



Prosser
Memorial Health

**Prosser Memorial Health
Board of Commissioners**

**Board Packet
January 28, 2021**

Whitehead Conference Room

Vision

Patients
Employees
Medical Staff
Quality
Services
Financial



Prosser
Memorial Health

Values

Accountability
Service
Promote Teamwork
Integrity
Respect
Excellence

Mission: To improve the health of our community.

BOARD OF COMMISSIONERS – WORK SESSION

TUESDAY, JANUARY 26, 2021

6:00 PM - WHITEHEAD CONFERENCE ROOM

AGENDA

COMMISSIONERS:

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

STAFF:

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

GUESTS:

Kurt Broeckelmann, Architect, bcDG
Paul Kramer, Project Director, NV5
Quinton Barrett, People Element

I. CALL TO ORDER

- A. Pledge of Allegiance

II. EMPLOYEE AND MEDICAL STAFF DEVELOPMENT

- A. Review Employee and Medical Staff Engagement Survey Results (**Attachments Q & S**) **Quinton Barrett**

III. SERVICES

A. Replacement Facility Update

1. Design Development Review **Kurt**
2. Draft Project Budget (**Attachments G**) **Paul**
3. Replacement Facility Vision Update (**Attachment K**) **Craig**
4. CPARB-PRC Update **Paul**

IV. ADJOURN

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BOARD OF COMMISSIONERS

THURSDAY, JANUARY 28, 2021
6:00 PM, WHITEHEAD CONFERENCE ROOM
AGENDA

COMMISSIONERS:

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

STAFF:

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

GUEST: Dr. Syed Hashmi, ACOMO

I. CALL TO ORDER

A. Pledge of Allegiance

II. PUBLIC COMMENT

III. APPROVE AGENDA

Action Requested – Agenda

IV. CONSENT AGENDA

Action Requested – Consent Agenda

- A. Board of Commissioners Meeting Minutes for December 17, 2020
- B. Payroll and AP Vouchers #155296 through #155957 dated 12-10-20 through 1-20-21 in the amount of \$7,879,488.69; Surplus Items Resolution #1050

V. MEDICAL STAFF DEVELOPMENT

A. Medical Staff Report and Credentialing

Dr. Hashmi

Action Requested – Advancement from Provisional

1. Advancement from Provisional

James Wang, MD – Telemedicine privileges in Neurology effective January 28, 2021 through July 30, 2022.

Madeline Nguyen, MD – Telemedicine privileges in Neurology effective January 28, 2021 through July 30, 2022.

Jarret Kuo, MD – Telemedicine privileges in Diagnostic Radiology effective January 28, 2021 through July 30, 2022.

Karen Phillips, MD – Telemedicine privileges in Diagnostic Radiology effective January 28, 2021 through July 30, 2022.

Shannon St. Clair, MD – Telemedicine privileges in Diagnostic Radiology effective January 28, 2021 through July 30, 2022.

Franke Welte, MD – Telemedicine privileges in Diagnostic Radiology effective January 28, 2021 through July 30, 2022.

2. New Appointment

Action Requested – New Appointment and Requested Clinical Privileges

Ryan Steed, CRNA – Provisional/Allied Health Professional staff with requested privileges in Anesthesia effective February 1, 2021 through July 31, 2021.

Maria Restrepo, MD – Provisional/Telemedicine staff with requested privileges in Neurology effective February 1, 2021 through July 31, 2021.

VI. FINANCIAL STEWARDSHIP

- A. Review Financial Reports for December 2020 (**Attachment T**) David
Action Requested – Financial Reports
- B. COVID-19 Financial Plan (**Attachment U & V**) David/Craig

VII. SERVICES

- A. Capital Acquisitions –
1. Two Logic E10 Ultrasound Machines (**Attachment L**) Merry
Action Requested – Two Logic E10 Ultrasound Machines (\$251,256)
 2. Virtual Desktop Infrastructure (**Attachment M & M1**) Kevin
Action Requested – Virtual Desktop Infrastructure

VIII. QUALITY

- A. Review 2021 Quality Assurance and Risk Management Program Plans (**Attachments EE & FF**) Kristi
Action Requested – 2021 Quality Assurance and Risk Management Program Plans
- B. Board Officers Craig
Action Requested – Elect Board Officers for 2021
- C. COVID-19 Update Merry/Dr. Sollers
- D. Legislative and Political Updates Commissioner Bestebreur
- E. CEO/Operations Report Craig

IX. EXECUTIVE SESSION

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

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

X. ADJOURN

PMH
Board of Commissioners
Work Plan – FY2021



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Mission: To improve the health of our community.

