in drafting the proclamation, making it much more palatable to hospitals across the state (Attachment W). Fortunately, PMH is in good shape as it relates to PPE, available beds, etc. so we will not be impacted by this proclamation at this time. While we are all experiencing COVID-19 fatigue, we continually remind our staff, visitors, providers, etc. to wear a mask, wash their hands frequently and socially distance.

2. COVID-19 Financial Plan

Hospitals across the country have figured out over the past nine months of the pandemic how to deal with most of the challenges of COVID-19 such as testing, therapeutics, prevention, etc. The one thing PMH and all hospitals continue to struggle with, however, are the rules surrounding COVID relief funds and whether or not we will get to keep them and how to account for them. The reason for this is that the rules are constantly changing. The American Hospital Association (AHA) is so frustrated that they recently sent a letter to Alex Azar, the head of HHS, to express our collective frustrations and concerns (Attachment X). These changes to the rules could have a very negative impact on the financials of PMH and hospitals across the country. While there is a lot of talk about additional COVID relief packages, at this point in time, we have received $19.9 million in relief funds (Attachment Y). Of those funds we have already returned $6.35 million (Medicare Advance Payments) and anticipate returning an additional $5,202,730 of HHS funds. While these are all guesses, we are now projecting that we will use $1,745,993 of COVID relief funds in 2020, resulting in a net income (bottom line) of $1,633.463 by year end 2020 (Attachment Z). This is a $3,369,462 negative adjustment due to our and our auditor's current understanding of the COVID relief fund requirements.

3. Board Policies

The Board will be asked to approve the following Board Policies in December: Board Evaluation (Attachment AA); Confidentiality (Attachment BB); Designation of Privacy Officers (Attachment CC); and Licensure and Accreditation Requirements (Attachment DD). The only changes being recommended by Administrations to these policies are title changes, typos, etc. thus the policies will be placed on the Consent Agenda. If the Board would like to make changes and/or discuss the proposed policies, any Commissioner may remove the policy from the Consent Agenda and place it on the Regular Agenda.

4. 2020 Environment of Care (EOC) Report and 2021 EOC Plan

The 2020 EOC Report and Plan for 2021 was developed by Steve Broussard, Director of Support Services, for Board review and approval in December (Attachment EE). If there is time, the Report and Plan will be reviewed at the Board Work Session; if not, it will be reviewed at the Board Meeting. This comprehensive report covers several EOC areas that are integral to our ongoing operation but are not always front of mind for our staff. Steve does no excellent job of reminding everyone how important these areas are, and that you will never know when they may come into play. As a result, we are able to provide a safe environment for our patients, visitors and staff. A big pat on the back goes out to Steve for all his work in this area. Thank you Steve!

5. Washington Poison Center

For many years Prosser Memorial Health has supported the Washington Poison Center and their mission to prevent harm from poisoning. The Washington Poison Center assists us in dealing with local poisonings for a small fee of $1,000 per year (Attachment FF). In fact, in 2020, the Washington Poison Center assisted PMH 59 times in managing poisoned patients. The most common exposures at PMH were acetaminophen; miscellaneous sedative, hypnotics/antipsychotics; and selective serotonin receptor inhibitors (SSRI). The Poison Center does an excellent job assisting our providers to ensure that we provide the best care possible to our patients. We are very thankful for the Washington Poison Center and the needed services they provide.

6. Board Self-Evaluation

A final reminder that it is time for all Board members to complete their annual self-evaluation, which was distributed last month. Please complete the evaluation and return it to Carol by the first week of January so that the results can be compiled and discussed in January. We plan to review the results in January and use the findings to develop a 2021 Board Action Plan.

7. Board Education

Although the American Hospital Association is not conducting the Annual AHA Rural Healthcare Leadership Conference on February 17th-18th in Arizona this year, they are conducting it virtually (Attachment GG). Once again, the conference addresses many issues rural hospitals are facing today and includes many top healthcare speakers. I encourage all Board members to participate, and if you are interested please contact Carol to get signed up.

8. December Board Work/Regular Sessions

The December Board Work Session will primarily be used to update the Board on the Replacement Facility Project. Specifically, we will be reviewing the New Facility Vision and Plan; Schematic Design; the use of natural gas vs. electricity; and the CPARB PRC update. Time permitting, we will also review the 2020 Environment of Care (EOC) Report and the 2021 EOC Plan. At the December Board Meeting, the Board will be asked to act on several Board Policies; an update to the Medical Staff Rules and Regulations; the 2021 Medicals Staff Model and Provider Recruitment/Succession Plan; 2021 Operating and Capital Budget; ;2021 Strategic

Plan; 2021 Marketing Plan; 2021 IT Plan; PMH Replacement Facility Vision and Plan; PMH Replacement Facility Design Development; and the 2021 EOC Plan. There are a lot of action items, but hopefully most of the Board's questions regarding these items will be discussed and answered at the Board Work Session.

May you and your family have a Merry Christmas and a wonderful New Year!

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.

ATTACHMENT A

Fiscal Year 2021

Strategic Planning Document

Pillars of Excellence

- Patient Loyalty
- Employee Engagement
- Medical Staff Development
- Quality
- Services
- Financial Stewardship

Prosser
Memorial Health

723 Memorial Street
Prosser, WA 99350
ProsserHealth.org

Prosser Memorial Health
2021 Strategic Plan

	Strategic Goal	1-Year Objective Metrics	Objectives/Strategies	Timing	Accountable
MISSION Prosser Memorial Health will improve the health of our community. **VISION** Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country. **VALUES** Accountability Service Promote Teamwork Integrity Respect Excellence	**Patient Loyalty** Prosser Memorial Health (PMH) will provide outstanding customer service, aspiring to treat those we serve the way they want to be treated. **Goal:** PMH will achieve and maintain a patient satisfaction rate of 95% or higher.	1. Demonstrate a 2% improvement in total patient satisfaction.	1. Transition our patient satisfaction survey vendor to Press Ganey and leverage this resource to analyze our current survey results and work with all stakeholders to develop and implement an action plan for improvement.	1/21	M. Fuller
		2. Demonstrate a 2% improvement (0.1% or greater) in all departmental patient satisfaction.	2. Each department survey group will focus on one key indicator to improve each quarter based on their survey results.	1, 4, 7, & 10/21	All Department Leaders
		3. Demonstrate a 5% increase in the HCHAPS Transition of Care Metric and a 3% increase in PMH Hospitalists HCHAPS scores.	3. The Care Transitions Team will lead process improvement projects centering around care transition opportunities to include but not limited to discharge planning, discharge education, post-discharge follow-up, joint decision-making tools, and Advanced Directives.	1/21	Care Transitions Team
		4. Reduce LWBS to $\leq$ 0.5% (Left Without Being Seen).	4. Utilize the Studer ED analysis and action plan to enhance ED flow.	2/21	C. Doornink-Osborn
		5. Reduce the time from ED Admission decision to bed time to $\leq$ 55 minutes.	5. Leverage department leadership and Resource Staff to develop and implement strategies to successfully respond to shifts in department staffing demand and remove barriers to a seamless transition to the inpatient unit on admission.	4/21	M. Fuller/ Hospital Clinical Leaders
		6. Increase the number of certified patient educators by $\geq$ 3. (This may include the education of existing staff).	6. Identify essential educator positions, recruit, train, and hire.	5/21	M. Fuller/A. Pumphrey
		7. Demonstrate patient safety as an organizational priority by achieving the following metrics: a. 90% Medication Reconciliation compliance. b. 98% Compliance with patient influenza vaccination. c. 95% Safe scanning compliance. d. A 75% reduction in immediate use medication compounding. e. 90% Compliance with bedside shift report. f. 90% Compliance with White Board Utilization. g. 95% Compliance with shift safety huddles. h. 100% Compliance with post fall huddles.	7. Nursing department key stakeholders will assess current processes for opportunities to improve, implement changes and monitor until sustained improvement is demonstrated.	12/21	M. Davis, C. Raymond, D. Doornink-Osborn, K. Mellema, L. McKie
		8. Increase pre-registration and self-check-in by 50%.	8. Develop and implement a plan to increase self-registration and pre-registration for planned diagnostics, outpatient procedures, clinic visits, etc.	12/21	D. Williams

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2021 Strategic Plan

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	Patient Loyalty	9. Increase My Chart enrollment to 50% of inpatients and 25% of clinic patients.	9. Conduct Customer Service Training for all PMH Clinic Staff and Providers.	6/21	A. Pumphrey/ Dr. Sollers
			9a. Hardwire rounding for purpose with patients throughout PMH.	6/21	M. Fuller
			9b. Develop a "patient friendly" billing system which includes a thank you letter for choosing PMH along with a preliminary statement.	06/21	D. Rollins/ S. Titus
		10. Improve dietary HCHAPS scores by 5%.	10. Introduce nutrition services changes that improve patient satisfaction.	06/21	V. Huyke
		11. 100% of staff providing interpreter services will have completed a competency assessment by the end of 2021.	11. Evaluate and improve delivery of interpreter services.	12/21	M. Fuller

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			13. Continue to generate and implement ideas that support a variety of employee engagement activities and events.	1/21	CHRO/ Employee Engagement Team
			14. Continue to study the feasibility and implement, as appropriate, transitioning rehabilitation services staff (i.e. PT, OT, Speech Therapy) to employment status.	7/21	M. Fuller
			15. Implement a consistent Uniform Policy for PMH to enhance professional appearance and increase customer satisfaction.	7/21	CHRO/ Uniform Committee
			16. Maintain an environment of positive employee relations with all exempt staff, AFSCME, IAFF and SEIU.	7/21	CHRO
			17. Implement new HR software which will enhance HR operations.	6/21	B. Dirkes/ K. Hardiek

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Prosser Memorial Health
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		2. Meet budgeted volumes in the clinics and hospital.	2. Develop and implement a comprehensive, multi-channel marketing plan for PMH inpatient and outpatient services to meet and exceed budgeted volumes.	12/21	Shannon Hitchcock
		3. Increase aesthetic service volumes by 10%.	3a. Expand aesthetic services offered such as cool sculpting, massage therapy, tattoo removal, and laser hair removal that are cash pay.	6/21	Alana Pumphrey
			3b. Explore the feasibility of providing arterial duplex ultrasound in DI and implement if appropriate.	3/21	Aurora Weddle
			3c. Study the feasibility of providing home health services and implement if appropriate.	6/21	Merry Fuller
			3d. Research and review a proforma on adding a hyperbaric chamber to the Wound Therapy service line.	8/21	Marla Davis
		4. Increase staff satisfaction with EPIC by 5%.	4. Develop a communication plan for tracking and resolving Epic issues as well as identifying resources available for staff to resolve Epic issues. Write and implement an Information Technology Plan.	1/1/22	Kevin Hardiek
		5. Develop a plan for the future use of the current hospital.	5. Contact nursing home companies, mental health organizations, long-term acute care companies, etc. that may be interested in our facility . Determine the cost to raze the current facilities and repurpose for other uses (e.g. housing).	6/21	Craig Marks
		6. Understand the needs and areas where a licensed dietician can be deployed at the hospital and clinics.	6. Hire a full-time dietician.	3/21	David Rollins
		7. Develop a usage plan and workflow for a Diabetic Educator and develop Diabetic Patient Education Programs.	7. Hire a diabetic educator.	6/21	Merry Fuller

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		2. Net Accounts Receivables Days lower than 47 Days.	2. Utilize coding audits to improve clinic documentation by education of physicians and clinical staff.	9/21	A. Valle
		3. Days of Total Cash on Hand to exceed 175 Days.	3. Implement new Call Center to more effectively manage scheduling for visits, tests and procedures.	2/21	D. Williams
		4. Increase Average Net Revenue per FTE by greater than 3%.	4. Implement Labor Productivity System that measures and reports the efficiency of labor utilization by departments utilizing labor hours and units of service.	3/21	D. Rollins/S. Titus
		5. Increase Point of Service Collections by 50%.	5. Reduce unscheduled leave through positive changes to paid leave policies.	7/21	D. Rollins/ CHRO
		6. Increase Pre-Registration of Ancillary Outpatient Visits to greater than 25%.	6. Conduct Quarterly Performance Reviews with all departments.	4/21	D. Rollins/S. Titus
		7. Reduce Average Expense per Adjusted Patient Day by greater than 2%.	7. Improve Physician Productivity by identifying and eliminating barriers to increased patient access.	5/21	A. Pumphrey/ D. Williams
		8. Reduce temporary Contract Labor for Clinical Staff by 25%	8. Improve hiring practices of Clinical Staff and shorten vacancy rates through process improvements.	3/21	CHRO/M. Fuller/ D. Rollins
		9. Reduce Average Supply Expense per Adjusted Patient Day by 2%.	9. Implement new GL/AP/MM software that allows for more effective and efficient expense management.	12/21	D. Rollins/ S. Titus/ Director of Materials Manage-ment
		10. Achieve funding approval for construction of a New Hospital.	10. Identify supply purchase savings by reducing supply usage, Eliminate unnecessary stock items, improve GPO compliance.	12/21	Director of Materials Manage-ment

Prosser Memorial Health
2021 Strategic Plan

MISSION
Prosser Memorial Health will improve the health of our community.

VISION
Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country.

VALUES
Accountability
Service
Promote Teamwork
Integrity
Respect
Excellence

Strategic Goal	1-Year Objective Metrics	Objectives/Strategies	Timing	Accountable
Financial Stewardship	11. Achieve Medicare provider productivity standards in all PMH Rural Health Clinics	11. Submit a final/formal USDA application for the funding of a Replacement hospital and identify guaranteed/construction lender(s).	4/21	C. Marks/ D. Rollins
		12. Implement a Capital Campaign for the replacement hospital project.	6/21	S. Hitchcock/ C. Marks
		13. Utilize the Cleverly Dashboard Report to identify opportunities for financial improvement.	6/21	D. Rollins

ATTACHMENT B

Prosser
Memorial Health

2021
Marketing Plan

723 Memorial Street
Prosser, WA 99350
ProsserHealth.org

Marketing & Community Relations Plan 2021

Executive Summary:

The year of the pandemic has changed consumer behaviors and the way in which they receive and react to information. We have been analyzing and tracking trends in what outreach is working and what avenues that have worked in the past no longer make sense in our current environment. This year has also given Prosser Memorial Health the opportunity to be a trusted leader in healthcare. Throughout the pandemic we have been responsive to the needs in our community by opening a COVID-19 Clinic, educating people on the virus and how to stay safe and communicate to them that it is safe to come to our clinics and hospital when you need medical care.

The 2021 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 capitalize on the last three years since the rebranding took place with the new logo and tagline of This Is How We Care. It has gained traction in the community and consumers are beginning to recognize our brand and associate it with high quality care close to home.

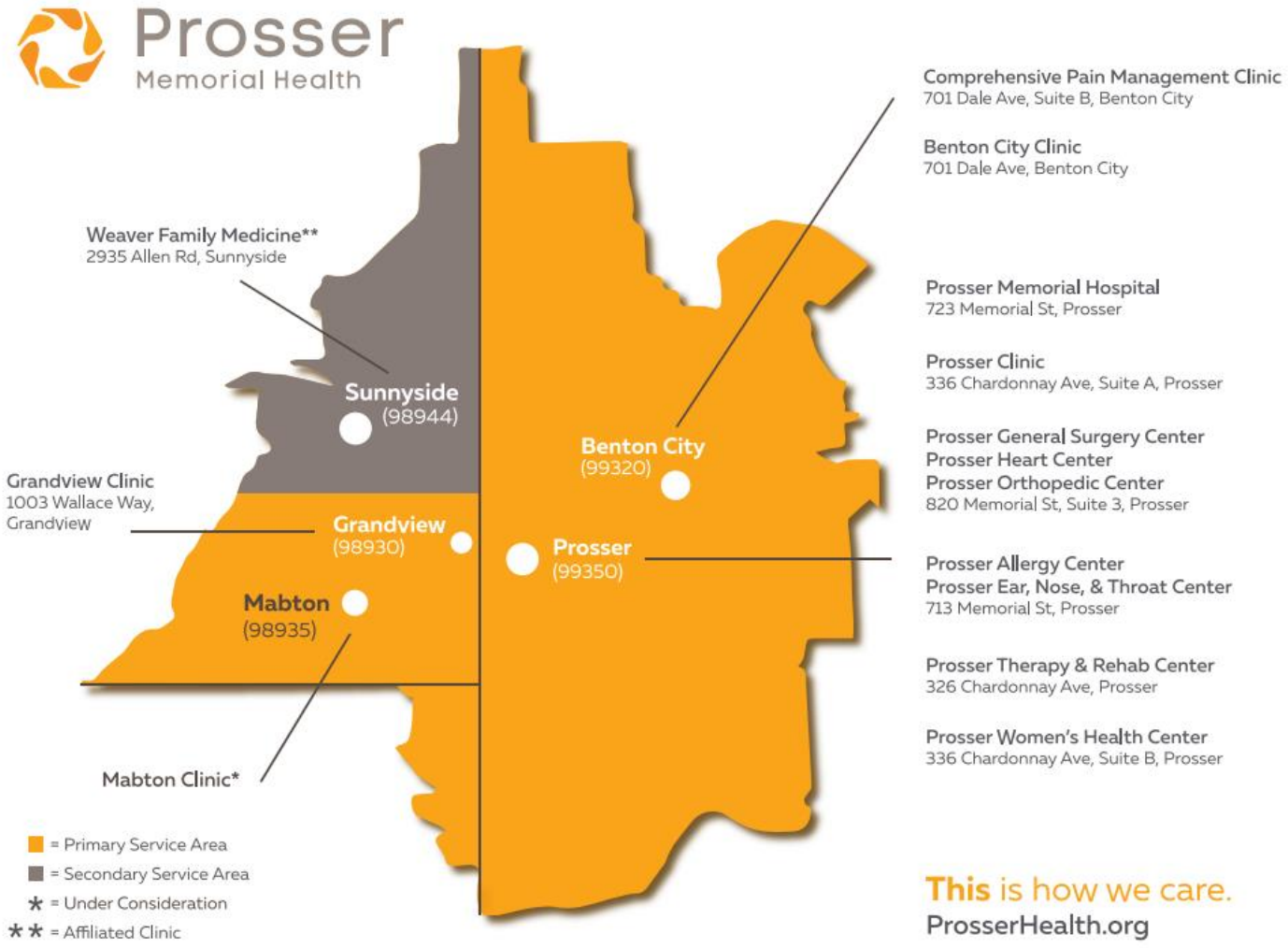
In addition, the plan will include the communication strategy for the new hospital project. We have learned a lot about how the community feels about Prosser Memorial Health and our desire to build a new facility from phase one of the Foundation's feasibility study. We will use this insight to develop the talking points and communication strategy to educate the communities we serve about our plans.

Healthcare in general has been chaotic this year and, in our region, even more so. We have seen the collapse of the Astria healthcare system in Yakima and the lower Yakima Valley and the separation of Virginia Mason with Memorial Hospital in Yakima leaving patients without quality care in some cases and extremely long wait times. As Prosser Memorial Health continues to grow and expand we will educate the communities we serve on our accessibility, our expertise and our philosophy of care and compassion that sets our organization apart from any other healthcare organization in our region.

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 2021, our strategy is to continue to take market-share away from the Astria Health system as it struggles with financial challenges and plummeting patient satisfaction. We will continue to market aggressively in the Yakima area with our Joint Replacement program, Orthopedics, Urology, ENT / Allergy 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 2021, there are numerous opportunities to grow market-share:

1. **Primary Care Footprint**
   Our primary care network continues to grow as consumers learn about the clinics, providers and services offered. We continue to expand services (diabetic education and dermatology) 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 as a whole is engaged in Prosser Memorial Health, the community and their patients.

2. **Building Our Specialty Care and Surgical Group**
   While 2020 took some of the wind out of our sails with surgical services, volumes are coming back. Volumes for our two newest providers in ENT/Allergy and Urology have demonstrated to us that there is a need in our region AND patients are willing to travel to have access to board certified specialists.

3. **Living our Mission Through our Philosophy of Care: We Are Experts in Caring.**
   Our mission, to improve the health of our community, is practiced with every patient encounter. We are committed to providing high quality healthcare, at a low cost, for every member of our community and treating them as if they are a part of our family. Our providers are experts in their field and they are also experts in care and compassion.

4. **Service Line Excellence**
   We have expanded our provider base and our services lines to be able to diagnose and treat a majority of ailments in our community. Through community education, in a socially distanced manner, we will continue to increase awareness around the services lines Prosser Memorial Health offers.

Hospital Services

- Emergency Care Center
- ER wait times
- Ouch-less Pediatric ER
- PMH Family Birthplace: Full service, C-Sections, Pain Management–Epidurals,
- Four Labor, Delivery, Recovery, Postpartum (LDRP) Suites
- PMH Surgery Center
- Same Day and Inpatient Surgery
- Inpatient Acute Care
- Adult Hospital Medicine Admissions
- Pediatric Hospital Medicine Admissions
- Diagnostic Imaging
- Self-Referrals
- 3D HD Mammography
- Dexa
- Provider Referrals
- MRI
- CT
- Cardio - adult and pediatric
- Transitional Care Services
- Therapy
- Outpatient Special Procedures
- Pick line placement
- IV Therapy
- Wound Care
- ECHO
- Nuclear Medicine
- Community Paramedic Program
- In-home discharge follow-up (case management)

Clinical Services:

- PMH Surgical Group (Orthopedics, Podiatric, General, ENT, Urology, General Surgery)
- Joint Replacement Program
- Obstetrics
- Geriatric Medicine
- Pediatric
- Mental Health
- Women's Health
- Gynecological Surgery Services
- PMH Family Medicine providers
- PMH Occupational Health
- Employer contracted services
- Family Medicine
- Clinic Visits- After hours and weekend availability
- Extended Hours
- Referrals to Medical Center Services
- Comprehensive Pain Clinic: Referrals
- PMH Therapy Services

5. **Expanded Hours of Service:**
   We will continue to expand our hours of operations at the clinic and the hospital to accommodate patients who need to be seen outside of the typical 8 am – 5 pm model. We are already doing this with great success with weekend and evening hours at the clinics, mammograms and CT Scans.

6. **Growth**
   Our 2021 marketing plan will include a large focus on growing our clinic volumes and outpatient service lines. We will also focus on our advanced technology capabilities with the Mako Robot System and our 3D HD mammography equipment.

   Prosser Memorial Health has fantastic opportunities to take away market-share from the competition and expand not only our specialty care service line but the secondary outpatient services that support those specialties.

7. **The New Hospital Project:**
   Our 2021 marketing plan will include a comprehensive communication plan for formally introducing our plan to build a new hospital for the communities we serve. We will be active in our community raising money and awareness for this project.

Community Outreach:

We believe in the power of community. There is no greater responsibility, or privilege, than taking care of our friends, family and neighbors. **This Is How We Care** has been our tagline for the past three years. Our messaging in 2021 will build on the brand power of this tagline and incorporate the care philosophy of our providers and hospital staff. We want patients to choose Prosser Memorial Health because our providers are the best in their field, our technology is state-of-the-art and because we truly care about our patients and their families.

Brand Position & Personality

Prosser Memorial Health has gained the trust in our primary service area as the preferred community hospital as well as steadily increased volumes at the clinics. Who we are and how we deliver care to our community will continue to be the main message in our marketing and community outreach. It's what sets us apart from our competition.

Goals and Objectives

Our overall communications strategy supports the organizations overall objectives and priorities. These include:

1. Achieve a patient satisfaction rate of 95% or higher;
2. Achieve an annual Medical Staff satisfaction rate of 90% or higher;
3. Achieve and maintain an annual employee satisfaction rating of 90% or higher;
4. Achieve and maintain selected quality attribute scores that will place the hospital in the top 10 percent of Critical Access Hospitals;
5. Increase adjusted patient days for those services we provide; and
6. Achieve an annual total margin of 4.6% or more.

Target Audience

1. **Consumers**
    a. Women in our primary service area make 75% of all healthcare decisions for their family. From the Nursery to the Emergency Department and everywhere in between. We will place additional emphasis on working moms who need appointments for themselves and their families outside of the 8 am – 5pm window.
    b. New patients in our secondary service area.
    c. Existing patients and their families can tell our story the best. Retaining their business and having them share their experience with others is a key segment of our communications plan.

2. **Prosser Memorial Health Family**
    a. Clinical and support staff;
    b. Providers;
    c. Hospital leaderships;
    d. Board of Commissioners; and
    e. Foundation Board of Directors

3. **Community Stakeholders**
    a. Civic leaders;
    b. Business owners;
    c. Organizations and associations;
    d. School district leaders;
    e. EMT’s and CPP services; and
    f. Outside healthcare networks as referral sources

Communication Strategies

Prosser Memorial Health's 2021 Communications Plan will be a multi-channel approach in the Yakima and Tri-Cities markets in English and Spanish with appropriate messaging to match the target audience with the service. We will track volumes, patient experiences and testimonials to ensure our message is resonating with the intended audience and is reflected in our bottom line. Since the pandemic we know that TV, radio and social media have been are most successful channels to use to communicate our messaging.

Multi-Channel Marketing will include:

1. **Newsprint**
    a. We will continue to use Prosser, Grandview, Sunnyside, Tri-City Herald, Yakima Herald- Republic, Yakima Magazine and the Kids Directory but it will be on a smaller scale than in 2020 as it is not that effective.

2. **Billboards**
    a. 5 in Sunnyside, 1 in Grandview and 1 in Prosser, 2 in Yakima, 2 in Tri-Cities.
    b. Mobile billboards in the Tri-Cities.

3. **Movie Theater Ads:**
    a. While these have been successful, they are on hold for now.

4. **Radio**
    a. English and Spanish radio have been very successful in the Yakima and Tri-Cities markets.

5. **TV**
    a. KAPP/KVEW, FOX, and cable.

6. **Social Media**
    a. Facebook, LinkedIn, Instagram, You Tube, Twitter

7. **Digital**
    a. Search Optimization
    b. Search Engine Marketing
    c. Behavioral Targeting
    d. Geo Fencing
    e. Conquer Campaign for competitor's name when searched
    f. PMH Website enhancements for push notifications

8. **Direct Mail**
    a. Quarterly Community Newsletter
    b. Postcards introducing new providers and new service lines as needed

9. **Community Health Education Virtually**
    a. We will use Facebook and Zoom to conduct regular health education classes that include our providers and their expertise.

Conclusion:

The 2021 Marketing and Community Relations Plan is robust and aggressive. All elements of the program will be evaluated monthly with service line directors and clinic managers to evaluate the return on investment. The plan is designed to be flexible and responsive to market trends, our competitors' market share and messaging that gains the most traction with our target audiences.

ATTACHMENT C

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

Technology Strategic Plan 2021

Table of Contents:

Technology Plan Executive Summary

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 2021 IT Strategic Plan:

- Continue to support 2021 PMH Strategic Initiatives
- Build and Implement Virtual Desktop Infrastructure
- Continue to enhance PMH Security
- Consider and implement the new Providence Security Services, if appropriate
- Continue to leverage Health Streams for Epic learning purposes
- Relaunch Epic Super User Program
- Transition from Kadlec VPN circuit to direct circuits to Providence Tukwila and Quincy data centers
- Implement Microsoft Power BI for fast visual analytics
- Implement new GL software as replacement for Lawson
- Support new telehealth service offerings
- Continue to support improved workflows and processes across the enterprise
- Continue to improve IT Department efficiencies and communications

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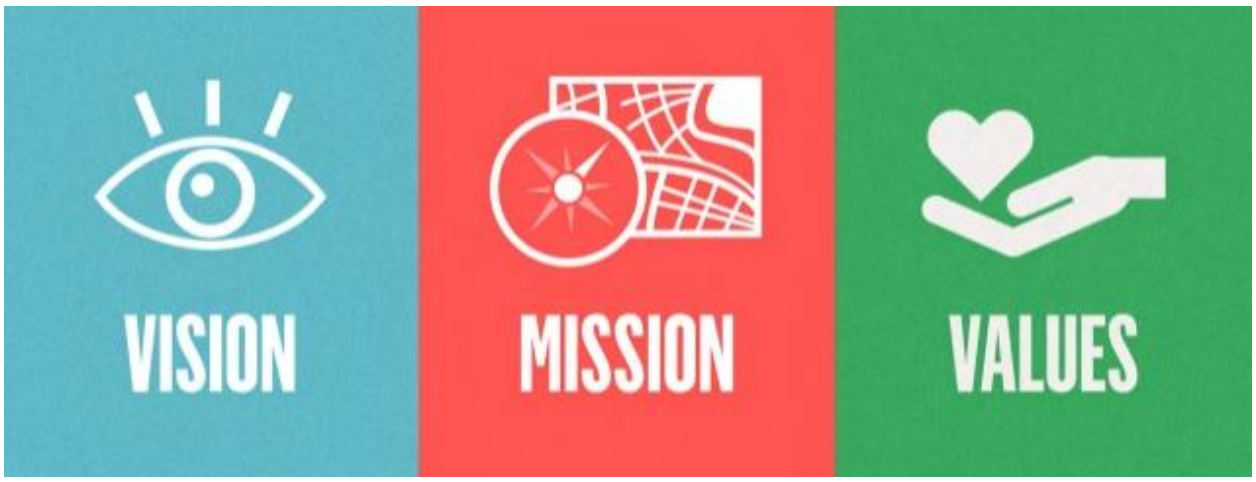
Prosser Memorial Health

I. Mission, Vision, Values, and Standards of Behavior



Vision

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Prosser Memorial Health Mission

Prosser Memorial Health will improve the health of our community.

Technology Mission –

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

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.

Technology Vision

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

Vision

Patients
Employees
Medical Staff
Quality
Services
Financial

Prosser Memorial Health

Mission: To improve the health of our community.

Values

Accountability
Service
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Prosser Memorial Health Values

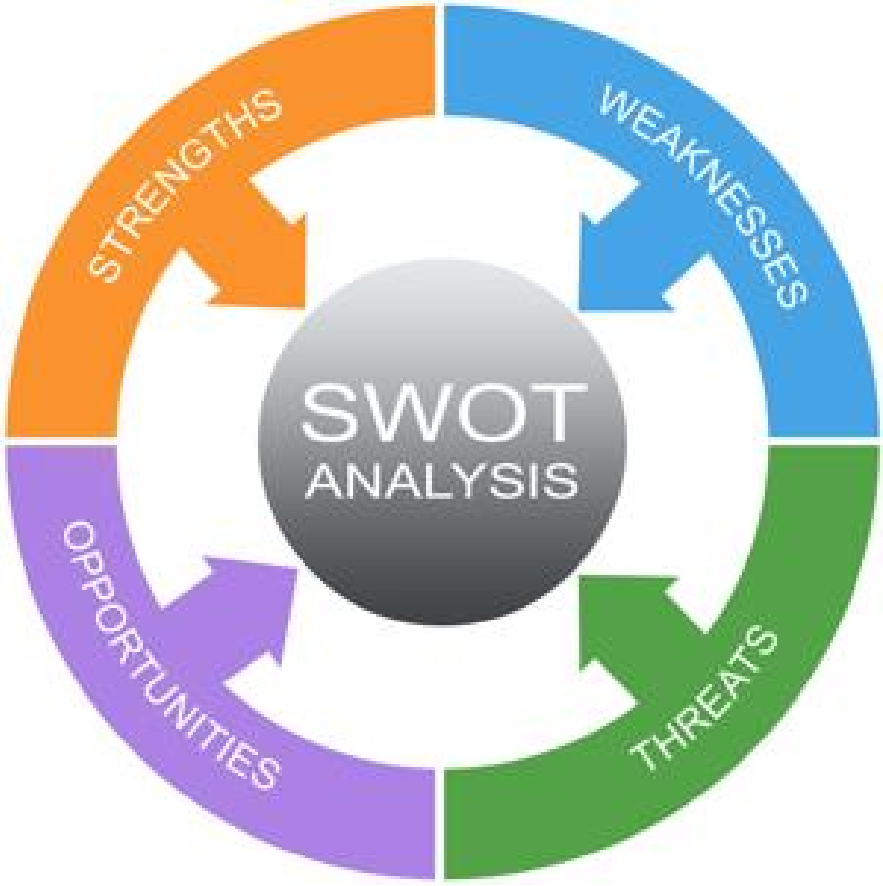
ASPIRE to soar to a great height

- **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.

II. PMH Technology SWOT Analysis



Current Technology Systems: 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 2020.
- 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 5.75 members. The team is highly customer focused, talented, and experienced consisting of 1.75 RNs, 1 Senior Engineer, 2 highly service oriented helpdesk technicians, and 1 CIO technology leader.
- Majority of PC inventory is refreshed. Approximately 70% is less than two (2) 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 2018. Fuji PACS is a leader in the PACS system space.
- 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.

Current Technology Systems: Weaknesses

- Lawson product suite not effective. Will be fully replaced in 2021.
- Epic Knowledge. Lack of continued learning program and enough subject matter experts to effectively grow staff epic knowledge. Relaunch Epic Super User Program.
- Outdated aging Video Surveillance system. Will be fully replaced in 2021.

Current Technology Systems: Opportunities

- 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.

Current Technology Systems: Threats

- Lack of onsite Epic subject matter expertise and self-service training to increase leverage in Epic investment.

IV. 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 relaunch of Epic Super User Program and Health Stream education.
- IT Leadership will round on all providers at least once annually.

PILLAR OF EXCELLENCE #3: Employee Development

- Relaunch Epic Super User Program.
- Send out Monthly IT Status Update to all staff.

PILLAR OF EXCELLENCE #4: Quality

- Continue to enhance IT Security Program.
- Implement Virtual Desktop Infrastructure.
- Upgrade Microsoft SharePoint.
- 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 relaunch of Epic Super User Program and Health Stream education.
- Implementation of new PMH Telemetry/Epic integration.
- Growth in PMH participation in Epic UGM conference and Providence Community Technologies community events at UGM and in WA State.
- Implementation of Business Analytics Plan.
- Implementation of Secure Text.
- Implementation of new external Circuits direct to Providence Tukwila and Quincy data centers.

- 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, if appropriate
- Implement any other Epic enhancements, if appropriate

PILLAR OF EXCELLENCE #6: Financial Stewardship

- Meet or exceed IT annual operating and capital budgets.

Technology Security

Goals:

- Continue to Educate Staff - Introduced InfoSec educational tool campaigns in 2020
- Reduce Vulnerabilities through continuous security review
- Continue to balance security and performance
- Continually improve CIS20 gap analysis closure
- Implement Internal Directory and File Audit Completed annually

Current:

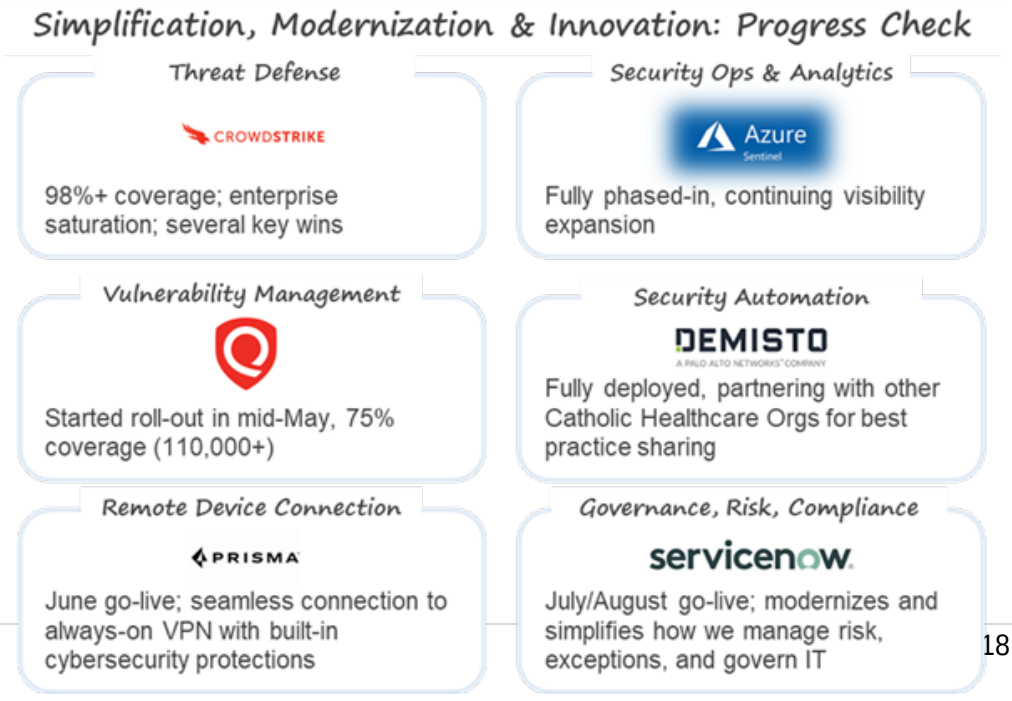
- Palo Alto Firewall (URL Filtering, SSL Decryption, Packet inspection / filter)
- McAfee Threat Prevention – includes virus Scanning, malware prevention, embedded firewall
- McAfee Host Intrusion Protection (Email Server, Remote Access Server)
- Imprivata Single Sign On – auto lock feature enabled
- Microsoft Office 365 (formerly IronPort) Secure Email, Filtering, and Protection
- Annual External Penetration Testing via Vendor

- CIS20 Critical Security Controls Annual Gap Analysis
- Nessus continuous vulnerability scanning
- Splunk Infrastructure Monitoring – Servers, Routers, Switches, Firewall, other device monitoring
- Manage Engine Mobile Management – Encrypted Mobile Devices
- Microsoft Windows Bit Locker – Hard Drive Encryption
- Duo Multi Factor Authentication (MFA)
- Infosec Phishing Testing and Training
- Infosec Phishing and Security Awareness Training Campaign – new 2nd half 2020

Future Technology Security Measures

- Addition of Security Contractor – 2021 very possible Providence Cybersecurity as a Service including Crowdstrike
- Updated on-boarding/off-boarding
- Added Security Cameras through campus.

Providence St. Joseph Technology Security Enhancements



ATTACHMENT D

Project Visioning

Based on our Six Pillars of Excellence, what is important for you to see included in the new hospital?

1. Private patient rooms with appropriate amenities.
2. Use of natural light to create a healing environment.
3. High-quality community and staff-friendly cafeteria.
4. Clear wayfinding in the interior and exterior of the building, including the use of prominent entrances.
5. Accessible campus and building for everyone.
6. Comfortable spaces for families and visitors throughout the facility.

1. A focus on infection prevention including the appropriate use of negative pressure rooms, hygienic materials that are easy to clean and is designed to manage pandemics.
2. Appropriate temperature control throughout the facility including individual patient rooms, OR suites, etc.
3. A design that is compliant with all ADA (American with Disabilities Act) standards.
4. Adequate storage space throughout the facility that uses LEAN principles.
5. Efficient patient flow between departments.

1. Utilize a flexible design to accommodate future growth.
2. Create a flexible community education center that can be utilized by staff, community groups for health education classes, department meetings, etc.
3. Enhance Emergency Department capabilities with the addition of a heliport, fast-track rooms, separate ED entrance, appropriate triage space, etc.
4. Expand outpatient services such as a cancer center with chemotherapy; heart center with cardiac rehabilitation; pulmonology center with pulmonary rehabilitation and sleep center; wound center with hyperbaric services; surgical specialty clinic; etc.
5. Expand Women's Health Service to include additional LDRP's, lactation consulting, etc.

1. Obtain low-cost financing for the hospital replacement project.
2. A state-of-the-art supply chain system throughout the entire facility.
3. Patient-friendly financial accommodations such as a convenient bill pay station, an ATM machine, etc.
4. Construct an energy-efficient facility with cost-effective materials and systems.
5. Demonstrate the value of the PMH foundation through the development of a gift shop and donor recognition area.

1. Convenient parking with quick access to the facility.
2. Respite area for the Medical Staff complete with sleep rooms, refreshments, computer access, education materials, etc.
3. Large state of the art operating suite.
4. A facility that has the ability and space to accommodate new and challenging technology.
5. Modern conference rooms large enough to host medical staff meetings, education conferences, patient education, etc.

1. A secure environment for staff, patients, and visitors.
2. Efficient staff transportation routes throughout the facility including the use of stairs.
3. Respite space for staff, which includes restrooms, lockers, quiet space, dining room, lactation room etc.
4. Convenient well-lit parking lots.
5. Recreation opportunities for staff such as an exterior walking path, workout facility, etc.

Prosser
Memorial Health

Prosser Memorial Health

Pillar of Excellence	Objective	Key Strategies	Implementation Progress			
			SD	DD	CD	Open
Patient Loyalty **95% Patient Satisfaction**	1. Private patient rooms with appropriate amenities. 2. Use of natural light to create a healing environment. 3. High-quality community and staff-friendly cafeteria. 4. Clear wayfinding in the interior and exterior of the building, including the use of prominent entrances. 5. Accessible campus and building for everyone. 6. Comfortable spaces for families and visitors throughout the facility.	· Accommodate family participation in patient care: sofa sleeper, mini fridge, etc.				
		· Ceiling mounted lifts.				
		· Dimmable/adjustable lights in patient rooms.				
		· Interactive patient call light system.				
		· Large television.				
		· Shower in every patient room.				
		· Spacious patient rooms.				
		· Natural lighting and scenic views.				
		· Seating by windows in patient rooms.				
		· 24-hour Cafeteria or healthy vending machine options afterhours.				
		· High-quality cafeteria open to patients and families.				
		· Easy wayfinding with efficient department adjacency.				
		· Prominent entrance.				
		· Alternative vehicle parking (electric vehicles, bicycles, etc.)				
		· Computer/phone charging stations.				
		· Healing garden, walking path, outdoor patio.				

Pillar of Excellence	Objective	Key Strategies	Implementation Progress			
			SD	DD	CD	Open
Medical Staff Development **90% Medical Staff Satisfaction**	1. Convenient parking with quick access to the facility. 2. Respite area for the Medical Staff complete with sleep rooms, refreshments, computer access, education materials, etc. 3. Large state of the art operating suite. 4. A facility that has the ability and space to accommodate new and challenging technology. 5. Modern conference rooms large enough to host medical staff meetings, education conferences, patient education, etc.	· Designated Provider parking with easy access when on call.				
		· Adequate number of call rooms.				
		· Designated workspaces for charting in key areas.				
		· Provider lounge.				
		· Resident call room or office.				
		· Efficient OR room turnover.				
		· Additional OR rooms.				
		· Private post-op counseling rooms.				
		· Ability to accommodate new technology (e.g. DaVinci Robot).				
		· High tech/high touch.				
		· Meeting spaces large enough for the all of the Medical Staff meet or provide community education.				

Pillar of Excellence	Objective	Key Strategies	Implementation Progress			
			SD	DD	CD	Open
Employee Development **90% Employee Satisfaction**	1. A secure environment for staff, patients, and visitors. 2. Efficient staff transportation routes throughout the facility including the use of stairs. 3. Respite space for staff, which includes restrooms, lockers, quiet space, dining room, lactation room etc. 4. Convenient well-lit parking lots. 5. Recreation opportunities for staff such as an exterior walking path, workout facility, etc.	· Badge entry access. · Automatic doors. · Improved security. · Efficient space to accommodate department operations. · Employee elevator. · Stair access. · Reduce unnecessary steps. · Employee gathering places for breaks and meals. · Education room. · Lactation room. · Well-lit employee parking. · Places to meditate or decompress. · Staff sleep rooms. · Outdoor break space with cornhole. · Walking path with mile markers. · Employee exercise gym. · Staff call system.				

Pillar of Excellence	Objective	Key Strategies	Implementation Progress			
			SD	DD	CD	Open
Quality **Top 25% of CAH I vantage Quality Metric**	1. A focus on infection prevention including the appropriate use of negative pressure rooms, hygienic materials that are easy to clean and is designed to manage pandemics. 2. Appropriate temperature control throughout the facility including individual patient rooms, OR suits, etc. 3. A design that is compliant with all ADA (American with Disabilities Act) standards. 4. Adequate storage space throughout the facility that uses LEAN principles. 5. Efficient patient and staff flow between departments.	· Adequate negative pressure rooms.				
		· Area for drive-up care.				
		· Building plan for pandemics.				
		· No carpet in hallways and patient treatment areas.				
		· Hygienic window coverings and privacy curtains.				
		· PPE stations with no-touch access.				
		· Temperature control for patient rooms.				
		· Temperature control for OR rooms.				
		· ADA Compliant design.				
		· Adequate equipment storage.				
		· Adequate supply storage.				
		· LEAN approach to supply and equipment storage in every unit.				
		· Efficient Egress.				
		· Newborn/pediatric alarm system.				
		· Separate exit for surgery patients.				

Prosser Memorial Health

Pillar of Excellence	Objective	Key Strategies	Implementation Progress			
			SD	DD	CD	Open
Services **50% Market Share**	1. Utilize a flexible design to accommodate future growth. 2. Create a flexible community education center that can be utilized by staff, community groups for health education classes, department meetings, etc. 3. Enhance Emergency Department capabilities with the addition of a heliport, fast-track rooms, separate ED entrance, appropriate triage space, etc. 4. Expand outpatient services such as a cancer center with chemotherapy; heart center with cardiac rehabilitation; pulmonology center with pulmonary rehabilitation and sleep center; wound center with hyperbaric services; surgical specialty clinic; etc.	· Adaptable building design. · Build with a plan for future growth. · Community education space. · Helipad. · Fast Track in ED. · Cancer center. · Cardiac Rehab. · Pulmonary medicine. · Sleep Center. · Surgery Center of Excellence. · Additional LDRP's. · Water birth capability.				
Financial Stewardship **Total Margin >6%**	1. Obtain low-cost financing for the hospital replacement project. 2. A state-of-the-art supply chain system throughout the entire facility. 3. Patient friendly financial accommodations such as a convenient bill pay station, an ATM machine, etc. 4. Construct an energy-efficient facility with cost-effective materials and systems. 5. Demonstrate the value of the PMH foundation through the development of a gift shop and donor recognition area.	· Low-cost financing for building construction. · State-of-the-art inventory management system. · ATM. · Bill pay station. · Energy efficient building. · Use of durable materials. · Community use of site. · Gift shop. · Donor recognition. · Sponsorship opportunities. · Engage Foundation for Community Support Fundraising.				

ATTACHMENT E1

STATE OF WASHINGTON
Capital Projects Advisory Review Board

December 7, 2020

Mr. Craig Marks
Chief Executive Officer
Prosser Public Hospital District
723 Memorial Street
Prosser, Washington 99354

RE: Project Review Committee Determination
Prosser Public Hospital District – Prosser Memorial Hospital Replacement
GC/CM Project Application - Denial

Dear Mr. Marks:

The Capital Projects Advisory Review Board's Project Review Committee Panel has determined that your application to use GC/CM method does not meet the criteria established in RCW 39.10.270. Based on its review of your application and subsequent interview on December 3, 2020, the Panel offers the following feedback regarding its decision:

1. Team needs to demonstrate their understanding of Washington State Laws as they are different from Oregon's.
2. Project Team needs help in RCW 39.10 expertise to ensure successful project delivery.
3. Please bring a business equity plan to future presentations.

We thank you for your application and presentation and trust this will not deter you from re-applying for future GC/CM projects. Please contact Nancy Deakins at (360) 407-9333 if you have any questions regarding this process.

Sincerely

Edward Peters

Edward Peters, Chair
Project Review Committee

cc: Mike Shinn, Vice Chair
Nancy Deakins, DES

Prosser Memorial Health
Replacement Hospital

ATTACHMENT F

Prosser Memorial Health

4 Month Outlook

DECEMBER 2020

SECURITY SCOPE

MATERIALS MANAGEMENT SCOPE

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
29	30	01 PRC PREP MEETING DESIGN MEETINGS - DEPARTMENT REVIEWS & PRC MEETING MED EQUIPMENT SURVEY	02	03 PRC MEETING	04	05
06	07	08 ONLINE DD MEETINGS (AS SCHEDULED)	09	10	11 PROJECT TEAM MTG USDA MTG MED EQP MTG	12
13 *Schematic Design & Estimate Review, and Gas vs All-Electric Outline*	14	15 DESIGN MEETINGS - DEPARTMENT REVIEWS BOARD WORKSESSION	16	17 BOARD MEETING	18	19 *Schematic Design Approval, and Gas vs All-Electric Direction*
20	21 2ND CPARB APPLICATION	22 1/2 DAY DD MEETING	23	24 CHRISTMAS EVE	25 CHRISTMAS	26
27	28	29	30	31 NEW YEARS EVE	01	02

JANUARY 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	29	30	31	01 NEW YEARS DAY	02
03	04	05 PRELIM REVIEW W/ BLDG DEPT (SDs)	06	07	08 PROJECT TEAM MEETING USDA MEETING	09
10	11	12 DESIGN MEETINGS - DEPARTMENT REVIEWS	13	14	15	16
17	18	19	20	21 MED EQUIPMENT PLANNING DD PACKAGE DUE	22 PROJECT TEAM MEETING	23
24 *Original Project Budget Review*	25	26 BOARD WORKSESSION	27 DD PACKAGE DUE	28 2ND PRC MEETING BOARD MEETING	29 GC/CM QUALIFICATIONS DUE	30 *Original Project Budget Approval*
31	01	02	03	04	05	06

LEGEND

IN PERSON MEETING
NV5 & BCDG ON SITE
UNLESS OTHERWISE NOTED

ONLINE MEETING

DELIVERABLE

PMH MEETING
NO ATTENDANCE BY
PROJECT TEAM

HOLIDAY

MEETING(S) TO BE SCHEDULED

Prosser Memorial Health
Replacement Hospital

Prosser Memorial Health

4 Month Outlook

FEBRUARY 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31	01	02	03	04	05	06
NV5 On Site BCDG via Online			GC/CM SELECTION MEETING GC/CM INTERVIEW SHORTLIST ISSUED		PROJECT TEAM MEETING USDA MEETING	
07	08	09	10	11	12	13
	DESIGN MEETINGS - *TENTATIVE*		GC/CM INTERVIEWS	FINAL GC/CM CONTRACTS ISSUED	GC/CM FEES DUE GC/CM FEE REVIEW GC/CM SELECTION ISSUED	*NV5 On Site BCDG via Online*
14	15	16	17	18	19	20
	GC/CM PROTEST PERIOD (4 BUSINESS DAYS)				PROJECT TEAM MEETING USDA MEETING	
21	22	23	24	25	26	27
Design Development Review, GC/CM Procurement & Selection Review	DD ESTIMATE DUE	DESIGN MEETINGS BOARD WORKSESSION		BOARD MEETING		*Design Development Approval, GC/CM Procurement & Selection Approval*
28	01	02	03	04	05	06

MARCH 2021

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

Seattle takes new approach in latest bid to curb use of natural gas in homes

Share

BY NICK BOWMAN

DECEMBER 3, 2020 AT 10:26 PM

Seattle continues to mull a ban on natural gas. (Photo Illustration by Tim Boyle/Getty Images)

A measure to ban natural gas in newly-built single-family homes and buildings fizzled out in 2019. Now, Seattle Mayor Jenny Durkan is looking to take a different tack with an updated proposal.

How a gas ban in Seattle could affect housing market

The newly-announced legislation from Durkan would seek to limit the use of natural gas in newly-constructed large multi-family buildings and commercial construction. The hope is to reduce the city's overall carbon emissions, and combat an ongoing climate crisis.

“We are facing a climate disaster,” Mayor Durkan said in a written release. “It is up to Seattle and other cities to make the bold changes necessary to lower our greenhouse gas emissions.”

Council President Lorena Gonzalez voiced support for the measure Thursday, indicating that she is “pleased” to see the proposal, and will “look forward to working with the community and the Mayor on more critical climate action” in the future.

The 2019 iteration of this legislation was presented by then-Councilmember Mike O’Brien, and would have broadly banned the implementation of natural gas in all new single-family home construction in Seattle starting in July of 2020. At the time, the now-retired councilmember pointed out natural gas in buildings accounted for roughly a fourth of Seattle’s total greenhouse gas emissions.

But O’Brien’s bill failed to even make it to a vote before the council, after it sparked a wave of outrage from local construction companies, Puget Sound Energy, unions, and various other companies that provide services related to natural gas.

Study: Fossil fuels could cause clouds to disappear

Those concerns were largely rooted in the expansive nature of O’Brien’s proposed ban, which would have included gas ranges, space and water heating, and all other uses of natural gas in newly-built single-family homes. A 2018 report indicated that just over half of the city’s single-family homes use natural gas.

Durkan’s new proposal is less broad, specifically targeting the use of gas for space and water heating in new large multi-family and commercial buildings, while requiring “electrical infrastructure necessary for future conversion of any gas appliances in multi-family buildings.”

The mayor plans to send the legislation to councilmembers “at the end of the year.” If it’s approved, it would take effect in spring of 2021.

California's Cities Lead the Way to a Gas-Free Future

By Matt Gough December 2, 2020

A coalition of organizations supports San Jose going all-electric.

Photo courtesy of Mothers Out Front

UPDATED December 2: San Jose updated its building code and Oakland became the 40th community in California to commit to phasing out gas.

Cities and counties in California serve as guiding lights as the state navigates a transition from gas to clean-energy buildings. Motivated by the climate crisis, worsening air pollution, escalating gas rates, and safety risks from gas, a new cohort of local government leaders is emerging in California. Over 50 cities and counties across the state are considering policies to support all-electric new construction.

This blog summarizes the cities and counties that have already adopted gas-free buildings commitments or electrification building codes (i.e., “reach codes” that go beyond the statewide building code) and is regularly updated to reflect the latest wins in California. Ordinance language is also linked below.

To urge your city council members to be climate leaders and to create a gas-free future for our homes and buildings, please sign this petition.To get more involved in the campaign, please sign up here for updates on what is happening in your city.

So far, 40 cities (listed with the most recent city first) have adopted building codes to reduce their reliance on gas. More to come with your help! Stay tuned….

40. Oakland- Requires all newly constructed buildings to be all-electric.

39. Ojai- Requires all-electric new construction for buildings with some exceptions.

38. Sunnyvale- Requires newly constructed residential and commercial buildings to be all-electric with an exemption for gas fuel cells. Restaurants may apply for an exemption.

37. Millbrae- Requires all-electric residential and commercial buildings with exemptions for laboratories, restaurants and gas cooking/fireplaces.

36. Los Altos- Requires all newly constructed buildings to be all-electric with exemptions for gas cooking/fireplaces in residential buildings with 9 units or less, laboratories and restaurants.

35. East Palo Alto- Requires that new residential and commercial buildings be all-electric, with exceptions for affordable housing, and commercial kitchens.

34. Redwood City- Adopted a reach code requiring all-electric new construction for commercial and residential buildings, with exceptions for multiple specific building types such as laboratories.

33. Piedmont- Promotes all-electric new construction for low-rise residential buildings and incentives electrification for renovations of low-rise residences.

32. San Anselmo- Promotes all electric housing by requiring higher energy efficiency requirements for mixed fuel projects and prewiring for al electric kitchens.

31. Burlingame- Requires all electric new construction for projects with exemptions for single-family and commercial projects for gas cooking and fireplaces.

30. Santa Cruz- Requires all electric new construction with exemptions for projects that are deemed to be in the public interest and for restaurant cooking.

29. Hayward- All new residential buildings are required to be all-electric and nonresidential and high-rise residential buildings are electric preferred. Mixed-fuel buildings must install solar panels, and the energy budget must be 10 percent better than code.

28. Richmond- Requires new residential buildings over three stories to have prewiring for electric readiness and to support all-electric clothes dryers and space and water heating. Allows gas to power stoves and fireplaces. Requires all buildings under three stories to build all-electric and install a minimum amount of on-site solar based on square footage.

27. San Mateo County- Requires that no gas or propane plumbing is installed in new buildings, and that electricity be used as the energy source for water and space heating and cooking and clothes drying appliances.

26. Campbell- Requires all-electric space and water heating in new residential buildings, accessory dwelling units, and major remodels.

25. San Francisco recently expanded on their building electrification ordinance, now requiring that all new construction be all electric starting June 1st 2021

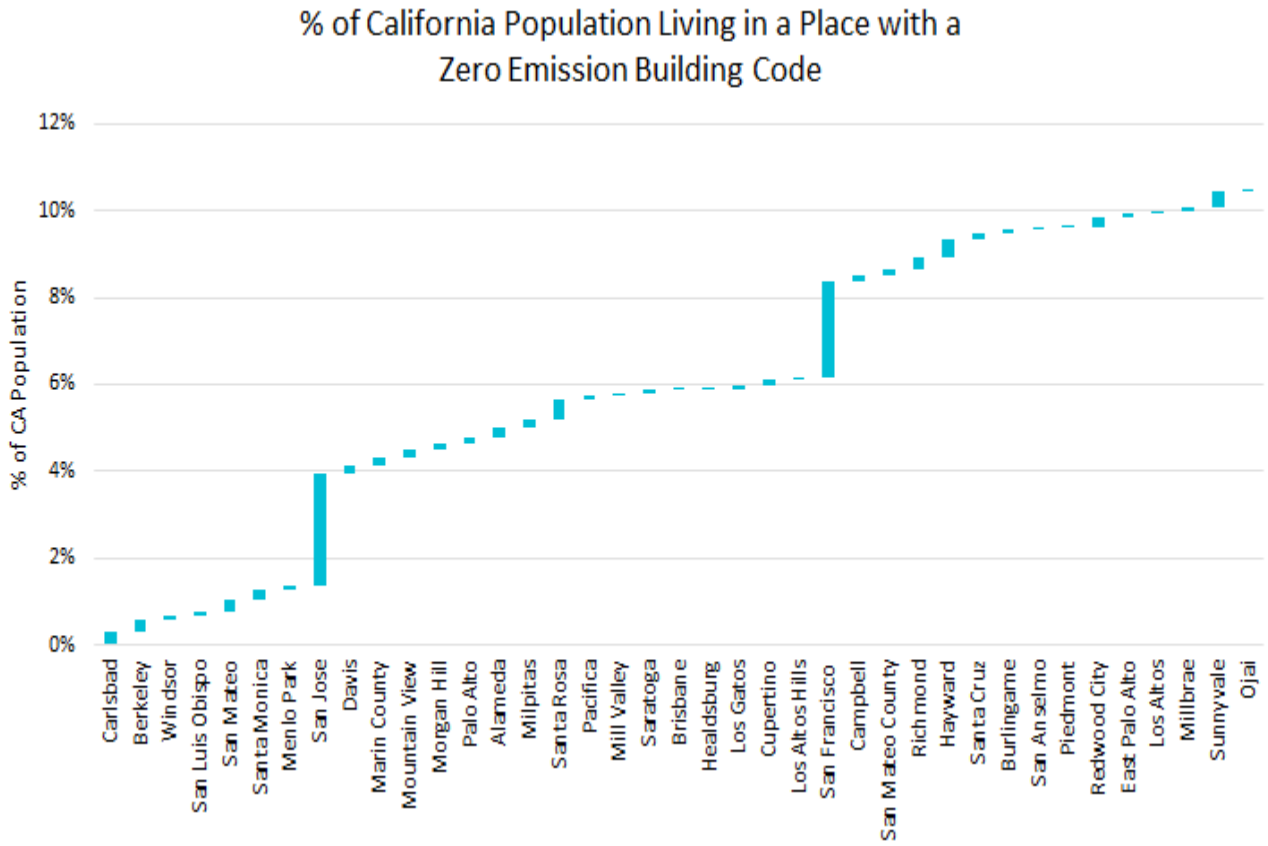
24. Los Altos Hills- Requires electric space and water heating in new low-rise residential buildings.

23. Cupertino- Requires all buildings, including accessory dwelling units, to be all-electric. Also requires outdoor pools, spas, and barbeques to be included within the definition of an all-electric building.

22. Los Gatos- Requires all newly constructed single-family and low-rise multifamily buildings to be all-electric.

21. Healdsburg- Requires electrification for most appliances but grants an exemption for gas cooking and fireplaces.

20. Brisbane- Requires all newly constructed single-family homes and low-rise multifamily buildings to be all-electric. Allows exemptions for cooking appliances but requires pre-wiring for electric readiness.



19. Saratoga- Requires all newly constructed buildings to be all-electric.

18. Mill Valley- Requires all newly constructed residential buildings to be all electric.

17. Pacifica- Requires electrification for most appliances but grants an exemption for gas cooking and fireplaces in new residential buildings. Requires water and space heaters, cooking appliances, fireplaces, and clothes dryers to be all-electric for new nonresidential buildings. Public agencies providing emergency services and nonresidential kitchens are exempted.

16. Santa Rosa- Requires all newly constructed low-rise residential buildings to be all-electric.

15. Milpitas- Limits gas infrastructure for newly constructed buildings on city-owned property.

14. Alameda- Limits gas infrastructure for new residential construction on city-owned property.

13. Palo Alto- Requires all newly constructed low-rise residential buildings to be all-electric, plus higher energy-efficiency standards and electrification readiness in mixed-fuel non-residential buildings. Will revisit all-electric requirement for non-residential new construction in 2021.

12. Morgan Hill- Phases out gas hookups in all newly constructed residential buildings and most nonresidential buildings.

11. Mountain View- Requires electrification for new residential and nonresidential buildings. Does not exempt gas stoves, fireplaces, or firepits in residential buildings.

10. Marin County- Offered three compliance pathways for newly constructed buildings in unincorporated buildings: one for all-electric construction, one for limited mixed-fuel construction that has fewer efficiency requirements because it uses less gas but allows gas stoves, and one for mixed-fuel construction that requires the most strict compliance with Cal Green Tier 1 and electrification-readiness requirements.

9. Davis- Requires higher energy-efficiency standards and electrification readiness in mixed-fuel buildings.

8. San Jose- San Jose passed a natural gas prohibition for all new building types, with limited temporary exemptions, becoming the largest city in the nation to do so.

7. Menlo Park- Requires all-electric new construction for residential buildings as well as new nonresidential buildings but allows an exemption for cooking appliances in low-rise residential buildings.

6. Santa Monica- Requires additional energy-efficiency measures for new residential and nonresidential buildings that use gas.

5. San Mateo- Requires new residential buildings and buildings with office-use to be all-electric. Adds additional requirements for rooftop solar and electric vehicle charging.

4. San Luis Obispo- Requires additional energy efficiency and electrification readiness for all newly constructed buildings and adds a small fee for new mixed-fuel buildings based on expected gas consumption.

3. Windsor- Mandates all-electric new construction for low-rise residential buildings, including single-family homes, multifamily homes with fewer than four stories, and detached accessory dwelling units (but attached ones are exempt).

2. Berkeley- Phases out gas hookups in all newly constructed residential buildings and most nonresidential buildings.

1.Carlsbad- Requires heat pump water heaters or solar thermal water heating in new residential buildings that have fewer than four stories.

City and county leadership is essential not just for local climate action but also to convince the California Energy Commission to require or at least support all-electric new construction in the statewide building code (Title 24).

The CEC updates Title 24 every three years. The 2019 version of Title 24 went into effect January 1, 2020. The CEC is already working on the next iteration of Title 24, which will come out in 2022. All of this community and city support for more-ambitious building codes sends a strong signal to the CEC to align the statewide building code with climate science and require all-electric new construction. Californians deserve nothing less.

ATTACHMENT J

MEETING AGENDAS

Project: PMH Replacement Hospital

Dates: December 1-3, 2020 - Revised

Meetings: Various – See Below

Location: Vineyard Room
Prosser Memorial Health

Day 1

Tuesday, 12/01

7.5-Hours Departmental Design Development Meetings:

Goal: Departmental meetings with departmental leaders and key staff to understand next level of design including equipment, basic finish materials and room specific needs

Attendees: A/E Team, NV5, departmental leaders

7:00- 8:00	OR Design with Surgeons (Merry, Sara, Surgeons, Sollers, Karen Ventura-Mitchell Planning)
8:00-10:00	LDRP (Merry, Dr. Sollers, Key LDRP staff)
10:00-11:30	Rehab (Merry, key rehab staff, Karen Ventura-Mitchell Planning)
11:30-12:30	Lunch
12:30-2:30	Acute Care (Merry, Marla) ICU (Merry Key ICU Staff)

2:30-:3:30 PRC Meeting Prep

Goal: Prep for PRC Interview

Attendees: A/E team, NV5, Admin Team

Day 2

Wednesday, 12/02

8.5-Hours Departmental Design Development Meetings:

Goal: Departmental meetings with departmental leaders and key staff to understand next level of design including equipment, basic finish materials and room specific needs

Attendees: A/E Team, NV5, departmental leaders

7:30-8:30	Lab (Susan, Key Lab Staff, Karen Ventura-Mitchell Planning + Mitchell Lab Planner)

bcDESIGNGROUP
12101 W 110th Street, Suite 100
Overland Park, Kansas 66210
913.232.2123

8:30-10:30 Clinic (Merry, Alana, Dr. Sollers, Karen Ventura-Mitchell Planning) Cardio Pulm + Sleep (Merry, Rusty, Karen Ventura-Mitchell Planning)

10:30-11:00 Exterior Building Massing:
Goal: Final exterior massing and views
Attendees: A/E team, NV5, Admin team

11:00-11:30 MEP Systems Discussions:
Goal: Continued conversations about MEP Systems and Goals. Understand Gas vs. Electric facility.
Attendees: Craig, David, Merry, Steve B, A/E Team, NV5

11:30-12:00 Review of the Project Goals, Objectives & Key Strategies
Goal: talk through the Pillar Goals, Objectives, and as a project team run through the key strategies listed on the document to discuss what key strategies the design can take on within the project budget.
Attendees: A/E team, NV5, Admin team

12:00-1:00 Interior Design Elements:
Working Lunch Goal: Review interior design elements and materials for patient rooms and Lobby. Begin discussion on interior signage needs
Attendees: A/E team, NV5, Admin team, Sollers

1:00–2:30 Pharmacy (Merry, Key pharmacy staff, Karen Ventura-Mitchell Planning)

2:30-5:00 Surgery Staff and Central Sterile (Merry, Sara, OR/PACU Leads, Melissa Garcia, Karen Ventura-Mitchell Planning)

Day 3

Thursday, 12/03

6.25-Hours Departmental Design Development Meetings:
Goal: Departmental meetings with departmental leaders and key staff to understand next level of design including equipment, basic finish materials and room specific needs
Attendees: A/E Team, NV5, departmental leaders

7:00-9:00 Emergency Department (Merry, Christi, Dr. Wenger, Key ED Staff)

9:00-9:30 Implementation Meeting:
Goal: Discuss basis of design as it pertains to products, hardware, etc. Discuss SD cost estimate and develop budget control options
Attendees: A/E team, NV5, Admin Team, Steve

9:30 – 10:30 Debrief on Design Meetings Attendees: A/E team/NV5/Admin Team

11:00 – 12:00 Boxed Lunch

12:15-2:00 PRC Meeting

bcDESIGNGROUP
12101 W 110th Street, Suite 100
Overland Park, Kansas 66210
913.232.2123

2:00 – 4:00 Acute Care (Merry, Marla) ICU (Merry Key ICU Staff)

bcDESIGNGROUP
12101 W 110th Street, Suite 100
Overland Park, Kansas 66210
913.232.2123

ATTACHMENT L

Craig Marks

From: Kurt Broeckelmann <kurtb@bc-dg.com>
Sent: Monday, December 07, 2020 9:36 AM
To: Craig Marks
Subject: SD Board Info
Attachments: 2008.01_PMH Replacement Hospital_SD Submittal_Smallest.pdf

---

Hello Craig!

Attached is the SD submittal that you can use for the Board. Just let me know if it will work or if you'd like something different.

As for the construction budget, the SD budget estimate was $46,785,000. This is an increase of $6,285,000 from the last "Sources and Use of Funds" Estimate. This increase is due to:

1. The hospital program has increased by 1%. Additionally, we moved +/- 2,500 SF (Admin/HR) from less expensive, "MOB" Space to more expensive, "Hospital" space to allow for easy expansion of the ED and/or Imaging Department.

2. The Medical Office program has increased by 9% to accommodate the addition of Sleep Lab and Surgical Specialty Clinic.

3. The contingency was increased from 5% to 15% due to project unknowns at this time.

4. Project Escalation has increased from 3% to 7.6% due to current market conditions.

Please let me know if this works or if you need any additional information. Thank you! Kb

bcDESIGNGROUP

Kurt Broeckelmann, LEED AP
Managing Partner

E | KurtB@bc-dg.com
O | 913.232.2123 x802
C | 913.269.3449

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ATTACHMENT M

DORSE
since 1965

Dorse & Company
5000 1st Avenue South
Seattle WA 98134
PH: 206-284-2610
Fax: 206-284-4523
Toll Free: 800-984-2610
www.dorse.com

November 30, 2020

To Whom It May Concern:

I write to inform you of the longer lead times anticipated over the holiday season of 2020 due to COVID-19.

While holidays are always a hectic time as we wrap up projects for the year, 2020 has brought its own unique challenges. Many of the companies we work with are still adjusting to the often fluctuating work environment that COVID-19 demands, balancing both productivity and the safety of staff. The equipment delays due to COVID-19, on top the normal vacation time, has put a strain on our standard processes.

We continue to work with our vendors and carriers to provide products in a timely manner to ensure customer satisfaction. However, we can only do so within the boundaries of what we may control.

We have estimated shipping dates for your equipment as follows:
EF-1 – December 28
BF-1 – January 8, 2021
VFD – January 8, 2021

Thank you for your understanding in these unprecedented times.

Stay safe,

Velocity Haigh
Sales Support
Dorse & Company

ATTACHMENT N

KDA ARCHITECTURE

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

December 1, 2020

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

Re: Chardonnay Clinic TI
KDA Project No. 201747

Dear Commissioners:

We believe Total Site Services LLC of Richland, Washington, the contractor for the subject project, has fulfilled all the requirements of the contract documents for this project.

We hereby declare this project to be complete and recommend at this time the Board pass a resolution to release all retained amounts. Should the Board agree with this recommendation and pass such a resolution, the retained amount can be released 30 days from the passage of the resolution.

Sincerely,

Randy Anderson, Project Manager

cc: Craig Marks, Prosser Memorial Health (*via e-mail*)
Steve Broussard, Prosser Memorial Health (*via e-mail*)

V:\Projects\2017\201747 PMH Chardonnay Clinic\9.0 Construction Administration\9.14 Payment Applications\Pay App 6 - Retention\Letter To Hospital Board\BOC Recommendation Letter-Chardonnay.Docx

1310 North 16th Avenue, Yakima, WA 98902
T 509 575 5408 **F** 509 453 0293
www.KDAarchitecture.com

PROSSER PUBLIC HOSPITAL DISTRICT
BENTON COUNTY, WASHINGTON

RESOLUTION NO. 1048
Completion of the Chardonnay Clinic Remodel Project (aka Chardonnay Clinic TI)

WHEREAS, Prosser Public Hospital District, Benton County, Washington contracted with Total Site Services, LLC of Richland, Washington, for the Chardonnay Clinic Remodel project and

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

WHEREAS, KDF Architecture advises that Total Site Services, LLC. has completed all of the contractual requirements regarding the referenced project,

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

Dated this 17th Day of December 2020.

_____	_____
President and Commissioner	Secretary and Commissioner
_____	_____
Commissioner	Commissioner
_____	_____
Commissioner	Commissioner
_____	
Commissioner	

Craig Marks

From: Cassie Sauer <CassieS@wsha.org>
Sent: Tuesday, November 17, 2020 7:31 PM
Cc: Taya Briley; Darcy Jaffe; Chelene Whiteaker
Subject: Hospital Commitment to Each Other on Managing the Covid Surge
Attachments: WSHA Call 11-5.pdf; WMCC-Operational-1-pg-Overview-10.16.20.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Dear WSHA Member CEOs,

Thank you so much for joining us yesterday for our CEO-only call. We appreciated the very high attendance, engagement and clear commitment to all the patients in Washington State.

In summary, below are the commitments you made to each other, including some of the details we discussed:

1) Hospital leaders recommit to each other as we did in the spring. Every hospital will work together to ensure every patient can get care and there is no wrong door for care. No hospital will go into crisis standards alone.
2) Hospitals will ensure they have capacity to help each other provide care to patients:
    a. Hospitals will make concrete plans to scale back elective procedures voluntarily.
    b. Hospitals will launch these plans as needed.
    c. Hospitals will reserve some capacity in the hospital, especially the ICU.
    d. Hospital leaders will continue and encourage their staff to continue to freely share knowledge, supplies, drugs and other resources as needed.
3) Hospitals will prioritize acceptance of COVID and non-COVID transfers:
    a. High acuity patients will be transferred to larger hospitals.
    b. Low acuity patients will be transferred to smaller hospitals.
    c. Transfers will not be used as a way to "dump" difficult-to-discharge patients.
4) Hospitals will ensure there is clear communication about transfer processes:
    a. Hospital CEOs and other leaders will verify that staff involved with transfers understand the Washington Medical Coordination Center (WMCC) and its purpose (attached are some documents about WMCC to share with your staff).
    b. Hospitals will develop a process to ensure transfer denials will be escalated to the house manager/administrator on call before being finalized.
    c. When transfers are denied, hospitals will document why.
    d. If the answer to a transfer is not "no" but rather "we can accept the patient in a certain period of time," that will be made clear to the WMCC.
    e. Each hospital will put processes in place to ensure the CEO is always informed if a transfer is denied.
5) Hospital leaders will ensure staff understand and implement accurate and complete data reporting:
    a. Reporting will be a central job, not a sideline or "if you get to it" job.
    b. Data reporters will ensure they have made the transition from licensed to staffed beds, and ensure "staffed beds" reflect the true capacity to care for patients.
6) Hospital leaders will amplify strong, public messaging on masking and social distancing, including having direct care staff share messages on social media and talk to reporters. This might be done in partnership with local or state public health.

7) While we don't yet know what will be in the new non-urgent procedures order, it will certainly be better than the draft we first saw. There will also be things hospital leaders find irritating or unnecessary. We will continue our advocacy, but hospitals will follow the guidance.

Thank you again for your participation in a challenging conversation in challenging times. We are grateful for your membership in WSHA.

Best regards,
Cassie

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

ATTACHMENT P

Prosser Memorial Health

MEDICAL STAFF MODEL

&

PROVIDER RECRUITMENT/SUCCESSION PLAN

FY 2017-2024

TABLE OF CONTENTS

Prosser
Memorial Health

October 1, 2020

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.

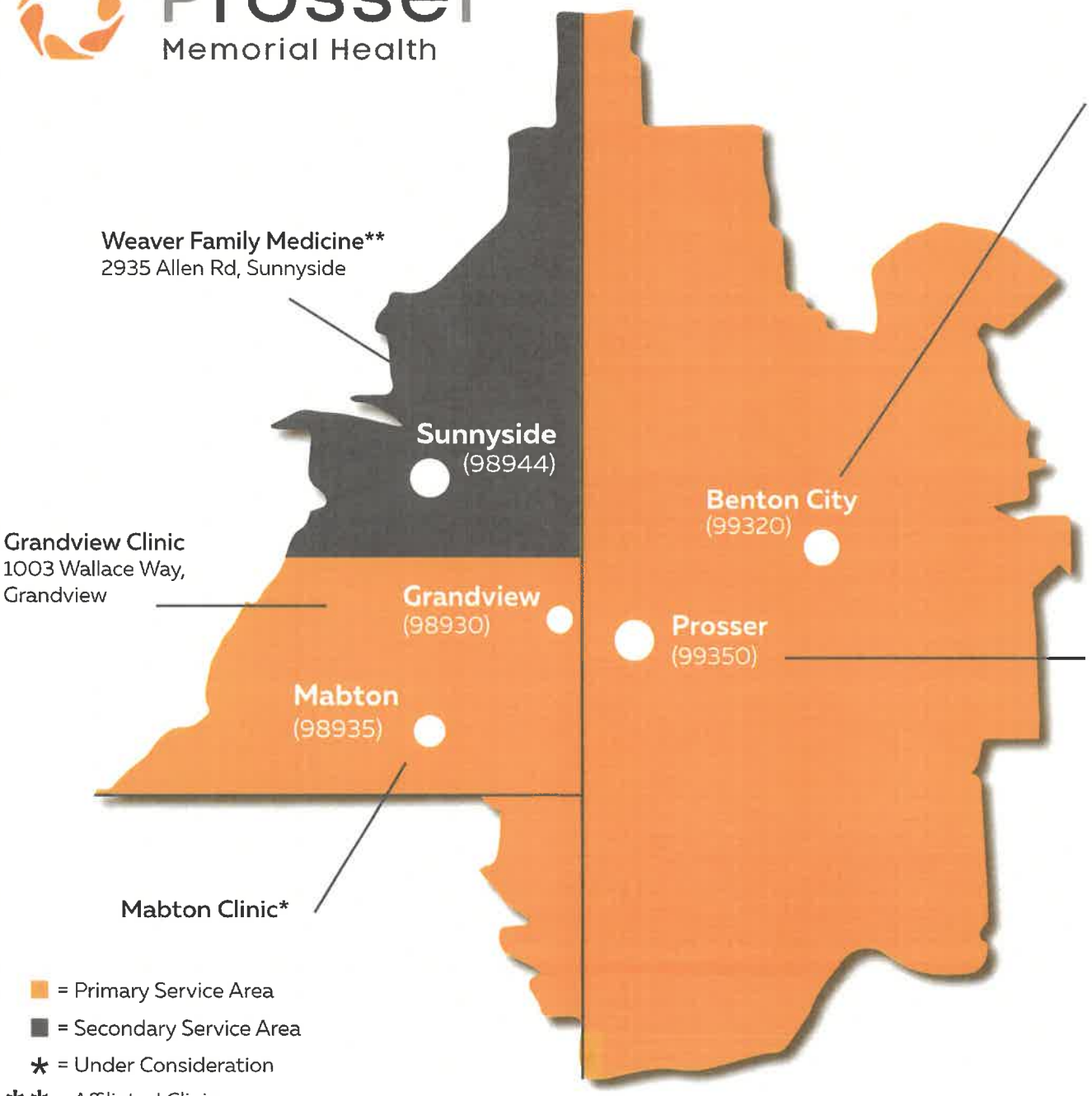
Methodology/Overview

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.