Month	Goals & Objectives	Education
January	<p>QUALITY:</p> <ul style="list-style-type: none"> • Review/Approve 2021 Strategic Plan and 2021 Patient Care Scorecards • Sign Financial Disclosure and Conflict of Interest Statements • Approve 2021 Risk Management and Quality Assurance Plans • Select and Approve Board Officers <p>SERVICES:</p> <ul style="list-style-type: none"> • Approve acquisition of two replacement ultrasound units • Approve acquisition of Virtual Desktop Infrastructure 	<p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review 2020 Employee Engagement Survey Results • Review 2020 Medical Staff Engagement Survey Results <p>QUALITY:</p> <ul style="list-style-type: none"> • Review Board Self-Evaluation <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Review semi-annual financial performance report for PMH Clinics <p>SERVICES:</p> <p>Replacement Facility Update</p> <ul style="list-style-type: none"> • Design Development • Budget • Vision

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

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

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

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

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



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%	0.26%	0.41%	0.61%	0.13%	0.77%	1.43%	0.65%	0.80%	0.60%	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%	2.53%	0.00%	6.25%	3.80%	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%	100.00%	72.73%	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%	100.00%	93.10%	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%	0.00%	0.29%	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%	23.74%	27.61%	30.25%	34.50%
Medication Reconciliation Completed	>90%	89.26%	89.58%	44.72%	89.90%	55.76%	42.31%	43.64%	34.84%	36.83%	36.85%	41.43%	47.66%	47.15%	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	40	37.5	30	30
Median Time to ECG (CP & iVantage)	< 7 Minutes	0	4	6	5	7	7	6	11	12	7	7	8	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%	0.00%	0.25%	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%	100.00%	90.92%	90.0%	NA
Safe Medication Scanning	>90%	88.80%	91.30%	83.82%	89.55%	94.42%	92.70%	92.89%	92.65%	92.15%	94.16%	95.27%	93.83%	92.28%	90.0%	NA
*Overall Quality Performance Benchmark (iVantage)	>48	60	60	60	49	49	49	44	44	44	41	41	41	41	41	0
*Inductions <39 Weeks without Clinical Indications (OB & iVantage)	<1	0	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	0	2	3	3

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



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%	87.2%	85.7%	84.4%	88.9%	80.7%	85.6%	88.9%	87.0%	85.3%	84.4%	87.3%	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%	79.6%	81.1%	80.3%	80.7%
Acute Care - "Would Recommend"	> 79.7%	80.9%	80.0%	94.1%	80.0%	82.8%	81.3%	86.2%	92.3%	75.0%	84.4%	85.7%	82.4%	84.1%	78.6%	79.7%
OB - "Would Recommend"	> 92.2%	92.3%	92.3%	100.0%	100.0%	86.4%	92.9%	90.7%	100.0%	100.0%	100.0%	85.0%	86.7%	92.3%	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%	100.0%	100.0%	80.0%	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%	100.0%	73.9%	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%	81.6%	87.1%	87.1%	85.2%
Outpatient - "Would Recommend"	> 88.4%	89.5%	88.5%	85.0%	85.0%	97.3%	91.7%	94.0%	88.6%	88.0%	85.2%	89.0%	88.4%	88.1%	88.4%	84.7%
Medical Staff Development																
Medical Staff Turnover	< 0.2%	0.6%	0.0%	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.1%	0.0%	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	983	954	950	872
Benton City Clinic Visits	> 1005	1,118	950	984	643	723	856	930	740	897	893	767	547	837	958	857
Prosser RHC Clinic Visits	> 1052	1,030	1,011	988	842	903	1,152	1,152	1,398	1,552	1,732	1,556	1,401	1,226	960	821
Grandview Clinic Visits	> 618	702	724	650	474	570	564	643	585	578	589	514	473	589	568	N/A
Women's Health Center	> 709	673	605	633	455	442	583	646	603	629	627	593	722	601	469	N/A
Comprehensive Pain Clinic	> 91	86	83	81	28	58	68	35	42	60	30	56	48	56	80	55
*# of Active Medical Staff	> 51	43	43	43	43	43	43	44	47	48	47	47	48	45	41	40
Employee Development																
Average Recruitment Time (days)	< 28	33	28	50	41	21	37	39	31	39	25	43	14	32	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	24.0	29.4	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%	7.8%	5.9%	5.7%	4.5%
Agency - Cost/Total Labor	< 8.7%	7.7%	9.0%	10.3%	8.1%	4.5%	5.8%	5.3%	6.0%	7.5%	6.7%	3.7%	7.4%	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%	0.3%	0.6%	0.7%	0.7%
Timely Evaluations	> 79.6%	89.0%	84.0%	81.0%	81.0%	54.0%	78.0%	85.7%	74.2%	69.6%	48.0%	63.6%	54.0%	70.2%	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	1.38	1.22	1.55	2.15
New Hire (Tenure) < 1 year	< 10%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	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	24.00	10.25	167	163
Quality																
ED Encounters - Left Without Being Seen	< 1.0%	1.2%	0.9%	1.03%	0.2%	0.3%	0.4%	0.5%	0.1%	0.3%	1.4%	0.7%	0.2%	0.2%	1%	1.0%
* Falls with Injury	< 3	0	1	0	0	0	0	1	0	0	3	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%	0.5%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.3%	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%	1.3%	0.0%	2.6%	0.0%	6.3%	3.7%	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%	24%	28%	30.3%	34.50%
Services																
ED Visits	> 1,023	1,131	1,000	874	526	700	723	819	799	767	769	769	785	805	1,016	930
Inpatient Admissions	> 86	83	77	72	70	79	91	79	93	87	69	98	96	83	83	75
OB Deliveries	> 38	38	26	38	36	39	38	52	48	45	35	45	44	41	37	31
Surgeries and Endoscopies	> 126	109	100	90	32	44	110	138	132	101	123	110	101	101	118	117
Diagnostic Imaging Procedures	> 2,116	2,466	2,308	2,078	1,358	1,784	2,159	2,225	2,334	2,448	2,667	2,622	3,009	2,280	1,957	1,649
Lab Procedures	> 12,262	12,098	11,587	9,776	7,900	10,591	12,119	13,248	13,003	12,306	12,996	12,810	12,761	11,768	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	1,530	1,393	1,624	1,373
Therapy Visits	> 1,706	1,692	1,732	1,374	324	959	1,131	1,247	1,399	1,454	1,462	1,300	1,632	1,314	1,145	1,084
Outpatient Special Procedures Visits	> 225	268	224	319	222	211	189	198	235	265	306	267	260	247	224	225
Financial Performance																
Net Days in Accounts Receivable	< 48.62	60	64	62	48	48	52	54	57	57	60	63	59	59	63.79	50.96
*Total Margin	> 7.06%	4.50%	1.20%	-0.20%	16.40%	18.90%	27.62%	11.40%	33.40%	19.00%	17.70%	-216.20%	4.50%	4.50%	5.30%	1.8%
Net Operating Revenue/FTE	> \$16,753	\$ 16,075	\$ 14,867	\$ 15,320	\$ 19,583	\$ 15,245	\$ 22,112	\$ 16,939	\$ 15,719	\$ 22,234	\$ 16,686	\$ 5,332	\$ 12,177	\$ 17,191	\$15,794	\$16,094
Labor as % of net Revenue	< 60.2%	60.3%	65.0%	63.8%	57.9%	53.5%	43.2%	60.6%	80.8%	52.1%	53.3%	191.6%	42.8%	59.2%	59.6%	62.6%
Operating Expense/FTE	< \$15,760	\$ 15,524	\$ 15,443	\$ 15,469	\$ 16,562	\$ 15,823	\$ 14,266	\$ 16,479	\$ 11,699	\$ 18,165	\$ 14,796	\$ 16,994	\$ 18,358	\$ 15,891	\$15,190	\$16,190
*Days Cash on Hand	> 120.39	96	93	98	152	221	229	229	221	223	220	183	173	173	120.39	108.23
Commercial %	> 28.7%	27.1%	27.7%	31.7%	29.7%	28.1%	30.0%	31.3%	37.4%	37.8%	28.4%	30.1%	29.4%	29.4%	28.7%	28.2%
Total Labor Expense/Total Expense	< 62%	67.4%	62.6%	61.7%	63.7%	65.1%	64.3%	62.3%	60.2%	63.8%	65.1%	60.1%	51.7%	61.3%	62%	63%