Prosser Memorial Health



Weaver Family Medicine**
2935 Allen Rd, Sunnyside

Grandview Clinic
1003 Wallace Way,
Grandview

Mabton Clinic*

Comprehensive Pain Management Clinic
701 Dale Ave, Suite B, Benton City

Benton City Clinic
701 Dale Ave, Benton City

Prosser Memorial Hospital
723 Memorial St, Prosser

Prosser Clinic
Prosser Women's Health Center
336 Chardonnay 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 Chardonnay Ave, Prosser

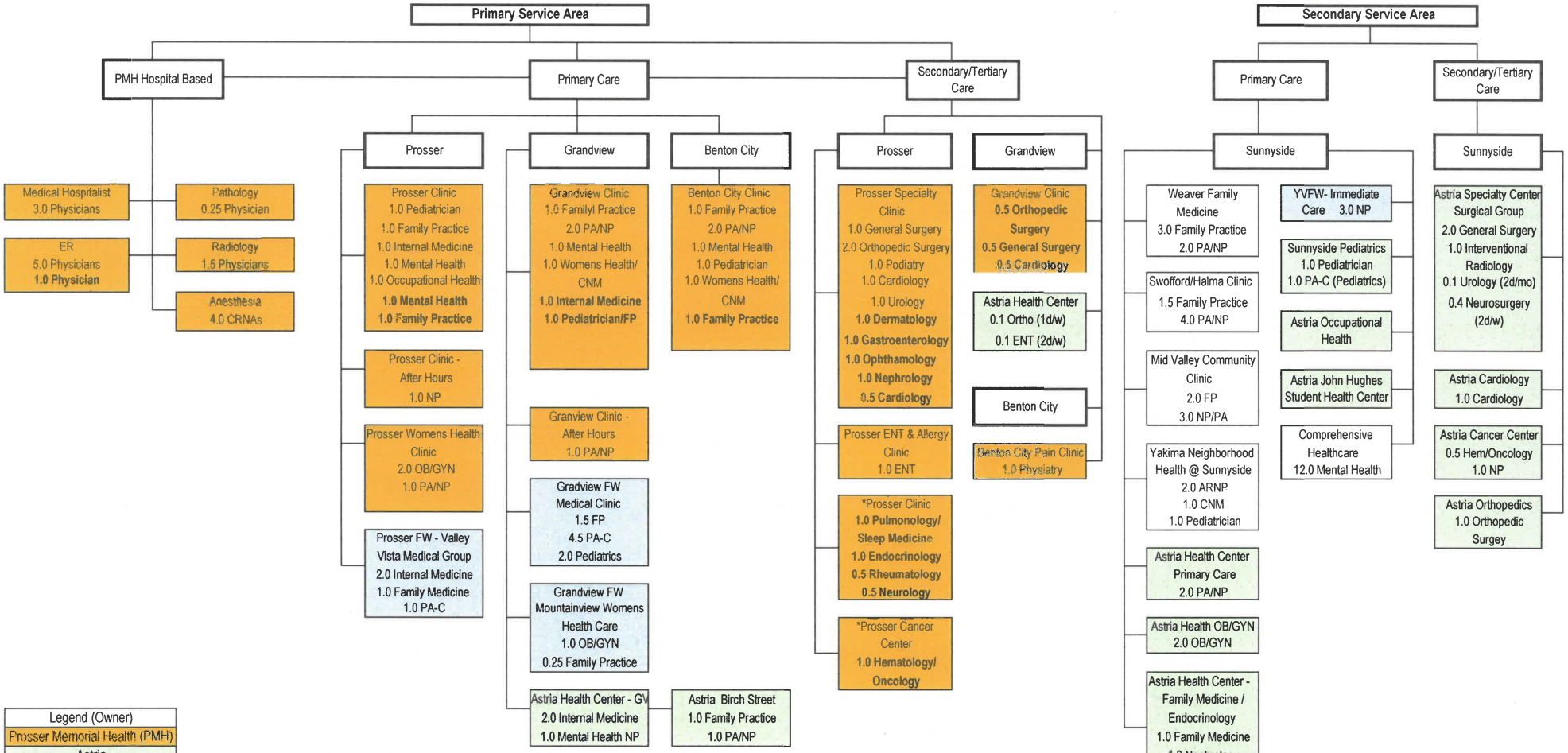
■ = Primary Service Area
■ = Secondary Service Area
* = Under Consideration
** = Affiliated Clinic

This is how we care.
ProsserHealth.org

PROSSER MEMORIAL HEALTH

Medical Staff Recruitment /Succession Model

2017-2024



Legend (Owner)
Prosser Memorial Health (PMH)
Astria
Yakima Valley Farmworkers
Independent
* denotes potential facility pending feasibility analysis
BOLD Text Identifies new providers/services

PMH MEDICAL STAFF RECRUITMENT & SUCCESSION PLAN BY LOCATION AND FISCAL YEAR 2017-2024

	FY 2017	
Family Practice- O'CONNOR	1.0	Prosser Clinic
Mental Health- MORSE	1.0	Prosser Clinic
Family Practice- JOHANSING	1.0	Benton City Clinic
Orthopedic Surgery- HALVORSON	1.0	PMH Specialty Clinic
Family Practice- SANTA-CRUZ	1.0	Grandview Clinic
Pediatrician- CARL	1.0	Benton City Clinic
PA/NP- LUTHER	1.0	Benton City Clinic
Subtotal	7.0	
	FY 2018	
Internal Medicine/Family Practice - ZHMUROUSKI	1.0	Prosser Clinic
Family Practice - STAUDINGER	1.0	Benton City Clinic
Pediatrician – MIN	1.0	Prosser Clinic
Emergency Medicine – WENGER	1.0	Prosser Memorial Hospital
General Surgery – CHEW	1.0	PMH Specialty Clinic
General Surgery – HUANG	1.0	PMH Specialty Clinic
Radiology - ZUCKERMAN	1.0	Prosser Memorial Hospital
Mental Health - MICROULIS	1.0	Benton City Clinic
Physiatry – GRONER	1.0	Comprehensive Pain Management Clinic
PA/NP - GARZA	1.0	Grandview Clinic
Subtotal	10.0	
	FY 2019	
Cardiology - BHATTI	1.0	Prosser Heart Center
Mental Health - HANKS	1.0	Grandview Clinic
OB/GYN – H.WEAVER	1.0	Prosser Women's Health Clinic
PA/NP – WARNICK	1.0	Grandview Clinic – Urgent/After Hours Clinic
Orthopedic Surgery – STREBEL	1.0	PMH Specialty Clinic
Emergency Medicine - SMITH	1.0	Prosser Memorial Hospital
Subtotal	6.0	
	FY 2020	
Emergency Medicine - RODE	1.0	Prosser Memorial Health
ENT- TIEU	1.0	PMH Specialty Clinic
Urology- TIEU	1.0	PMH Specialty Clinic
Certified Nurse Midwife- B.PADILLA	1.0	Benton City
Certified Nurse Midwife- R.MORRIS	1.0	Grandview Clinic
PA/NP- DUNHAM	1.0	Prosser Clinic – Urgent/After Hours Clinic
Subtotal	6.0	
	FY 2021	
Internal Medicine/Family Practice	1.0	Benton City Clinic
Dermatology	1.0	Prosser Specialty Clinic (ENT)
Gastroenterology	1.0	Prosser Specialty Clinic
FP/Peds	1.0	Grandview Clinic
Mental Health Counselor	1.0	Grandview Clinic
PA/NP	1.0	Grandview Clinic – Urgent/After Hours Clinic
Subtotal	6.0	
	FY 2022	
Internal Medicine	1.0	Grandview Clinic
Endocrinology	0.5	Prosser Clinic
Neurology	0.5	Prosser Clinic - Telehealth
Subtotal	2.0	
	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
Subtotal	4.5	
	FY 2024	
Nephrology	1.0	PMH Specialty Clinic
Ophthalmology	1.0	PMH Specialty Clinic
Neurosurgery	1.0	PMH Specialty Clinic
Endocrinology	1.0	Prosser Clinic
Subtotal	4.0	
TOTAL	**45.5**	

10.20.2020

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

	SPECIALTY	2024 QUANTITY	2020 CURRENT
PRIMARY CARE	Family Practice	7.0	5.0
	Internal Medicine	2.0	1.0
	PA/NP – Family Practice	9.0	6.0
	Pediatrics	3.0	2.0
	Women's Health	5.0	4.0
SECONDARY CARE	Cardiology	2.0	1.0
	Hematology/Oncology	1.0	0
	Mental Health	4.0	3.0
	Urology	1.0	1.0
	Pulmonology	1.0	0
	Orthopedic Surgery	3.0	3.0
	Otorhinolaryngology (ENT)	1.0	1.0
	Ophthalmology	1.0	0
	Dermatology	1.0	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	1.0
	Emergency Medicine	6.0	5.0
TOTAL		**54.0**	**34.0**

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)
Primary Care				
General/Family Practice	3,226	4.8	9.0	4.2
General Internal Medicine	3,247	4.8	3.0	1.8
Pediatrics	5,682	2.7	1.0	1.7
OB/GYN	7,143	2.2	3.0	0.8
Primary Care Subtotal		14.5	16.0	1.5
Secondary Care				
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
Secondary Care Subtotal		13.1	8.1	5.0
Tertiary Care				
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
Tertiary Subtotal		1.9	0.0	1.9
Total		29.6	24.1	5.4

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)
Primary Care				
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	2.0	0.9
OB/GYN	7,143	2.3	1.0	1.3
Primary Care Subtotal		15.3	17.0	1.7
Secondary Care				
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
Secondary Care Subtotal		13.8	3.0	10.8
Tertiary Care				
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
Tertiary Subtotal		2.1	0.0	2.1
Total		31.2	20.0	11.2

PMH Primary Service Area: Benton City Zip Code: 99320, (99345) (Inclues Patterson) Physician Need 2023 2018 Population: 10,043 2023 Population: 10,651	Population Needed/Provider	Needed (FTEs)	Current Supply (FTEs)	Supply Needed (FTEs)
Primary Care				
General/Family Practice	3,226	3.3	2.0	1.3
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	0.0	1.5
Primary Care Subtotal		9.9	3.0	6.9
Secondary Care				
Allergy & Immunology	71,429	0.1	0.0	0.1
Cardiology	12,821	0.8	0.0	0.8
Dermatology	25,000	0.4	0.0	0.4
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
Secondary Care Subtotal		8.9	1.0	7.9
Tertiary Care				
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	1.0	0.7
Rheumatology	66,667	0.2	0.0	0.2
Vascular Surgery	66,667	0.2	0.0	0.2
Tertiary Subtotal		1.3	1.0	0.3
Total		20.2	5.0	15.2

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)
Primary Care				
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
Primary Care Subtotal		4.4	0.0	4.4
Secondary Care				
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
Secondary Care Subtotal		4.0	0.0	4.0
Tertiary Care				
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
Tertiary Subtotal		0.6	0.0	0.6
Total		9.0	0.0	9.0

PMH Service Area: Total Primary Service Area Physician Need 2023 2018 Population: 45,003 2023 Population: 47,380	Population Needed/Provider	Needed (FTEs)	Current Supply (FTEs)	Supply Needed (FTEs)
Primary Care				
General/Family Practice	3,226	14.7	24.0	9.3
General Internal Medicine	3,247	14.6	5.0	9.6
Pediatrics	5,682	8.3	4.0	4.3
OB/GYN	7,143	6.6	4.0	2.6
Primary Care Subtotal		44.3	37.0	7.3
Secondary Care				
Allergy & Immunology	71,429	0.7	0.2	0.5
Cardiology	12,821	3.7	1.0	2.7
Dermatology	25,000	1.9	0.0	1.9
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
Secondary Care Subtotal		39.8	12.1	27.6
Tertiary Care				
Cardio Thoracic Surgery	66,667	0.7	0.0	0.7
Endocrinology	50,000	0.9	1.0	0.1
Infectious Diseases	58,824	0.8	0.0	0.8
Neurosurgery	62,500	0.8	3.0	2.2
Physical Med/Rehab	37,037	1.3	1.0	0.3
Rheumatology	66,667	0.7	0.0	0.7
Vascular Surgery	66,667	0.7	0.0	0.7
Tertiary Subtotal		8.0	5.0	3.0
Total		92.1	54.1	37.9

PMH Secondary Service Area: Sunnyside Zip Code: 98944 Physician Need 2023 2018 Population: 22,341 2023 Population: 23,015	Population Needed/Provider	Needed (FTEs)	Current Supply (FTEs)	Supply Needed (FTEs)
Primary Care				
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
Primary Care Subtotal		21.5	33.5	12.0
Secondary Care				
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
Secondary Care Subtotal		19.3	20.7	1.4
Tertiary Care				
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
Tertiary Subtotal		2.9	2.2	0.7
Total		43.7	56.4	12.8

PMH Service Area: Total Primary/Secondary Service Area Physician Need 2023 2018 Population: 67,344 2023 Population: 70,395	Population Needed/Provider	Needed (FTEs)	Current Supply (FTEs)	Supply Needed (FTEs)
Primary Care				
General/Family Practice	3,226	21.8	48.5	26.7
General Internal Medicine	3,247	21.7	7.0	14.7
Pediatrics	5,682	12.4	7.0	5.4
OB/GYN	7,143	9.9	7.0	2.9
Primary Care Subtotal		65.7	69.5	4.8
Secondary Care				
Allergy & Immunology	71,429	1.0	0.2	0.8
Cardiology	12,821	5.5	3.0	2.5
Dermatology	25,000	2.8	0.0	2.8
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
Secondary Care Subtotal		59.2	32.8	27.3
Tertiary Care				
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	1.0	0.9
Rheumatology	66,667	1.1	0.0	1.1
Vascular Surgery	66,667	1.1	0.0	1.1
Tertiary Subtotal		8.9	3.2	5.7
Total		133.8	105.5	28.2

Revenue by Specialty

UNITES STATES NET REVENUE BY PHYSICIAN SPECIALTY

Specialty *With the use of Hospitalist.	In Patient Discharges	Net In Patient Revenue ($ in thousands)	Net Out Patient Revenue ($ in thousands)	Total Net Revenue ($ in thousands)
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.*

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) Dr. John Groner (Physiatry) Jessica Luther, ARNP Diane Microulis, ARNP (Mental Health) Steve Zirker, PA-C
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. Sarah Min (Pediatrician) Heather Morse, ARNP (Mental Health) Dr. Dzmitry Zhmurouski (Internal Medicine) Afton Dunham, AANP-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) Teresa Charvet, PA-C Bailey Padilla, CNM
Prosser Specialty Center 820 Memorial St #3 Prosser,Wa.99350 509.786.5599	Dr. Yung Huang (Gen Surgery) Dr. Richard Unger (Gen Surgery) Dr. Jared Clifford (Podiatrist) Dr. Thomas Halvorson (Orthopedic Surgery) Dr. Samuel Strebel (Orthopedic Surgery) Dr. Tom Tieu (Urology) Dr. Karan Bhatti (Cardiology)
Prosser ENT& Allergy Center 723 Memorial St. Prosser,Wa.99350 509.786.5579	Dr. Coral Tieu (ENT)
Valley Vista Medical Center 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

Grandview	
Grandview Clinic 1003 Wallace Way Grandview, WA 98930 509.203.1080	Dr. Santa-Cruz (Family Medicine) Erica Garza, ARNP (FP) Diane Hanks, ARNP (Mental Health) Becky Morris, CNM-WHNP
Astria Health Center – Family Medicine, Psychiatry and Sleep Medicine 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
Grandview Farmworkers Clinic 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) Brianne 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)
Mountain View Women's Health Center Yakima Valley Farmworkers 240 Division Street Grandview, WA 98930 509.882.4700	Dr. Ridhima Gupta (OB/GYN) Dr. Benno Marx (Family Medicine) (0.25)
Astria Health Center- Birch Street Clinic 222 E. 2nd St Grandview, WA 98930 509.203.6501	Dr. Ivan Reveron (Family Medicine) Shelly Marthini, NP FM
Sunnyside	
Weaver Family Medicine 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
Sunnyside Pediatrics 812 Miller Ave Suite C	Dr. Ana Garcia (Pediatrician) Mark Gardner PA-C

Sunnyside, Wa.98944 509.837.7551	
Sunnyside Immediate Care 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
Astria Health Center –Primary/Urgent Care 2705 E Lincoln Ave Suite C Sunnyside Wa. 98944 509.836.4848	Paul Furan, PA-C Johnathan Alvord, PA-C
Swofford & Halma Clinic 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
Mid Valley Community Clinic 700 S 11th 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)
Astria Health Center-Family Medicine, Endocronology 803 E. Lincoln Ave Sunnyside,Wa. 98944 509.837.6911	Dr. Tatiana Antoci (Family Medicine) Dr. Vansi Kanneganti (Nephrology) (1.0) Dr. GaryTreece (Endocronologist) (0.2) Sherry Johnson, ARNP
Astria Health Center- Cardiology 812 Miller Ave, Suite F Sunnyside, WA 98944 509.836.4825	Dr. Antony Kim (Cardiology)
Astria Health- OB 803 E. Lincoln Way Sunnyside, WA 98944 509.837.1550	Dr. Miguel Brizuela (OB/GYN) (1.0) Dr. Robert Wells (OB/GYN) (1.0)
Astria Heallth- Occupational Health 802 Miller Ave Sunnyside, WA 98944 509.837.1564	None Listed
Astria Health Orthopedics 2705 E. Lincoln Ave, Suite A	Dr. Valentin Antoci (Orthopedic Surgery) (1.0)

Sunnyside, WA 98944 509.837.1570	
Astria Health Cancer Center 1013 E. Edison Ave Sunnyside, WA 98944 509.837.1587	Dr. Inklab (Hematology/Oncology) (0.5) (Locums) Christina Zoric, AGACNP
Astria Health Specialty Center **Surgical Group** 500 S. 11th 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 Attebarry (Neruosurgery) 1d/wk
Astria Health John Hughes **Student Health Center** 1801 E. Edison Ave Sunnyside, WA 98944 509.836.4840	None Listed
Yakima Neighborhood Health 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
Comprehensive Healthcare 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 Dawn Maxwell Demetrius Straws Miguel Diego Mendoza Jose Sabalsa Crystal C. Liebert Alfanzo Meza Rachel Ramos Debra Dale Jaime Ortiz Christopher C. Devilleneuve

ATTACHMENT Q

Holiday FESTIVITIES

December 17

Christmas Tree Decorating Contest

Employees will decorate their trees – a good holiday theme is always great. Each department manager can pick up their tree at HR. All trees will be showcased in the main (front) lobby. Winner will receive a pizza party. Busy Bean will provide hot chocolate, cider or coffee as employees walk through the festival of trees.

Holiday Dinner

Holiday dinner will be served 11am – 1pm. Evening Staff will be served around 8:30pm. Food will be served downstairs, in the former employee break room. The WHC Room and the Vineyard Conference Room will be reserved for eating if you choose to eat at the hospital. Clinic staff meals will be delivered. Dinner will include prime rib with au jus, mashed potatoes & gravy, salad, green beans, and peppermint ice cream for dessert. Beverages include soda and water.

Ugly Christmas Sweater Contest

Three winners will take home an Amazon gift card. 1st place - $150, 2nd place - $100, 3rd place - $50.

Prosser
Memorial Health

ATTACHMENT R

Prosser Memorial Health

2020 ASPIRE MEDAL AWARD WINNERS

Gold Winners	Silver Winners	Bronze Winners
• Alex Carballo	• Rosemary Mendoza	• Alexia Verduzco
• Brian Brindle	• Maryanne Vanguardia	• Jay Boyle
• Tina Salgado	• Sasha Thomasson	• Crystal Blanco
• Beth Phinney	• Dr. Jared Clifford	• Dr. Santa Cruz
• Jay Boyle	• Annabelle Hansen	• Dr. Carolyn O'Connor
• Malissa Garcia	• Mara Ripplinger	• ShaRonda Lewis
	• Janie Gonzalez	• Kirstie Wood
	• Corryn Koopmans	• Laura Sosa
	• Billy Wilson	• Cecilia Garcia
		• Ana Martin
		• Donna Tuning
		• Meagan Bronkhorst
		• Tasha Sears

ATTACHMENT S

Balance Sheet
November 30, 2020

Assets

	11/30/2020	10/31/2020	11/30/2019
Cash & Temporary Investments	10,245,788	12,715,913	723,428
Gross Patient Accounts Receivable	27,862,475	27,229,788	25,655,024
Less Allowances for Uncollectible	(17,054,000)	(16,239,900)	(15,429,000)
Net Patient Receivables	10,808,475	10,989,888	10,226,024
Taxes Receivable	34,240	162,461	32,991
Receivable from 3rd Party Payor	1,136,310	1,686,995	937,676
Inventory	466,475	459,149	345,055
Prepaid Expenses	1,402,689	1,491,453	1,324,712
Other Current Assets	14,981	63,235	81,471
Total Current Assets	24,108,958	27,569,094	13,671,357
Whitehead Fund - LGIP	1,213,424	1,213,263	1,204,075
Funded Depreciation - Cash	791,283	6,859,680	766,553
Funded Depreciation - TVI	15,393,352	12,391,739	13,759,942
Bond Obligation Cash Reserve	767,472	767,459	-
Tax Exempt Lease Funds	1,001,868	1,001,864	1,188,813
Board Designated Assets	19,167,399	22,234,005	16,919,383
Land	478,396	478,396	478,396
Property Plant & Equipment	43,501,846	43,099,148	41,266,647
Accumulated Depreciation	(28,230,570)	(27,999,589)	(25,808,261)
Net Property Plant & Equipment	15,749,672	15,577,955	15,936,782
Investment & Other Non Current Assets	1,044,484	1,046,075	1,063,572
Land - Gap Road	1,745,440	1,745,440	1,745,440
Net Investments & Other Non Current Assets	2,789,924	2,791,515	2,809,012
Total Assets	**$ 61,815,953**	**$ 68,172,569**	**$ 49,336,534**

Liabilities & Fund Balance

	11/30/2020	10/31/2020	11/30/2019
Current Portion of Bonds Payable	543,158	588,460	476,432
Current Portion Capital Leases	-	-	-
Accounts Payable	1,671,495	1,388,215	1,602,150
Payroll & Related Liabilities	3,325,376	2,901,056	2,714,097
Cost Report Payable	785,507	7,358,833	69,429
Other Payables to 3rd Parties	465,709	465,709	2,222,424
Deferred Tax Revenue	69,466	138,932	830,700
Deferred EHR Medicare Revenue	27,517	55,033	357,717
Deferred COVID Revenue	11,552,965	8,183,503	-
Accrued Interest Payable	118,019	98,349	121,844
Other Current Liabilities	-	-	-
Total Current Liabilities	18,559,212	21,178,090	8,394,793
Non Current Liabilities			
Bonds Payable net of CP	10,965,979	10,966,322	11,781,801
Capital Leases net of CP	1,096,379	1,096,379	418,578
Total Non Current Liabilities	12,062,358	12,062,701	12,200,379
Total Liabilities	30,621,570	33,240,791	20,595,172
Fund Balance			
Unrestricted Fund Balance	31,194,383	34,931,778	28,741,362
Restricted Fund Balance	-	-	-
Total Fund Balance	31,194,383	34,931,778	28,741,362
Total Liabilities & Fund Balance	**$ 61,815,953**	**$ 68,172,569**	**$ 49,336,534**

Balance Sheet
November 30, 2020

Assets

	11/30/2020	10/31/2020	12/31/2019
Cash & Temporary Investments	10,245,788	12,715,913	790,127
	-	-	
Gross Patient Accounts Receivable	27,862,475	27,229,788	26,420,075
Less Allowances for Uncollectible	(17,054,000)	(16,239,900)	(15,682,980)
Net Patient Receivables	10,808,475	10,989,888	10,737,095
	-	-	
Taxes Receivable	34,240	162,461	26,908
Receivable from 3rd Party Payor	1,136,310	1,686,995	832,383
Inventory	466,475	459,149	401,623
Prepaid Expenses	1,402,689	1,491,453	1,608,293
Other Current Assets	14,981	63,235	204,486
Total Current Assets	24,108,958	27,569,094	14,600,915
	-	-	
Whitehead Fund - LGIP	1,213,424	1,213,263	1,205,889
Funded Depreciation - Cash	791,283	6,859,680	44,372
Funded Depreciation - TVI	15,393,352	12,391,739	13,880,674
Bond Obligation Cash Reserve	767,472	767,459	-
Tax Exempt Lease Funds	1,001,868	1,001,864	346,920
Board Designated Assets	19,167,399	22,234,005	15,477,855
	-	-	
Land	478,396	478,396	478,396
Property Plant & Equipment	43,501,846	43,099,148	41,059,108
Accumulated Depreciation	(28,230,570)	(27,999,589)	(26,030,986)
Net Property Plant & Equipment	15,749,672	15,577,955	15,506,518
	-	-	
Investment & Other Non Current Assets	1,044,484	1,046,075	1,061,981
Land - Gap Road	1,745,440	1,745,440	1,745,440
Net Investments & Other Non Current Assets	2,789,924	2,791,515	2,807,421
Total Assets	**$ 61,815,953**	**$ 68,172,569**	**$ 48,392,709**

Liabilities & Fund Balance

	11/30/2020	10/31/2020	12/31/2019
Current Portion of Bonds Payable	543,158	588,460	447,395
Current Portion Capital Leases	-	-	418,578
Accounts Payable	1,671,495	1,388,215	1,217,346
Payroll & Related Liabilities	3,325,376	2,901,056	3,516,028
Cost Report Payable	785,507	7,358,833	839,378
Other Payables to 3rd Parties	465,709	465,709	465,709
Deferred Tax Revenue	69,466	138,932	-
Deferred EHR Medicare Revenue	27,517	55,033	330,200
Deferred COVID Revenue	11,552,965	8,183,503	-
Accrued Interest Payable	118,019	98,349	19,670
Other Current Liabilities	-	-	-
Total Current Liabilities	18,559,212	21,178,090	7,254,304
	-	-	
	-	-	
Non Current Liabilities	-	-	
Bonds Payable net of CP	10,965,979	10,966,322	11,511,447
Capital Leases net of CP	1,096,379	1,096,379	-
Total Non Current Liabilities	12,062,358	12,062,701	11,511,447
	0	0	
	-	-	
Total Liabilities	30,621,570	33,240,791	18,765,751
	-	-	
	-	-	
Fund Balance	-	-	
Unrestricted Fund Balance	31,194,383	34,931,778	29,626,958
Restricted Fund Balance	-	-	-
Total Fund Balance	31,194,383	34,931,778	29,626,958
Total Liabilities & Fund Balance	**$ 61,815,953**	**$ 68,172,569**	**$ 48,392,709**

Prosser Memorial Health

Statement of Operations
November 30, 2020

Month Ending Actual	Budget	Variance	%	Prior Year	%		Year to Date Actual	Budget	Variance	%	Prior Year	%
						Gross Patient Services Revenue						
$ 3,168,278	$ 2,855,054	$ 313,224	11%	$ 2,617,549	21%	Inpatient	$ 30,766,279	$ 31,661,372	$ (895,093)	-3%	$ 29,435,136	5%
10,188,162	10,393,887	(205,725)	-2%	8,716,943	17%	Outpatient	99,738,046	115,263,926	(15,525,880)	-13%	99,534,013	0%
13,356,440	13,248,941	107,499	1%	11,334,492	18%	**Total Gross Patient Services Revenue**	130,504,325	146,925,298	(16,420,973)	-11%	128,969,149	1%
						Deductions from Revenue						
						Contractual Allowances						
2,496,898	2,662,698	165,800	6%	2,234,020	12%	Medicare	23,563,360	29,528,224	5,964,864	20%	25,030,451	-6%
3,231,634	2,944,278	(287,356)	-10%	3,351,182	-4%	Medicaid	29,020,427	32,650,827	3,630,400	11%	28,959,732	0%
1,865,577	1,700,881	(164,696)	-10%	490,384	280%	Negotiated Rates	16,800,255	18,862,070	2,061,815	11%	15,763,672	7%
109,178	185,990	76,812	41%	12,337	785%	Other Adjustments	1,743,223	2,062,553	319,330	15%	1,405,499	24%
7,703,287	7,493,847	(209,440)	-3%	6,087,923	27%	**Gross Contractual Allowances**	71,127,265	83,103,674	11,976,409	14%	71,159,354	0%
7,703,287	7,493,847	(209,440)	-3%	6,087,923	27%	**Net Contractual Allowances**	71,127,265	83,103,674	11,976,409	14%	71,159,354	0%
141,999	165,298	23,299	14%	182,296	-22%	Charity Care	1,510,475	1,833,082	322,607	18%	1,637,737	-8%
537,735	348,606	(189,129)	-54%	442,390	22%	Bad Debt	3,195,412	3,865,900	670,488	17%	3,517,159	-9%
8,383,021	8,007,751	(375,270)	-5%	6,712,609	25%	**Total Deductions From Revenue**	75,833,152	88,802,656	12,969,504	15%	76,314,250	-1%
4,973,419	5,241,190	(267,771)	-5%	4,621,883	8%	**Net Patient Services Revenue**	54,671,173	58,122,642	(3,451,469)	-6%	52,654,899	4%
(3,369,462)	-	(3,369,462)	0%	-	0%	COVID Net Revenue	1,745,993	-	1,745,993	0%	-	0%
124,915	59,304	65,611	111%	144,372	-13%	Other Operating Revenue	853,217	988,619	(135,402)	-14%	1,439,058	-41%
1,728,872	**5,300,494**	**(3,571,622)**	**-67%**	**4,766,255**	**-64%**	**Net Revenue**	**57,270,383**	**59,111,261**	**(1,840,878)**	**-3%**	**54,093,957**	**6%**
						Operating Expenses						
2,438,217	2,375,660	(62,557)	-3%	2,333,751	4%	Salaries	26,362,735	26,204,161	(158,574)	-1%	24,589,732	7%
653,867	550,363	(103,504)	-19%	503,958	30%	Benefits	6,269,043	6,069,810	(199,233)	-3%	5,421,591	16%
221,005	194,854	(26,151)	-13%	246,218	-10%	Purchased Labor	2,478,500	2,160,852	(317,648)	-15%	2,572,844	-4%
3,313,089	3,120,877	(192,212)	-6%	3,083,927	7%	Sub-Total Labor Costs	35,110,278	34,434,823	(675,455)	-2%	32,584,167	8%
371,858	316,609	(55,249)	-17%	352,355	6%	Professional Fees - Physicians	3,713,161	3,482,701	(230,460)	-7%	3,652,715	2%
49,263	45,205	(4,058)	-9%	57,445	-14%	Professional Fees - Other	466,471	497,252	30,781	6%	462,567	1%
689,856	636,677	(53,179)	-8%	764,707	-10%	Supplies	7,253,375	7,104,983	(148,392)	-2%	6,369,798	14%
36,935	44,683	7,748	17%	48,996	-25%	Purchased Services - Utilities	499,426	491,514	(7,912)	-2%	453,924	10%
375,342	280,078	(95,264)	-34%	314,069	20%	Purchased Services - Other	2,947,446	3,084,443	136,997	4%	3,065,517	-4%
154,333	188,579	34,246	18%	168,019	-8%	Rentals & Leases	1,872,695	2,074,365	201,670	10%	1,945,505	-4%
74,031	61,442	(12,589)	-20%	52,025	42%	Insurance License & Taxes	816,814	672,295	(144,519)	-21%	674,733	21%
232,571	226,667	(5,904)	-3%	222,109	5%	Depreciation & Amortization	2,525,834	2,493,333	(32,501)	-1%	2,219,280	14%
212,650	122,505	(90,145)	-74%	135,294	57%	Other Operating Expenses	1,041,793	1,347,555	305,762	23%	1,205,656	-14%
2,196,839	1,922,445	(274,394)	-14%	2,115,019	4%	Sub-Total Non-Labor Expenses	21,137,015	21,248,441	111,426	1%	20,049,695	5%
5,509,928	**5,043,322**	**(466,606)**	**-9%**	**5,198,946**	**6%**	**Total Operating Expenses**	**56,247,293**	**55,683,264**	**(564,029)**	**-1%**	**52,633,862**	**7%**
(3,781,056)	**257,172**	**(4,038,228)**	**-1570%**	**(432,691)**	**774%**	**Operating Income (Loss)**	**1,023,090**	**3,427,997**	**(2,404,907)**	**-70%**	**1,460,095**	**-30%**
						Non Operating Income						
75,013	69,466	5,547	8%	69,785	7%	Tax Revenue	784,741	764,123	20,618	3%	777,474	1%
687	22,706	(22,019)	-97%	21,943	-97%	Investment Income	171,344	249,770	(78,426)	-31%	278,351	-38%
(32,052)	(33,632)	1,580	-5%	(34,166)	-6%	Interest Expense	(368,524)	(369,954)	1,430	0%	(322,040)	14%
-	537	(537)	-100%	14,420	-100%	Other Non Operating Income (Expense)	(39,531)	5,903	(45,434)	-770%	71,875	-155%
43,648	**59,077**	**(15,429)**	**-26%**	**71,982**	**-39%**	**Total Non Operating Income**	**548,030**	**649,842**	**(101,812)**	**-16%**	**805,660**	**-32%**
$ (3,737,408)	**$ 316,249**	**$ (4,053,657)**	**-1282%**	**$ (360,709)**	**936%**	**Net Income (Loss)**	**$ 1,571,120**	**$ 4,077,839**	**$ (2,506,719)**	**-61%**	**$ 2,265,755**	**-31%**

Prosser Memorial Health

Statement of Cash Flows
November 30, 2020

CURRENT MONTH Actual		YEAR TO DATE Actual
	NET INCOME TO NET CASH BY OPERATIONS	
(3,737,408)	**NET INCOME (LOSS)**	**1,571,120**
232,571	Depreciation Expense	2,525,834
-	Amortization	-
-	Loss (Gain) on Sale of Assets	43,731
(3,504,837)	**TOTAL**	**4,140,685**
	WORKING CAPITAL	
990,011	Decrease (Increase) in Assets	52,382
(2,618,878)	Increase (Decrease) in Liabilities	11,304,908
(5,133,704)	**NET CASH PROVIDED BY OPERATIONS**	**15,497,975**
	CASH FLOWS FROM INVESTING ACTIVITIES	
(416,382)	Capital Purchasing	(3,061,741)
13,684	Proceeds on Capital Assets Sold	14,184
(329)	Investment Activity	694,787
(403,027)	**NET CASH USED BY INVESTING ACTIVITIES**	**(2,352,770)**
(5,536,731)	**NET CHANGE IN CASH**	**13,145,205**
	CASH BALANCE	
34,949,918	**BEGINNING**	**16,267,982**
29,413,187	**ENDING**	**29,413,187**
(5,536,731)	**NET CASH FLOW**	**13,145,205**

Prosser
Memorial Health

Statement of Cash Flows - 12 Month Trend
November 30, 2020

	Nov-19 Actual	Dec-19 Actual	Jan-20 Actual	Feb-20 Actual	Mar-20 Actual	Apr-20 Actual	May-20 Actual	Jun-20 Actual	Jul-20 Actual	Aug-20 Actual	Sep-20 Actual	Oct-20 Actual	CURRENT Nov-20 Actual
NET INCOME TO NET CASH BY OPERATIONS													
NET INCOME (LOSS)	**(360,709)**	**369,020**	**240,864**	**(120,425)**	**(149,776)**	**986,436**	**1,070,603**	**2,224,029**	**182,430**	**(1,219,339)**	**1,353,443**	**740,261**	**(3,737,408)**
Depreciation Expense	222,109	224,314	222,577	227,538	224,010	228,367	229,348	231,347	232,391	232,273	232,977	232,435	232,571
Amortization	-	-	-	-	-	-	-	-	-	-	-	-	-
Loss (Gain) on Sale of Assets	-	-	-	-	-	(500)	(13,684)	57,915	57,915	-	-	-	-
TOTAL	**(138,600)**	**593,334**	**463,441**	**107,113**	**74,234**	**1,214,303**	**1,286,267**	**2,513,291**	**472,736**	**(987,066)**	**1,586,420**	**972,696**	**(3,504,837)**
WORKING CAPITAL													
Decrease (Increase) in Assets	14,884	(645,214)	(518,949)	(469,109)	555,768	(2,528,363)	3,723,881	(486,472)	(318,018)	(14,218)	(653,646)	(514,529)	990,011
Increase (Decrease) in Liabilities	83,018	(772,023)	(648,957)	83,249	262,126	9,360,425	6,000,562	(1,245,038)	150,847	1,587,624	(1,240,729)	(386,324)	(2,618,878)
NET CASH PROVIDED BY OPERATIONS	**(40,698)**	**(823,903)**	**(704,465)**	**(278,747)**	**892,128**	**8,046,365**	**11,010,710**	**781,781**	**305,565**	**586,340**	**(307,955)**	**71,843**	**(5,133,704)**
CASH FLOWS FROM INVESTING ACTIVITIES													
Capital Purchasing	(380,203)	207,539	(292,919)	(35,283)	(124,590)	(350,621)	(231,586)	(44,273)	(95,029)	(438,167)	(170,231)	(441,591)	(416,382)
Proceeds on Capital Assets Sold	-	-	-	-	-	500	13,684	13,684	13,684	13,684	13,684	13,684	13,684
Investment Activity	248,949	(758,465)	69,190	95,603	(343)	993,481	(542,037)	(15,858)	(346)	(340)	(142,646)	(36,647)	(329)
NET CASH USED BY INVESTING ACTIVITIES	**(131,254)**	**(550,926)**	**(223,729)**	**60,320**	**(124,933)**	**643,360**	**(759,939)**	**(46,447)**	**(81,691)**	**(424,823)**	**(299,193)**	**(464,554)**	**(403,027)**
NET CHANGE IN CASH	**(171,952)**	**(1,374,829)**	**(928,194)**	**(218,427)**	**767,195**	**8,689,725**	**10,250,771**	**735,334**	**223,874**	**161,517**	**(607,148)**	**(392,711)**	**(5,536,731)**
CASH BALANCE													
BEGINNING	**17,814,763**	**17,642,811**	**16,267,982**	**15,339,788**	**15,121,361**	**15,888,556**	**24,578,281**	**34,829,052**	**35,564,386**	**35,788,260**	**35,949,777**	**35,342,629**	**34,949,918**
ENDING	**17,642,811**	**16,267,982**	**15,339,788**	**15,121,361**	**15,888,556**	**24,578,281**	**34,829,052**	**35,564,386**	**35,788,260**	**35,949,777**	**35,342,629**	**34,949,918**	**29,413,187**
NET CASH FLOW	**(171,952)**	**(1,374,829)**	**(928,194)**	**(218,427)**	**767,195**	**8,689,725**	**10,250,771**	**735,334**	**223,874**	**161,517**	**(607,148)**	**(392,711)**	**(5,536,731)**

Direct Cash Flow Statement
November 30, 2020

	November 2019	December 2019	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020	July 2020	August 2020	September 2020	October 2020	November 2020
CASH FLOWS FROM OPERATING													
PAYMENTS RECEIVED													
Commercial	1,712,336	2,110,960	2,164,596	1,790,819	2,042,936	2,163,134	1,479,262	1,568,932	1,966,089	2,328,603	1,932,284	2,057,192	2,121,099
Medicaid	1,150,609	1,223,633	1,287,731	1,116,011	1,207,273	1,200,088	1,130,387	1,262,461	1,296,508	1,371,106	1,358,423	1,429,474	1,434,182
Medicare	1,316,188	1,730,631	1,555,473	597,037	1,403,309	1,326,305	808,729	1,045,301	949,542	1,178,489	1,325,118	1,344,604	1,130,711
VA	28,210	26,049	24,261	82,909	34,277	86,268	45,965	70,641	70,064	118,354	85,351	70,487	42,931
Worker's Comp	126,432	66,062	396,141	180,120	165,706	151,215	95,669	83,546	248,425	126,561	155,717	206,217	132,385
Self Pay	630,997	265,490	37,674	182,202	162,759	149,324	131,139	128,649	132,739	107,395	191,284	89,981	143,017
Other Non Patient Payments	287,781	660,275	212,931	210,958	475,782	8,941,682	10,681,077	971,815	1,655,778	246,772	169,631	273,224	1,081,347
Cash Received (Patients, Insurance, Other)	**5,252,553**	**6,083,101**	**5,678,807**	**4,160,056**	**5,492,042**	**14,018,016**	**14,372,228**	**5,131,345**	**6,319,145**	**5,477,280**	**5,217,808**	**5,471,179**	**6,085,672**
Patient Refunds	(7,988)	(6,268)	(4,845)	(4,203)	(4,127)	(1,869)	(4,541)	(27,317)	(5,139)	(249,345)	(2,394)	(10,779)	(1,149)
AP Expenses	(2,649,740)	(3,762,411)	(2,627,585)	(2,059,339)	(2,101,189)	(2,556,196)	(1,622,076)	(1,936,338)	(1,949,460)	(2,539,456)	(2,647,582)	(2,919,906)	(2,202,548)
Settlement LumpSum Payments		(1,187,000)	-	-	-	-	-	-	-	-	(195,696)	-	(6,591,980)
Payroll Expenses	(2,329,107)	(2,652,323)	(3,566,717)	(2,279,658)	(2,437,474)	(2,362,138)	(2,148,321)	(2,270,065)	(3,645,038)	(2,374,466)	(2,751,586)	(2,434,147)	(2,327,668)
Loan/Interest Expense	(57,467)	(57,467)	(114,934)	-	(57,467)	(57,467)	(114,934)	(118,019)	(57,467)	(57,467)	(57,467)	(57,467)	(57,467)
NET CASH PROVIDED BY OPERATING	**208,251**	**(1,582,368)**	**(635,275)**	**(183,144)**	**891,785**	**9,040,346**	**10,482,357**	**779,607**	**662,041**	**256,546**	**(436,917)**	**48,880**	**(5,095,140)**
CASH FLOWS FROM INVESTING ACTIVITIES													
Capital Purchasing	(380,203)	207,539	(292,919)	(35,283)	(124,590)	(350,621)	(231,586)	(44,273)	(438,167)	(95,029)	(170,231)	(441,591)	(441,591)
NET CASH USED BY INVESTING ACTIVITIES	**(380,203)**	**207,539**	**(292,919)**	**(35,283)**	**(124,590)**	**(350,621)**	**(231,586)**	**(44,273)**	**(438,167)**	**(95,029)**	**(170,231)**	**(441,591)**	**(441,591)**
NET CHANGE IN CASH	**(171,952)**	**(1,374,829)**	**(928,194)**	**(218,427)**	**767,195**	**8,689,725**	**10,250,771**	**735,334**	**223,874**	**161,517**	**(607,148)**	**(392,711)**	**(5,536,731)**
CASH BALANCE													
BEGINNING	**17,814,763**	**17,642,811**	**16,267,982**	**15,339,788**	**15,121,361**	**15,888,556**	**24,578,281**	**34,829,052**	**35,564,386**	**35,788,260**	**35,949,777**	**35,342,629**	**34,949,918**
ENDING	**17,642,811**	**16,267,982**	**15,339,788**	**15,121,361**	**15,888,556**	**24,578,281**	**34,829,052**	**35,564,386**	**35,788,260**	**35,949,777**	**35,342,629**	**34,949,918**	**29,413,187**
NET CASH FLOW	**(171,952)**	**(1,374,829)**	**(928,194)**	**(218,427)**	**767,195**	**8,689,725**	**10,250,771**	**735,334**	**223,874**	**161,517**	**(607,148)**	**(392,711)**	**(5,536,731)**

Prosser Memorial Health

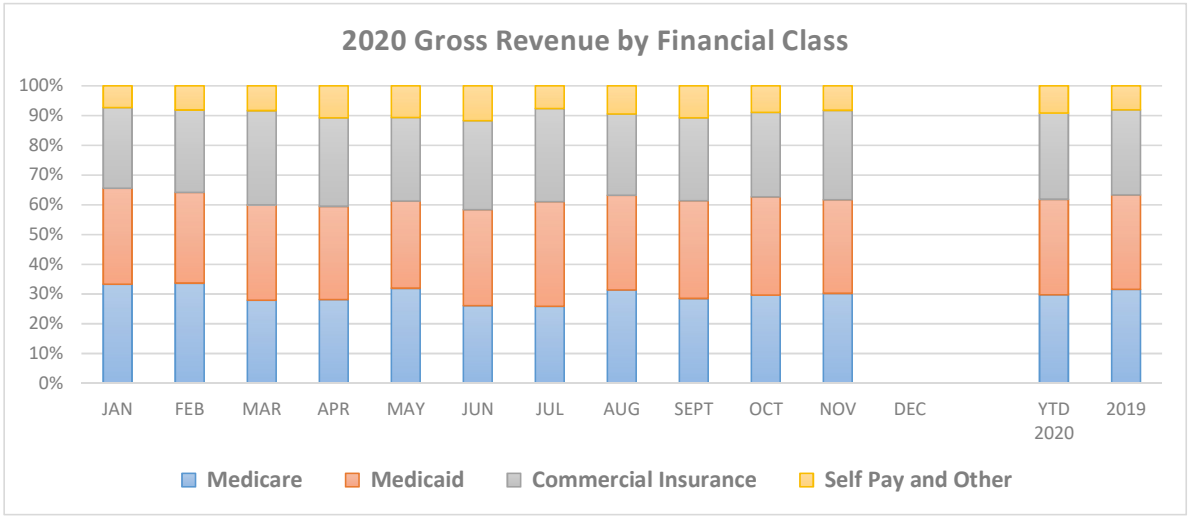
Key Operating Statistics
November 30, 2020

Month Ending Actual	Budget	Variance	%		Year to Date Actual	Budget	Variance	%	Prior Year	Change
				Key Volumes						
217	204	13	6%	Inpatient Acute Days	2,155	2,277	(122)	-5%	2,216	-3%
99	172	(73)	-42%	Inpatient Swing Days	1,409	1,921	(512)	-27%	1,868	-25%
316	376	(60)	-16%	**Total Inpatient Days**	3,564	4,198	(634)	-15%	4,084	-13%
98	82	16	20%	Inpatient Admissions	928	914	14	2%	904	3%
94	82	12	15%	Inpatient Discharges	924	914	10	1%	911	1%
11	12	(1)	-12%	Swing Bed Discharges	103	140	(37)	-26%	121	-15%
1,332	1,745	(412)	-24%	Adjusted Patient Days	15,118	19,481	(4,363)	-22%	17,894	-16%
10.53	12.53	(2.00)	-16%	Average Daily Census	10.64	12.53	(1.89)	-15%	12.23	-13%
396	380	16	4%	Adjusted Discharges	3,919	4,242	(323)	-8%	3,992	-2%
2.31	2.49	(0.18)	-7%	Average Length of Stay - Hospital	2.33	2.49	(0.16)	-6%	2.43	-4%
9.00	13.77	(4.77)	-35%	Average Length of Stay - Swing Bed	13.68	13.77	(0.09)	-1%	15.44	-11%
42%	50%	-8%	-16%	Acute Care Occupancy (25)	43%	50%	-8%	-15%	49%	-13%
45	37	8	22%	Deliveries	445	413	32	8%	390	14%
123	124	(1)	-1%	Surgical Procedures	1,086	1,387	(301)	-22%	1,304	-17%
769	1,008	(239)	-24%	Emergency Dept Visits	8,877	11,262	(2,385)	-21%	11,106	-20%
12,830	12,094	736	6%	Laboratory Tests	128,455	135,046	(6,591)	-5%	121,611	6%
2,622	2,087	535	26%	Radiology Exams	24,349	23,303	1,046	4%	21,160	15%
975	1,048	(73)	-7%	PMH Specialty Clinic	10,621	11,707	(1,086)	-9%	10,567	1%
767	991	(224)	-23%	PMH - Benton City Clinic Visits	9,534	11,071	(1,537)	-14%	10,580	-10%
1,556	1,038	518	50%	PMH - Prosser Clinic Visits	13,424	11,588	1,836	16%	10,601	27%
514	610	(96)	-16%	PMH - Grandview Clinic Visits	6,611	6,807	(196)	-3%	6,156	7%
593	699	(106)	-15%	PMH - Women's Health Clinic Visits	6,510	7,804	(1,294)	-17%	5,027	30%
				LABOR FULL-TIME EQUIVALENT						
269.82	290.82	21.00	7%	Employed Staff FTE's	265.65	290.82	25.17	9%	262.00	1%
29.13	30.48	1.35	4%	Employed Provider FTE	29.37	30.48	1.11	4%	26.77	10%
298.95	321.30	22.35	7%	All Employee FTE's	295.02	321.30	26.28	8%	288.77	2%
272.52	273.11	0.59	0%	Productive FTE's	258.89	273.11	14.22	5%	254.72	2%
13.75	20.86	7.11	34%	Outsourced Therapy FTE's	13.90	20.86	6.96	33%	16.80	-17%
3.56	1.56	(2.00)	-128%	Contracted Staff FTE's	4.06	4.07	0.01	0%	4.07	0%
17.31	22.42	5.11		All Purchased Staff FTE's	17.96	22.42	6.97	31%	20.87	-14%
7.96	4.58	(3.38)	-74%	Contracted Provider FTE's	7.09	4.58	(2.51)	-55%	5.97	19%
324.22	348.30	24.08	7%	All Labor FTE's	320.07	348.30	30.74	9%	315.61	1%

Prosser Memorial Health

Revenue by Financial Class
November 30, 2020

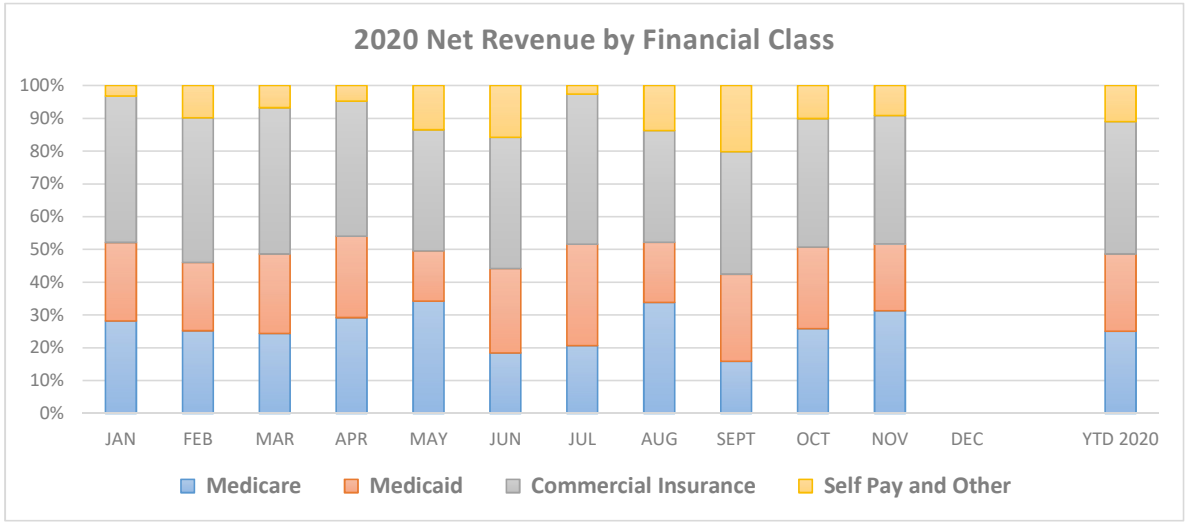
Month	Medicare	Medicaid	Commercial Insurance	Self Pay and Other	Total
JAN	33.3%	32.3%	27.1%	7.4%	100.0%
FEB	33.6%	30.5%	27.7%	8.1%	100.0%
MAR	27.9%	32.0%	31.7%	8.4%	100.0%
APR	28.1%	31.3%	29.7%	10.8%	100.0%
MAY	31.9%	29.3%	28.1%	10.6%	100.0%
JUN	26.0%	32.3%	30.0%	11.7%	100.0%
JUL	25.8%	35.2%	31.3%	7.6%	100.0%
AUG	31.4%	31.8%	27.4%	9.4%	100.0%
SEPT	28.5%	32.9%	27.8%	10.8%	100.0%
OCT	29.6%	33.1%	28.4%	9.0%	100.0%
NOV	30.2%	31.4%	30.1%	8.3%	100.0%
DEC					
YTD 2020	29.7%	32.1%	29.0%	9.2%	100.0%
2019	31.5%	31.8%	28.6%	8.1%	100.0%



Prosser Memorial Health

Net Revenue by Financial Class
November 30, 2020

Month	Medicare	Medicaid	Commercial Insurance	Self Pay and Other	Total
JAN	28.2%	23.9%	44.7%	3.2%	100.0%
FEB	25.2%	20.8%	44.1%	9.8%	100.0%
MAR	24.4%	24.3%	44.6%	6.8%	100.0%
APR	29.2%	24.9%	41.2%	4.7%	100.0%
MAY	34.2%	15.3%	36.9%	13.5%	100.0%
JUN	18.4%	25.8%	40.0%	15.8%	100.0%
JUL	20.6%	31.0%	45.8%	2.6%	100.0%
AUG	33.8%	18.4%	34.0%	13.7%	100.0%
SEPT	15.9%	26.6%	37.3%	20.2%	100.0%
OCT	25.9%	24.9%	39.2%	10.1%	100.0%
NOV	31.3%	20.4%	39.2%	9.1%	100.0%
DEC					
YTD 2020	25.0%	23.6%	40.4%	11.0%	100.0%
2019	29.4%	21.7%	38.8%	10.2%	100.0%

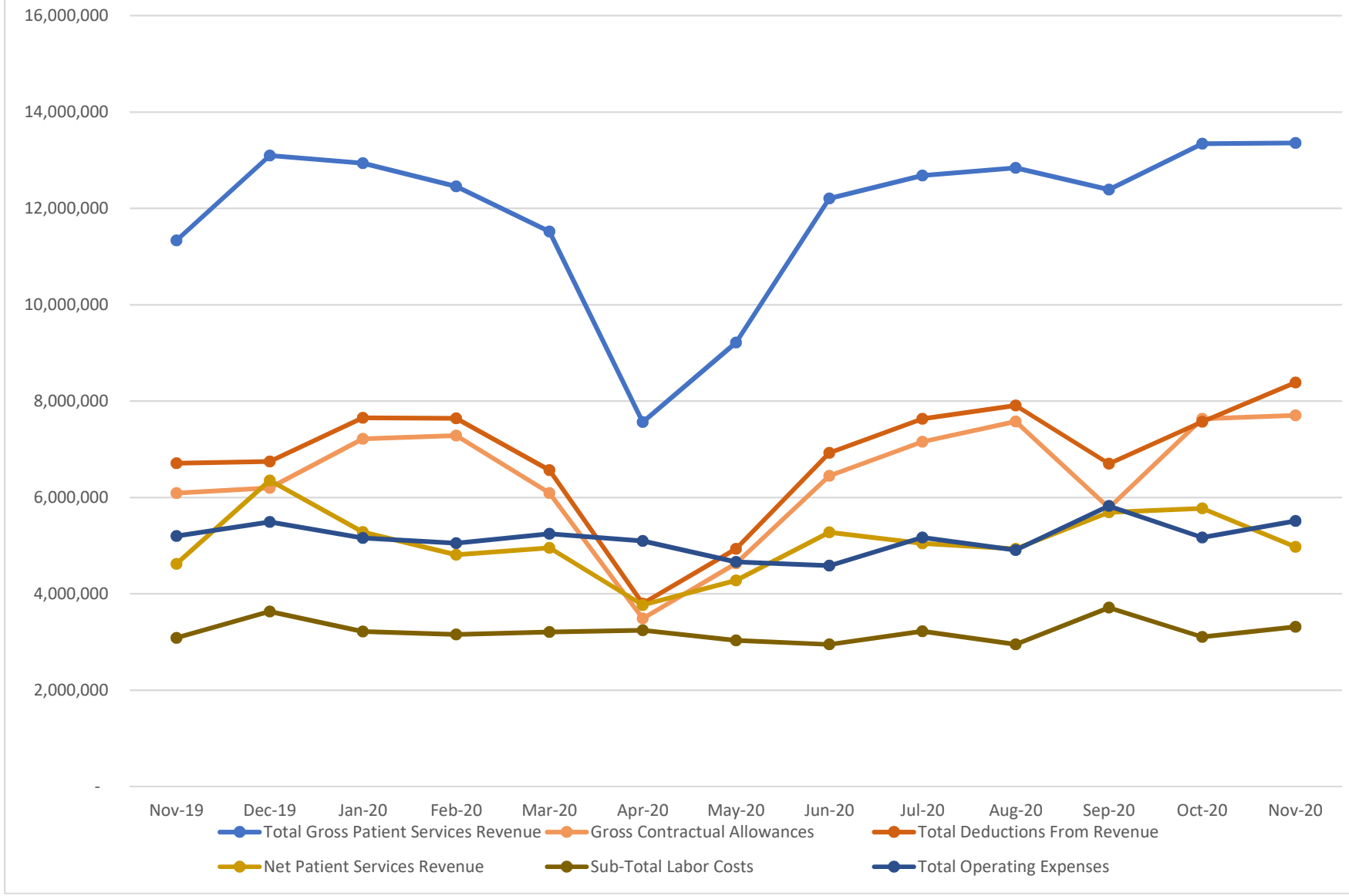


Prosser Memorial Health

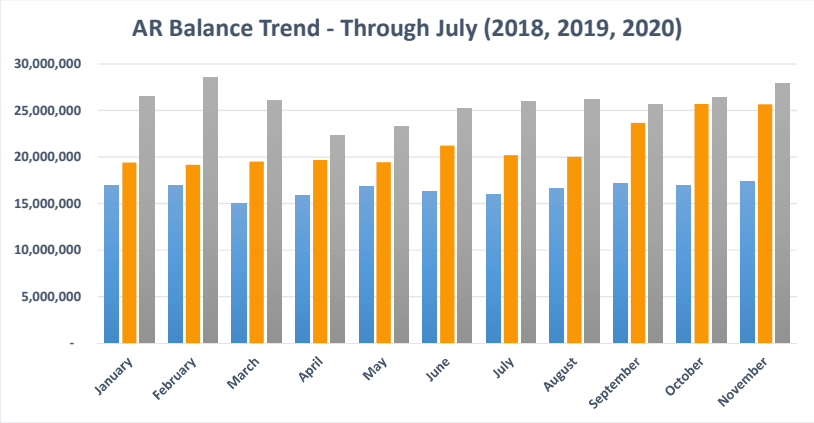
Statement of Operations 13-month Trend

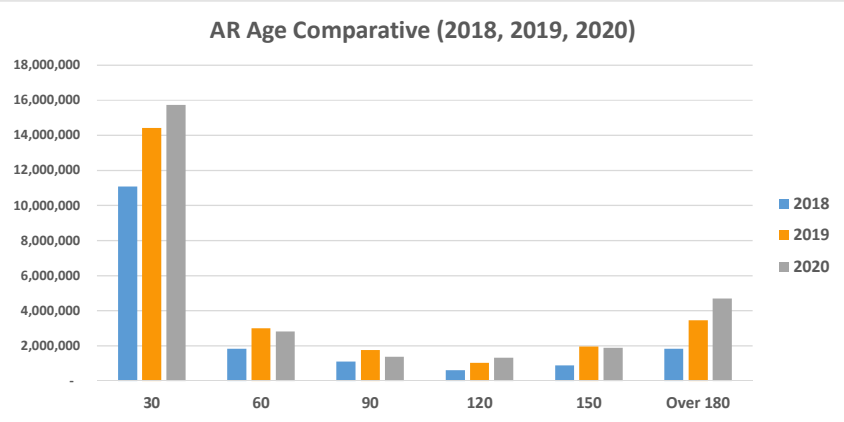
	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Gross Patient Services Revenue													
Inpatient	$ 2,617,549	$ 2,864,852	$ 2,864,636	$ 3,010,011	$ 2,635,344	$ 2,206,745	$ 2,520,235	$ 3,042,365	$ 3,178,603	$ 2,759,767	$ 2,669,699	$ 2,710,596	$ 3,168,278
Outpatient	8,716,943	10,233,791	10,071,001	9,445,153	8,882,599	5,357,211	6,692,398	9,162,181	9,501,319	10,082,833	9,721,811	10,633,377	10,188,162
Total Gross Patient Services Revenue	11,334,492	13,098,643	12,935,637	12,455,164	11,517,943	7,563,956	9,212,633	12,204,546	12,679,922	12,842,600	12,391,510	13,343,973	13,356,440
Deductions from Revenue	*59%*	*52%*	*59%*	*61%*	*57%*	*50%*	*54%*	*57%*	*60%*	*62%*	*54%*	*57%*	*63%*
Contractual Allowances													
Medicare	2,234,020	2,611,913	2,632,393	2,720,808	1,772,267	995,183	1,611,449	2,019,352	2,123,486	2,764,334	1,817,288	2,609,904	2,496,898
Medicaid	3,351,182	2,593,535	2,462,158	2,881,363	2,364,561	2,088,300	1,938,730	2,427,413	3,115,446	2,843,908	2,528,387	3,138,526	3,231,634
Negotiated Rates	490,384	1,053,995	1,970,832	1,535,802	1,559,890	363,732	1,146,693	1,738,176	1,625,968	1,471,853	1,799,267	1,722,466	1,865,577
Other Adjustments	12,337	(62,054)	152,100	143,288	395,710	40,602	(68,462)	265,524	291,657	496,025	(362,398)	161,413	109,178
Gross Contractual Allowances	6,087,923	6,197,389	7,217,483	7,281,261	6,092,428	3,487,817	4,628,410	6,450,465	7,156,557	7,576,120	5,782,544	7,632,309	7,703,287
Charity Care	182,296	34,095	70,465	207,726	147,685	40,927	49,448	149,222	337,712	77,110	79,533	208,648	141,999
Bad Debt	442,390	514,437	366,493	154,253	325,725	268,555	255,700	326,276	138,652	256,521	836,019	(270,517)	537,735
Total Deductions From Revenue	6,712,609	6,745,921	7,654,441	7,643,240	6,565,838	3,797,299	4,933,558	6,925,963	7,632,921	7,909,751	6,698,096	7,570,440	8,383,021
Net Patient Services Revenue	4,621,883	6,352,722	5,281,196	4,811,924	4,952,105	3,766,657	4,279,075	5,278,583	5,047,001	4,932,849	5,693,414	5,773,533	4,973,419
COVID Grant Revenue						2,210,384	1,325,149	1,481,428	205,582	(1,407,088)	1,300,000	-	(3,369,462)
Other Operating Revenue	144,372	60,565	54,446	48,156	79,111	49,953	64,385	58,859	61,424	125,401	132,732	55,526	124,915
Net Revenue	**4,766,255**	**6,413,287**	**5,335,642**	**4,860,080**	**5,031,216**	**6,026,994**	**5,668,609**	**6,818,870**	**5,314,007**	**3,651,162**	**3,651,162**	**5,829,059**	**1,728,872**
Operating Expenses													
Salaries	2,333,751	2,596,017	2,390,097	2,319,195	2,438,079	2,243,147	2,292,652	2,362,460	2,472,695	2,378,145	2,802,563	2,470,293	2,438,217
Benefits	503,958	765,786	577,012	555,392	440,583	739,833	604,325	419,678	578,549	396,087	632,020	426,890	653,867
Purchased Labor	246,218	268,266	249,096	283,557	329,407	261,699	135,882	166,436	169,347	176,412	277,138	208,521	221,005
Sub-Total Labor Costs	3,083,927	3,630,069	3,216,205	3,158,144	3,208,069	3,244,679	3,032,859	2,948,574	3,220,591	2,950,644	3,711,721	3,105,704	3,313,089
Professional Fees - Physicians	352,355	377,019	389,778	279,808	267,635	419,725	288,245	326,140	320,182	393,900	356,882	299,010	371,858
Professional Fees - Other	57,445	37,367	43,960	58,785	19,051	93,438	49,659	64,682	37,919	(112,693)	17,314	32,791	49,263
Supplies	764,707	622,645	619,449	675,545	762,215	527,615	481,223	516,166	689,329	720,675	901,242	774,372	689,856
Purchased Services - Utilities	48,996	37,860	43,249	43,969	40,757	31,315	46,337	46,325	59,031	52,110	57,118	42,281	36,935
Purchased Services - Other	314,069	269,828	261,428	230,546	359,733	222,165	228,231	255,449	279,915	352,210	166,143	347,336	375,342
Rentals & Leases	168,019	186,792	194,404	170,987	167,981	152,417	153,829	180,783	176,162	168,937	172,722	180,140	154,333
Insurance License & Taxes	52,025	63,642	60,430	99,269	87,383	85,150	58,860	36,853	39,883	91,582	77,705	116,220	74,031
Depreciation & Amortization	222,109	224,314	222,577	227,538	224,010	228,367	229,348	231,347	232,391	232,273	232,977	232,435	232,571
Other Operating Expenses	135,294	40,759	104,447	103,657	107,679	92,318	92,182	(21,863)	114,301	56,152	128,247	38,681	212,650
Sub-Total Non-Labor Expenses	2,115,019	1,860,226	1,939,722	1,890,104	2,036,444	1,852,510	1,627,914	1,635,882	1,949,113	1,955,146	2,110,350	2,063,266	2,196,839
Total Operating Expenses	**5,198,946**	**5,490,295**	**5,155,927**	**5,048,248**	**5,244,513**	**5,097,189**	**4,660,773**	**4,584,456**	**5,169,704**	**4,905,790**	**5,822,071**	**5,168,970**	**5,509,928**
Operating Income (Loss)	**(432,691)**	**922,992**	**179,715**	**(188,168)**	**(213,297)**	**929,805**	**1,007,836**	**2,234,414**	**144,303**	**(1,254,628)**	**1,304,075**	**660,089**	**(3,781,056)**
Non Operating Income													
Tax Revenue	69,785	69,205	71,840	65,599	77,314	73,881	69,589	70,784	72,711	71,007	69,246	68,109	75,013
Investment Income	21,943	24,574	22,527	22,036	19,425	18,000	12,391	12,242	3,385	2,600	2,542	55,157	687
Interest Expense	(34,166)	(33,322)	(32,996)	(19,892)	(33,218)	(35,750)	(32,897)	(35,496)	(37,969)	(42,518)	(22,420)	(43,094)	(32,052)
Other Non Operating Income (Expense)	14,420	-	(222)	-	-	500	13,684	(57,915)	-	4,200	-	-	-
Total Non Operating Income	**71,982**	**60,457**	**61,149**	**67,743**	**63,521**	**56,631**	**62,767**	**(10,385)**	**38,127**	**35,289**	**49,368**	**80,172**	**43,648**
Net Income (Loss)	**$ (360,709)**	**$ 983,449**	**$ 240,864**	**$ (120,425)**	**$ (149,776)**	**$ 986,436**	**$ 1,070,603**	**$ 2,224,029**	**$ 182,430**	**$ (1,219,339)**	**$ 1,353,443**	**$ 740,261**	**$ (3,737,408)**
Total Margin	-7.5%	15.2%	4.5%	-2.4%	-2.9%	16.2%	18.7%	32.7%	3.4%	-33.1%	36.6%	12.5%	-210.9%
Margin (Non Operating Income)	-9.1%	14.4%	3.4%	-3.9%	-4.2%	15.4%	17.8%	32.8%	2.7%	-34.4%	35.7%	11.3%	-218.7%
Salaries as a % of Net Revenue	49.0%	40.5%	44.8%	47.7%	48.5%	37.2%	40.4%	34.6%	46.5%	65.1%	76.8%	42.4%	141.0%
Labor as a % of Net Revenue	64.7%	56.6%	60.3%	65.0%	63.8%	53.8%	53.5%	43.2%	60.6%	80.8%	101.7%	53.3%	191.6%
Operating Expense change from prior month	3%	6%	-6%	-2%	4%	-3%	-9%	-2%	13%	-5%	13%	0%	12%
Gross Revenue change from prior month	-11%	16%	-1%	-4%	-8%	-34%	22%	32%	4%	1%	-2%	5%	4%
Net Revenue change from prior month	-9%	35%	-17%	-9%	4%	20%	-6%	20%	-22%	-31%	-31%	10%	-53%

Prosser
Memorial Health



Prosser Memorial Health





AR Balance Trend

	2016	2017	2018	2019	2020	*% Change*
January	12,362,446	13,660,199	16,931,510	19,428,531	26,540,403	*37%*
February	14,494,028	14,529,841	16,911,324	19,146,130	28,567,785	*49%*
March	20,600,695	15,115,376	14,989,166	19,513,147	26,130,696	*34%*
April	20,487,742	15,752,955	15,852,894	19,692,139	22,350,961	*14%*
May	19,464,558	15,131,907	16,812,980	19,455,887	23,319,876	*20%*
June	17,028,895	15,446,995	16,291,895	21,223,053	25,197,275	*19%*
July	16,275,033	15,918,959	15,979,415	20,206,074	25,943,825	*28%*
August	15,812,556	17,412,422	16,633,907	20,028,246	26,144,421	*31%*
September	14,455,924	17,547,651	17,129,789	23,681,156	25,640,562	*8%*
October	13,571,867	15,948,473	16,950,256	25,724,222	26,432,788	*3%*
November	**13,789,248**	**16,292,336**	**17,374,013**	**25,655,024**	**27,862,474**	***9%***
December	13,844,649	16,777,361	17,137,550	25,486,600	-	

AR Age Balance Comparative

	30	60	90	120	150	Over 180	
2016	6,520,093	1,617,498	980,460	661,863	1,036,945	2,972,389	**13,789,248**
2017	7,395,478	2,232,801	1,214,281	809,589	1,345,070	3,295,117	**16,292,336**
2018	11,087,380	1,828,183	1,102,758	623,406	885,033	1,847,253	**17,374,013**
2019	14,436,537	3,005,610	1,759,420	1,036,724	1,960,955	3,455,779	**25,655,024**
2020	15,734,042	2,824,337	1,390,770	1,324,068	1,889,868	4,699,389	**27,862,474**

AR Percentage of Total Balance

2016	47%	12%	7%	5%	8%	22%	**100%**
2017	45%	14%	7%	5%	8%	20%	**100%**
2018	64%	11%	6%	4%	5%	11%	**100%**
2019	56%	12%	7%	4%	8%	13%	**100%**
2020	56%	10%	5%	5%	7%	17%	**100%**

Prosser Memorial Health

Financial Operations

November 30, 2020

	YTD 2019	YTD 2020	YTD Budget 2020
Utilization			
Admissions	904	928	914
Adjusted Admissions	3,961	3,936	4,242
Average Daily Census	6.6	6.4	6.8
Adjusted Occupied Beds	29.0	27.3	31.5
Average Length of Stay (days)	2.5	2.3	2.5
Outpatient Revenue %	77.2%	76.4%	78.5%
Total Yield (net patient revenue)	88.2%	83.6%	105.7%
Hospital Case Mix Index	TBD	0.99	1.00
Financial Performance ($000)			
Net Patient Revenue	52,655	54,671	58,123
Total Operating Revenue	54,094	57,270	59,111
Total Operating Expense	52,634	56,247	55,683
Income (Loss) from Operations	1,460	1,023	3,428
Excess of Revenue Over Expenses	2,266	1,571	4,078
EBIDA (Operating Cash Flow)	3,679	3,549	5,921
Additions to Property, Plant, and Equipment	6,382	3,062	684
Balance Sheet ($000)			
Unrestricted Cash and Investments	723	10,246	3,915
Accounts Receivable (gross)	25,655	27,862	17,104
Net Fixed Assets	15,937	15,750	12,758
Current and Long-Term Liabilities (excluding LT debt)	8,395	18,559	5,413
Long-Term Debt	11,782	10,966	6,441
Total Liabilities	20,177	29,525	11,854
Net Worth	28,741	31,194	29,769
Key Ratios			
Operating Margin (%)	2.7%	1.8%	5.8%
Excess Margin (%)	4.2%	2.8%	6.9%
Operating EBIDA Margin (Operating Cash Flow)	6.8%	6.2%	10.0%
Average Expense per Adjusted Patient Days	3,721	2,858	2,941
Net Accounts Receivable (days)	63.33	63.22	57.95
Current Ratio (x)	1.63	1.30	1.55
Cash on Hand (days)	117.23	183.42	120.39
Cushion Ratio (x)	54.78	79.81	53.80
Return on Equity (%)	7.88%	5.04%	13.33%
Capital Spending Ratio	1.46	1.34	5.13
Average Age of Plant (Years)	10.66	10.25	10.84
Debt Service	4.76	2.89	4.58
Debt-to-Capitalization (%)	31%	29%	27.07%
Patient Revenue Sources by Gross Revenue (%)			
Medicare	31.5%	29.7%	31.5%
Medicaid	31.8%	32.1%	31.7%
Commercial Insurance	28.6%	29.0%	28.7%
Self-pay and Other	8.1%	9.2%	8.1%
Labor Metrics			
Productive FTE's (incl contract labor)	281.56	283.94	300.11
Total FTE's (incl contract labor)	315.61	320.07	348.30
Labor Cost (incl benefits) per FTE - Annualized	103,241.87	109,695.62	98,865.41
Labor Cost (incl benefits) as a % of Net Operating Revenue	60.2%	61.3%	58.3%
Net Operating Revenue per FTE	171,394.94	178,930.81	169,713.64
Operating Expense per FTE	166,768.68	175,734.35	159,871.56

Contacts:

David Rollins Chief Financial Officer (509) 786-6605

Stephanie Titus Director of Finance (509) 786-5530

ATTACHMENT T

Prosser Memorial Health

BALANCE SHEET

	Actual 11/30/2020	Projected 12/31/2020	Budgeted 12/31/2021
Current Assets			
Cash and Temporary Investments	$ 10,245,788	9,458,287	$ 7,445,083
Gross Patient Accounts Receivable	27,862,475	27,862,475	26,121,100
Less Allowances for Uncollectibles	(17,054,000)	(17,054,000)	(16,012,540)
Net Patient Receivables	10,808,475	10,808,475	10,108,560
Taxes Receivable	34,240	10,500	10,500
Receivable for 3rd Party Payor	1,136,310	1,235,425	735,425
Inventory	466,475	466,475	466,475
Prepaid Expenses	1,402,689	1,311,689	1,311,689
Other Current Assets	14,981	14,981	14,981
Total Current Assets	24,108,958	23,305,832	20,092,713
Restricted Assets			
Whitehead Fund - LGIP	1,213,424	1,213,624	1,214,824
Funded Depreciation - Cash	791,283	1,023,854	1,023,854
Funded Depreciation - TVI	15,393,352	15,393,352	18,357,299
Bond Obligation Cash Reserve	767,472	837,000	872,825
Tax Exempt Lease Funds	1,001,868	896,013	-
Property, Plant and Equipment			
Land	478,396	478,396	478,396
Property, Plant, Equipment, and Lease	43,501,846	43,501,846	45,305,898
Accumulated Depreciation	(28,230,570)	(28,230,570)	(31,194,517)
Net Property, Plant and Equipment	15,749,672	15,749,672	14,589,777
Other Assets			
Investments and Other Non Current Assets	2,789,924	2,789,924	2,789,924
Total Assets	**$ 61,815,953**	**$ 61,209,271**	**$ 58,941,216**
Current Liabilities			
Current Portion of Bonds Payable	543,158	837,000	872,825
Current Portion Capital Leases	-	-	-
Current Portion of Other	-	-	-
Accounts Payable	1,671,495	1,671,495	1,708,235
Payroll and Related Liabilities	3,325,376	3,325,376	3,441,764
Deferred Tax Revenue	69,466	69,466	69,466
Cost Report Payable	785,507	785,507	285,507
Other Payables to 3rd Parties	465,709	465,709	465,709
Deferred EHR Medicare Revenue	27,517	-	-
Deferred COVID Revenue	11,552,965	11,552,965	-
Accrued Interest Payable	118,019	19,670	19,670
Other Current Liabilities	-	-	-
Total Current Liabilities	18,559,212	18,727,188	6,863,176
Bonds Payable	10,965,979	10,128,979	9,256,154
Capital Lease Payable	1,096,379	1,096,379	857,222
Total Non Current Liabilities	12,062,358	11,225,358	10,113,376
Total Liabilities	30,621,570	29,952,546	16,976,552
Fund Balance			
Equity	31,194,383	31,256,725	31,256,725
Undistributed Retained Earnings	-	-	10,707,938
Total Fund Balance	31,194,383	31,256,725	41,964,663
Total Liabilities and Fund Balance	**$ 61,815,953**	**$ 61,209,271**	**$ 58,941,216**

Prosser
Memorial Health

STATEMENT OF OPERATIONS

	Actual Nov-2020	Projected 2020	Budget 2021	Variance Projected 2020 vs Budget 2021	
Gross Patient Services Revenue					
Inpatient	30,766,279	33,524,551	35,754,783	2,230,232	6.7%
Outpatient	99,738,046	109,779,597	131,077,865	21,298,269	19.4%
Total Gross Patient Services Revenue	**130,504,325**	**143,304,148**	**166,832,649**	**23,528,500**	**16.4%**
Deductions from Revenue					
Contractual Allowances					
Medicare	23,563,360	26,287,245	31,011,682	4,724,437	18.0%
Medicaid	29,020,427	31,516,082	35,348,146	3,832,064	12.2%
Negotiated Rates	16,800,255	18,315,934	20,498,169	2,182,235	11.9%
Other Adjustments	1,743,223	1,829,434	2,151,876	322,442	17.6%
Gross Contractual Allowances	**71,127,265**	**77,948,695**	**89,009,873**	**11,061,178**	**14.2%**
Charity Care	1,510,475	1,894,470	2,001,341	106,872	5.6%
Bad Debt	3,195,412	3,681,805	3,902,265	220,460	6.0%
Total Deductions From Revenue	**75,833,152**	**83,524,970**	**94,913,479**	**11,388,509**	**13.6%**
Net Patient Services Revenue	**54,671,173**	**59,779,178**	**71,919,170**	**12,139,992**	**20.3%**
COVID Net Revenue	1,745,993	1,745,993	6,350,235	4,604,242	
Other Operating Revenue	853,217	1,015,410	319,337	(696,073)	-68.6%
Net Revenue	**57,270,383**	**62,540,581**	**78,588,742**	**16,048,161**	**25.7%**
Operating Expenses					
Salaries	26,362,735	29,006,069	30,759,717	1,753,648	6.0%
Benefits	6,269,043	6,577,592	7,336,120	758,529	11.5%
Purchased Labor	2,478,500	2,669,157	2,454,430	(214,727)	-8.0%
Sub-Total Labor Costs	**35,110,278**	**38,252,817**	**40,550,267**	**2,297,450**	**6.0%**
Professional Fees - Physicians	3,713,161	4,029,772	4,249,077	219,305	5.4%
Professional Fees - Other	466,471	399,374	502,400	103,026	25.8%
Supplies	7,253,375	8,031,157	10,835,171	2,804,014	34.9%
Purchased Services - Utilities	499,426	544,110	535,978	(8,132)	-1.5%
Purchased Services - Other	2,947,446	3,358,576	3,903,777	545,201	16.2%
Rentals & Leases	1,872,695	2,061,274	2,119,560	58,286	2.8%
Insurance License & Taxes	816,814	912,516	1,026,400	113,884	12.5%
Depreciation & Amortization	2,525,834	2,755,182	2,963,947	208,765	7.6%
Other Operating Expenses	1,041,793	1,150,956	1,580,544	429,588	37.3%
Sub-Total Non-Labor Expenses	**21,137,015**	**23,242,917**	**27,716,854**	**4,473,937**	**19.2%**
Total Operating Expenses	**56,247,293**	**61,495,734**	**68,267,121**	**6,771,388**	**11.0%**
Operating Income (Loss)	**1,023,090**	**1,044,847**	**10,321,620**	**9,276,773**	**887.9%**
Non Operating Income					
Tax Revenue	784,741	855,154	861,972	6,818	0.8%
Investment Income	171,344	172,992	35,214	(137,778)	-79.6%
Interest (Expense)	(368,524)	(401,934)	(539,035)	(137,101)	34.1%
Other Non Operating (Expense)	(39,531)	(37,597)	28,167	65,764	-174.9%
Total Non Operating Income	**548,030**	**588,615**	**386,318**	**(202,297)**	**-34.4%**
Net Income (Loss)	**$ 1,571,120**	**$ 1,633,462**	**$ 10,707,938**	**$ 9,074,476**	**555.5%**
Operating Margin	*1.87%*	*1.75%*	*14.35%*		
Total Margin	*2.74%*	*2.61%*	*13.47%*		
Net Income less COVID relief	*$ (174,873)*	*$ (112,531)*	*$ 4,357,703*	*$ 4,470,234*	
Operating Margin less COVID relief	*-1.30%*	*-1.15%*	*5.50%*		
Total Margin less COVID relief	*-0.31%*	*-0.19%*	*6.03%*		
Operating Revenue/adjusted patient day	3,596	4,607	4,507	*-2.2%*	
Operating Expense/adjusted patient day	3,531	4,530	3,915	*-13.6%*	
Operating Revenue/FTE	211,330	200,104	233,374	*16.6%*	
Operating Expense/FTE	207,555	196,761	202,723	*3.0%*	

Prosser Memorial Health

STATEMENT OF CASH FLOWS

	PROJECTED 2020	BUDGET 2021
NET INCOME TO NET CASH BY OPERATIONS		
Net Income	**$ 1,633,462**	**$ 10,707,938**
Loss (Gain) on Sales of Assets	-	-
Depreciation Expense	2,755,182	2,963,947
TOTAL	4,388,644	13,671,885
WORKING CAPITAL		
Decrease (Increase) in Assets	(11,490,465)	1,199,915
Increase (Decrease) in Liabilities	18,520,649	(12,975,994)
NET CASH PROVIDED BY OPERATIONS	11,418,828	1,895,807
CASH FLOWS FROM INVESTING		
Capital Purchasing	(3,061,741)	(1,804,052)
Investment Activity	4,197,061	0
TOTAL	1,135,320	(1,804,052)
Net Change in Cash	$ 12,554,148	$ 91,755
Beginning Cash Balance	16,267,982	28,822,130
Ending Cash Balance	28,822,130	28,913,886
Net Cash Flow	$ 12,554,148	$ 91,755
Days of Total Cash On Hand	173	156
Composition of Net Working Capital Change:		
(Increase) Decrease in Net Acct. Rec.	(71,380)	699,915
(Increase) Decrease in Other Current Assets	(34,623)	500,000
Increase (Decrease) in Total Current Liab.	11,472,884	(11,864,012)
Increase (Decrease) in Short Term Debt	0	0
Net Working Capital (Increase)/Decrease	$ 11,366,881	$ (10,664,097)

Prosser
Memorial Health

Capital Budget 2021

	Department	Description	Approved Cost	Funding Source
60700	Med/Surg	Hospital Bed Upgrade	30,000	Cash
		Vein Finder	6,500	Cash
		Bladder Scanner	11,316	Cash
70100	Family Birthplace	Infant Warmer	11,714	Cash
70200	Surgical Services	Stretchers (3)	49,722	Cash
		Colonoscope Sterilizer	37,057	Cash
		Aquamantis Device	34,479	Cash
		Pre/Post Op Floor Replacement	45,000	Cash
70700	Laboratory	Sysmex XN1000	12,011	Cash
		Nova Biomedical Stat Profile	13,227	Cash
		Coagulation Instrument	57,387	Lease
		Immunochemistry Unit	96,000	Cash
71400	Diagnostic Imaging	TEE Service Line	132,234	Lease
		GE Convex Array Probe	8,895	Cash
		GE Logic E10 (2)	251,256	Lease
71800	Cardiopulmonary	GE EKG (2)	40,039	Cash
		PFT Interface	15,000	Cash
		Cardiac Stretcher	12,000	Cash
		Easy Pro Lab Pulmonary Function Equipment	45,515	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	Cash
		Stryker Stretchers (5)	89,595	Cash
		ED EHR Module	125,000	Cash
		Slit Lamp	21,720	Cash
72500	OSP	Exam Chair	11,000	Cash
		Blanket Warmer	6,500	Cash
84600	EVS	Carpet Shampooer	7,500	Cash
		Floor Scrubber	12,000	Cash
72710	Pain Clinic	EMG Machine	25,000	Cash
73000	EMS	E-Series Zoll (2)	102,273	Cash
85100	PFS	Cubicles (PFS)	28,877	Cash
85400	Info Technology	Virtual Desktop Infrastructure	350,000	Cash
85200	Patient Registration	Equipment	35,328	Cash
		TOTAL	**$ 1,804,052**	
			$ 440,877	Lease
			$ 1,216,866	Cash