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



2021 - Patient Care Scorecard

Major Goal Areas & Indicators	2021 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2021 YTD	2020	2019
Quality																
Left Without Being Seen	<0.80%														0.80%	1.11%
Median Admit Decision Time to ED Departure Time for Admitted Patients	<44 min														70	N/A
Median Time from ED Arrival to Departure for Discharged ED Patients	<107 min														128	N/A
Venous Thromboembolism Prophylaxis	>93.1%														N/A	N/A
Exclusive Breast Milk Feeding Patients	>44.4%														N/A	N/A
All-Cause Unplanned 30 Day Inpatient Readmissions	<2.7%														3.80%	5.40%
Sepsis - Early Management Bundle	>84.6%														72.73%	84.60%
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.07%														0.29%	0.07%
Diabetes Management - Outpatient A1C>9 or missing result	<27.61%														27.61%	30.25%
Medication Reconciliation Completed	>90%														47.15%	N/A
Turnaround time of 30 minutes or less for STAT testing	<30 min														37.5	30
Median Time to ECG	< 7 min														7	7
Surgical Site Infection	<0.25%														0.25%	0.30%
Safe Medication Scanning	>92.9%														98.90%	90%
*Overall Quality Performance Benchmark (iVantage)	>48														44	48
*Falls with Injury	<2														2	3

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

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BOARD WORK SESSION		December 15, 2020		WHITEHEAD CONFERENCE ROOM			
COMMISSIONERS PRESENT		STAFF PRESENT		GUESTS		COMMUNITY MEMBERS	
<ul style="list-style-type: none"> • Dr. Steve Kenny • Keith Sattler • Glenn Bestebreur • Susan Reams • Brandon Bowden • Sharon Dietrich, M.D. • Neilan McPartland 		<ul style="list-style-type: none"> • Craig Marks, CEO • Merry Fuller, CNO/COO • David Rollins, CFO • Shannon Hitchcock, CCO • Kevin Hardiek, CIO • Kristi Mellema, CCO • Dr. Brian Sollers 		<ul style="list-style-type: none"> • Kurt Broeckelmann, Architect • Paul Kramer, Owner's Rep. • Meg Hohnholt, Project Manager 		None	
AGENDA		DISCUSSION		ACTION		FOLLOW-UP	
I. CALL TO ORDER		Meeting was called to order by Commissioner Sattler at 6:00 p.m.		None		None	
II. SERVICES							
A. Replacement Facility Update and Plan							
A.1. Draft New Hospital Vision and Plan (Attachment D & E)		Craig Marks reviewed the Draft New Hospital Vision and Plan, which was based on feedback from the staff, Board and Medical Staff.		The Board will be asked to approve the New Hospital Vision and Plan at December's Board Meeting.		None.	
A.2. Schematic Design Review (Attachment I)		Kurt Broeckelmann reviewed the Schematic Design (Attachment I) on the site plan, floor plans and building exteriors.		The Board will be asked to approve the PMH Replacement Facility Schematic Design Review at December's Board Meeting.		None.	