Prosser Memorial Health

Staffing Plan

Department	2020 Current	2021 Budget	Change FTE's	Change Percentage
Medical / Surgical	19.20	19.20	-	0.0%
Family Birthplace	14.94	14.94	-	0.0%
Surgery	14.75	16.75	2.00	13.6%
Laboratory	19.40	20.40	1.00	5.2%
Diagnostic Imaging	15.70	17.70	2.00	12.7%
Pharmacy	2.40	2.40	-	0.0%
Cardiopulmonary	7.40	8.40	1.00	13.5%
Emergency Room	16.50	16.50	-	0.0%
Outpatient Special Procedures	2.20	2.50	0.30	13.6%
Emergency Medical Services	19.67	19.67	-	0.0%
Community Paramedic Program	-	-	-	0.0%
Care Transitions	2.00	3.00	1.00	50.0%
Quality Assurance	1.50	1.50	-	0.0%
Nursing Administration	8.20	8.20	-	0.0%
Total for Chief Nursing Officer	143.86	151.16	7.30	5.1%
ED Physicians	4.50	4.50	-	0.0%
PMH Family Medicine - Benton City	14.00	16.00	2.00	14.3%
PMH Family Medicine - Prosser	16.50	19.50	3.00	18.2%
PMH Family Medicine - Grandview	13.90	17.90	4.00	100.0%
PMH Women's Health Clinic	9.80	9.80	-	100.0%
Comprehensive Pain Clinic	2.00	2.00	-	0.0%
Prosser Specialty Clinic	22.00	22.00	-	0.0%
Ideal Protein	1.00	-	(1.00)	
Employee Health	-	-	-	0.0%
Information Systems	5.80	8.00	2.20	37.9%
Administration	2.29	2.00	(0.29)	-12.7%
Board of Directors	0.09	0.09	-	0.0%
Volunteer Services	-	-	-	0.0%
Community Relations	3.00	3.00	-	0.0%
Human Resources	4.00	4.00	-	0.0%
Process Improvement	-	-	-	0.0%
Medical Staff	1.00	1.00	-	0.0%
Total for Chief Executive Officer	99.88	109.79	9.91	9.9%
Nutritional Services	9.60	10.60	1.00	10.4%
Laundry	2.80	2.80	-	0.0%
Supply Chain	4.00	4.40	0.40	10.0%
Maintenance	5.50	5.50	-	0.0%
Environmental Services	10.30	11.50	1.20	11.7%
Accounting	5.60	5.60	-	0.0%
Patient Registration	10.00	14.00	4.00	40.0%
Patient Financial Services	13.00	13.40	0.40	3.1%
Health Information Management	8.00	8.00	-	0.0%
Total for Chief Financial Officer	68.80	75.80	7.00	10.2%
Total FTE's	312.54	336.75	24.21	7.7%
Total Budgeted Operating Revenue	62,540,581	78,588,742		
Operating Revenue per FTE	200,104	233,374		

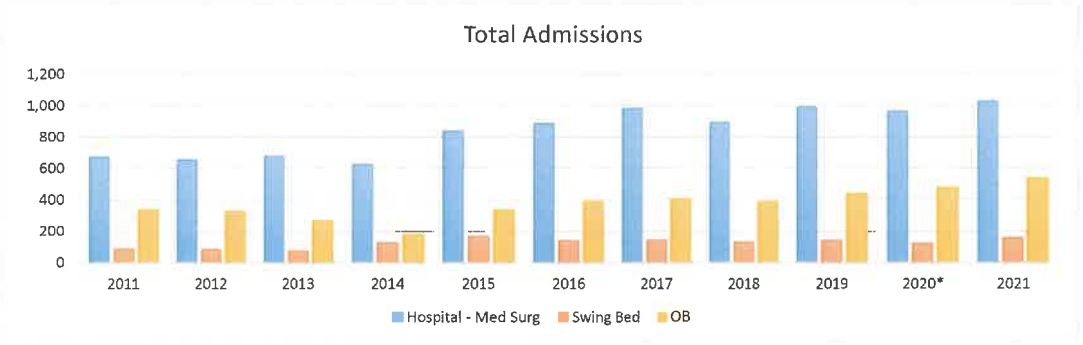
Prosser Memorial Health

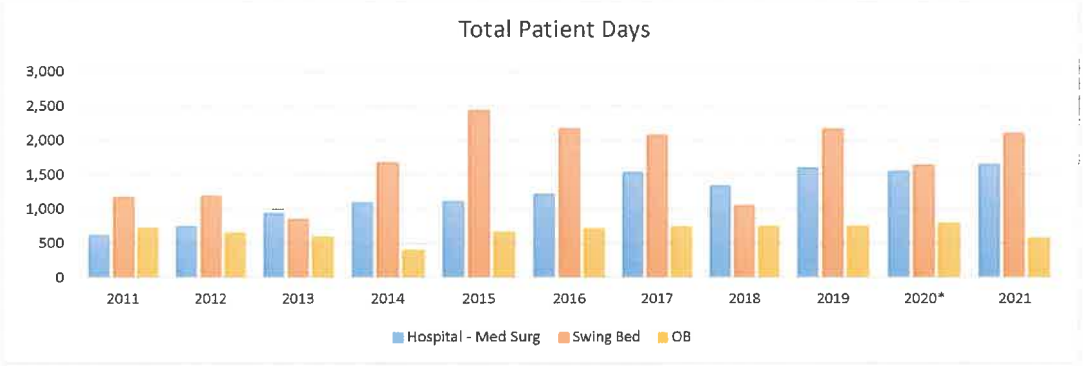
OPERATIONAL STATISTICS

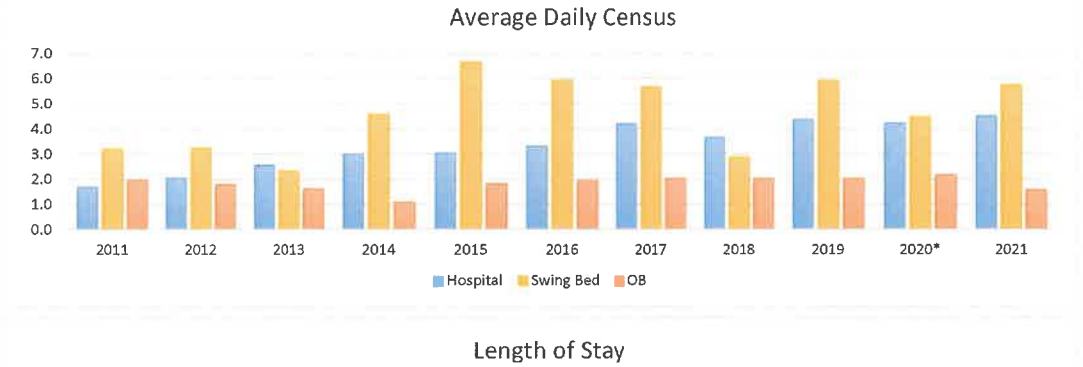
Description	2019 Actual	2020 Annualized	2021 Budget	Change	Percentage
Acute Care Days	1,595	1,544	1,644	100	6.08%
Nursery Days	684	669	783	114	14.56%
Swing Bed Days	2,160	1,632	2,093	461	22.03%
Total Inpatient Days	4,439	3,845	4,520	675	14.93%
Hospital Discharges	992	966	1,029	63	6.08%
Swing Bed Discharges	141	123	158	35	22.03%
Total Discharges	1,133	1,089	1,186	97	8.20%
Average Daily Census - Hospital	4.37	4.23	4.50	0.27	6.08%
Average Daily Census - Swing Bed	5.92	4.47	5.73	1.26	22.03%
Total Average Daily Census	10.29	8.70	10.24	1.54	15.01%
Average Length of Stay - Hospital	1.61	1.60	1.60	-	0.00%
Average Length of Stay - Swing Bed	15.32	13.27	13.27	-	0.00%
Total Average Length of Stay	3.31	2.92	3.15	-	0.00%
Hospital Occupancy	17%	17%	18%	1%	6.08%
Swing Bed Occupancy	24%	18%	23%	5%	22.03%
Total Occupancy	41%	35%	41%	6%	15.01%
Deliveries	439	480	540	60	11.11%
Surgical Procedures	1,418	1,118	1,646	528	32.08%
Emergency Department Visits	12,190	9,858	10,988	1,130	10.28%
PMH Specialty Clinic Visits	11,404	11,136	12,744	1,608	12.62%
PMH - Benton City Clinic Visits	11,493	10,466	12,062	1,596	13.23%
PMH - Prosser Clinic Visits	11,522	12,876	12,626	(250)	-1.98%
PMH - Pain Clinic Visits	955	722	1,193	471	39.48%
PMH - Grandview Clinic Visits	6,812	7,395	8,901	1,506	16.92%
PMH - Women's Health	5,627	6,992	7,550	558	7.39%
Ambulance Runs w. CPP	2,791	2,307	2,497	190	7.61%
Total Outpatient Encounters	109,275	109,839	121,608	11,769	9.68%
Physical Therapy Visits	13,743	10,851	14,519	3,668	25.26%
Speech Therapy Visits	3,058	2,370	3,256	886	27.21%
Occupational Therapy Visits	2,488	1,656	2,692	1,036	38.48%
Total Therapy Visits	19,289	14,877	20,467	5,590	27.31%
Adjusted Outpatient Admissions	4,806	4,655	5,535	880	15.90%
Adjusted Patient Days	15,928	13,576	17,437	3,861	22.14%
Adjusted Census	44	37	48	11	22.14%
Paid FTE's	290	313	337	24	7.19%
FTE's per Adj. Census	6.64	8.40	7.05	(1.35)	-19.20%
Average Salary Cost per Hour	43.72	44.62	43.91	(0.70)	-1.60%
Average Benefit Cost per Hour	10.40	10.12	10.47	0.36	3.39%
Net Operating Revenue per FTE	197,545	200,104	233,374	33,270	14.26%

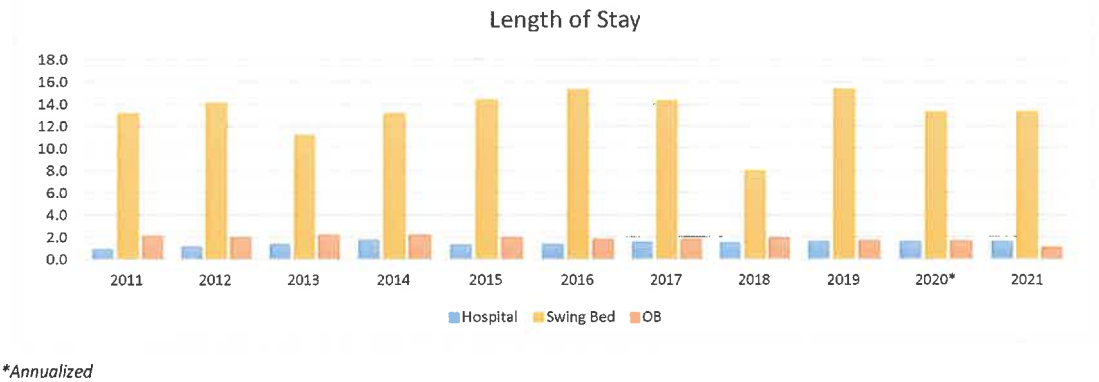
Prosser Memorial Health

Service Line Volume Graphs







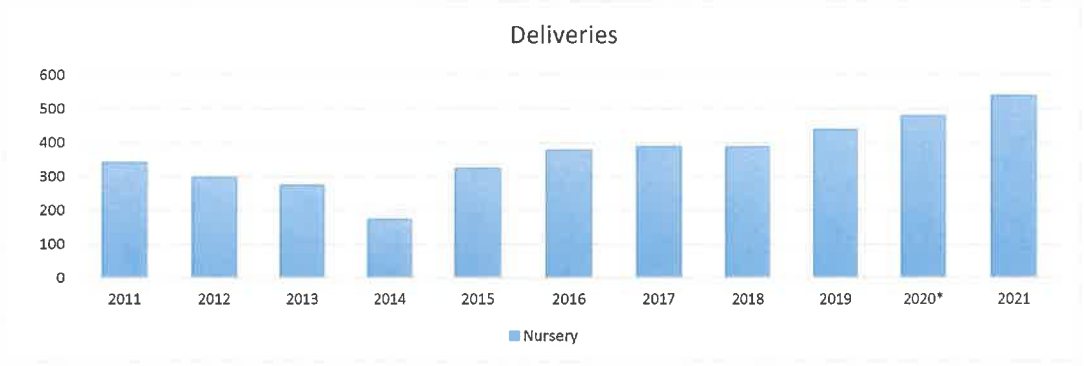


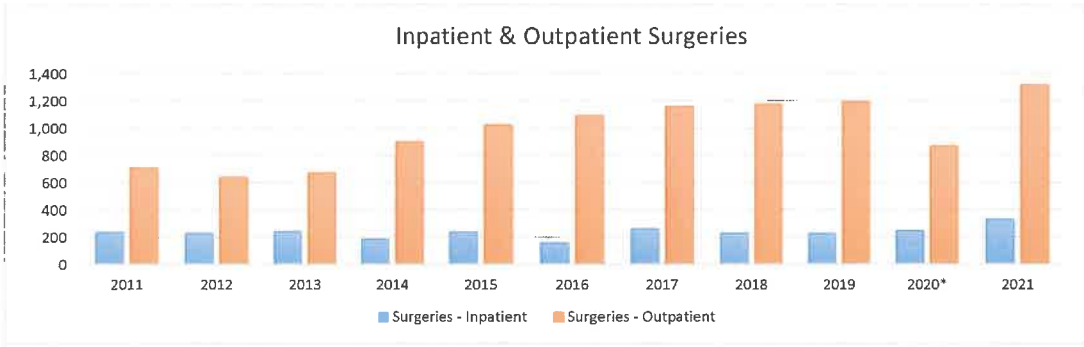
**Annualized*

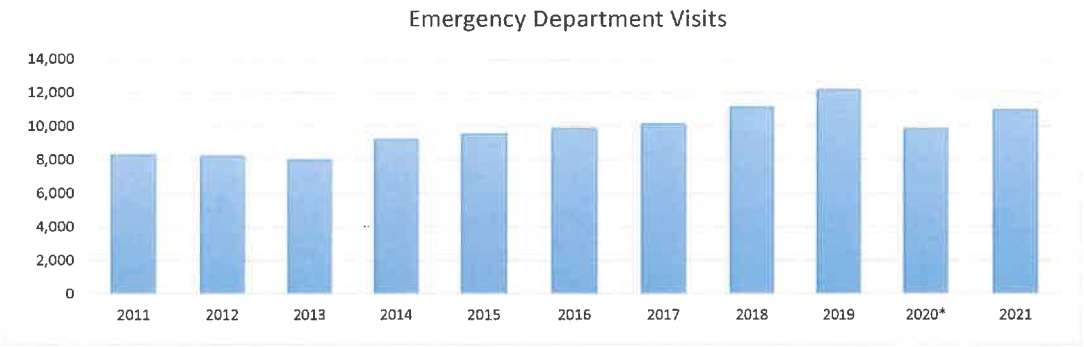
Prosser
Memorial Health

Service Line Volume Graphs

Service Line Volume Graphs cont'd







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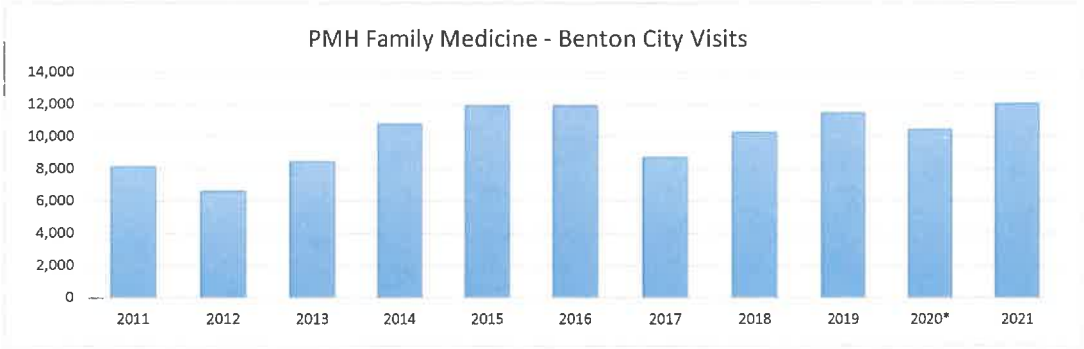
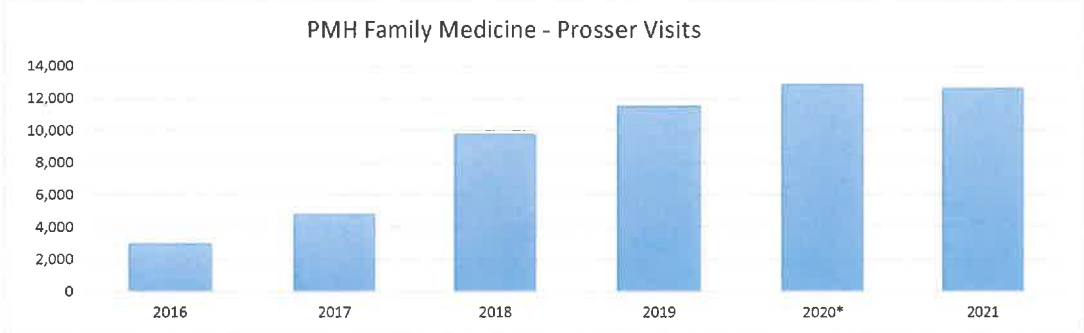
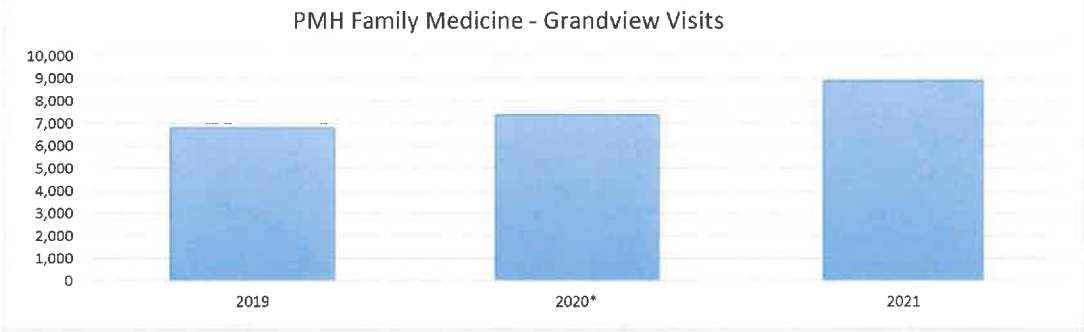
Prosser Memorial Health

Service Line Volume Graphs

Service Line Volume Graphs cont'd







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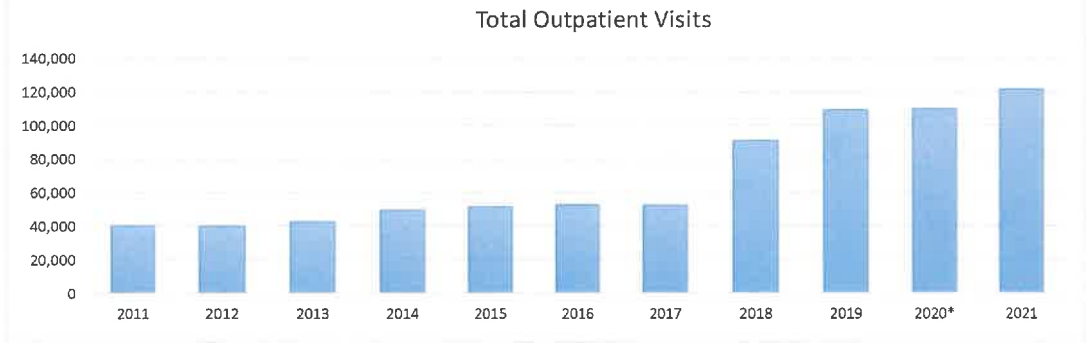
Prosser Memorial Health

Service Line Volume Graphs

Service Line Volume Graphs cont'd



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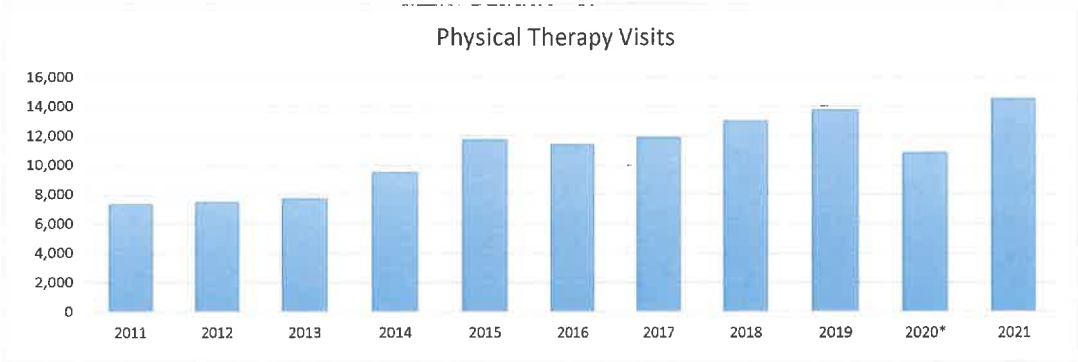
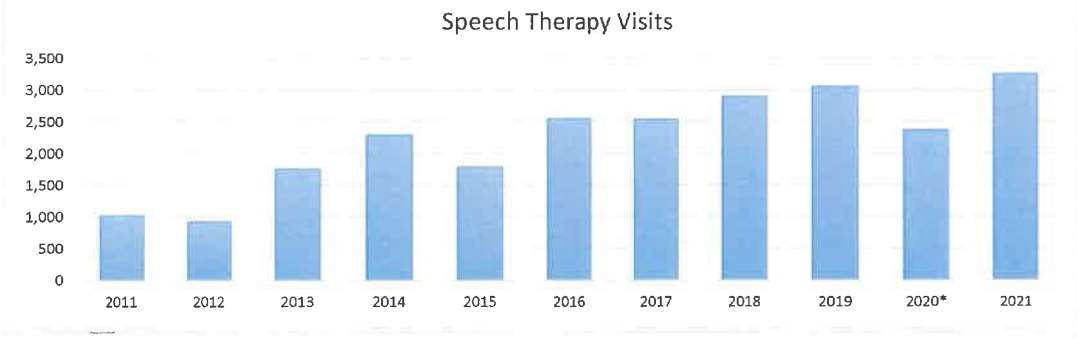
Prosser Memorial Health

Service Line Volume Graphs

Service Line Volume Graphs cont'd





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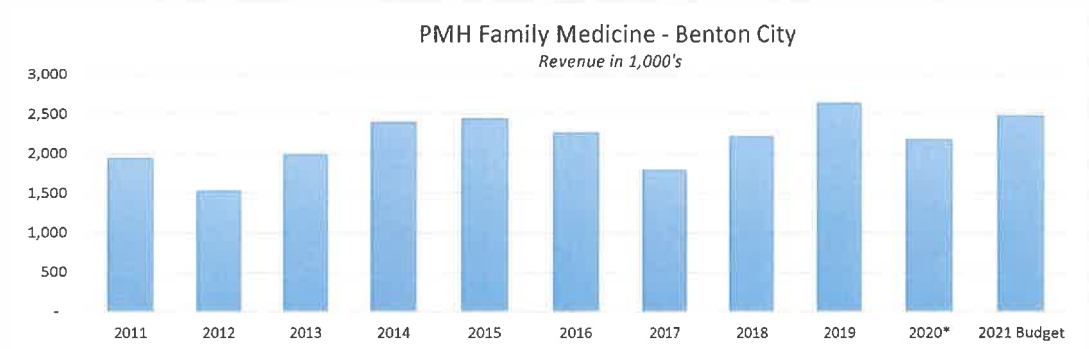
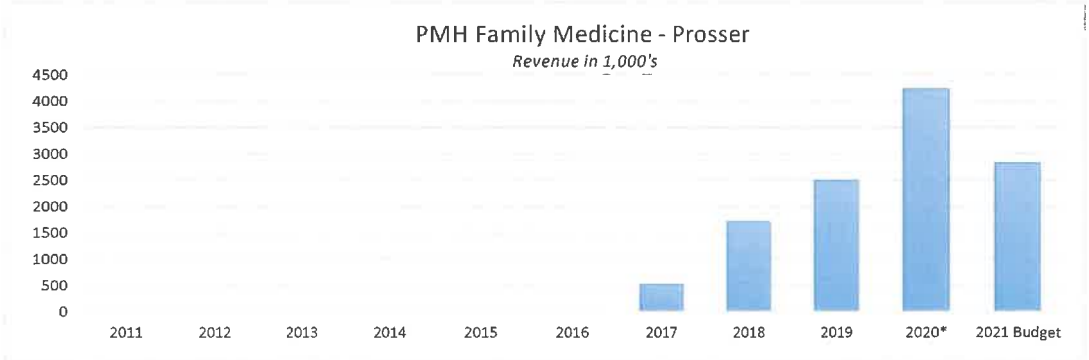
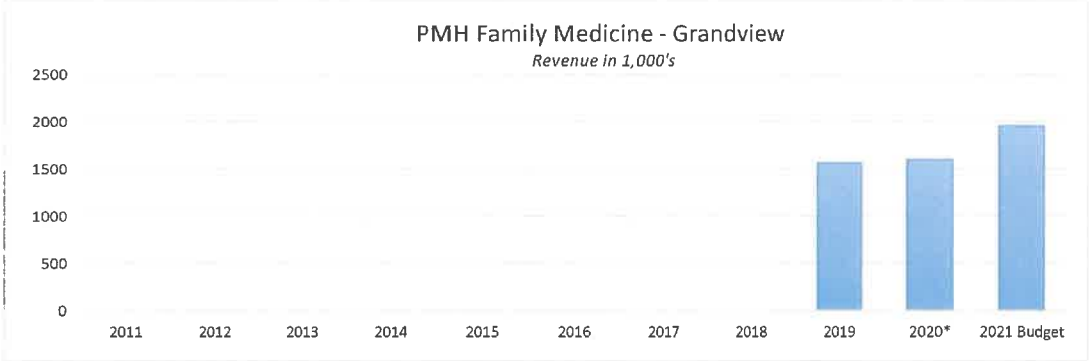
Prosser Memorial Health

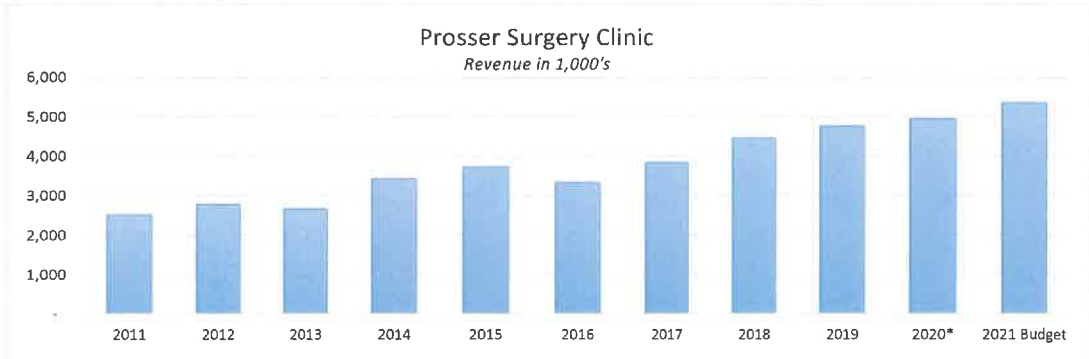
Service Line Volume Graphs

Service Line Volume Graphs cont'd









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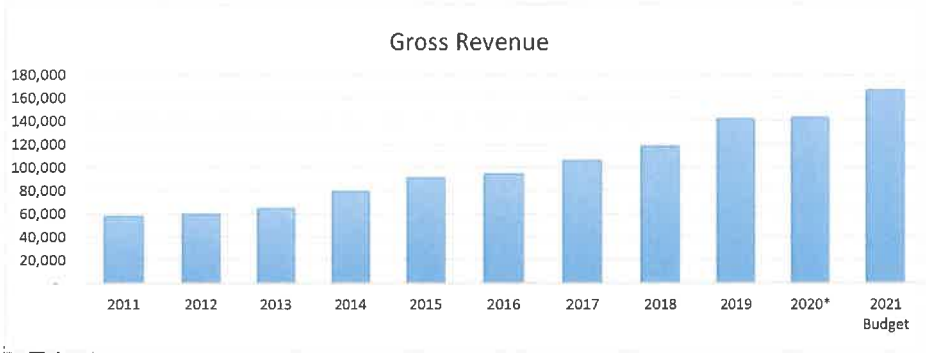
Prosser
Memorial Health

Financial Graphs



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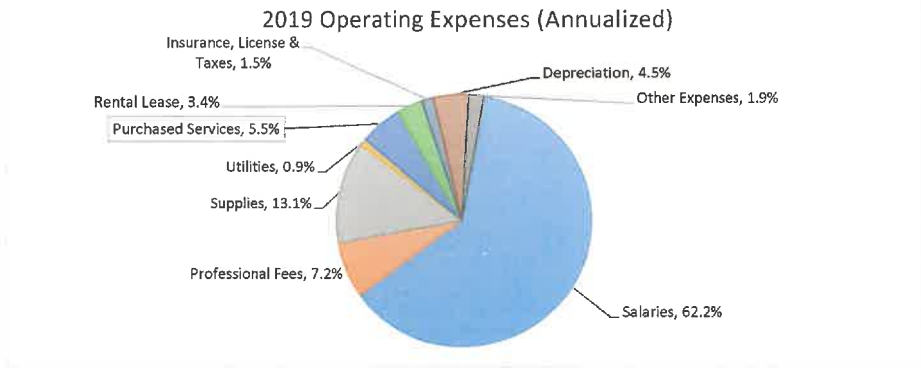
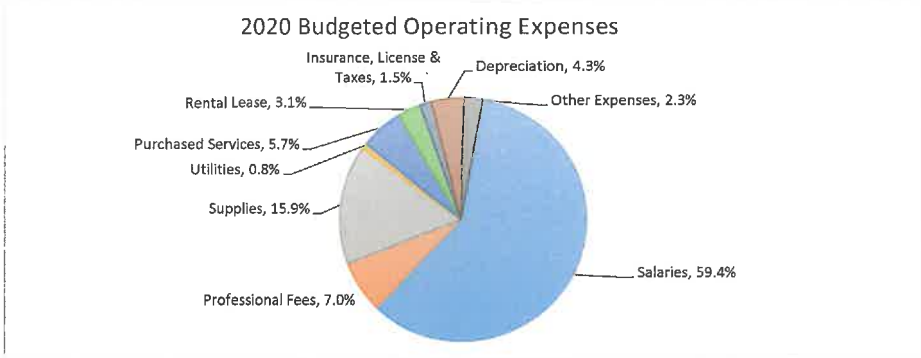




Prosser
Memorial Health

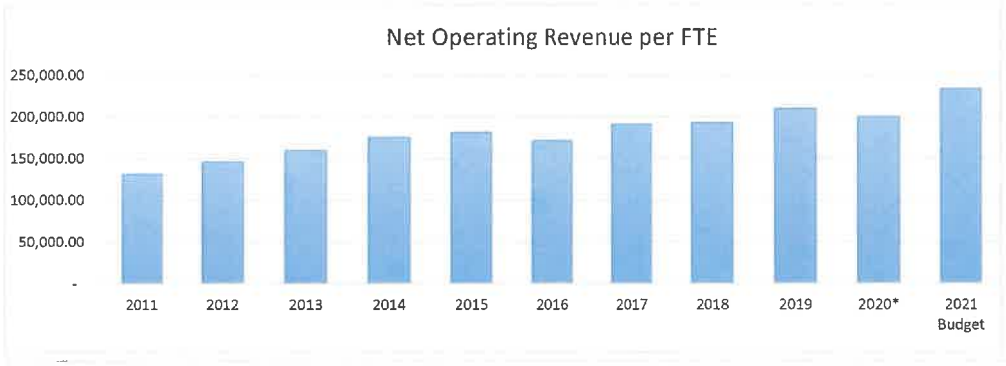
Financial Trends

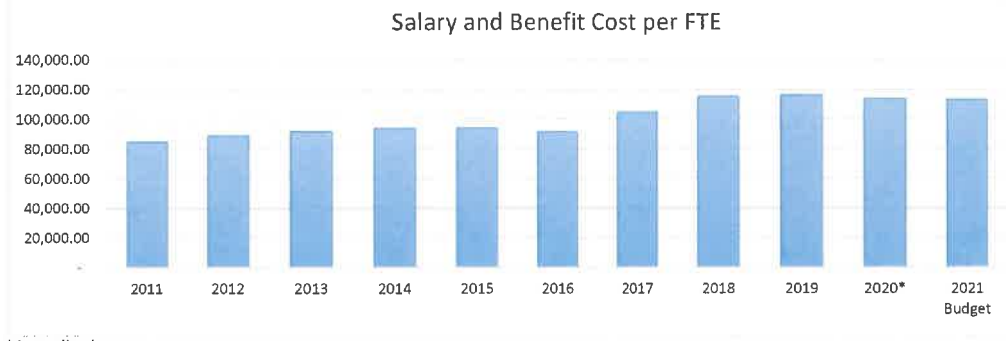
**Annualized*

Prosser Memorial Health

Financial Trends

Financial Trends cont'd





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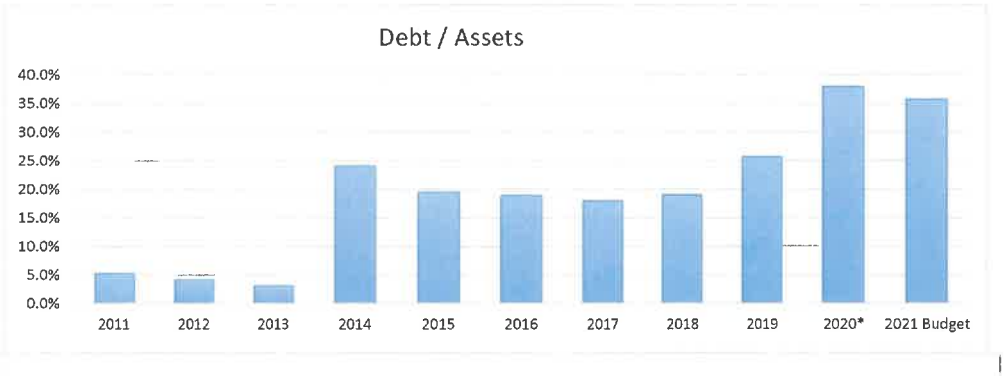
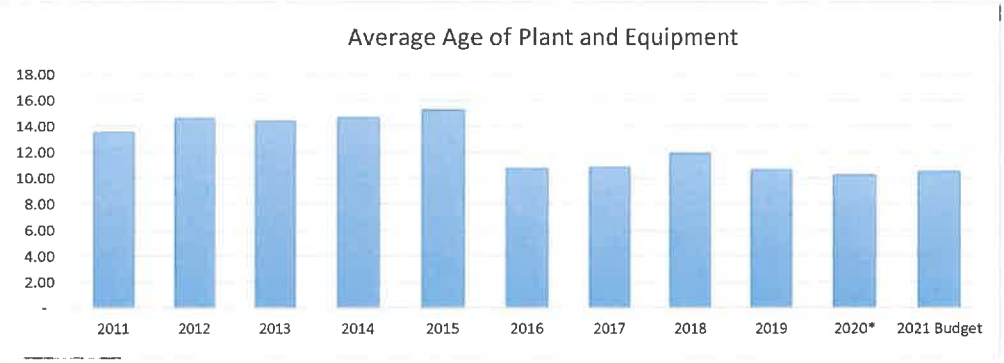
Prosser Memorial Health

Financial Trends

Financial Trends cont'd





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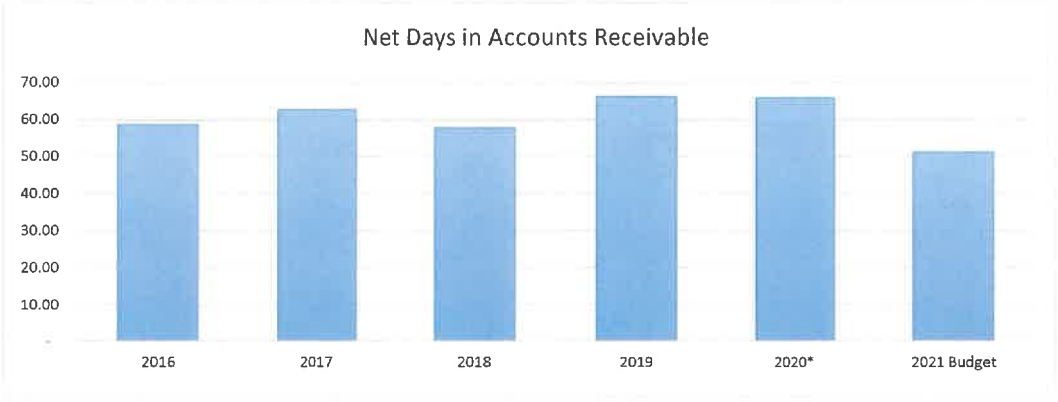
Prosser
Memorial Health

Accounts Receivable Analysis



Hospital Gross Revenue by Payor	2016	2017	2018	2019	2020*	2021 Budget
Medicare	31.8%	33.3%	31.4%	31.5%	29.7%	30.9%
Medicaid	36.0%	32.1%	32.3%	31.8%	32.1%	32.1%
Insurance	25.3%	26.7%	28.2%	28.6%	29.0%	28.6%
Self Pay	6.9%	8.0%	8.1%	8.1%	9.2%	8.5%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

**Annualized*

Prosser Memorial Health

Mission:
To improve the health of our community.