A.3. Natural Gas vs. Electricity	Paul Kramer gave an update on his assessment of whether to utilize natural gas or electricity at out new hospital site.	None, information only.	None.
A.4. CPARB PRC Review (Attachment E1)	Paul Kramer and Meg Hohnholt gave an update on the CPARB presentation to Washington State and next steps toward getting it through the approval process.	The GC/CM Task Force Meetings scheduled for December and January will be rescheduled for February 2021.	None.
III. QUALITY			
A. 2020 Environment of Care (EOC) Report and 2021 EOC Plan (Attachment EE)	Kristi Mellema presented an overview of the 2020 Environment of Care (EOC) Report and the 2021 EOC Plan (Attachment EE).	The Board will be asked to approve the 2020 Environment of Care (EOC) Report and the 2021 EOC Plan (Attachment EE) at December's Board Meeting.	None.
IV. ADJOURN			
There being no further regular business to attend to, Commissioner Sattler adjourned the meeting at 8:15 p.m.			

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BOARD MEETING		DECEMBER 17, 2020		WHITEHEAD CONFERENCE ROOM			
COMMISSIONERS PRESENT		STAFF PRESENT		MEDICAL STAFF		GUESTS	
<ul style="list-style-type: none">• Dr. Steve Kenny• Glenn Bestebreur• Susan Reams• Keith Sattler• Sharon Dietrich, M.D.• Brandon Bowden• Neilan McPartland		<ul style="list-style-type: none">• Craig Marks, CEO• Merry Fuller, CNO/COO• David Rollins, CFO• Kevin Hardiek, CIO• Shannon Hitchcock, CCO• Kristi Mellema• Bryon Dirkes		<ul style="list-style-type: none">• Dr. Terry Murphy			
AGENDA		DISCUSSION		ACTION		FOLLOW-UP	
I. Call to Order		Meeting was called to order by Commissioner Kenny at 6:00 p.m.					
I.A. Pledge of Allegiance							
II. Public Comment		None.					
III. Approve Agenda				Commissioner Dietrich made a Motion to approve the Agenda. The Motion was seconded by Commissioner Bestebreur and passed with 7 in favor, 0 opposed and 0 abstained.		None.	
IV. APPROVE CONSENT AGENDA				Commissioner Bestebreur made a Motion to approve the Consent Agenda. The Motion was seconded by Commissioner Reams and passed with 7 in favor, 0 opposed, and 0 abstained.		None.	
A. Board of Commissioners Meeting Minutes for November 19, 2020.							
B. Payroll & AP Vouchers #154819 through							

<p>#155295 dated 11.12.20 through 12.09.20.</p> <p>Board Policies #100.0005; #100.0006; #100.0007; #100.0008</p> <p>Surplus Items Resolution: #0013016; #001225.</p>			
AGENDA	DISCUSSION	ACTION	FOLLOW-UP
V. MEDICAL STAFF DEVELOPMENT			
A. Medical Staff Report and Credentialing			
A.1. Advancement from Provisional	<p>Dr. Murphy presented the following Advancement from Provisional Appointments:</p> <p>Lindsey Smith, DO – Active staff privileges in Emergency Medicine effective December 17, 2020 through June 25, 2022.</p> <p>Brandon Peterson, MD – Consulting staff privileges in Pathology effective December 17, 2020 through June 25, 2022.</p> <p>James Giles, MD – Telemedicine privileges in Neurology effective December 17, 2020 through June 25, 2022.</p> <p>Elizabeth Walz, MD – Telemedicine privileges in Neurology effective December 17, 2020 through June 25, 2022.</p>	<p>A motion to approve the Advancement from Provisional Appointments and requested Clinical Privileges that have been reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee for the following providers was made by Commissioner Sattler and seconded by Commissioner Reams. The Motion passed with 7 in favor, 0 opposed, and 0 abstained.</p> <ul style="list-style-type: none"> • Lindsey Smith, DO • Brandon Peterson, MD • James Giles, MD • Elizabeth Walz, MD 	None.