Vision

* Patients
* Employees
* Medical Staff
* Quality
* Services
* Financial Stewardship

Values

* Accountability
* Service
* Promote Teamwork
* Integrity
* Respect
* Excellence

Those We Serve

Rehabilitation Services
Joe Ashton

Laboratory
Susan Miklas
- *Infection Control*

Diagnostic Imaging
Aurora Weddle

Cardiopulmonary
Rusti Wilson

Pharmacy
Lindsay Mckie

EMS / CPP
Christi Doornink-Osborn

Surgical Services
Sara Kindelspire

Family Birthplace
Cindy Raymond

Acute Care
Marla Davis
- *Swing Bed*
- *Case Management/Social Work*
- *OSP*

Emergency Services
Christi Doornink-Osborn

Chief Nursing Officer
Merry Fuller (CNO/COO)

PMH Clinics
Alana Pumphrey
Pain Management / Benton City

Prosser / Grandview / Women's Health Clinics
Molly Schutt
Ideal Protein

Prosser Speciality Clinic
Tricia Hawley

Chief Medical Officers
Dr. Brian Sollers
Dr. Terry Murphy
Dr. Syed Hashmi
Dr. Jacobo Rivero

-Contracted Provider Services
Anesthesia
Hospitalist

-Medical Staff Services / Credentialing

-Medical Staff Recruitment

Quality Assurance/Risk Management/ Compliance
Kristi Mellema (CQO/CCO)

Marketing/Community Relations/Foundation
Shannon Hitchcock (CCO)

Human Resources
Bryon Dirkes (CHRO)
Education

Information Systems
Kevin Hardiek (CIO)

Chief Executive Officer
Craig Marks (CEO)

Board of Commissioners

Maintenance / Support Services
Steve Broussard

Environmental Services
Genny Judkins

Nutrition Services
Victor Huyke

Materials Management
Meagan Bronkhorst
**Interim*

Director of Finance
Stephanie Titus
Payroll / AP
Accounting
Foundation (CFO)

Revenue Cycle Services
Diana Ramirez
**Interim*

Patient Registration
Donna Williams

Health Information Management
Andrea Valle (CPO)

Chief Financial Officer
David Rollins (CFO)

Prosser Memorial Health
Pay Grade Placements
Leadership and Exempt Staff

Exempt Grades & Salary Ranges				Jobs				
Pay Range Minimum	Pay Range Medium	Pay Range Midpoint	Pay Range Maximum					
1	$ 20.60	$ 25.75	$ 30.91	HRIS Assistant/Learning Coordinator	Busy Bean/Gift Shop Coordinator			
2	$ 21.68	$ 27.11	$ 32.54					
3	$ 22.83	$ 28.54	$ 34.25	Director of Environmental Services	Administrative Assistant	Accounting Technician		
4	$ 23.97	$ 29.97	$ 35.96	HR Generalist Recruitment	HR Generalist Benefits	Director Food Services	PFS Integrity Analyst	
5	$ 25.17	$ 31.47	$ 37.76	Medical Staff Coordinator				
6	$ 26.43	$ 33.04	$ 39.65	Director HIM	Clinic Manager			
7	$ 27.75	$ 34.69	$ 41.63	Senior Accountant				
8	$ 29.14	$ 36.43	$ 43.71	Systems Analyst	Clinic Manager II			
9	$ 30.60	$ 38.25	$ 45.90	Director EMS	Director Revenue Cycle	Director Supply Chain		
10	$ 31.67	$ 40.35	$ 49.03	Senior Systems Analyst				
11	$ 33.42	$ 42.57	$ 51.72	Director of Cardiopulmonary				
12	$ 35.25	$ 44.91	$ 54.57	Patient Care Coordinator (PCC)				
13	$ 37.19	$ 47.38	$ 57.57		Director of Support Services			
14	$ 39.24	$ 49.99	$ 60.73	Director of Finance Operations/CFO Foundation	Director of Diagnostic Imaging	Director of Laboratory/Infection Preventist	Director of Clinic Operations	
15	$ 41.40	$ 52.74	$ 64.07	Director of Acute Care	Director of Surgery	Director of Emergency Room/Physician Recruiter	Director of QA & Patient Safety	Director of FBP
16	$ 43.67	$ 55.64	$ 67.60					
17	$ 45.41	$ 58.97	$ 72.54	Director of Information Technology				
18	$ 48.13	$ 62.51	$ 76.89	Director of Human Resources				
19	$ 51.02	$ 66.26	$ 81.50	Director of Marketing, CR & Foundation				
20	$ 54.08	$ 70.24	$ 86.39					
21	$ 57.33	$ 74.45	$ 91.58					
22	$ 60.77	$ 78.92	$ 97.07					
23	$ 64.42	$ 83.66	$ 102.90	Chief Nursing Officer/Chief Operations Officer	Chief Finance Officer			
24	$ 68.28	$ 88.68	$ 109.07					
25	$ 72.38	$ 94.00	$ 115.62					
26	$ 76.72	$ 99.64	$ 122.55					
27	$ 81.32	$ 105.61	$ 129.91					
28	$ 86.20	$ 111.95	$ 137.70					
29	$ 91.37	$ 118.67	$ 145.96					
30	$ 96.86	$ 125.79	$ 154.72	Chief Medical Officer				
31	$ 102.67	$ 133.34	$ 164.00					
32	$ 108.83	$ 141.34	$ 173.84					

6/11/2018

Prosser Memorial Health

SEIU 1199 NW Wage Scale

Labor Cost Effective: July 1, 2018 to June 30, 2021/Applied 7/1/2018

STEP/EXP	RN	LPN	Clinic LPN
Effective	7/1/2018	7/1/2018	7/1/2018
	3.00%	3.00%	3.00%
Base	$31.19	$20.92	$19.87
1 Year	$31.87	$21.38	$20.32
2 Years	$32.58	$21.86	$20.76
3 Years	$33.30	$22.34	$21.22
4 Years	$34.03	$22.82	$21.68
5 Years	$34.77	$23.33	$22.16
6 Years	$35.54	$23.84	$22.65
7 Years	$36.32	$24.36	$23.15
8 Years	$37.12	$24.90	$23.66
9 Years	$37.94	$25.45	$24.17
10 Years	$38.77	$26.01	$24.71
11 Years	$39.63	$26.58	$25.25
12 Years	$40.49	$27.16	$25.81
13 Years	$41.39	$27.78	$26.37
14 Years	$42.31	$28.37	$26.95
15 Years	$43.23	$29.00	$27.55
16 Years	$44.18	$29.63	$28.16
17 Years	$45.15	$30.29	
18 Years	$46.15	$30.95	
19 Years	$47.16	$31.63	
20 Years	$48.20	$32.33	
21 Years	$49.26	$33.05	
22 Years	$50.35	$33.77	
23 Years	$51.46	$34.51	
24 Years	$52.59	$35.28	
25 Years	$53.75	$36.13	
26 Years	$55.09	$37.04	
27 Years	$56.47	$37.96	

Prosser Memorial Health

SEIU 1199 NW Wage Scale

Labor Cost Effective: July 1, 2018 to June 30, 2021/Applied 7/1/2018

STEP/EXP	RN	LPN	Clinic LPN
Effective	7/1/2019	7/1/2019	7/1/2019
	2.50%	2.50%	2.50%
Base	$31.97	$21.45	$20.36
1 Year	$32.67	$21.92	$20.83
2 Years	$33.39	$22.40	$21.28
3 Years	$34.13	$22.90	$21.75
4 Years	$34.88	$23.39	$22.22
5 Years	$35.64	$23.91	$22.72
6 Years	$36.43	$24.44	$23.21
7 Years	$37.23	$24.97	$23.73
8 Years	$38.05	$25.52	$24.25
9 Years	$38.88	$26.08	$24.78
10 Years	$39.74	$26.66	$25.33
11 Years	$40.62	$27.24	$25.88
12 Years	$41.51	$27.84	$26.46
13 Years	$42.43	$28.47	$27.03
14 Years	$43.36	$29.08	$27.63
15 Years	$44.31	$29.72	$28.23
16 Years	$45.29	$30.37	$28.87
17 Years	$46.28	$31.05	
18 Years	$47.30	$31.72	
19 Years	$48.34	$32.42	
20 Years	$49.41	$33.14	
21 Years	$50.49	$33.87	
22 Years	$51.60	$34.62	
23 Years	$52.74	$35.37	
24 Years	$53.90	$36.16	
25 Years	$55.09	$37.04	
26 Years	$56.47	$37.96	
27 Years	$57.88	$38.91	

Prosser Memorial Health

SEIU 1199 NW Wage Scale

Labor Cost Effective: July 1, 2018 to June 30, 2021/Applied 7/1/2018

STEP/EXP	RN	LPN	Clinic LPN
Effective	7/1/2020	7/1/2020	7/1/2020
	2.00%	2.00%	2.00%
Base	$32.61	$21.87	$20.77
1 Year	$33.32	$22.36	$21.24
2 Years	$34.06	$22.85	$21.70
3 Years	$34.82	$23.36	$22.18
4 Years	$35.57	$23.86	$22.67
5 Years	$36.35	$24.39	$23.17
6 Years	$37.16	$24.93	$23.68
7 Years	$37.97	$25.47	$24.21
8 Years	$38.81	$26.03	$24.73
9 Years	$39.66	$26.61	$25.27
10 Years	$40.53	$27.19	$25.84
11 Years	$41.43	$27.79	$26.40
12 Years	$42.34	$28.40	$26.98
13 Years	$43.28	$29.04	$27.57
14 Years	$44.23	$29.66	$28.18
15 Years	$45.20	$30.31	$28.80
16 Years	$46.19	$30.98	$29.44
17 Years	$47.21	$31.67	
18 Years	$48.25	$32.36	
19 Years	$49.31	$33.07	
20 Years	$50.40	$33.81	
21 Years	$51.50	$34.55	
22 Years	$52.64	$35.31	
23 Years	$53.80	$36.08	
24 Years	$54.98	$36.88	
25 Years	$56.20	$37.78	
26 Years	$57.60	$38.72	
27 Years	$59.04	$39.69	

AFSCME Wage Scale

0.0% Labor Cost Adjustment

GRADE	~~1*~~	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
A	Clerk I (443824)									$13.96	$14.44	$14.95	$15.47	$16.01	$16.58	$17.16
B	Clerk II (443825)							$13.68	$14.16	$14.65	$15.17	$15.70	$16.25	$16.82	$17.40	$18.01
C							$13.88	$14.36	$14.87	$15.39	$15.93	$16.48	$17.06	$17.66	$18.27	$18.91
D	Courier (435702) Housekeeper (435704) Laundry (435705)				$13.60	$14.08	$14.57	$15.08	$15.61	$16.16	$16.72	$17.31	$17.91	$18.54	$19.19	$19.86
E	Dietary Aide (434708)			$13.80	$14.28	$14.78	$15.30	$15.84	$16.39	$16.96	$17.56	$18.17	$18.81	$19.47	$20.15	$20.85
F	Cook (435701) Grill Cook (435707) HIM Tech 1 Clinic/Hospital (443812) Lab Clerk (443814), PFS Clerical Support (443811)	$13.53	$14.00	$14.49	$15.00	$15.52	$16.07	$16.63	$17.21	$17.81	$18.44	$19.08	$19.75	$20.44	$21.15	$21.90
G	CNA/U.S. (431933) Interpreter/CNA (431934) Inventory Control Coordinator (4-31-944) Patient Registrar (443816) CS Tech (431930) HIM Tech II (443831) Clinic Medical Receptionist (443805)Storekeeper (4-43-821)	$13.72	$14.20	$14.70	$15.21	$15.75	$16.30	$16.87	$17.46	$18.07	$18.70	$19.36	$20.03	$20.74	$21.46	$22.21	$22.99
H	Patient Services Representative-Clinic (443817) Phlebotomist (431939) Payment Processing Clerk (443818) Wellness Coach (443831) Appointment Scheduler (443802) Appointment Scheduler-Clinic (443804) Medical Assistant - Registered (431936) Credit Balance/Cash Posting Clerk (431944) Grounds/Maintenance (j.c. 449851) Groundskeeper (4-49-851)	$14.41	$14.91	$15.43	$15.98	$16.53	$17.11	$17.71	$18.33	$18.97	$19.64	$20.32	$21.04	$21.77	$22.53	$23.32	$24.14
I	Lab Asst II (431935) Certified MA (431931) ED Tech (429216) Surgery Scheduler/Coordinator (443822) Collector (443828) OSP Tech (429227) CMA/Translator-Clinic (431932) Acute Care Tech (429300) OB Tech ( ) Nurse Technician ()	$15.13	$15.66	$16.21	$16.77	$17.36	$17.97	$18.60	$19.25	$19.92	$20.62	$21.34	$22.09	$22.86	$23.66	$24.49	$25.35
J	AP Clerk (443801) Biller (443820)	$15.89	$16.44	$17.02	$17.61	$18.23	$18.87	$19.53	$20.21	$20.92	$21.65	$22.41	$23.19	$24.00	$24.84	$25.71	$26.61
K	Pharmacy Technician (443938) Financial Couselor (443831) Buyer ()	$16.68	$17.26	$17.87	$18.49	$19.14	$19.81	$20.50	$21.22	$21.96	$22.73	$23.53	$24.35	$25.20	$26.09	$27.00	$27.94
L	Maintenance Mechanic (j.c. 449852)	$17.51	$18.13	$18.76	$19.42	$20.10	$20.80	$21.53	$22.28	$23.06	$23.87	$24.71	$25.57	$26.46	$27.39	$28.35	$29.34
M	Coder-Certified (j.c.443803) Pharmacy Tech II443803 (j.c.431937) Help Desk Technician (j.c. 443940) CDM Coord/Credentialing (j.c. 431941)	$18.39	$19.03	$19.70	$20.39	$21.10	$21.84	$22.61	$23.40	$24.22	$25.06	$25.94	$26.85	$27.79	$28.76	$29.77	$30.81
N	OR Tech (j.c.429210) Payroll Specialist(j.c. 443819)	$19.31	$19.98	$20.68	$21.41	$22.16	$22.93	$23.74	$24.57	$25.43	$26.32	$27.24	$28.19	$29.18	$30.20	$31.26	$32.35
O	MLT (j.c. 429207)	$20.27	$20.98	$21.72	$22.48	$23.27	$24.08	$24.92	$25.79	$26.70	$27.63	$28.60	$29.60	$30.64	$31.71	$32.82	$33.97
P		$21.29	$22.03	$22.80	$23.60	$24.43	$25.28	$26.17	$27.08	$28.03	$29.01	$30.03	$31.08	$32.17	$33.29	$34.46	$35.67
Q	Certified Respiratory Therapist	$22.35	$23.13	$23.94	$24.78	$25.65	$26.55	$27.48	$28.44	$29.43	$30.46	$31.53	$32.63	$33.78	$34.96	$36.18	$37.45
R	Radiologic Technologist-Registered (j.c. 429226) Respiratory Therapist-Registry Eligible (j.c. 429212)	$23.47	$24.29	$25.14	$26.02	$26.93	$27.88	$28.85	$29.86	$30.91	$31.99	$33.11	$34.27	$35.47	$36.71	$37.99	$39.32
S	Medical Technologist (j.c. 429208) MSW (j.c.421302) Respiratory Therapist-Registered(j.c. 429211)	$24.64	$25.51	$26.40	$27.32	$28.28	$29.27	$30.29	$31.35	$32.45	$33.59	$34.76	$35.98	$37.24	$38.54	$39.89	$41.29
T	Microbiologist (j.c. 429209) Social Worker (j.c. 421301)	$25.88	$26.78	$27.72	$28.69	$29.69	$30.73	$31.81	$32.92	$34.07	$35.27	$36.50	$37.78	$39.10	$40.47	$41.89	$43.35
U	QA/QC/Technologist (j.c. 429230) CT Technologist-registry eligible (j.c. 429203) Mammographer (j.c.429206)	$27.17	$28.12	$29.10	$30.12	$31.18	$32.27	$33.40	$34.57	$35.78	$37.03	$38.33	$39.67	$41.06	$42.49	$43.98	$45.52
V	CT Technologist-Registered (j.c. 429204)	$28.53	$29.53	$30.56	$31.63	$32.74	$33.88	$35.07	$36.30	$37.57	$38.88	$40.24	$41.65	$43.11	$44.62	$46.18	$47.79
W		$29.95	$31.00	$32.09	$33.21	$34.37	$35.58	$36.82	$38.11	$39.44	$40.83	$42.25	$43.73	$45.26	$46.85	$48.49	$50.18
X	Ultrasonographer - registry eligible (j.c. 429214) Echo Tech - registry eligible (j.c. 429229)	$31.45	$32.55	$33.69	$34.87	$36.09	$37.36	$38.66	$40.02	$41.42	$42.87	$44.37	$45.92	$47.53	$49.19	$50.91	$52.69
Y		$33.03	$34.18	$35.38	$36.62	$37.90	$39.22	$40.60	$42.02	$43.49	$45.01	$46.59	$48.22	$49.90	$51.65	$53.46	$55.33
Z	Ultrasound-Registered (j.c. 429213) Echo Tech-Registered (j.c. 429205)	$34.68	$35.89	$37.15	$38.45	$39.79	$41.18	$42.63	$44.12	$45.66	$47.26	$48.91	$50.63	$52.40	$54.23	$56.13	$58.09

Premium Pay Schedule (1-2016)		
update	**Weekends:**	$2.50
update	**Evening Shift** (3p-11p)	$2.00
update	**Night Shift** (11p-7a)	$3.00
update	**On Call/Standby:**	$3.75
update 6/15	**Leadperson:**	$1.50
	Preceptor	$1.00

GRANDFATHERED Longevity Compensation:	
Year 10 through 14:	$.29/hour
Year 15 through 19:	$.35/hour
Year 20+:	$.41/hour

Per Diem & Part-Time Without Benefits: 10% additional in lieu of benefits

Longevity grandfathered 1-1-2014 - to be eliminated when grandfathered employee reaches step 14

Three (3) hour call back beginning 1-6-2014

The matrix utilizes 3.5% between steps 1 to 14 then 3.5% between steps 14 to 16 & 5% between grades.

***Step 2 became Step 1 effective 1/1/18**

WA State Minimum Wage 1/2020 = $13.50/hour

Emergency Medical Services EMS Wage Scale

January 1, 2020

Hiring Wage Grid*

EMT	2019	2020	2021	2022
A	13.37	13.84	14.32	14.82
B	13.77	14.25	14.75	15.27
C	14.19	14.69	15.20	15.73
D	14.61	15.12	15.65	16.20
E	15.05	15.58	16.12	16.69
F	15.50	16.04	16.60	17.19
G	15.97	16.53	17.11	17.71
H	16.45	17.03	17.62	18.24
I	16.94	17.53	18.15	18.78
J	17.45	18.06	18.69	19.35
K	17.97	18.60	19.25	19.93
L	18.51	19.16	19.83	20.53
M	19.07	19.74	20.43	21.14
N	19.64	20.33	21.04	21.78
O	20.23	20.94	21.67	22.43

Hiring Wage Grid*

AEMT	2019	2020	2021	2022
A	14.01	14.50	15.01	15.53
B	14.43	14.94	15.46	16.00
C	14.86	15.38	15.92	16.48
D	15.31	15.85	16.40	16.97
E	15.77	16.32	16.89	17.48
F	16.24	16.81	17.40	18.01
G	16.73	17.32	17.92	18.55
H	17.23	17.83	18.46	19.10
I	17.75	18.37	19.01	19.68
J	18.28	18.92	19.58	20.27
K	18.83	19.49	20.17	20.88
L	19.40	20.08	20.78	21.51
M	19.98	20.68	21.40	22.15
N	20.58	21.30	22.05	22.82
O	21.20	21.94	22.71	23.50

Hiring Wage Grid*

Paramedic	2019	2020	2021	2022
A	18.02	18.65	19.30	19.98
B	18.56	19.21	19.88	20.58
C	19.12	19.79	20.48	21.20
D	19.69	20.38	21.09	21.83
E	20.28	20.99	21.72	22.48
F	20.89	21.62	22.38	23.16
G	21.52	22.27	23.05	23.86
H	22.16	22.94	23.74	24.57
I	22.83	23.63	24.46	25.31
J	23.51	24.33	25.18	26.07
K	24.22	25.07	25.95	26.85
L	24.95	25.82	26.73	27.66
M	25.70	26.60	27.53	28.49
N	26.47	27.40	28.35	29.35
O	27.26	28.22	29.21	30.23

*Wage scale set upon hire and is dependent upon credited experience. Employee annual increase moves right on the grid upon anniversary hire date. Lead Pay is $1.25/hour.

ATTACHMENT V

JAY INSLEE
Governor

STATE OF WASHINGTON
OFFICE OF THE GOVERNOR
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PROCLAMATION BY THE GOVERNOR
AMENDING AND EXTENDING PROCLAMATIONS 20-05 AND 20-24

20-24.2
Reducing Restrictions on, and Safe Expansion of,
Non-Urgent Medical and Dental Procedures

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

Commented [SE(1]: The whereas clauses need to be updated to reflect the subsequent events and the changes to the requirements below.

WHEREAS, as a result of the continued worldwide spread of COVID-19, its significant progression in Washington State, and the high risk it poses to our most vulnerable populations, I have subsequently issued several amendatory proclamations, exercising my emergency powers under RCW 43.06.220 by prohibiting certain activities and waiving and suspending specified laws and regulations; and

WHEREAS, the COVID-19 disease, caused by a virus that spreads easily from person to person which may result in serious illness or death and has been classified by the World Health Organization as a worldwide pandemic, has broadly spread throughout Washington State, significantly increasing the threat of serious associated health risks statewide; and

WHEREAS, the health care personal protective equipment supply chain in Washington State has been severely disrupted by the significant increased use of such equipment worldwide, such that there are now critical shortages of this equipment for health care workers. To curtail the spread of the COVID-19 pandemic in Washington State and to protect our health care workers as they provide health care services, it is necessary to prohibit all medical, dental and dental specialty facilities, practices, and practitioners in Washington State from providing non-urgent health care and dental services, procedures and surgeries unless specific procedures and criteria are met; and

WHEREAS, the extensive public-private collaboration between our state and local governments, and the state's hospitals, health systems, and other providers of clinical services in addressing the health care issues created for people and communities by the COVID-19 pandemic is commendable; and

WHEREAS, Washington State's collaborative approach has been effective in addressing the significant public health issues associated with the disease, while greatly expanding the clinical and operational capacity of the health system to effectively care for COVID-19 patients and safely provide

preventive, diagnostic, outpatient, ambulatory, acute, and post-acute care for all people in need of care via both in-person and virtual means. The professionalism, expertise, and compassion of Washington's clinicians, nurses, and other health care professionals during the COVID-19 pandemic has been exemplary; and

WHEREAS in the early days of the pandemic, I, in collaboration with the Washington State Department of Health and health care system partners, established a data-driven approach to addressing the health and safely of Washington's citizens and communities. The actions taken pursuant to this approach reduced the impact of the disease in the State. As the State moves into its Safe Start of the economy, it is important that the healthcare system move rapidly towards a more normal operating position and expand access to care for patients in a manner that is safe and equitable; and

WHEREAS, I support extending Proclamation 20-29, which requires telemedicine payment parity through year-end 2020, when the new parity law in SB 5385 will formally take effect. However, the extension must be approved by the Legislature; and

WHEREAS, recognizing that health status is impacted both by social determinants of health and untreated or inadequately treated health conditions, it is vital that public and private sector participants in the health care system work to enhance public health capabilities and capacity, such as testing, contact tracing and follow-up, and that access to appropriate care be expanded as safely as possible; and

WHEREAS, the exercise of clinical judgement by healthcare and dental professionals related to the care of patients is essential, and it is essential for all of our health and dental partners to follow the same procedures as outlined in this proclamation and work together to protect the health of all of our residents; and

WHEREAS, the worldwide COVID-19 pandemic and its progression throughout Washington State continues to threaten the life and health of our people as well as the economy of Washington State, and remains a public disaster affecting life, health, property or the public peace; and

WHEREAS, access to medical services is imperative to maintaining the health and welfare of all our residents, so that our residents do not forego medically necessary care unnecessarily and put at risk their safety and welfare; and

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

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

NOW, THEREFORE, I, Jay Inslee, Governor of Washington, as a result of the above-noted situation, and under Chapters 38.08, 38.52 and 43.06 RCW, do hereby proclaim that a State of Emergency continues to exist in all Washington State counties, that Proclamation 20-05 and all amendments thereto remain in effect, and that Proclamations 20-05 and 20-24 are amended to immediately prohibit certain medical and dental procedures, with exceptions, and as provided herein.

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

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

FURTHERMORE: based on the above situation and under the provisions of RCW 43.06.220(1)(h), to help preserve and maintain life, health, property or the public peace, I hereby prohibit all health care, dental and dental specialty facilities, practices, and practitioners in Washington State from providing non-urgent health care and dental services, procedures, and surgeries unless they act in good faith and with reasonable clinical judgment to meet and follow the procedures and criteria provided below:

Expansion and Contraction of Care Plan
Each health care, dental or dental specialty facility, practice, or practitioner must develop, and maintain, an expansion and contraction of care plan that is congruent with community COVID-19 assessment, consistent with the clinical and operational capabilities and capacities of the organization, and responsive to the criteria provided below.

Expansion and contraction of care plans should be operationalized based on the standards of care that are in effect in the health care facility, practice, or practitioner's relevant geography as determined by that region's regional healthcare coalition, as follows:

- Conventional Care Phase – All appropriate clinical care can be provided.
- Contingency Care Phase – All appropriate clinical care can be provided so long as there is sufficient access to PPE and, for hospitals, surge capacity is at least 20%.
- Crisis Care Phase – All emergent and urgent care shall be provided; non-urgent care, the postponement of which for more than 90 days would, in the judgment of the clinician, cause harm; the full suite of family planning services and procedures; newborn care; infant and pediatric vaccinations; and other preventive care, such as annual flu vaccinations, can continue.

Criteria for Resuming, Continuing, or Discontinuing Non-Urgent Procedures

Until there is an effective vaccine or herd immunity, hospitals, emergency management agencies, regional healthcare coalitions, professional associations, unions and local health jurisdictions (LHJs) will work together to maintain surge capacity in our health care system and use PPE so that we can keep health care workers safe and provide the needed health care to our communities. To this end, the following must be met by health care, dental and dental specialty facilities, practices, and practitioners in order to provide non-urgent services, procedures, and surgeries. If a facility, practice, or practitioner cannot or does not comply with any of these requirements, non-urgent services, procedures, and surgeries must be reduced or stopped until compliance is achieved and in accordance with the direction, order, requirements, or guidance issued by the Department of Health or Department of Labor and Industries, if any:

- Exercise clinical judgment to determine the need to deliver a health care or dental service in the context of the broader health care and dental needs of patients and communities and in the context of the pandemic, and within the parameters of operation provided by the health care, dental or dental specialty facility, practice or practitioner setting in which they are providing services.
- Continuously monitor the COVID-19 status in the communities they serve. Continuously monitor capacity in the health care system to ensure there are sufficient resources, including ventilators, beds, PPE, blood and blood products, pharmaceuticals, and trained staff available to combat any potential surges of COVID-19.
- Continuously monitor the facility's, practice's, or practitioner's supply of PPE and maintain sufficient access to PPE.
- Comply with all applicable state and federal labor and employment laws and provide the staffing and safe work conditions necessary to provide safe patient care.
- Update infection prevention policies and procedures as necessary to reflect current best practice guidelines for universal precautions issued by the CDC, DOH, and L&I, and implement such policies and procedures.
- Circulate infection prevention practices to staff, and train staff on relevant infection prevention practices.
- Regularly evaluate and improve a formal employee feedback process to obtain direct input regarding care delivery processes, PPE, and technology availability.
- Utilize telemedicine as permitted by law for the type of care being provided in order to facilitate access to care while helping to minimize the spread of the virus to other patients and/or health care workers.
- Implement policies for non-punitive employee leave that adhere to CDC return-to-work guidance and applicable law.
- Post signage that strongly encourages staff, visitors, and patients to practice frequent hand hygiene with soap and water or hand sanitizer, avoid touching their face, and practice cough etiquette.
- Follow CDC Guidance on *Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic*, including any subsequent amendments, for COVID-19 symptom screening for all patients, visitors, contractors, volunteers, and staff prior to, or immediately upon, entering a facility or practice.
- Limit visitors to those essential for the patient's well-being and care. As required under Proclamation 20-25.7, including any subsequent amendments, require visitors to wear face coverings in compliance with the Secretary of Health's order, found at

https://www.doh.wa.gov/Emergencies/COVID19/ClothFaceCoveringsandMasks, including the exceptions and exemptions therein.

- As required under Proclamation 20-25.7, including any subsequent amendments, and the requirements of the Emergency Medical Treatment and Active Labor Act, 42 U.S.C. §1395dd, and other applicable state and federal laws, require patients to wear face coverings in compliance with the Secretary of Health's order, including the exceptions and exemptions therein.
- To the greatest extent possible given the constraints of the facility layout, maintain strict physical distancing in patient scheduling, check-in processes, positioning, and movement within a facility. Set up waiting rooms and patient care areas to facilitate patients, visitors, and staff to maintain ≥6 feet of distance between them whenever possible, consider rooming patients directly from cars or parking lots, space out appointments, and consider scheduling or spatially separating well visits from sick visits.
- Except when physical distancing would interfere with providing health care, require, ensure, and provide adequate space, procedures, and means to maintain physical distancing of at least six feet by all employees in all areas of the hospital/clinic, including public areas, halls, office areas, breakrooms and cafeteria rooms.
- Frequently clean and disinfect high-touch surfaces regularly using an EPA-registered disinfectant, in accordance with guidance issued by the CDC, DOH, and L&I. Follow CDC guidelines to clean after reports of an employee with suspected or confirmed COVID-19 illness. This may involve the closure of the facility or areas of the facility until the location can be properly disinfected.
- Notify the local health jurisdiction where the facility or practitioner is located within 24 hours of identification of a COVID-19 outbreak, defined as suspected transmission among staff, patients, or visitors within the facility as defined in the *Department of Health's COVID-19 Outbreak Definition for Healthcare Settings*, including any subsequent amendments. Subject to applicable privacy and confidentiality laws and rules, create and maintain a list of staff, patients, contractors, volunteers, and visitors with confirmed or suspected cases or exposure.
- Exclude employees infected with or with known or suspected high-risk exposure to COVID-19 from the workplace in accordance with the CDC's *Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19* and *Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection*, including any subsequent amendments, subject to the direction of the local health jurisdiction.
- Promptly offer and make available, either on-site or by directing to an external local testing location, testing to employees who have signs or symptoms consistent with COVID-19.
- Educate patients about COVID-19 in a language they best understand. The education should include the signs, symptoms, and risk factors associated with COVID-19 and how to prevent its spread.
- Follow the requirements in Governor Inslee's Proclamation 20-46 - *High-Risk Employees – Workers' Rights*, as amended.
- Follow any direction, order, requirement, or guidance issued by the LHJ, Department of Health or the Department of Labor and Industries for the implementation of this proclamation.

In addition to the above requirements, hospitals and ambulatory surgical facilities must also meet the requirements below in order to provide non-urgent services, procedures, and surgeries. If a hospital or ambulatory surgical facility cannot or does not comply with any of the requirements in the lists above or below, non-urgent services, procedures, and surgeries must be reduced or stopped until compliance is achieved and in accordance with the direction, order, requirements, or guidance issued by the Department of Health or Department of Labor and Industries, if any:

- For hospitals only, submit accurate and complete data, as required by any Department of Health (DOH) guidelines, to the WA HEALTH data reporting system to allow for a state-wide common operating perspective on resource availability.
- In order to maintain health system capacity and staff readiness during the COVID-19 epidemic, before providing non-urgent care, hospitals must have sufficient resources to allocate staff and provide meal and rest periods and work hours according to the standards that apply in non-emergent circumstances. Specifically, to be able to continue providing non-urgent care, hospitals that are engaged in the COVID-19 response must meet the following requirements when providing non-urgent services, procedures, and surgeries:
    - For hospitals as defined in RCW 70.41.410(1), assign nursing personnel for all non-urgent services, procedures, and surgeries in accordance with the hospital's nurse staffing plan adopted under RCW 70.41.420.
    - For hospitals that are employers within the meaning of RCW 49.12.480, provide employees, as defined in RCW 49.12.480(3)(a), who are providing non-urgent services, procedures, or surgeries, with meal and rest periods as required by WAC 296-126-092, except that rest periods must be scheduled and the employers must provide employees with uninterrupted meal and rest breaks, unless there is a clinical circumstance as described in RCW 49.12.480(1)(b)(ii) that interrupts the break.
    - For health care facilities, as defined in RCW 49.28.130(3)(a), do not require, compel, or force any employee, as defined in RCW 49.28.130(1)(a), who is providing non-urgent services, procedures, or surgeries, to work overtime, unless the circumstance falls under the exceptions listed in RCW 49.28.140(3)(d).

- For clinical procedures and surgeries, develop and implement setting-appropriate, pre-procedure COVID-19 testing protocols from Department of Health guidance or, if none is issued, relevant and reputable professional clinical sources and research.
- For employees with known or suspected high-risk workplace exposure to SARS-CoV-2, notification to the employee and, with the employee's authorization, to their union representative, if any, by the facility must occur within 24 hours of confirmed exposure. For all high-risk exposures, testing must be offered and made available within an appropriate timeframe according to CDC guidelines for testing healthcare personnel. Testing must be conducted in accordance with the CDC's *Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2*, including any subsequent amendments, subject to the direction of the local health jurisdiction. Per the CDC, test results should be available rapidly, within 24 hours of specimen collection. If the health care facility is unable to provide testing results within this timeframe, the employee should be referred to another testing site.
- Healthcare organizations may, at times, due to PPE shortages created by disruptions to global supply chains, operate in a contingent/crisis mode regarding PPE usage. In such situations, healthcare organizations must utilize PPE protocols that are consistent with CDC guidelines

for non-conventional PPE usage. During times when contingent/crisis PPE protocols are in use, healthcare organizations must implement active epidemiological monitoring protocols, including testing of all employees with COVID-19-like illness symptoms within 24 hours of the onset of those symptoms, and implement randomized surveillance testing of employees in consultation with the local health jurisdiction.

- Develop and implement, or continue, and regularly evaluate and improve a management/employee/union (if applicable) group to review current PPE, projected PPE burn rates, and projected delivery of PPE supplies and understand how that impacts operations for PPE use twice a month.

FURTHERMORE, I hereby prohibit all health care, dental and dental specialty facilities, practices, and practitioners in Washington State from failing to comply with Department of Health and Department of Labor and Industries (L&I) Division of Occupational Safety and Health (DOSH) rules and guidance on personal protective equipment (PPE).

ADDITIONALLY, for purposes of this proclamation, non-urgent health care and dental services, procedures, and surgeries are those that, if delayed, are not anticipated to cause harm to the patient within 90 days. The decision to perform any surgery or procedure in health care, dental and dental specialty facilities and offices should be weighed against the following criteria when considering potential harm to a patient's health and well-being:

- Expected advancement of disease process
- Possibility that delay results in more complex future surgery or treatment
- Increased loss of function
- Continuing or worsening of significant or severe pain
- Deterioration of the patient's condition or overall health
- Delay would be expected to result in a less-positive ultimate medical or surgical outcome
- Leaving a condition untreated could render the patient more vulnerable to COVID-19 contraction, or resultant disease morbidity and/or mortality
- Non-surgical alternatives are not available or appropriate per current standards of care
- Patient's co-morbidities or risk factors for morbidity or mortality, if inflicted with COVID-19 after procedure is performed

Furthermore, diagnostic imaging, diagnostic procedures or testing should continue in all settings based on clinical judgment that uses the same definition of harm and criteria as listed above. The full suite of family planning services and procedures are not non-urgent.

ADDITIONALLY, when making health system care capacity decisions, health care, dental and dental specialty facilities, practices, and practitioners must, in addition to the above, consider 1) the level and trending of COVID-19 infections in the relevant geography, 2) the availability of appropriate PPE, 3) collaborative activities with relevant emergency preparedness organizations and/or LHJ, 4) surge capacity of the hospital/care setting, and 5) the availability of appropriate post-discharge options addressing transitions of care.

ADDITIONALLY, given the geographic diversity of Washington, the variability in COVID-19 disease burden within the state, and health care system capabilities and capacity, no uniform

approach to expanding access to care is possible nor would any such approach be effective or wise. It is essential that health care system participants act with good judgment within the context of their patients' needs, their environment, and their capabilities and capacity.

This Proclamation goes into effect immediately and shall remain in effect until the state of emergency, issued on February 29, 2020, pursuant to Proclamation 20-05, is rescinded, or until this order is amended or rescinded, whichever occurs first.

Violators of this order may be subject to penalties pursuant to RCW 43.06.220(5).

Signed and sealed with the official seal of the state of Washington on this 18th day of May, A.D., Two Thousand and Twenty at Olympia, Washington.

Commented [SE(2]: Update

By:

_____

Jay Inslee, Governor

BY THE GOVERNOR:

_____

Secretary of State

ATTACHMENT W

Craig Marks

From: Taya Briley <TayaB@wsha.org>
Sent: Tuesday, December 01, 2020 10:13 AM
To: Liz Cortez
Subject: WSHA Memo re Non-Urgent Procedure Proclamation 20-24.2 – Effective December 3, 2020

Washington State Hospital Association

Date: December 1, 2020

To: WSHA Members

From Taya Briley, Executive Vice President and General Counsel
Darcy Jaffe, Senior Vice President, Quality and Safety
Chelene Whiteaker, Senior Vice President Government Affairs

Re: **Non-Urgent Procedures Proclamation 20-24.2 – Effective December 3, 2020**

The purpose of this memo is to provide information about the just updated Non-Urgent Procedures Proclamation from Governor Inslee https://www.governor.wa.gov/news-media/inslee-announces-additional-requirements-health-and-dental-facilities.

We are very pleased with the amount of progress made from the initial draft of this updated proclamation; the final proclamation represents major changes. The initial drafts of the proclamation – and nearly immediate plan for publication – caused WSHA and other health care associations across the state great concern. Working together we were able to elevate those concerns with the Governor's Office. As a result, the Governor's staff slowed the process, held negotiating sessions, and accepted many of our suggestions. We greatly appreciate your engagement in our advocacy.

Below is a summary of significant changes in the new proclamation, which is an update to the proclamation issued May 18, 2020[1]. This is not a comprehensive review of the proclamation. Some sections remain unchanged from the May 18, 2020 version. While much has improved, some areas of the proclamation remain challenging. We have highlighted areas where we suggest hospital and health systems pay particular attention.

We know this proclamation is coming at a terrible time. Trying to immediately implement a lengthy and convoluted document that threatens operations in the midst of a COVID surge is not ideal. Ironically, many hospitals are already canceling or delaying non-urgent procedures, which is the enforcement hook for many of the new requirements. Notwithstanding, we urge you to do all you can to comply, especially with requirements that are straightforward such as meeting with staff/unions twice monthly to discuss PPE supplies.

We will provide updates and clarifications on implementation of the proclamation as they are available. If you have questions please contact Taya Briley at tayab@wsha.org, Darcy Jaffe at darcyj@wsha.org, or Chelene Whiteaker at chelenew@wsha.org.

Non-Urgent Procedure Proclamation Highlights

Expansion/contraction of care plans remains. As in the original proclamation there is a section that requires providers to have an expansion/contraction of care plan depending on the "care phase" determined by the regional health care coalition. We are currently considered to be in the "Contingency Care Phase"[2]. The Regional Healthcare Coalitions, including REDi and the Northwest Health Care Response Network, are carefully working with the state, WSHA, hospitals, and other stakeholders regarding if, and when a change to "Crisis Care Phase"[3] is warranted, which would impact ability to deliver non-urgent procedures.

Clinicians may prevent possible harm, even in crisis care phase. Even if Crisis Care Phase is reached it is important to remember that among the types of care that may continue to be provided is non-urgent care, the postponement of which for more than 90 days would, *in the judgment of the clinician*, cause harm. Note that the determination of harm is made by the clinician caring for the patient. It will be important that the clinician can clearly show how that determination was made and that consideration is given to consistency within procedure types so patients with similar clinical profiles are receiving similar treatment. Also important is the detailed statement about the meaning of "harm" found in the first "Additionally" paragraph in the proclamation. There is a bulleted list of criteria to consider[4], along with a statement about diagnostic imaging, procedures and testing.

Procedures fall into (at least) four categories: A number of the proclamation's operational requirements are within a section where non-compliance means non-urgent services, procedures and surgeries must be reduced or stopped until compliance is achieved. However, in determining what procedures may be performed, hospitals must consider the type of procedure at hand.

- **Urgent procedures.** The proclamation does not limit the performance of procedures considered to be urgent by clinicians.
- **Non-urgent procedures where there is the possibility of harm.** As noted above, there are restrictions on non-urgent health care and dental services, procedures, and surgeries if certain compliance requirements are not met. However, it is critical to consider the full definition of "non-urgent" which means those procedures, "that, ***if delayed, are not anticipated to cause harm to the patient within the next 90 days***." In determining whether a service, procedure or surgery is non-urgent there must be careful consideration of the meaning of harm, as assessed by the clinician. In our conversations with hospitals about the original proclamation, it became clear that many individuals were applying the limit on non-urgent procedures in a too-limited way that did not fully consider the potential for harm if there was delay.
- **Non-urgent procedures where there is not a possibility of harm.** These are the procedures most subject to restriction. Non-urgent health care and dental services, procedures, and surgeries must be restricted if certain compliance requirements are not met.
- ***"Not* non-urgent" procedures.** The proclamation also creates a category of procedures considered "not non-urgent." Specifically included in this category is the full suite of family planning services and procedures and other services. While perhaps not rising to the level of an urgent procedure, these services are also not considered to be non-urgent and occupy a sort of middle ground of procedures that may be performed even if the operational criteria cannot be met. WSHA believes that, depending on the judgment of the clinician, other services and procedures, including potentially screening and preventive services, may fall into this category as well.

Telemedicine can continue. The proclamation was revised to state that telemedicine should be used as permitted by law for the type of care being provided, "in order to facilitate access to care while helping to minimize the spread of the virus to other patients and/or health care workers." We are pleased the telemedicine language is clearer than in some of the drafts, which could have created prior authorization requirements threatening access to care.

Symptom screening is improved. WSHA is very pleased that after strong advocacy there was an update to the original proclamation's requirements on fever and symptom screening. Instead of requiring screening on site, the guidance has been aligned with the CDC and screening can take place "***prior to*** or immediately upon" entering a facility or practice.

Patient wearing of face masks recognizes EMTALA. Among the new operational requirements in the proclamation is a requirement for patients to wear face masks. WSHA was successful in its efforts to have the state allow hospitals to consider Emergency Medical Treatment and Active Labor Act requirements to screen, stabilize and treat any individual who "comes to the emergency department." Hospitals can still treat emergency patients who refuse to wear a mask.

Social distancing is reasonable. Original language regarding "strict" social distancing within the facility has been updated to include to apply, "to the greatest extent possible" reflecting the practical challenges of health care facility layouts.

Cleaning matches CDC. WSHA was also successful in realigning the proclamation with CDC guidance on cleaning of facilities. Original drafts referenced undefined "deep cleaning."

Notification of outbreaks is clearer. WSHA is pleased that the original language regarding reporting requirements has been clarified. Notification to the local health jurisdiction must be made within 24 hours of ***identification*** of an outbreak as defined in DOH guidance[5]. Hospitals must make a list of confirmed or suspected cases, subject to privacy considerations.

Exclusion of employees with known or suspected high-risk exposure matches CDC. WSHA is pleased that advocacy to base direction regarding exclusion of employees from work on CDC guidance was successful.[6]

Specific requirements for hospitals and ambulatory surgical facilities are included. Similar to the operational requirements above for all covered facilities and providers, the below requirements for hospitals and ambulatory surgical facilities must be met or non-urgent services, procedures, and surgeries reduced or stopped.

- **Reporting.** Hospital must submit data to WA Health. This is also a part of the WSHA member commitment to each other – that accurate reporting will be an essential function.
- **Staffing plan requirements.** Following last-minute appeals to the Governor's Office for clarity this section was significantly improved. It is now clear that personnel for all non-urgent services, procedures and surgeries must be assigned in accordance with the facility's staffing plan. Original drafts contained language that could have been read to mean these requirements were applicable to all services, procedures and surgeries—including COVID care.
- **Mandatory overtime and breaks exceptions waived – but only for non-urgent procedures.** Unfortunately, the proclamation contains waivers of exceptions to mandatory overtime and breaks requirements in existing law that are protective of patients.[7] Regarding meal and rest periods, the exception for interruptions related to "unforeseeable emergency circumstance" has been eliminated. Regarding mandatory overtime, the existing exceptions to allow for overtime in a situation with a prescheduled call, when employers use reasonable efforts to obtain staffing or for an unforeseeable emergent circumstance have been deleted.
  These law waivers have the potential to threaten patient care. However, it is important to remember that if a patient emergency arises that requires staff attention, including one that requires a staff member work overtime or miss a break, the service, procedure or surgery is no longer non-urgent and the exemptions may be applied.
- **Notification of workplace exposures.** For hospitals and ambulatory surgical facilities any known or suspected high-risk workplace exposure requires notification of the employee, and with the employee's authorization, the employee's union representative within 24 hours of confirmed exposure. WSHA is pleased that the employee privacy protections were added to this section as well as a reporting requirement after exposure is ***confirmed***.
- **Testing after workplace exposures.** Following successful advocacy, testing will be conducted according to CDC guidance. Test results must be available within 24 hours of specimen collection, despite WSHA advocacy that the timeframe be lengthened to 48 hours. We are concerned that given the significant increase in testing per the Governor's request that people test for the holidays, this turnaround time is unrealistic. You may refer staff to other testing sites if they prefer a faster result than you can deliver.

- **Surveillance testing of staff when using contingency or crisis PPE protocols.** For hospitals and ambulatory surgical facilities using contingency or crisis PPE protocols, the proclamation requires implementation of randomized surveillance testing of staff in consultation with the local health jurisdiction. WSHA is mindful this will pose an administrative and supply burden on many hospitals since PPE constraints mean most are operating in contingency. WSHA has asked the Department of Health to convene infectious disease physicians and local public health leaders to develop state-wide guidance regarding the surveillance testing requirement.
- **Priority Issue: Facility/employee/union PPE group.** There is a specific requirement to have a group review current PPE, projected PPE burn rates and projected PPE delivery to understand how it impacts operations. This group must meet twice a month, despite WSHA advocacy that it be allowed to meet at an alternative mutually agreed cadence. Please prioritize scheduling these at your facility. This has been a point of emphasis for union advocates, and it is a straightforward element for enforcers to gauge. Organizations that are doing this report improved alignment with unions members and staff that are participating in the work. We have heard from some of you concerns that your unions will not show for the meetings. At a minimum, you should have proof that you have scheduled the meeting and issued an invitation.

Personal protective equipment: All facilities are prohibited from failing to comply with DOH and LNI guidance on PPE, but it not tied to performance of non-urgent procedures. The final revised proclamation is significantly improved from the initial draft. The initial draft made failure to adhere to PPE guidance from the Department of Health and Labor and Industries a trigger to stop or curtail non-urgent procedures. This was problematic because the guidance as issued does not consider the realities of limited PPE supplies. Additionally, the guidance is in the process of being updated through consultation of DOH, LNI, and infectious disease clinicians. Requiring hospitals to follow guidance in the process of being developed seemed unrealistic. Having the new requirement untethered from automatically stopping or curtailing non-urgent procedures but maintaining the expectation that hospitals follow the law in this area is a reasonable approach.

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[i] https://www.governor.wa.gov/sites/default/files/proclamations/20-24.1%20-%20COVID-19%20Non-Urgent%20Medical%20Procedures%20Ext%20%28tmp%29.pdf

[ii] In contingency phase, "All appropriate clinical care can be provided so long as there is sufficient access to PPE and, for hospitals, surge capacity is at least 20%."

[iii] In crisis care phase, "All emergent and urgent care shall be provided; non-urgent care, the postponement of which for more than 90 days would, in the judgment of the clinician, cause harm; the full suite of family planning services and procedures; newborn care; infant and pediatric vaccinations; and other preventive care, such as annual flu vaccinations, can continue."

[iv] The proclamation states, "The decision to perform any surgery or procedure in health care, dental and dental specialty facilities and offices should be weighed against the following criteria when considering potential harm to a patient's health and well-being:

- Expected advancement of disease process
- Possibility that delay results in more complex future surgery or treatment
- Increased loss of function
- Continuing or worsening of significant or severe pain
- Deterioration of the patient's condition or overall health
- Delay would be expected to result in a less-positive ultimate medical or surgical outcome
- Leaving a condition untreated could render the patient more vulnerable to COVID-19 contraction, or resultant disease morbidity and/or mortality
- Non-surgical alternatives are not available or appropriate per current standards of care
- Patient's co-morbidities or risk factors for morbidity or mortality, if inflicted with COVID-19 after procedure is performed"

[v] See Department of Health Covid-19 Outbreak Definition for Healthcare Settings: https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/InterimCOVID-HCOutbreak.pdf.

[vi] https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

[vii] While the Governor may waive state laws in certain circumstances, this proclamation does not appear to follow the legal requirements for such waiver.

[1] https://www.governor.wa.gov/sites/default/files/proclamations/20-24.1%20-%20COVID-19%20Non-Urgent%20Medical%20Procedures%20Ext%20%28tmp%29.pdf

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[5] See Department of Health Covid-19 Outbreak Definition for Healthcare Settings: https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/InterimCOVID-HCOutbreak.pdf.

[6] https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

[7] While the Governor may waive state laws in certain circumstances, this proclamation does not appear to follow the legal requirements for such waiver.

ATTACHMENT X

American Hospital Association™
Advancing Health in America

Washington, D.C. Office
800 10th Street, N.W.
Two CityCenter, Suite 400
Washington, DC 20001-4956
(202) 638-1100

November 9, 2020

The Honorable Alex M. Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Azar:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) again urges **you to *fully* reinstate the COVID-19 Provider Relief Fund (PRF) reporting requirements outlined in the June 19 frequently asked question that defined both expenses and lost revenues attributable to COVID-19. These requirements should *fully* replace those outlined in the Department of Health and Human Services' (HHS) October 22 notice. We also urge you to allow hospital systems to move targeted distributions within their system to follow COVID-19 patients and the hospitals that are incurring the expenses and lost revenues directly attributable to the virus.**

Communities rely on America's hospitals and health systems to be there for them in times of emergency. The PRF funds have helped hospitals and health systems to continue to put the health and safety of patients and personnel first, and in many cases, ensure they are able to keep their doors open. However, several of HHS' policies regarding use of these funds, which we discuss below, run counter to this goal.

First, the Coronavirus Aid, Relief, and Economic Security (CARES) Act and subsequent legislation provided funds to reimburse eligible health care providers for health care-related expenses or lost revenues attributable to COVID-19. The law specified that recipients of this fund must submit reports and maintain documentation to ensure compliance with payment. As such, on June 19, HHS released an FAQ stating that hospitals could "use any reasonable method of estimating the revenue during March and April 2020 compared to the same period had COVID-19 not appeared. For example, if [hospitals had prepared a budget] without taking into account the impact of

COVID-19, the estimated lost revenue could be the difference between … budgeted revenue and actual revenue."

However, on September 19, HHS issued a new definition of lost revenue that was extremely problematic for hospitals. On October 22, the Department revised this definition by partially restoring its original June definition, but *did not* restore the ability of hospitals to use a budgeted-to-actual comparison when calculating lost revenues. It also did not restore the ability of hospitals to calculate lost revenue on a monthly, rather than annual basis. These two flexibilities are critical so that hospitals are not penalized for year-over-year changes that allow them to better serve their communities. For example, before the pandemic hit many of our members worked to recruit new physicians and/or establish new health care services, which are vital to best serving their patients, particularly in rural and vulnerable communities. Yet, hospitals and health systems would be penalized for this work without the ability to use a budgeted-to-actual comparison.

In addition, we are concerned that HHS' allowed lost revenue calculations do not adequately take into account the ever-changing health care environment, particularly with regard to the Medicaid program. Specifically, it is not unusual to see significant fluctuations in year-over-year state Medicaid payments, which can relate to activity for historical years and/or are not consistently received on a year-over-year basis. Yet, hospitals would be penalized in many cases for these fluctuations – which occur for a variety of reasons – under HHS' methodology. For example, several state Medicaid programs have made substantial payments to hospitals this year to settle years-old legal disputes over the construction of the program. Revenue calculations for 2020 should not take into account reimbursement for care delivered years ago and that should have been paid for years ago. In addition, several states began new Medicaid "directed payment programs," which are designed to more adequately reimburse providers for their costs, or made significant rate adjustments. Fluctuations in supplemental payments and other Medicaid financing mechanisms also occur regularly.

HHS also recently stated that providers can claim only the value of depreciation for COVID-19-related capital purchases with useful lives of more than 12 months. This is problematic, particularly since many of these purchases were large, and/or may not be fully complete by the June 30, 2021, reporting deadline. This means that hospitals may not be able to claim anything, or only a nominal amount, under the reporting requirements. Yet, they acquired this equipment exclusively to prevent, prepare for and respond to COVID-19. As such, we urge HHS to allow hospitals to claim their total purchase price as an allowable use of PRF payments, as was their understanding given the Department's June guidance.

Finally, as we have previously communicated, we continue to urge HHS to allow hospital systems to move targeted distributions to follow their patients treated for COVID-19 to hospitals within the system that are incurring the expenses and lost revenues directly attributable to the virus. Specifically, HHS has distributed each

payment from the PRF to hospital systems or individual hospitals on the basis of a unique taxpayer identification number (TIN). For hospital systems whose corporate structure is composed of multiple hospitals under the control of a common parent and a single TIN, payments from both the general and the targeted distributions can be moved among those hospitals in proportion to their allowable expenses or lost revenues. By contrast, for hospital systems that operate under multiple TINs because of their corporate structure, targeted distribution payments cannot currently be moved among hospitals within the system to follow the patient or in proportion to the allowable COVID-19-related expenses or lost revenues.

To better care for patients and more effectively manage scarce resources, many hospital systems will move a COVID-19 patient who needs intensive care from a smaller rural hospital to a larger hospital within their system where resources and experience caring for these patients are concentrated. Whether the funds from the PRF can be shared among the hospitals that incurred the expenses relating to care for the patient and the lost revenue that resulted from concentrating services in another location depends entirely on whether the rural and larger hospitals operate under the same TIN. We do not believe this is what Congress intended.

Absent changes to the policies above, many hospitals, including many rural hospitals and those serving high numbers of low-income, elderly and severely ill patients, particularly in vulnerable communities, remain in the position of unfairly having to return substantial PRF funds to HHS. Below are but a few of the estimates our members have provided of how much they would need to return under the agency's requirements as of November 6:

- Large academic medical center (AMC)-based system in the Southeast: return $83 million out of $219 million (38%);
- Large AMC-based system in the Southeast: return $93 million out of $128 million (73%);
- Large multi-state system in the West: return $320 million out of $1 billion (32%);
- Large multi-state system in the East: return $316 million out of $1.15 billion (28%);
- Hospital serving high numbers of Medicaid and uninsured patients in the East: return $41 million out of $63 million (65%);
- Mid-sized regional hospital in the mid-Atlantic: return $14 million out of $19 million (74%);
- Small rural hospital in the Midwest: return $11 million out of $15 million (73%);
- Small rural hospital in the Midwest: return $3.5 million out of $3.5 million (100%); and
- Small rural hospital in the Upper Midwest: return $3 million out of $4.5 million (67%).

If you'd like more information regarding these estimates, we are happy to discuss them further.

We urge you to address the concerns discussed above, fully reinstate the June reporting requirements and allow hospital systems to move targeted distributions within the system to follow COVID-19 patients. Hospital systems throughout the nation are relying on PRF distributions as Congress intended so that they can better withstand the staggering losses caused by this unprecedented public health crisis and continue to serve the patients and communities who depend on them. Retaining these funds as entitled under HHS' June guidance will help them continue to serve their patients and communities.

The AHA stands ready to work with HHS to resolve these issues. Please feel free to contact me or have a member of your team contact Joanna Hiatt Kim, vice president of payment policy, at jkim@aha.org.

Sincerely,

/s/

Richard J. Pollack
President and Chief Executive Officer

ATTACHMENT Y

Prosser Memorial Health

Organization	Purpose	Award	Date Rec'd	Amount Recognized in FY2020	Balance Remaining	Repayment	Other Notes
Greater Columbia Accountability of Health	Telehealth Application Funding for relief during the COVID19 crisis	$ 6,000	4/3/2020	$ 6,000	$ -	$ -	Received for initial telehealth expenditures
HHS	Provider Relief Payment	$ 760,801	4/10/2020	$ -	$ -	$ 760,801	CARES Act: Stimulus for highly effected areas
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
HHS	Provider Relief Payment	$ 271,197	4/24/2020	$ -	$ -	$ 271,197	CARES Act: Stimulus for highly effected areas
US Bank SBA Economic Injury Disaster Loan (EIDL)	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	$ -	Equivalent to 2.5 months worth of Payroll expenses and forgiveable based upon maintaining Payroll expenses at historical levels. Unlikely to be forgiven by the end of the year. Recognize in 2021.
HHS	CARES Provider Relief Fund - Rural Allocation	$ 4,170,732	5/6/2020	$ -	$ -	$ 4,170,732	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. We received $4,170,732. NARHC.ORG (National Association of Rural Health Clinics)
HHS	RHC COVID-19 Testing Program	$ 49,461	5/20/2020	$ 49,461	$ -	$ -	HHS: Rural Health Clinic COVID-19 Testing Program
WSHA	ASPR PPE purchase from WSHA	$ 20,000	5/21/2020	$ 20,000	$ -	$ -	Grant funds processed thru WSHA and spent on PPE for staff.
Medicaid SRDSH	SRDSH reallocation of addt'l funds	$ 29,382	5/22/2020	$ 29,382	$ 0		The SRDSH amount that is funded by the HSNA fund, is set by RCW at $1,909,000, and the federal matching funds has historically been 50%. Due to the current COVID-19 pandemic, congress passed the CARES ACT, which increase the federal matching percentage to 56.2% effective 1/1/2020.
HHS	RHC COVID-19 Testing Program	$ 49,461	6/9/2020	$ 49,461	$ -	$ -	HHS: Rural Health Clinic COVID-19 Testing Program
HHS	RHC COVID-19 Testing Program	$ 150,680	6/16/2020	$ 150,680	$ -	$ -	HHS: Critical Access Hospital COVID-19 Testing Program
HHS	Provider Relief Payment	$ 103,253	6/25/2020	$ 103,253	$ -	$ -	CARES Act: Stimulus for highly effected areas
HHS	Provider Relief Payment	$ 1,300,000	7/20/2020	$ 1,300,000	$ -		CARES Act: Provider Relief Fund ($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 payments to providers
				$ *(80,816)*			*Funds categorized on Income Statement in categories other than COVID Relief*
	Totals	$ 19,971,754		$ 1,745,993	$ 6,350,235	$ 11,794,710	
					$ 8,096,228		

ATTACHMENT Z

Prosser Memorial Health

STATEMENT OF OPERATIONS

	Actual 2018	Actual 2019	Budget 2020			Projected 2020		
Gross Patient Services Revenue								
Inpatient	29,604,722	32,299,988	34,564,819	2,264,831	7.0%	33,524,551	(1,040,268)	-3%
Outpatient	88,786,759	109,767,804	125,833,980	16,066,176	14.6%	109,779,597	(16,054,383)	-13%
Total Gross Patient Services Revenue	**118,391,481**	**142,067,791**	**160,398,799**	**18,331,008**	**12.9%**	**143,304,148**	**(17,094,651)**	**-11%**
								IP
								OP
								Total
Contractual Allowances								
Medicare	20,525,466	27,928,741	32,236,053	4,307,311	15.4%	26,287,245	(5,948,808)	-18%
Medicaid	26,511,175	31,140,292	35,645,007	4,504,715	14.5%	31,516,082	(4,128,926)	-12%
Negotiated Rates	14,177,999	16,817,667	20,591,779	3,774,112	22.4%	18,315,934	(2,275,846)	-11%
Other Adjustments	1,230,238	1,343,734	2,251,696	907,962	67.6%	1,829,434	(422,262)	-19%
Gross Contractual Allowances	**62,444,878**	**77,230,435**	**90,724,536**	**13,494,100**	**17.5%**	**77,948,695**	**(12,775,841)**	**-14%**
Charity Care	2,108,996	1,671,832	2,001,181	329,350	19.7%	1,894,470	(106,712)	-5%
Bad Debt	2,325,567	4,031,596	4,220,415	188,818	4.7%	3,681,805	(538,609)	-13%
Total Deductions From Revenue	**66,879,441**	**82,933,863**	**96,946,132**	**14,012,269**	**16.9%**	**83,524,970**	**(13,421,162)**	**-14%**
Net Patient Services Revenue	**51,512,040**	**59,133,929**	**63,452,668**	**4,318,739**	**7.3%**	**59,779,178**	**(3,673,489)**	**-6%**
COVID HHS Federal Funds						1,745,993	1,745,993	
Other Operating Revenue	704,674	1,680,884	1,140,583	(540,301)	-32.1%	1,015,410	(125,173)	-11%
Net Revenue	**52,216,714**	**60,814,813**	**64,593,251**	**3,778,438**	**6.2%**	**62,540,581**	**(2,052,669)**	**-3%**
Operating Expenses								
Salaries	23,106,905	27,475,682	28,602,691	1,127,009	4.1%	29,006,069	403,377	1%
Benefits	6,299,128	6,260,014	6,623,166	363,152	5.8%	6,577,592	(45,574)	-1%
Purchased Labor	3,345,598	2,843,126	2,359,009	(484,117)	-17.0%	2,669,157	310,148	13%
Sub-Total Labor Costs	**32,751,631**	**36,578,823**	**37,584,866**	**1,006,044**	**2.8%**	**38,252,817**	**667,951**	**2%**
Professional Fees - Physicians	3,477,937	4,047,076	3,799,311	(247,765)	-6.1%	4,029,772	230,462	6%
Professional Fees - Other	741,499	509,434	542,457	33,023	6.5%	399,374	(143,083)	-26%
Supplies	5,194,133	7,040,429	7,749,096	708,667	10.1%	8,031,157	282,061	4%
Purchased Services - Utilities	480,365	491,784	536,197	44,413	9.0%	544,110	7,913	1%
Purchased Services - Other	4,093,714	3,320,394	3,364,521	44,127	1.3%	3,358,576	(5,945)	0%
Rentals & Leases	1,888,737	2,132,297	2,262,944	130,648	6.1%	2,061,274	(201,671)	-9%
Insurance License & Taxes	584,572	738,376	733,737	(4,639)	-0.6%	912,516	178,779	24%
Depreciation & Amortization	1,988,410	2,443,594	2,720,000	276,406	11.3%	2,755,182	35,182	1%
Other Operating Expenses	1,292,044	1,259,784	1,470,060	210,276	16.7%	1,150,956	(319,104)	-22%
Sub-Total Non-Labor Expenses	**19,741,411**	**21,983,167**	**23,178,324**	**1,195,157**	**5.4%**	**23,242,917**	**64,593**	**0%**
Total Operating Expenses	**52,493,042**	**58,561,990**	**60,763,190**	**2,201,200**	**3.8%**	**61,495,734**	**732,544**	**1%**
Operating Income (Loss)	**(276,328)**	**2,252,823**	**3,830,061**	**1,577,238**	**70.0%**	**1,044,848**	**(2,785,213)**	**-73%**
Non Operating Income								
Tax Revenue	821,456	846,680	833,589	-13,091	-1.5%	855,154	21,565	3%
Investment Income	215,615	335,335	272,476	(62,859)	-18.7%	172,992	(99,484)	-37%
Interest (Expense)	(171,572)	(355,362)	(403,586)	(48,225)	13.6%	(401,934)	1,652	0%
Other Non Operating (Expense)	(161,830)	71,875	25,870	(46,005)	-64.0%	(37,597)	(63,468)	-245%
Total Non Operating Income	**703,669**	**898,528**	**728,349**	**(170,179)**	**-18.9%**	**588,615**	**(139,734)**	**-19%**
Net Income (Loss)	**$ 427,341**	**$ 3,151,351**	**$ 4,558,410**	**$ 1,407,059**	**44.6%**	**1,633,463**	**(2,924,947)**	**-64%**
Operating Margin	*-0.54%*	*3.81%*	*6.04%*			*1.75%*		
Total Margin	*0.82%*	*5.18%*	*7.06%*			*2.61%*		

	January	February	March	April	May	June	July	August	September	October	November	December	2020
Gross Patient Services Revenue													
Inpatient	2,864,636	3,010,011	2,635,344	2,206,745	2,520,235	3,042,365	3,178,603	2,759,767	2,669,699	2,710,596	3,168,278	2,758,272	33,524,551
Outpatient	10,071,001	9,445,153	8,882,599	5,357,211	6,692,398	9,162,181	9,501,319	10,082,833	9,721,811	10,633,377	10,188,162	10,041,552	109,779,597
Total Gross Patient Services Revenue	**12,935,637**	**12,455,164**	**11,517,943**	**7,563,956**	**9,212,633**	**12,204,546**	**12,679,922**	**12,842,600**	**12,391,510**	**13,343,973**	**13,356,440**	**12,799,824**	**143,304,148**
	5%	*16%*	*-7%*	*-24%*	*-17%*	*0%*	*13%*	*-5%*	*-7%*	*-12%*	*11%*	*-5%*	*-3%*
	1%	*0%*	*-14%*	*-49%*	*-40%*	*-18%*	*-7%*	*-5%*	*-7%*	*-5%*	*-2%*	*-5%*	*-13%*
	2%	*4%*	*-13%*	*-44%*	*-35%*	*-14%*	*-3%*	*5%*	*-7%*	*-7%*	*1%*	*-5%*	*-11%*
Contractual Allowances													
Medicare	2,632,393	2,720,808	1,772,267	995,183	1,611,449	2,019,352	2,123,486	2,764,334	1,817,288	2,609,904	2,496,898	2,723,883	26,287,245
Medicaid	2,462,158	2,881,363	2,364,561	2,088,300	1,938,730	2,427,413	3,115,446	2,843,908	2,528,387	3,138,526	3,231,634	2,495,656	31,516,082
Negotiated Rates	1,970,832	1,535,802	1,559,890	363,732	1,146,693	1,738,176	1,625,968	1,471,853	1,799,267	1,722,466	1,865,577	1,515,678	18,315,934
Other Adjustments	152,100	143,288	395,710	40,602	(68,462)	265,524	291,657	496,025	(362,398)	161,413	109,178	204,797	1,829,434
Gross Contractual Allowances	**7,217,483**	**7,281,261**	**6,092,428**	**3,487,817**	**4,628,410**	**6,450,465**	**7,156,557**	**7,576,120**	**5,782,544**	**7,632,309**	**7,703,287**	**6,940,014**	**77,948,695**
Charity Care	70,465	207,726	147,685	40,927	49,448	149,222	337,712	77,110	79,533	208,648	141,999	383,995	1,894,470
Bad Debt	366,493	154,253	325,725	268,555	255,700	326,276	138,652	256,521	836,019	(270,517)	537,735	486,393	3,681,805
Total Deductions From Revenue	**7,654,441**	**7,643,240**	**6,565,838**	**3,797,299**	**4,933,558**	**6,925,963**	**7,632,921**	**7,909,751**	**6,698,096**	**7,570,440**	**8,383,021**	**7,810,402**	**83,524,970**
Net Patient Services Revenue	**5,281,196**	**4,811,924**	**4,952,105**	**3,766,657**	**4,279,075**	**5,278,583**	**5,047,001**	**4,932,849**	**5,693,414**	**5,773,533**	**4,973,419**	**4,989,422**	**59,779,178**
	59%	*61%*	*57%*	*50%*	*54%*	*57%*	*60%*	*62%*	*54%*	*57%*	*63%*	*61%*	
COVID HHS Federal Funds				2,210,384	1,325,149	1,481,428	205,582	(1,407,088)	1,300,000	-	(3,369,462)	-	1,745,993
Other Operating Revenue	54,446	48,156	79,111	49,953	64,385	58,859	61,424	125,401	132,732	55,526	124,915	160,502	1,015,410
Net Revenue	**5,335,642**	**4,860,080**	**5,031,216**	**6,026,994**	**5,668,609**	**6,818,870**	**5,314,007**	**3,651,162**	**7,126,146**	**5,829,059**	**1,728,872**	**5,149,924**	**62,540,581**
	106%	*101%*	*93%*	*113%*	*101%*	*118%*	*102%*	*68%*	*131%*	*102%*	*33%*	*94%*	*97%*
	Lost Net Patient Revenue		*(270,050)*	*(1,531,641)*	*(1,311,105)*	*(230,633)*	*(99,010)*	*(403,520)*	*434,152*	*126,246*	*(267,771)*	*(340,602)*	*(4,013,934)*
Operating Expenses	*4%*	*5%*	*3%*	*-6%*	*-7%*	*-4%*	*5%*	*-1%*	*17%*	*0%*	*3%*	*0%*	*1%*
Salaries	2,390,097	2,319,195	2,438,079	2,243,147	2,292,652	2,362,460	2,472,695	2,378,145	2,802,563	2,470,293	2,438,217	2,398,526	29,006,069
Benefits	577,012	555,392	440,583	739,833	604,325	419,678	578,549	396,087	632,020	426,890	653,867	553,356	6,577,592
Purchased Labor	249,096	283,557	329,407	261,699	135,882	166,436	169,347	176,412	277,138	208,521	221,005	190,657	2,669,157
Sub-Total Labor Costs	**3,216,205**	**3,158,144**	**3,208,069**	**3,244,679**	**3,032,859**	**2,948,574**	**3,220,591**	**2,950,644**	**3,711,721**	**3,105,704**	**3,313,089**	**3,142,538**	**38,252,817**
	6%	*8%*	*3%*	*3%*	*-6%*	*-9%*	*4%*	*6%*	*18%*	*-5%*	*6%*	*0%*	*1%*
Professional Fees - Physicians	389,778	279,808	267,635	419,725	288,245	326,140	320,182	393,900	356,882	299,010	371,858	316,609	4,029,772
Professional Fees - Other	43,960	58,785	19,051	93,438	49,659	64,682	37,919	(112,693)	17,314	32,791	49,263	45,205	399,374
Supplies	619,449	675,545	762,215	527,615	481,223	516,166	689,329	720,675	901,242	774,372	689,856	673,470	8,031,157
Purchased Services - Utilities	43,249	43,969	40,757	31,315	46,337	46,325	59,031	52,110	57,118	42,281	36,935	44,683	544,110
Purchased Services - Other	261,428	230,546	359,733	222,165	228,231	255,449	279,915	352,210	166,143	347,336	375,342	280,078	3,358,576
Rentals & Leases	194,404	170,987	167,981	152,417	153,829	180,783	176,162	168,937	172,722	180,140	154,333	188,579	2,061,274
Insurance License & Taxes	60,430	99,269	87,383	85,150	58,860	36,853	39,883	91,582	77,705	116,220	74,031	85,150	912,516
Depreciation & Amortization	222,577	227,538	224,010	228,367	229,348	231,347	232,391	232,273	232,977	232,435	232,571	229,348	2,755,182
Other Operating Expenses	104,447	103,657	107,679	92,318	92,182	(21,863)	114,301	56,152	128,247	38,681	212,650	122,505	1,150,956
Sub-Total Non-Labor Expenses	**1,939,722**	**1,890,104**	**2,036,444**	**1,852,510**	**1,627,914**	**1,635,882**	**1,949,113**	**1,955,146**	**2,110,350**	**2,063,266**	**2,196,839**	**1,985,627**	**23,242,917**
	1%	*0%*	*4%*	*-4%*	*-17%*	*-16%*	*2%*	*1%*	*10%*	*5%*	*14%*	*3%*	*0%*
Total Operating Expenses	**5,155,927**	**5,048,248**	**5,244,513**	**5,097,189**	**4,660,773**	**4,584,456**	**5,169,704**	**4,905,790**	**5,822,071**	**5,168,970**	**5,509,928**	**5,128,165**	**61,495,734**
	104%	*105%*	*103%*	*101%*	*90%*	*88%*	*103%*	*97%*	*115%*	*99%*	*109%*	*101%*	
Operating Income (Loss)	**179,715**	**(188,168)**	**(213,297)**	**929,805**	**1,007,836**	**2,234,414**	**144,303**	**(1,254,628)**	**1,304,075**	**660,089**	**(3,781,056)**	**21,760**	**1,044,848**
Non Operating Income													
Tax Revenue	71,840	65,599	77,314	73,881	69,589	70,784	72,711	71,007	69,246	68,109	75,013	70,061	855,154
Investment Income	22,527	22,036	19,425	18,000	12,391	12,242	3,385	2,600	2,542	55,157	687	2,000	172,992
Interest (Expense)	(32,996)	(19,892)	(33,218)	(35,750)	(32,897)	(35,496)	(37,969)	(42,518)	(22,420)	(43,094)	(32,052)	(33,632)	(401,934)
Other Non Operating (Expense)	(222)	-	-	500	13,684	(57,915)	-	4,200	-	-	-	2,156	(37,597)
Total Non Operating Income	**61,149**	**67,743**	**63,521**	**56,631**	**62,767**	**(10,385)**	**38,127**	**35,289**	**49,368**	**80,172**	**43,648**	**40,585**	**588,615**
Net Income (Loss)	**240,864**	**(120,425)**	**(149,776)**	**986,436**	**1,070,603**	**2,224,029**	**182,430**	**(1,219,339)**	**1,353,443**	**740,261**	**(3,737,408)**	**62,345**	**1,633,463**
Operating Margin	*3.40%*	*-3.91%*	*-4.31%*	*24.69%*	*23.55%*	*42.33%*	*2.86%*	*-25.43%*	*22.90%*	*11.43%*	*-76.03%*	*0.44%*	*1.75%*
Total Margin	*4.51%*	*-2.48%*	*-2.98%*	*16.37%*	*18.89%*	*32.62%*	*3.43%*	*-33.40%*	*18.99%*	*12.70%*	*-216.18%*	*1.21%*	*2.61%*

ATTACHMENT AA

PROSSER MEMORIAL HEALTH
BOARD OF COMMISSIONERS POLICY AND PROCEDURE

DEPARTMENT:	BOARD OF COMMISSIONERS	PAGE 1 OF 2 PAGES(S)
REGARDING:	BOARD EVALUATION	NUMBER: 100.0005
DEPARTMENTS AFFECTED:	BOARD OF COMMISIONERS	AMENDED: 6-28-18
EFECTIVE DATE:	4-27-17	REVIEWED: 6-28-18

POLICY

Prosser Memorial Health (PMH) seeks to continually improve the performance of the Board of Commissioners through periodic evaluation of Board performance and self-evaluation of individual Commissioners. It is the policy of the Board to review its performance annually and to utilize the findings of the evaluation to initiate changes for improving future performance.

IMPLEMENTATION

A. Overall Board Performance: The Board of Commissioners will establish, as part of PMH's annual planning efforts during October-December, several overall goals for itself and each committee of the Board. The Board will establish their goals, in association with the CEO.

B. Commissioner Self-Evaluation: Each Commissioner will complete a confidential Board of Commissioners survey annually. The format of the evaluation form may vary. However, the following content areas will be included:

1. Effectiveness in ensuring that the organization delivers high-quality medical care through a comprehensive quality management program;
2. Effectiveness in protecting PMH's Mission, Vision, Values, and assets;
3. Effectiveness in establishing organizational goals and policies;
4. Effectiveness in assuring current and long-range financial viability;
5. Effectiveness in selecting, supporting, evaluating, and compensating a Chief Executive Officer;
6. Effectiveness in maintaining positive relationships with the Medical Staff, employees, volunteers, and the community; and

7. Effectiveness of managing the Board's organization and development.

These surveys will be tabulated, in confidence, by the CEO and Chairman of the Board. A summary of the survey results will be presented to the Board in January.

C. Annual Board Performance Review: The Board will conduct an Annual Board Performance Review in November for the purpose of evaluating the overall performance of the Board, review a summary of the Board of Commissioners' surveys, agree on changes needed to improve the performance of the Board as a whole, and utilize the input from individual Commissioners to develop a Board Action Plan which will assist them to improve the operation of PMH and the Board.

RESPONSIBILTY

The responsibility for implementing the Board evaluation is assigned to the Board Chair.

ATTACHMENT BB

PROSSER MEMORIAL HEALTH
BOARD OF COMMISSIONERS POLICY AND PROCEDURE

DEPARTMENT:	BOARD OF COMMISSIONERS	PAGE 1 OF 2 PAGES(S)
REGARDING:	CONFIDENTIALITY	NUMBER: 100.0006
DEPARTMENTS AFFECTED:	ALL	AMENDED: 6-28-18
EFECTIVE DATE:	4-27-17	REVIEWED: 6-28-18

PURPOSE

This shall address patients, providers, and Prosser Memorial Health (PMH) employees, volunteers, and Board members regarding their discussion of patient, employee, and PMH information outside of the realm of job activities.

POLICY

The employees, volunteers, and Board members of PMH have an ethical and legal responsibility to keep all information regarding any patient, provider, employee, or Hospital operations confidential unless disclosure is permitted by law or by the authority of the affected person. Confidential information includes any information within any data collection system.

IMPLEMENTATION

A. Confidential information is:
    1. Not to be disclosed to others unless and only to the extent this disclosure is necessary for one to perform a job function as dated in the job description or procedure or to assure adequate patient care.
    2. Not to be discussed with family, friends, acquaintances, or other patients.
    3. Not to be copied or otherwise recorded unless required as part of one's job.
B. Any information about a patient's care or treatment, or personal data is not to be discussed with anyone other than those directly responsible for that patient's care and treatment, and then only the minimum necessary information will be made available, all consistent with the Health Insurance Portability and

Accountability Act of 1996 (HIPAA), HIPAA Security Rule (45 CFR §164.302 – 318), and applicable state law.

C. A patient's medical information is not to be discussed outside the realm of patient care unless the patient's written consent has been obtained.
D. Demographic information such as an individual's name, his/her general condition, and his/her location in the facility is considered confidential unless the patient requests that the information be given to the public.
E. Any information that reveals the nature of the diagnosis is considered confidential.
F. Any diagnoses, procedures, and/or treatments are considered confidential medical information and are only to be released with written authorization from the patient.
G. Requests for information concerning present or former employees are to be referred to Human Resources.
H. Requests for confidential information concerning patients, not addressed in departmental policies, and must be referred to the Medical Records /HIM Department.
I. Any violation of this policy by an employer, volunteer, or Board member may be cause for immediate dismissal of duties.
J. No oral or written information about the discussion conducted or documents presented during a closed session of the Board of Commissioners may be disclosed by any person attending said meetings to any third party except as permitted by Prosser Memorial Health Board Policy.
K. All employees, volunteers, and Board members are to sign a non-Disclosure Agreement annually.

ATTACHMENT CC

PROSSER MEMORIAL HEALTH
BOARD OF COMMISSIONERS POLICY AND PROCEDURE

DEPARTMENT:	BOARD OF COMMISSIONERS	PAGE 1 OF 4 PAGE(S)
REGARDING:	DESIGNATION OF PRIVACY OFFICERS (HIPAA)	NUMBER: 100.0007
DEPARTMENTS AFFECTED:	ALL	AMENDED: 6-28-18
EFECTIVE DATE:	4-24-17	REVIEWED: 6-28-18

PURPOSE

Prosser Memorial Health (PMH) is committed to ensuring the privacy and security of patient health information. In order to manage the facilitation and implementation of activities related to the privacy and security of protected health information, PMH will appoint and maintain internal Privacy Officer and Security Officer positions. The Privacy Officer shall be responsible for the development and maintenance of all HIPAA-related privacy policies and procedures and will establish and maintain an ongoing staff education program. The Security Officer will be responsible for the development and maintenance of a security awareness training program.

POLICY

Prosser Memorial Health will designate a HIPAA Privacy Officer and a HIPAA Security Officer responsible for the oversight of the policies and procedures regarding the privacy of protected health information.

HIPAA PRIVACY OFFICER

The Director of Health Information Management (HIM) shall be the HIPAA Privacy Officer. The HIPAA Privacy Officer shall:

A. Develop and maintain HIPAA privacy policies and procedures to:
   1. Provide training of PMH employees working within covered components, as necessary, to carry out their respective functions, in accordance with 45 C.F.R.

164.530(b) and documentation of such training.

2. Ensure appropriate administrative, technical, and physical safeguards are in place to protect protected health information from unauthorized use or inadvertent disclosure to persons other than the intended recipient.
3. Assist in the identification of business associates.
4. Establish and enforce limitations on access to protected health information.
5. Provide conditions for use and disclosure of protected health information.
6. Maintain individual rights regarding protected health information.
7. Provide a process for complaints concerning HIPAA policies and procedures, or covered components' compliance with HIPAA policies and procedures, or other requirements under HIPAA privacy regulations.
8. Mitigate for any use or disclosure of protected health information that is in violation of the HIPAA privacy policies and procedures.
9. Comply with amendments or additions to the HIPAA privacy regulations.

B. Establish and enforce sanctions for employees who fail to comply with HIPAA privacy policies and procedures. Sanctions will be appropriate to the nature of the violation and will not apply to whistleblower activities, or to complaints or investigations.
C. No covered component or employees of PMH may intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual for the exercise by the individual of any right under, or for participation by the individual in any process established by the HIPAA privacy regulations.
D. No covered component or employees of PMH may require any individual to waive his or her right to file a complaint with the Secretary of the United States Department of Health and Human Services as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

HIPAA SECURITY OFFICER

The Director of Information Services/Chief Information Officer (CIO) shall be the HIPAA Security officer.

The HIPAA Security Officer must ensure the confidentiality, integrity, and availability of all electronically protected health information created, received, maintained, or transmitted by PMH; protect against any reasonably anticipated threats or hazards to the security or integrity of such information; protect against any reasonably anticipated uses or disclosures of such information that are not permitted under the

HIPAA privacy regulations; and ensure compliance by PMH's workforce. To accomplish these responsibilities, the HIPAA Security Officer shall:

A. Develop and maintain HIPAA security policies and procedures to:
   1. Prevent, detect, contain, and correct security violations.
   2. Ensure that all members of the workforce have appropriate, access to electronically protected health information.
   3. Prevent access to electronically protected health information by those workforce members who do not have authority under the HIPAA privacy regulations.
   4. Address security incidents.
   5. Respond to emergencies or other occurrences such as fire, vandalism, system failure, and natural disasters that damage systems that contain electronically protected health information.
   6. Create and maintain retrievable exact copies of electronically protected health information and to restore any loss of data.
   7. Enable continuation of critical business processes for protection of security of electronically protected health information while operating in emergency mode.
   8. Limit physical access to its electronic information systems and the facility or facilities in which they are housed, while ensuring that properly authorized access is allowed.
   9. Specify the proper functions to be performed, the manner in which those functions are to be performed, and the physical attributes of the surroundings of a specific workstation or class of workstation that can access electronically protected health information.
   10. Govern the receipt and removal of hardware and electronic media that contains electronically protected health information.
   11. Address the final disposition of electronically protected health information, and/or the hardware or electronic media in which it is stored.
   12. Removal of electronically protected health information from electronic media before the media are made available for re-use.
   13. Protect electronically protected health information from improper alteration or destruction.
   14. Verify that a person or entity seeking access to electronically protected health information is the one claimed.
   15. Comply with amendments or additions to the HIPAA security standards.

B. Implement a security awareness and training program for all members of the PMH workforce.
C. Perform a periodic technical and non-technical evaluation, based initially upon the HIPAA security standards and subsequently, in response to environmental and operational changes affecting the security of electronically protected health information that establishes the extent to which the PMH security policies and procedures meet the requirements of the HIPAA security standards.
D. Implement hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use electronically protected health information.
E. Implement technical security measures to guard against unauthorized access to electronically protected health information that is being transmitted over an electronic communications network.
F. Establish and enforce sanctions for employees who fail to comply with the HIPAA security policies and procedures. Sanctions will be appropriate to the nature of the violation and will not apply to whistleblower activities, nor to complaints or investigations.

ATTACHMENT DD

PROSSER MEMORIAL HEALTH
BOARD OF COMMISSIONERS POLICY AND PROCEDURE

DEPARTMENT:	BOARD OF COMMISSIONERS	PAGE 1 OF 2 PAGE(S)
REGARDING:	LICENSURE AND ACCREDITATION REQUIREMENTS	NUMBER: 100.0008
DEPARTMENTS AFFECTED:	ALL	AMENDED: 6-28-18
EFECTIVE DATE:	4-27-17	REVIEWED: 6-28-18

POLICY

Prosser Memorial Health (PMH) will comply with all of the licensure and/or accreditation requirements of all regulatory agencies (e.g. CMS, State of Washington).

IMPLEMENTATION

A. PMH will meet all requirements for timely submission of data and information to all regulatory agencies.
B. PMH will provide accurate information throughout the accreditation process.
C. PMH will report any changes in the information provided in the application for license accreditation and any changes made between surveys.
    1. Changes in ownership, control, location, capacity, or services offered will be reported to the regulatory agencies within 30 days of their taking effect.
D. PMH will permit surveys at the regulatory agency's discretion.
E. PMH will select and use core performance measure sets and/or non-core performance measures from among those available through its listed performance measurement system.
F. PMH will allow the regulatory agencies to review the results of external evaluation from publicly recognized bodies such as licensing, examining, reviewing, and/or planning bodies.
G. PMH accurately represents its licensure accreditation status and the programs and services to which the licensure accreditation applies.

H. PMH notifies the public it serves about how to contact PMH management and the regulatory agencies to report concerns about patient safety and quality.
I. Any individual who provides care, treatment, and services can report concerns about safety or the quality of care to the regulatory agencies without retaliatory action from PMH.
J. PMH will be truthful and accurate when describing information in its Quality Report to the public.