<p>A.2. New Appointments</p>	<p>Dr. Murphy presented the following New Appointments:</p> <p>H. Benno Marx, MD – Provisional/Courtesy staff with requested privileges in Family Medicine effective December 17, 2020 through June 24, 2021.</p> <p>Robert J. Erwin, Jr., CRNA – Provisional/Allied Health staff with requested privileges in Anesthesia effective December 17, 2020 through June 24, 2021.</p>	<p>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 Sattler and seconded by Commissioner Reams. The Motion passed with 7 in favor, 0 opposed, and 0 abstained.</p> <ul style="list-style-type: none"> • H. Benno Marx, MD • Robert J. Erwin, Jr., CRNA 	<p>None.</p>
<p>A.3. Reappointments</p>	<p>Dr. Murphy presented the following Reappointments:</p> <p>Tarvinder Singh, MD – Reappointment to Telemedicine staff with requested clinical privileges in Neurology from December 17, 2020 through December 16, 2022.</p> <p>Corey White, DO – Reappointment to Telemedicine staff with requested clinical privileges in Neurology from December 17, 2020 through December 16, 2022.</p>	<p>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 Bestebreur. The Motion passed with 7 in favor, 0 opposed and 0 abstained.</p> <ul style="list-style-type: none"> • Tarvinder Singh, MD • Corey White, DO 	<p>None.</p>
<p>A.4. Category Change Request</p>	<p>Dr. Murphy presented the following Category Change Request:</p> <p>Richard J. Unger, DO – Privileged in General Surgery, requesting to change clinical privileges category from Locum Tenens to Active Staff, effective January 1, 2021.</p>	<p>A motion to approve the Category Change Request and requested Clinical Privileges that has been reviewed and recommended by the Department Chair, the Credentialing Committee and the Medical Executive Committee for the following provider was made by Commissioner Dietrich and seconded by Commissioner Reams. The Motion was passed with 7 in favor, 0 opposed and 0 abstained.</p> <ul style="list-style-type: none"> • Richard J. Unger, DO 	<p>None.</p>

A.5. Rules and Regulations of the Medical Staff (Attachment HH)	Dr. Murphy presented the proposed changes to the Certification Section of the Rules and Regulations of the Medical Staff.	A motion to approve the Certification Section 6 of the Rules and Regulations of the Medical Staff and recommended by the Medical Executive Committee and approved by the Medical Staff Committee was made by Commissioner Dietrich and seconded by Commissioner Bowden. The Motion was passed with 7 in favor, 0 opposed and 0 abstained.	None.
B. 2021 Medical Staff Model & Provider Recruitment/ Succession Plan (Attachment P)	Craig Marks gave an overview of the 2021 Medical Staff Model & Provider Recruitment/Succession Plan (Attachment P).	A motion to approve the 2021 Medical Staff Model & Provider Recruitment/Succession Plan was made by Commissioner Dietrich, which was seconded by Commissioner Reams. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None.
VI. FINANCIAL STEWARDSHIP			
DISCUSSION		ACTION	
FOLLOW-UP			
A. Review Financial Reports for November 2020 (Attachment S)	David Rollins presented the November 2020 Financial Reports.	A motion to accept the Financial Reports for November 2020, was made by Commissioner Sattler, which was seconded by Commissioner Reams. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None.
B. Review Draft 2021 Operating and Capital Budgets (Attachment T)	David Rollins gave an overview of the 2021 Draft Operating Budget and Capital Budget (Attachment T).	A motion to accept the 2021 Operating and Capital Budgets as presented was made by Commissioner Reams, which was seconded by Commissioner Bowden. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None.
C. COVID-19 Financial Plan (Attachment Y & Z)	David Rollins presented the COVID-19 Financial Plan (Attachment Y) and the COVID-19 Financial Projections (Attachment Z) through December 2020.	None.	None.
D. PMH Foundation New Board Members – Shelby Moore and Samantha Markus	Shannon Hitchcock presented the names of two new candidates, to the PMH Foundation Board, Shelby Moore and Samantha Markus	A motion to approve Shelby Moore and Samantha Markus to the PMH Foundation Board was made by Commissioner Sattler, which was seconded by Commissioner	None.

		Bowden. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	
VII. EMPLOYEE DEVELOPMENT		DISCUSSION	ACTION
A. AFSCME Contract 2021-2023	Bryon Dirkes gave an update on AFSCME negotiations and AFSCME Contract.	A motion to approve the AFSCME Contract for 2021-2023 as presented was made by Commissioner Reasm, which was seconded by Commissioner Dietrich. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None.
VIII. SERVICES			
A. Review 2021 PMH Strategic Plan (Attachment A)	Craig gave a brief overview of the proposed 2021 PMH Strategic Plan and reminded the Board that the Strategic Plan is updated two times per year.	A motion to approve the 2021 PMH Strategic Plan as presented was made by Commissioner Reams, which was seconded by Commissioner Dietrich. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None.
B. Review 2021 PMH Marketing Plan (Attachment B)	Shannon Hitchcock shared highlights of the proposed 2021 PMH Marketing Plan.	A motion to approve the 2021 PMH Marketing Plan as presented was made by Commissioner Bestebruer, which was seconded by Commissioner Reams. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None.
C. Review 2021 IT Plan (Attachment C)	Kevin Hardiek gave a brief summary of the 2021 IT Plan.	A motion to approve the 2021 IT Plan as presented was made by Commissioner Reams, which was seconded by Commissioner McPartland. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None.
D. PMH Replacement Facility Vision and Plan (Attachment D & E)	Craig Marks shared the currently proposed PMH Replacement Facility Vision and Plan. Once the final schematic design is complete, it will once again be brought back to the board.	A motion to approve the PMH Replacement Facility and Plan as presented was made by Commissioner Sattler, which was seconded by Commissioner Reams. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None.
E. Completion of Schematic Design for PMH Replacement Facility	Craig Marks referenced the Schematic Design for PMH Replacement Facility (Attachment I), which was	A motion to approve the Schematic Design for the PMH Replacement Facility was made by Commissioner Reams, which was	None.

(Attachment I)	reviewed in detail at the December Board Work Session by Kurt Broeckelmann, lead architect.	seconded by Commissioner Dietrich. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	
F. Resolution #1048, Completion of the Chardonay Clinic Remodel Project (aka Chardonay Clinic TI)	David Rollins informed the Board that KDA Architects has requested release of final payment for the Chardonay Clinic remodel for Prosser Health Clinic in the amount of \$19,752.34.	A motion to approve Resolution #1048 for the Completion of the Chardonay Clinic Remodel Project for \$19,752.34, to be paid to KDA was made by Commissioner Reams, which was seconded by Commissioner Dietrich. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None.
IV. QUALITY			
A. Review 2020 Environment of Care (EOC) Report and 2021 EOC Plan (Attachment EE)	Kristi Mellema shared a brief overview of the 2020 Environment of Care (EOC) Summary Report and the 2021 EOC Plan.	A motion to approve the 2020 Environment of Care Summary Report and the 2021 EOC Plan was made by Commissioner Reams, which was seconded by Commissioner Bowden. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None.
B. COVID-19 Update	Dr. Murphy gave an update on the current status of COVID for PMH and the upcoming COVID vaccine.	None.	None.
C. Legislative and Political Updates	Commissioner Bestebreur shared information on the current issues within the state, those facing the legislature and an update on the Federal front.	None.	None.
D. CEO/Operations Report	<p>The Holiday Festivities earlier in the day were a huge success for all staff. Departmental Christmas Trees are on display in the Vineyard which is also where the Administrative Team will be serving dinner to the night shift tonight.</p> <p>Craig reminded the Board to complete evaluation and return them to Carol.</p> <p>Craig reminded the Board about the upcoming AHA Rural Health Care Leadership Conference, February 17-18, 2021, which will be held virtually. We are hopeful to reserve a conference room for those</p>	None.	None.

	board members interested in attending so the Board can be together to attend virtually.		
V. ADJOURN			
There being no further business to attend to, Commissioner Kenny adjourned the meeting at 7:42 p.m.			

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JOINT CONFERENCE COMMITTEE		JANAURY 20, 2021	VINEYARD CONFERENCE ROOM	
COMMITTEE MEMBERS PRESENT		NON-MEMBERS PRESENT		
<ul style="list-style-type: none"> • Commissioner S. Reams • Commissioner S. Dietrich • C. Marks, CEO • Dr. T. Murphy 		<ul style="list-style-type: none"> • Kristi Mellema, CQO, CCO • Merry Fuller, CNO, COO • Dr. S. Hashmi 		
AGENDA ITEM	DISCUSSION	RECOMMENDATION	FOLLOW-UP	
CALL TO ORDER	Meeting was called to order by Commissioner S. Reams at 0703.			
APPROVAL OF MINUTES	December minutes were reviewed and approved by the Committee. November minutes will be brought to the Joint Conference meeting in February for review and approval.	November minutes will be approved in February 2021.	Standing agenda item.	
QUALITY				
COVID-19 Update	K. Mellema shared the WA State Covid-19 Vaccine Prioritization Guidance and Interim Allocation Framework. This defines Phase 1A and 1B. PMH will be hosting a Covid-19 Vaccine event this Friday from 1-7pm and Saturday 8-2pm at Housel Middle School. People will schedule themselves an appointment to attend.	For informational purposes only.	No follow up necessary.	
COVID-19 Financial Plan	C. Marks reported that in December PMH received \$371,000 from HCA CARES COVID Funding. From the HHS federal funds, PMH took out \$3.3 million and put in \$1.6 million in an attempt to bring our net revenue up to budget. PPP consisted of \$6.3 million which is in the bank, but the auditors won't let us recognize it until forgiven. We received over \$20 million but expect to use \$3.3 million this year and will recognize \$6 million next year. Projected net income is \$2.9 million for 2020.	For informational purposes only.	No follow up necessary.	
2021 Risk Management and Quality Assurance Plan	K. Mellema reported that the 2021 Risk Management and Quality Assurance Plans had no significant changes from last year outside of changing 2020 to 2021 and the new updated organizational chart	For informational purposes only.	No follow up necessary.	