ATTACHMENT EE

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

Environment of Care Report - 2020

Introduction

Environment of Care (EOC) management plans encompass seven areas of the healthcare environment:

- Emergency Preparedness
- Hazardous Materials
- Life Safety
- Patient Technologies
- Safety & Accident Prevention
- Security
- Utilities

EOC plans and accompanying policies and procedures are reviewed annually by the Director of Support Services and revised as needed to reflect current regulatory standards and conditions in District facilities. The annual review process was completed on June 5, 2020. Copies of updated plans, policies and procedures were distributed to department directors who are responsible for updating their department's Safety & EOC manual. Safety & EOC Manuals are to be available to PMH staff at all times while they are on duty. Current EOC plans, policies and procedures are also available on The PMH intranet under the "Safety" tab along with a wealth of safety related resources and materials.

EOC Plan Summaries

Emergency Preparedness Management Plan

Objectives

This program describes how the organization will ensure an effective response to disasters or emergencies affecting the EOC. This objective remains valid and appropriate.

Scope:

The general scope of the plan remained the same for 2020, addressing emergency management needs at the hospital and its clinics.

Performance:

- Due to the onset of the COVID-19 pandemic early in the year, EPC meetings transitioned from in person meetings to online meetings. Once the transition was complete, the EPC met regularly with good attendance and was effective in managing aspects of this program.
- The EPC conducted the annual comprehensive Hazard Vulnerability Analysis (HVA) on February 10, 2020 for our region and service area. The HVA identified the areas of highest risk to include wildfires, severe winter storms and utility failures. Policies and procedures currently in place address these and other areas of risk and continue to be valid.

- In 2020, the EPC had planned to work on developing a tabletop exercise based on the new Evacuation and Shelter in Place policy and procedure that was approved by the EPC and administration 2019. Due to restrictions related to the pandemic, work on this front was postponed until such time that an exercise can be held in with players all in the same room.

- Regional integration of emergency preparedness planning continues through regular collaboration with the Benton Franklin Health District Emergency Response Division and the eastern Washington Regional Emergency and Disaster (REDi) Healthcare Coalition.

- Key PMH staff members participated (and continue to participate) in daily readiness surveys, weekly phone and online status and planning meetings related to COVID-19 with all its regional partners. These partners include:

    - Healthcare coalitions
    - Hospitals
    - Long term care & nursing homes
    - Emergency management agencies
    - Health Districts
    - EMS providers
    - Law enforcement agencies
    - Fire Districts with EMS

- PMH did not exercise its Emergency Preparedness Plan in 2020. Instead, PMH established a COVID-19 Task Force (CTF) that met regularly and dealt with day to day operations related to the real time pandemic emergency. Although the EPC was not directly involved in COVID-19 response planning, many members of the EPC sit on the CTF. CTF meetings will continue to be held in 2021 and will continue until such time that they are no longer required.

- In collaboration with the Human Resources (HR) department, PMH employees and its contracted staff were assigned Active Shooter and annual Emergency Preparedness training though the online HealthStream® Learning Center. Course completion rate to date:

    - Active Shooter 91% (Due 7-1- 2020, assigned to PMH & Rehab Visions staff only)
    - Emergency Preparedness 42% (Due 12-31-2020, assigned to PMH staff and all contracted employees)

    The Emergency Preparedness training course completion rate is for PMH employees only is much higher than it would seem (86% to date). The contracted employee completion rate for 192 assigned students is currently 7.29%, bringing our overall completion rate way down. It is known that the list of contracted employees contains names of people whom very rarely or no longer work at PMH. The EPC plans to work with the HR department in 2021 on filtering the list to include active staff only so that realistic statistics may be achieved.

<u>Effectiveness</u>:

- The ability to respond to mass casualty incidents was enhanced by staff training, support and participation of local and regional agencies and emergency preparedness equipment obtained through preparedness grants.

- New Employee Orientation and annual refresher training on Emergency Preparedness are considered adequate based on staff knowledge assessed during departmental safety surveys.

<u>2021 Work Plan</u>

- Continue working with regional partners on COVID-19 related activities and vaccine distribution.
- Continue and enhance our relationships with regional agencies and local municipalities.
- Actively participate in regional and local drills and exercises as they become available.
- Continue to monitor and track employee participation in the emergency preparedness training program.

- Enhance the effective use of the Everbridge® mass communication system and/or research a more user-friendly system.
- Create an exercise based on the evacuation and shelter in place policy and procedures.
- Work with the HR department on updating the contracted employee list.

Hazardous Materials & Waste Management Plan

Objective:

This plan describes how the organization will maintain a program to safely control hazardous materials and waste. These objectives remain valid and appropriate.

Scope:

- The overall scope of the plan did not change and continues to apply to current industry standards.
- There have been no significant changes in quantities or types of chemicals used in clinical or support operations, and the program continued unchanged in 2020.

Performance:

- Management and timely removal of hazardous wastes, i.e. universal, medical and chemical has been effective in keeping District operations running smoothly.
- The recycling program continues to be effective in preventing certain types of wastes from entering our waste stream and out of landfills. The recycling program includes:
    - used fluorescent and HID lamps
    - mercury containing devices,
    - magnetic lighting ballasts,
    - chargeable and non-rechargeable batteries,
    - cardboard
    - scrap metal
- Regulated medical waste (RMW) volumes decreased in 2020. The average monthly generation in 2019 was 170.29 cubic feet. To date in 2020, the average monthly generation rate is 101.33 cubic feet. This decrease in generation is attributed to the lag of clinic utilization and surgeries related to COVID-19 and education of staff on the on the proper use of this waste stream. Efforts to cap or reduce medical waste generation will continue into 2021.
- The Safety Officer remains responsible for the hazardous materials and waste program and has been a reliable and effective resource for directors and staff when needed.
- In 2021, PMH will begin using mitomycin (a chemotherapeutic agent) during certain surgical procedures. Waste related to this agent require special handling and disposal methods. PMH is currently working with its RMW disposal service on the addition of this new agent to our RMW stream.

Effectiveness:

- New Employee Orientation and annual refresher training in conjunction with training efforts as described above have been effective in raising staff awareness and knowledge of the Hazard Communication Program. Staff knowledge assessments conducted by the Safety & Environment of Care Committee (SEOCC) indicate an ongoing need to improve staff knowledge of medical waste handling and disposal protocol.

2021 Work Plan

- Closely monitor regulated medical waste sources, type and volumes.

- Continue work in progress to monitor and report misuse of regular and medical waste receptacles.
- Provide training materials and assistance where indicated.
- Work with Supply Chain to identify any changes in quantity, types and volumes of disposable supplies.
- Work with high volume users to find possible ways to reduce generation.
- Add chemotherapeutic agent waste to the waste management program.

Life Safety Management Plan

Objectives:

- This program describes how the organization will provide a fire-safe environment of care. This objective remains valid and appropriate to current standards. Elements include regular fire drills, employee training and knowledge assessment, and procedures to ensure continued life safety during renovations and construction.

Scope:

- The scope of this plan continues to address all required life safety needs at the hospital and other District facilities as applicable.

- The management of the plan was enhanced by continued participation of the SEOCC.

Performance:

- An ongoing program for life safety systems inspection, testing, and preventive maintenance remains in place. All required inspections, testing and maintenance has been accomplished to date to include:
    - Hospital and service building fire alarm systems
    - Wet and dry fire suppression systems
    - Emergency generators
    - Emergency egress lights
    - Battery powered smoke and carbon monoxide detectors

- The condition and readiness of systems and equipment is considered good based on regular checks during inspections and a comprehensive, documented preventive maintenance program.

- Fire drills were conducted once per shift per quarter as required and documented. Areas needing improvement were brought to the attention of the department manager, with retraining and re-drilling provided as needed.

- Life Safety systems preventive maintenance completion and testing statistics are included in monthly quality improvement reports generated by the Director of Support Services.

Effectiveness:

- New Employee Orientation and annual refresher training on life safety, fire extinguishers, fire alarms, and exit locations are considered effective based on staff knowledge assessed during fire drill and safety surveys.

- Overall management of the Life Safety Plan has been effective and has resulted in three consecutive “zero findings” statements from the state Fire Marshal’s office during past federal and state surveys. PMH is currently several months overdue for survey, with the delay being attributed to the COVID-19 pandemic. The next survey is expected to occur any day now or in early 2021.

2021 Work Plan

- Continue to track, document and report life safety equipment and systems testing and maintenance activities, identify trends in noncompliance, implement corrective actions where indicated.

- Raise staff awareness of proper fire and life safety practices using monthly safety newsletters and fire drills, especially during months with holidays when possibly hazardous decorations may be brought into our facilities.
- Revise the Fire Safety Program to align with changing organizational structure and departmental needs.

Patient Technologies Management Plan

Objective:

This program describes how the organization will ensure the safe and effective use of medical equipment. This objective remains valid and appropriate to standards.

Scope:

The general scope of the plan remained the same for 2020, addressing needs at the hospital and associated clinics.

Performance:

- Preventive maintenance (PM) services continued to be provided through a contractual agreement with Kadlec Regional Medical Center (KRMC) Clinical Engineering Department.

- Scheduled preventive maintenance and unscheduled repairs and inspections were performed throughout the year. These activities were tracked and documented. PM completion statistics are included in monthly quality assurance reports.

- The master biomedical equipment inventory was updated throughout the year to reflect additions to and deletions from the PM program.

- New biomedical equipment purchased in 2020 was inspected, tested and added to the biomedical PM program.

- Equipment identified as missing, lost or out of service were removed from the PM program.

Effectiveness:

The ongoing biomedical preventive maintenance program was effective in maintaining patient care equipment in excellent condition throughout the year. Timely and reliable response by KRMC Clinical Engineering personnel to requests for routine and emergency service was effective in reducing down-time and interruption of patient care services.

2021 Work Plan:

- Work with department directors on the selection and installation of new biomedical equipment.
- Work with department directors and staff for identification of equipment that is overdue for maintenance or is lost, missing or out of service.
- Continue work in progress to ensure all new medical equipment is inspected, tested and added to the PM program.

Safety & Accident Prevention Management Plan

Objective:

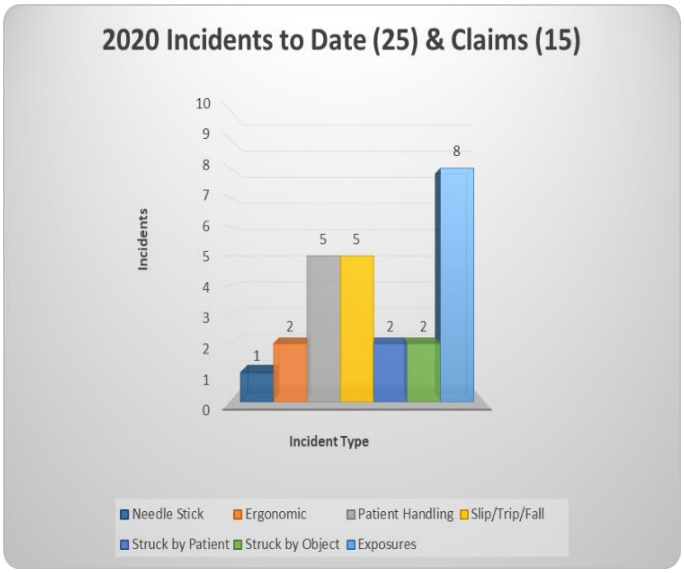
This program describes how the organization provides a physical environment free of hazards and manages staff activities to reduce the risk of injuries to employees, patients, and visitors. These objectives remain valid and appropriate.

Scope:

- The general scope of the plan is applied organization wide and addresses both general processes for injury and illness prevention and reporting.
- Priority continued to be assigned to our primary injury areas: slips/trips/falls (STF), ergonomics, and patient handling related incidents.

Performance:

- Safety management process has been satisfactory with well attended monthly meetings of the SEOCC receiving reports from other committees, i.e. EPC and Safe Patient Handling. The SEOCC has been effective in ensuring continued coordination between the seven elements of the environment of care program.
- The PMH Safety & EOC Manual was reviewed, revised, approved and distributed with copies sent to all departments making it readily available to all staff. It was also placed on the PMH intranet, further enhancing its access.
- Annual hazard assessments for personal protective equipment (PPE) were completed by all departments in February 2020. Hazard assessments are posted on the PMH intranet for easy access by all staff.
- Annual Respiratory Protection training was conducted in 2020. Current course completion rate is 63% with a due date of 12-31-2020.
- A new category was added to the environmental rounds (ER) survey form in 2020 to address workplace security. Staff comments and concerns regarding workplace security will be documented during ER surveys. This information will be reviewed and evaluated by the committee and recommendations for improvement will be submitted to administration for consideration and approval.
- The compressed gas cylinder handling training program was implemented in 2020. The online training course was assigned to employees that may handle large compressed gas cylinder during the performance of their duties (EMS, RT & Maintenance). PMH achieved a 100% course completion rate for this training.
- Employee accident and injury data was monitored through the year, including a historical perspective of data from past years to establish a baseline. Trends are identified through monthly review of incident reports. Patient handling, STF and exposures are the top concerns moving forward for the remainder of 2020 and in to 2021. (Please note 6 of 8 exposures were related to COVID-19)



Summary

- **Needle Stick (1) –** Suture needle puncture during procedure
- **Ergonomic (2) –** Back strain when preventing toddler fall, knee injury when stepping over stretcher
- **Patient Handling (5) –** Shoulder strain while treating combative patient, back strain when preventing patient fall, multiple strains when positioning patient, hand strain during patient transfer, shoulder strain during patient transfer
- **Slip/Trip/Fall (5) –** Knee strain when tripped over tubing, ankle strain when stepped off curb, elbow fracture when exiting vehicle, knee sprain when slipped on water, contusion when tripped over pan handle
- **Struck by Patient (2) –** Hand strain during combative patient care (2)
- **Struck by/against object (2)** - Finger contusion when closed in door, knee injury when struck against desk
- **Exposure (8)** Exposure to allergen, chemical exposure to eye, COVID-19 exposure (4), COVID-19 exposure, COVID-19 exposure

Notes: Items in red indicate a claim initiated. Underlined items indicate claim with time loss.

Effectiveness

- The PMH safety program brought visibility, attention, and resources to safety throughout this reporting period. To date, the overall number of incidents have increased by 8% as compared to 2019 data for this time of the year. However, if the COVID-19 related incidents were removed, the overall number of incidents have been reduced by 17% to date.

- New employee orientation, refresher, and departmental specific safety training is considered satisfactory based on employee knowledge assessments made during surveys and injury report analyses.

- Environmental rounds survey team members have remained effective and have been recognized as an asset in ensuring ongoing organizational safety and survey readiness.

2021 Work Plan

- Continue to raise employee awareness on overall safety in the workplace with emphasis placed on preventing STFs, patient handling and exposure prevention through monthly safety newsletters, emails and special publications.
- The success of the safety awareness program will be measured by ongoing evaluations of incident reports and the types and frequency of injuries as compared to data from 2020. The awareness program will continue to focus on identified trends, with safety articles targeting types of incidents as they occur throughout the year.
- Work in collaboration with the EPC on developing and implementing a shelter-in-place/evacuation tabletop exercise.

- Work in collaboration with the Workplace Violence Prevention Task Force on refining PMH's prevention plan and the establishment of District wide a training program.

Security Management Plan

Objective:

This program describes how the organization will maintain a security management plan to protect staff, patients, and visitors from harm. The objectives remain valid and appropriate.

Scope:

- The general scope of the plan continued to apply to hospital District operations.
- The management of the plan was enhanced by continued participation of the SEOCC.

Performance:

- A Workplace Violence Prevention (WVP) Task Force was formed in 2020 to address new WVP plan requirements for healthcare settings. In addition to the required annual review, employers must now develop and implement a new plan every three years to prevent and protect employees from violence in the healthcare setting. The WPV Task force is comprised of both management and non-management employees, with representation from PMH clinics.

  The task force created an employee security assessment survey that was distributed to all staff via Survey Monkey. Survey responses will be received up to the end of 2020 and will be evaluated during the first quarter of 2021. Results of the evaluation will be incorporated into a revised version of the current WVP plan with the development of a training program to follow.

- Reported security incidents to date in 2020 are few and minor in nature and were resolved by staff on duty at the time of occurrence.

- A review of the 2020 Threat and Assault Log indicates a decrease in events as compared to this period in 2019.

Effectiveness:

- After hours and weekend lockdown procedures for the lower level of the hospital have continued to be successful in preventing unauthorized access and property damage. Lockdown includes both elevators and the upper level door to the south courtyard. To date, no incidents involving the lower level were reported.

- Security improvements implemented in the Emergency Services department have proven effective in providing additional layers of security and preventing security breaches after hours.

- The security camera system continues to be an effective tool for investigating and assessing reported incidents. Seven new replacement security cameras were purchase and installed in 2020. Five for the hospital exterior and two for the pharmacy. The new cameras can be viewed 24/7 on any PC or smart phone equipped with the proper application and permission level. The new cameras are a great improvement and offer enhanced picture quality, larger storage capacity and several programmable features (facial and object recognition, etc.) that were previously unavailable. Additional replacement cameras will be arriving in 2021 and cameras will be installed to cover sensitive areas of the hospital that are not currently covered. PMH clinics are not equipped with cameras currently but will have camera systems installed in 2021.

- The organization-wide Compliance Hotline continued in place through 2020, providing another mechanism to report and control waste, fraud, and abuse throughout our hospital District. All employees receive training on Corporate Compliance annually.

2021 Work Plan

- Investigate and assess all security incidents. Formulate and implement corrective actions where indicated.

- Utilize security assessment information gathered from the revised Environmental Rounds form to assess security needs and make recommendations and corrective actions as indicated.

- Work with the IT department on the installation of new security cameras in the hospital and PMH clinics.

Utilities Management Plan

Objective:

- This program describes how the organization will promote a safe, controlled environment of care through reliable utility systems with minimum failures. This objective remains valid and appropriate to standards.

Scope:

- This plan continues to address the utility system management needs at the hospital and associated District facilities.

Performance:

- An ongoing program for utility system inspection, testing, and preventive maintenance was conducted.

- The number of equipment and system failures to date indicates an increase as compared to this time in 2019. This can be attributed to an aging plant and obsolete equipment. Several equipment repairs and replacements occurred throughout the year.

- The present condition and readiness of utility systems and equipment is considered satisfactory based on regular checks during inspections and a comprehensive, documented preventive maintenance program.
- Emergency power generators and systems were inspected and tested in accordance with current NFPA standards throughout the year, with no problems or malfunctions encountered.
- Utility systems preventive maintenance completion and testing statistics are included in monthly quality assurance reports.
- The utilities management equipment inventory was updated throughout the year to reflect additions to and deletions from the preventive maintenance program.

Effectiveness:

- Utility management, preventive maintenance and repairs proved to be effective throughout the year in maintaining a safe and comfortable environment for patient care despite the occasional disruption of services due to unexpected equipment failures.

2021 Work Plan

Due to the advanced age of the hospital's plant operations equipment and systems, the maintenance department will continue to take proactive measures to ensure reliability and to extend the useful life of critical systems and equipment.

Examples include:

- Enhanced focus on the timely performance of preventive maintenance activities.
- Survey of equipment and systems to identify key replacement parts and controls that are or will become obsolete.
- Procure spare parts as indicated by the equipment/systems survey.
- Perform proactive equipment and component replacement on critical hospital systems.

Submitted by: Steve Broussard, Director of Support Services **Date:** December 9, 2020

ATTACHMENT FF

155 NE 100TH ST., SUITE 100 SEATTLE, WA 98125
WAPC.ORG (206) 517-2350

WASHINGTON POISON CENTER

HOSPITAL FAIR SHARE
Washington Poison Center partner in healthcare

November 16, 2020

Mr. Craig Marks
Chief Executive Officer
PMH Medical Center
723 Memorial Street
Prosser, WA 99350-1593

Dear Mr. Marks,

Thank you for your ongoing support of the Washington Poison Center (WAPC) and our mission of preventing harm from poisoning through expertise, collaboration, and education. These are very challenging times and your continued support is appreciated now more than ever to ensure that our model telehealth services through our 24/7/365 emergency poison helpline is always available for your healthcare providers and your communities.

During this COVID pandemic, we have demonstrated how **essential** our services are and the **value** of our services to hospitals and their communities, specialty healthcare services that NO other agency in Washington state provides. We have been able to assist in compliance with the Governor's "Stay at Home" orders and now with his "Safe Start Washington" plans by keeping selected patients home, preserving critical prehospital/EMS resources and preventing unnecessary COVID exposures and risk in emergency departments/hospitals. **(See WAPC COVID-related Statistics and Trends)**

Please find attached the **PMH Medical Center Dashboard**, showing statistics re: your hospital's utilization of the WAPC during Fiscal Year 2020 (July 1, 2019-June 30, 2020)

In addition, I have included an **Invoice** for the requested amount of your community benefit donation that allows us to continue to provide the **essential services** listed below at a fraction of the cost it would require your hospital to staff on their own, thereby helping steward your funds and saving community health care dollars.

- Direct access 1 (800) number dedicated to hospitals and first responders for immediate support from expert-level specialists in poison information.
- Translation services available in over 200 languages for non-English speaking patients.
- Unlimited access to board-certified physician medical toxicologists for telephone consultations, 24/7/365.
- Wraparound care for patients from dedicated call center staff until case is resolved.
- Clinical education training from our board-certified physician medical toxicologists on a variety of timely and relevant healthcare topics affecting the delivery of healthcare.
- Increased patient safety, reduced liability, and increased dollar savings by ensuring appropriate treatment or use of antidotes and utilizing expert interpretation of available tests, treatments, databases, and clinical resources.

- Public Health Education via virtual live and on-demand formats within the hospital or healthcare system's service delivery area focused on education, prevention, and harm reduction. Public Health Alerts on how to diagnose, treat and manage emerging public health issues like hydroxychloroquine overdoses, exposures to methanol-containing hand sanitizers, opioid overdoses, snake bites, and more.

The WAPC provides **Value-Based Healthcare**. Given the significant impact of the COVID pandemic on hospital revenues and resources, we are able to assist with containing healthcare costs by keeping and managing selected patients at home when we are called first.

- In 2019, 92% of all incoming callers to the Washington Poison Center were treated at home, and in follow up surveys to incoming callers, 76% of all callers said they would have gone to the emergency room, or called 911, **if** the WAPC services were not available, **saving almost $48 million dollars of healthcare costs** for Washington State.
- In 2020 thus far through September, we have **saved an estimated $39 million dollar**s.
- National published data also demonstrates the cost-savings that poison centers provide to emergency departments/hospitals by decreasing hospital admissions, reducing length of stays, and providing a significant Return of Investment.

Thank you in advance for your support.

Warm regards,

Dr. Erica L. Liebelt, MD, FACMT
Executive Director/Medical Director

Cc: Carol Allen

WASHINGTON POISON CENTER

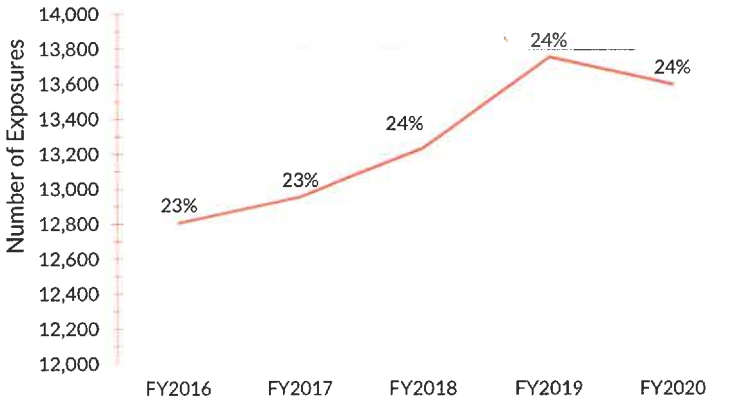
HOSPITAL FAIR SHARE
Washington Poison Center partner in healthcare

PMH Medical Center

Fiscal Year 7/1/2019 to 6/30/2020 | *Contact mryuk@wapc.org for further information*

The Washington Poison Center handled 131,685 phone calls during FY20 generating 57,103 case records.

All Exposure Cases Seen in Any Washington State Healthcare Facility (HCF)



Percent of Exposure Cases by Fiscal Year

PMH Medical Center
HCF Contacts with WAPC for FY 20

59 Number of Exposure Cases

189 Total Number of Follow-Ups
229 Total Number of PC-HCF Contacts
3.9 Average Number of PC-HCF Contacts per Case

Top Substances* for your hospital in FY 20

1-Acetaminophen Alone
2-Miscellaneous Sedative/hypnotics/antipsychotics
3-Selective Serotonin Reuptake Inhibitors (SSRI)
4-Miscellaneous Chemicals
5-Other nonsteroidal antiinflammatory drugs
6-Fungicides (non-medicinal)
7-Miscellaneous Stimulants and street drugs
8-Miscellaneous Fumes/gases/vapors
9-Aspirin alone
10-Beta Blockers

*there may be some duplication due to substance formulations

Known Medical Outcomes* in FY 20 for cases in your HCF

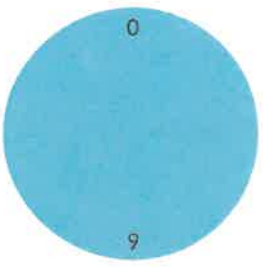
N = 45

* Table above does not include No Follow-up, Unrelated effect, and Confirmed Non-exposures.

Medical Outcomes (known or unknown) N = 59

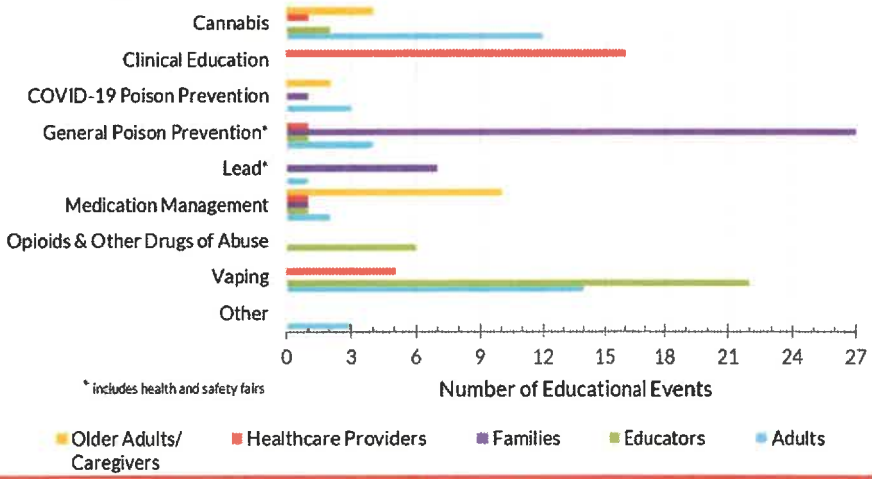
For the first 6 months of 2020, 95.6% of all cases where the poison center was called first were managed at home by WAPC specialists. Keeping patients out of the emergency department saved $11,762,619 patient dollars.

Total Medical Toxicologist Interaction Count for your HCF: 9



- Poison Center Specialist Consult With Medical Toxicologist
- HCF Provider Direct Consult With Medical Toxicologist
- Case Management Reviewed by Medical Toxicologist

Washington State Public & Healthcare Provider Education for FY 20 (N =147)



*Disclaimer: Reporting of exposures to the Poison Center is voluntary and not mandated by law. As such, WAPC data describes the number of exposures reported to the Poison Center and most likely is an underrepresentation of the true occurence of any one substance. All calls to the WAPC are free and confidential.

155 NE 100TH ST., SUITE 100 SEATTLE, WA 98125
WAPC.ORG (206) 517-2350

WASHINGTON POISON CENTER

HOSPITAL FAIR SHARE
Washington Poison Center partner in healthcare

Washington Poison Center COVID-Related Statistics and Trends:

- Despite significant ED and Hospital patient census reductions, **the % of healthcare facility calls remained the same as previous years – 24% of total calls,** reflecting the ongoing need of our specialty services for the complex overdose patient.
- Our **call volume increased 8%** from beginning of January 2020 through June 30, 2020, especially during initial months of the COVID pandemic.
- During 2020, amongst fear of coronavirus infection and with increased healthcare facility utilization due to the virus, WAPC was able to assist in social distancing and compliance with "Stay at Home" orders and now with the governor's "Safe Start Washington" plans by keeping patients home, preserving critical prehospital/EMS resources and preventing unnecessary exposures and risk in emergency departments/hospitals.
- From January-June 2020, 95.6 % of all cases where the poison center was called first were managed at home by WAPC specialists. Keeping patients out of the emergency department **saved $11,762,619 patient dollars for the state.**
- **COVID 19 specific stats**. Increase in case counts during 2020 COVID pandemic compared to same time in 2019:
    - Cases of Misuse of household cleaners, bleach, disinfectants, rubbing alcohol have increased 54% in all age groups.
    - Young children: Unintentional hand sanitizer exposures in children < 12 years of age have increased 41%.
    - Adolescents: Intentional self-harm/suicidal intent cases increased 5% and intentional abuse cases increased 34% so far in 2020.
    - Young children, school age and adolescents – reported cases of cannabis exposure have increased in all age groups during pandemic.
    - In Older Adults 60 years and older:
        - Cases of Accidental misuse of household bleach, hydrogen peroxide and other disinfectants have increased 35% during the pandemic.
        - Cases involving medication errors have increased almost 15% during the pandemic.
- We released **2 Public Health Alerts** during the pandemic to your healthcare providers -- *Chloroquine and Hydroxychloroquine Poisoning* and *Methanol-Based Hand Sanitizers*—providing timely and informative education for treatment of these serious exposures.
- Our Public Educators quickly transitioned to an ALL VIRTUAL platform and through September have provided 55 presentations, trainings and livestream discussions, reaching communities all across WA State.
- Our public health programming has integrated education on COVID-related exposures and prevention strategies, focusing on poison prevention messaging for safe use of household cleaners/disinfectants/hand sanitizers, medication safety and management especially with our Older Adult population, and harm reduction/prevention messaging for cannabis, opioids, and other illicit drugs.

American Association of Poison Control Centers

Poison Control Centers save the American taxpayers money. Independent studies confirm that investing in Poison Control Centers is a cost-effective way to invest in public health. Centers continue to save Medicare and Medicaid dollars, reduce the length of ER stays, decrease the number of ER visits, and increase productivity in healthcare.

2,700,000
Number of cases managed annually

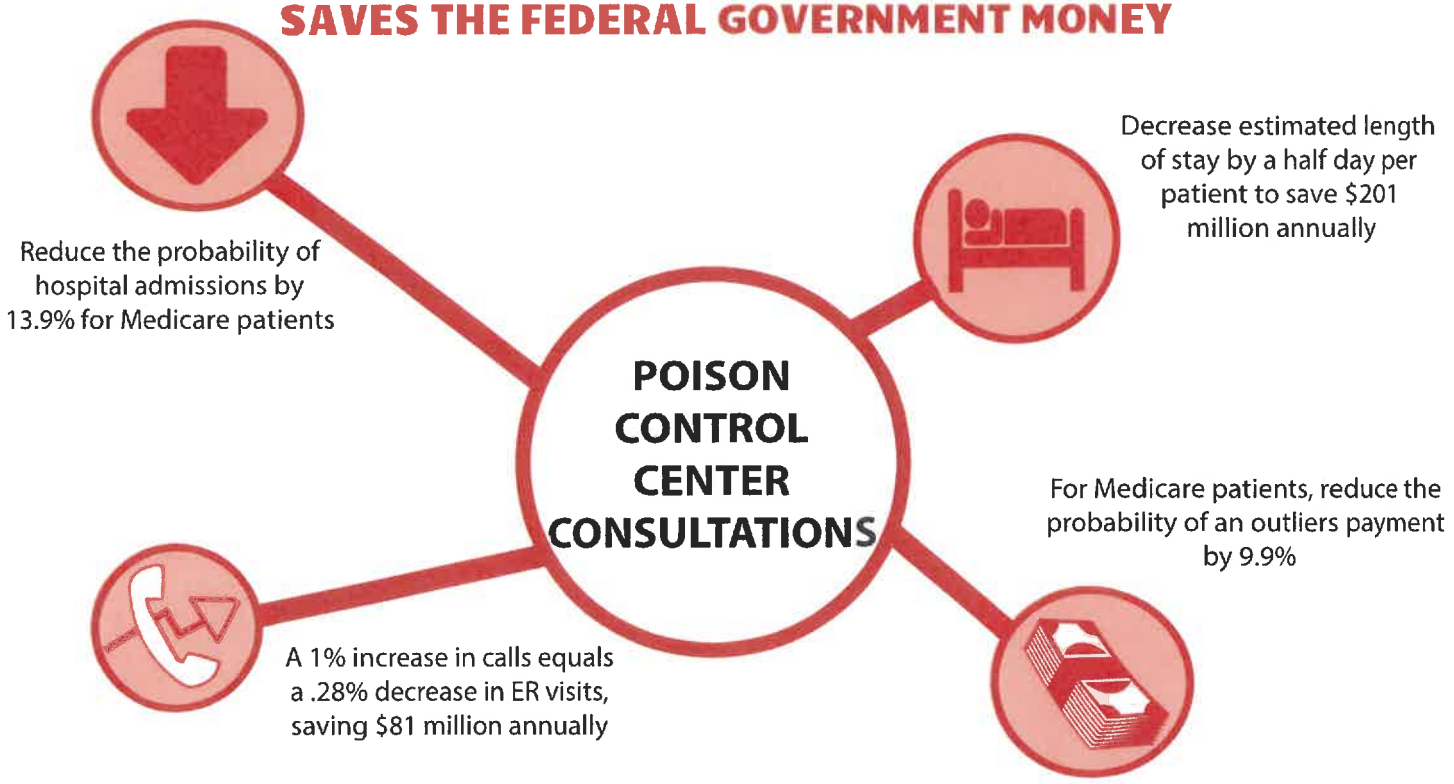
12 Seconds
How often someone calls a Poison Control Center

$13.39
Return on investment for every dollar spent in the Poison Center System

The annual total medical cost savings attributed to poison centers:

$1,800,000,000

INVESTING IN POISON CONTROL CENTERS SAVES THE FEDERAL GOVERNMENT MONEY



Poisoning remains the leading cause of injury-related death in the U.S. The most important tool we have to help combat poisoning is the national Poison Help phone number, 1 (800) 222-1222. Clinical experts who are specially trained and certified in toxicology answer the phone and help people who have poison-related questions, concerns, or emergencies. Anyone can access this invaluable resource any time around the clock, every day of the year, for free!

Sources: Measuring the Impact of Poison Control Intervention; The Lewin Group Inc, 2017 and Final Report on the Value of the Poison Center System; The Lewin Group Inc; Sept. 2012

Craig Marks

From: American Hospital Association / AHA Rural Health Care Leadership Virtual Conference <marketing-noreply@aha.org>
Sent: Tuesday, December 08, 2020 9:34 AM
To: Craig Marks
Subject: Keynote Sessions to Inspire and Educate

Follow Up Flag: Follow up
Flag Status: Flagged

To view this email as a web page, **click here**

American Hospital Association™
Advancing Health in America

34TH ANNUAL **AHA RURAL HEALTH CARE LEADERSHIP CONFERENCE**

FEBRUARY 17-18, 2021
A VIRTUAL CONFERENCE & ENGAGEMENT EXPERIENCE

Now, more than ever, strong connections between rural health leaders are critical.

The AHA is committed to creating opportunities that encourage peer-to-peer exchange when our **2021 AHA Rural Health Care Leadership Conference** goes virtual.

The conference will draw on top practitioners and thinkers to share strategies and resources for accelerating the shift to a more integrated and sustainable rural health system. We'll examine the most significant operational, financial and environmental challenges including the impact of COVID-19 on rural hospitals and their communities, and present innovative approaches that will enable you to transform your organization's care delivery model and business practices. **View the conference schedule.**

Keynotes

Solving for Why: Lessons on Life, Work and the Transformative Power of Purpose

Mark Shrime, MD
O'Brien Chair of Global Surgery, Royal College of Surgeons, Dublin, Ireland and lecturer in the Department of Global Health and Social Medicine, Harvard Medical School

Through a Glass Darkly: A Year in Review and Implications of the Pandemic for the Future of Rural Health Care and its Leadership

James E. Orlikoff
President, Orlikoff and Associates, Inc.

AHA Washington Update

Erika Rogan, PhD
Senior Associate Director, Policy, American Hospital Association
Travis Robey
Senior Associate Director, Federal Relations, American Hospital Association

Compose Your World

Kai Kight
Composer and Musician

Gather your teams of executives, trustees, and clinical leaders for AHA's new rural health care experience. In addition to the two-day virtual conference, February 17-18, attendees can look forward to:

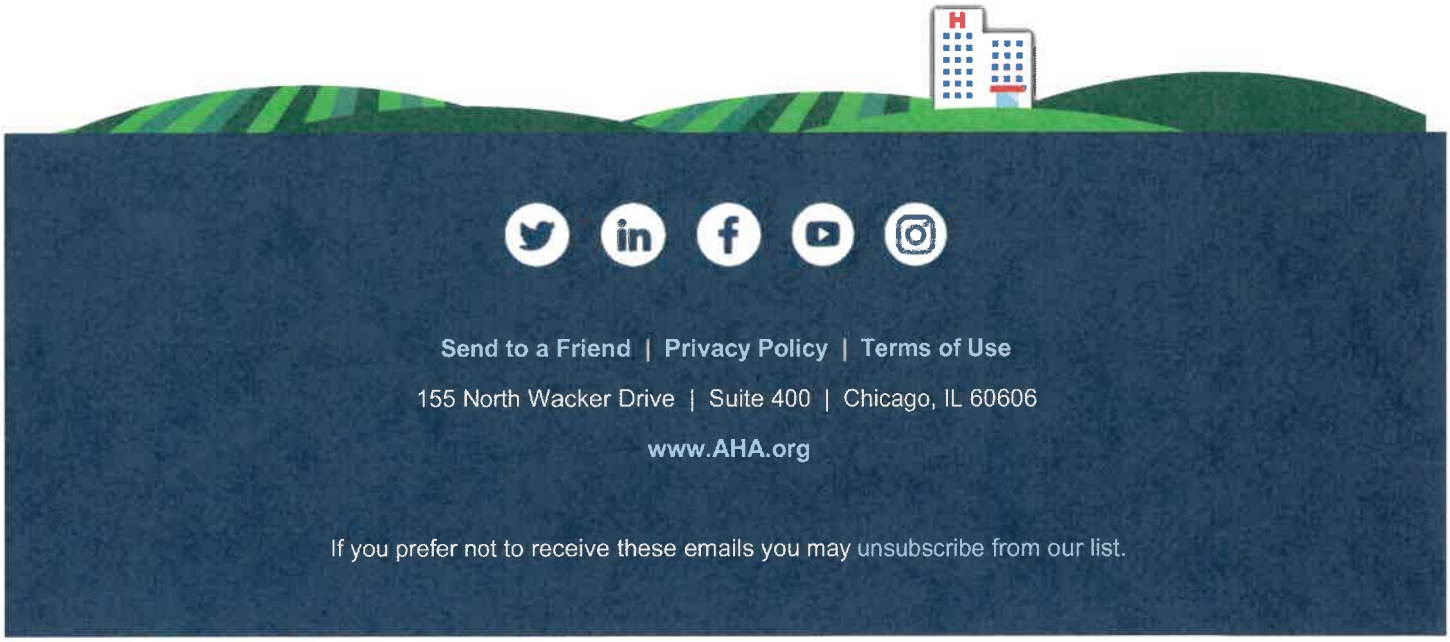
- Joining **Affinity Groups** organized around key issues in rural health care. These communities will convene virtually before, during and after the February conference. You'll meet and learn from other leaders and experts who share your interests in:
  - Rural Maternal Health
  - Resilience in Ongoing Crisis
  - Rural Behavioral Health: Challenges and Solutions
  - Rural Community Health Investment and Improvement
  - Innovation and Digital Transformation
  - Pathways to Recovery
  - Governance Excellence

- Enjoying three-months of **on-demand access** to content from the February 17-18 conference. We understand your days are full – on-demand access allows you to view all sessions at your convenience.

Register by January 8 for early-bird savings and to take full advantage of Affinity Group activities.

Register three attendees and your fourth attends for free!

REGISTER NOW >>



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ATTACHMENT HH

RULES AND REGULATIONS OF THE MEDICAL STAFF
PROSSER PUBLIC HOSPITAL DISTRICT
DBA PROSSER MEMORIAL HEALTH

6. Certifications

6.1 Certification requirements shall be the same for Active, Active Community, Courtesy, Consulting, Telemedicine, Allied Health Professional or Locum Tenens staff.

6.2 Each provider must be Board Certified in their practice specialty; or Board Eligible at the time of initial approval of privileges, and Board Certified within 3 years of PMH Board Approval of privileges. Board Certification must be maintained in the provider practice specialty.

6.3 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**
k) PACs: BLS, and if providing OB services: ACLS and NRP*
l) RNFAs: OR Certification and ACLS
m) 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

6.4 Exceptions to the ACLS, ATLS, PALS and NRP certification requirement(s) are extended to PMH privileged providers who do not provide direct patient care at a Prosser Memorial Health facility.