	has been inserted into the Quality Assurance Plan. These two plans will go before the Board next week for approval.		
2021 Medication Reconciliation Quality Improvement Project	M. Fuller reported that she drilled down by patient specific types. The lowest compliance rate was 78.7% and the highest was 90.57%. Where we struggle is where patients are not coming in through the ED. We should see these numbers go up significantly the beginning of the year. Medication reconciliation in the clinic is still a project that we need to address.	For informational purposes only.	No follow up necessary.
2021 Strategic Plan and Patient Care Scorecards	K. Mellema presented the 2021 Strategic Plan Scorecard and Patient Care Scorecards. Two new measures were added, and one removed from the 2021 Strategic Plan Scorecard. Four new measures were added, and three measures were removed from the 2021 Patient Care Scorecard.	For informational purposes only.	No follow up necessary.
Astria Health	C. Marks stated that Astria has come out of bankruptcy. There was a \$75 million loan from MultiCare Health System. The organization that bought the old Astria health building is associated with MultiCare.	For informational purposes only.	No follow up necessary.
PATIENT LOYALTY			
Patient Experience Results	M. Fuller reported on the Patient Satisfaction 2020. There was discussion regarding the year over year trending. Most departments are doing well except for Swing bed which went down. The Patient Loyalty 2020 Composite Score was 86.2% which was under the goal of 86.61%. There is a brief analysis for each department for 2021. Long term initiatives will be added to the scorecard to keep these on the forefront of everyone's mind. Final report will be in the Board packet.	For informational purposes only.	Standing agenda item.
MEDICAL STAFF DEVELOPMENT			
Medical Staff Recruitment	Dr. Sollers reported that we are anxiously awaiting the arrival of Dr. Unger. He is also interested in taking most of the call. Dr. Elerding is not able to take call until he is completely vaccinated. We are talking to surgeons at Kadlec to see if they will help with call. Dr. Chew will be coming back to fulfill some call obligations; 1-2 weekends of call per month. We continue to recruit gastroenterology and are looking for a family practice/internal medication provider in Benton City. Dr. Nylander is still interested in coming here. She will go to Benton City in the pain clinic area.	For informational purposes only.	Standing agenda item.
Medical Staff Engagement Survey Results	C. Marks stated that next week we will have a representative from People Element to present this information to medical staff and employees. When the survey went out to the medical staff, 14 key	For informational purposes only.	No follow up necessary.

	<p>questions were omitted so the survey was sent out again with those 14 key questions. Only 28 of 49 providers took the 2nd survey. Overall, 85.8% was the engagement score.</p> <p>There is a new member of the CMO group, Dr. Wenger, who has verbally committed to the position. He will help with medical staff engagement.</p>		
EMPLOYEE DEVELOPMENT			
Employee Engagement Survey Results	C. Marks reported that we did well with great participation with an overall satisfaction rate of 89.2%. Communication between departments is the lowest scoring subject.	For informational purposes only.	Standing agenda item.
Employee Service Awards	C. Marks shared the list of those that will be recognized for years of service. Each individual will be given a \$50 gift certificate to a local restaurant since we will not be able to have a luncheon in person.	For informational purposes only.	No follow up necessary.
SERVICES			
Replacement Facility Update	<p>C. Marks reported that we heard back from the state and we do need to pursue a CON. We have sought legal action to help us appeal it and also send a letter of intent which can be done at the same time. We can also do a parallel track with the USDA application. We would work with Jody Corona if we need to get a CON.</p> <p>We are now in the design development phase. Kurt will make a presentation to the Board this month with no decisions or recommendations to be made yet.</p> <p>Initially, we thought the Specialty Clinic would be grandfathered in (provider based) when we move to the new hospital. We found out that they will not be grandfathered in so we can't get reimbursed at the higher rate. So, we will propose that we move that clinic to the new facility which will increase the cost. A draft budget with detail will be presented to the Board.</p>	For informational purposes only.	No follow up necessary.
2020 Strategic Plan Summary	C. Marks reported that due to the pandemic we would not have achieved the goal in Services. There is still some hope for the Financial Stewardship pillar. A full write up with goals and objectives will be supplied to the Board.	For informational purposes only.	No follow up necessary.
Nuclear Medicine Update	M. Fuller reported that we are going to have nuclear medicine the end of February. The air handler was delivered yesterday but a key piece was missing and now we must wait for that to arrive before we can start up the machine to calibrate it.	For informational purposes only.	No follow up necessary.

	The nuclear medicine tech is phenomenal. She has the right attitude, energy and experience. She has been working collaboratively with everyone and already identifying patients to be taken care of and protocols are being put into place.		
FINANCIAL STEWARDSHIP			
Financial Performance – December 2020	C. Marks reported on the Income Statement. December looks good since we recognized more COVID revenue. This is the second month in a row that we exceeded our budgeted revenue. We ended the year at \$2.9 million compared to \$3.1 million the prior year. We still have \$6 million of PPP money coming once we can recognize it.	For informational purposes only.	Standing agenda item.
ADJOURNMENT & NEXT SCHEDULED MEETING			
Meeting adjourned at 0852			
Next scheduled meeting is February 17, 2021			

Km 01/21/2021

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**FINANCE COMMITTEE MEETING
WEDNESDAY – JANUARY 27, 2021
7:00 a.m. – VINEYARD CONFERENCE ROOM
AGENDA**

MEMBERS:

Keith Sattler
Neilan McPartland
Brandon Bowden

STAFF:

Craig Marks
David Rollins
Stephanie Titus

CALL TO ORDER

I. APPROVE MINUTES

Action Requested – December 16, 2020 Minutes

II. FINANCIAL STEWARDSHIP

- A. Review Financials – December 2020 (**Attachment T**) **David**
Action Requested – December 2020 Financial Statements
- B. Review Accounts Receivable and Cash Goal **Stephanie**
- C. COVID-19 Financial Projection Plan (**Attachment U & V**) **David**
- D. Voucher Lists
Action Requested – Voucher List - Payroll and AP Vouchers #155296 through #155957 **David**
Dated 12-10-20 through 1-20-21 in the amount of \$7,879,488.69.
- E. Surplus Items Resolution #1050
Action Requested - Surplus Items Property Description: Fracture Table **David**
- F. Capital Requests **David**
Action Requested – Capital Requests
1. Two Ultrasound Machines (**Attachment L**)
2. Virtual Desktop Infrastructure (**Attachments M & M1**)

III. ADJOURN

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**FINANCE COMMITTEE MEETING MINUTES
WEDNESDAY – December 16, 2020
7:00 a.m. - ORCHARD CONFERENCE ROOM**

MEMBERS:

Keith Sattler
Brandon Bowden
Neilan McPartland

STAFF:

Craig Marks
David Rollins
Stephanie Titus

CALL TO ORDER

Keith Sattler called the meeting to order at 7:07 a.m.

I. APPROVE MINUTES

ACTION ITEM - Minutes

A motion to approve the Finance Committee Meeting minutes for October 28, 2020 and November 18, 2020 as presented was made by Neilan McPartland. The motion was seconded by Keith Sattler And approved.

II. FINANCIAL STEWARDSHIP

A. David reported that November's Net Income was (\$3,737,408) due to reversal of HHS COVID Funds reversed to (\$3,369,462) due to the risk of having to possibly return \$5,202,730 due to forgiveness instructions. We paid back \$6,591,980 to CMS for Advance Payment. The major expense drivers were health insurance being \$95,000 over budget and \$82,000 over budget for surgery supplies.

ACTION ITEM

A motion to recommend acceptance of the November Financial Statements as presented to the PMH Board of Commissioners was made by Neilan McPartland. The motion was seconded by Brandon Bowden and approved.

B. Review Accounts Receivable and Cash Goal

AR Days were up slightly to 63 days and cash collections were \$5.1 million which was \$0.4 million greater than budget.

C. COVID-19 Financial Projection Plan (**Attachment Y & Z**)

Reduced year-end Net Income to \$1,633,463 with reversal of afore mentioned return of HHS Funds.

- D. Voucher List #154819 through #155295 dated 11-12-20 through 12-09-20, in the amount of \$11,466,159.34.

ACTION ITEM

A motion to recommend approval of the Voucher List #154819 through #155295 dated 11-12-20 through 12-09-20, in the amount of \$11,466,159.34 as presented to the PMH Board of Commissioners was made by Neilan McPartland, seconded by Brandon Bowden and approved.

- E. Surplus Items Resolution: #0013016; #001225.

ACTION ITEM

A motion to recommend approval of the Surplus Item Resolution #0013016; #001225 as presented to the PMH Board of Commissioners was made by Brandon Bowden, seconded by Neilan McPartland and approved.

- F. Release of Funds – Chardonay Clinic Remodel for Prosser Health Clinic

ACTION ITEM

A motion to approve the KDA request to release final payments for the Chardonay Clinic remodel for the Prosser Health Clinic was made by Brandon Bowden, seconded by Neilan McPartland and approved.

- G. Review draft 2021 Operating and Capital Budgets

Review of 2021 Budget: Net Income \$10,707,938; Net Revenue \$78,588,742; Operating Expenses \$68,267,121; Net Income Margin 13.47%; Net Income Margin less COVID Relief Funds 6.03% or \$4,357,703; SBA Paycheck Protection Program recognition of \$6,350,000 is budgeted for 2021 and US Bank issued Forgiveness approval recommendation to SBA which has 90 days to approve. Capital Budget is \$1,804,052 with \$440,877 in leases and \$1,216,866 in cash. Cash to only increase \$91,755 due to HHS repayment of \$5,202,730 in 2021. Days of Cash on Hand to decrease to potential 56 days as a result of higher operating expense per adjusted days. Surgery gross charges up \$12.2 million and Diagnostic Imaging up \$7.5 million are drivers of 2021 improvements in Revenue.

- H. Finance Committee Schedule – 2021

The Finance Committee will meet at 7:00 a.m. on Wednesday of Board Meeting Week.

III. ADJOURN

Having declared no further business, the meeting was adjourned at 8:10 a.m.

MEMORANDUM

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

FROM: CRAIG J. MARKS, CEO

DATE: JANUARY 2021

RE: CEO REPORT

SERVICES

1. 2020 Strategic Plan Annual Report

I have been a CEO of community hospitals for over 30 years, and 2020 was the most challenging year I have ever faced. We started the year very strong, exceeding our budgeted volumes, financial performance, patient satisfaction, etc., and then our world was turned upside down by the worldwide COVID - 19 pandemic. Prosser Memorial Health responded to this challenge exceptionally well and made the most out of a very difficult time. However, as we analyze our Pillars of Excellence (**Attachment A**), you will see that we were not able to meet most of our Pillar of Excellence goals in 2020 (red and yellow). While the pandemic explains some of the variances, we have also learned that maintaining excellence every day (as measured through our Pillar Goals) is very challenging. Our 2020 scores are not bad, but they are not at the level of excellence for which we were striving. Most hospitals in the country would be satisfied with our Pillar scores, especially our employee, Medical Staff and patient satisfaction scores, and our financial performance. While not achieving our goals is very disappointing, we will use 2020 to motivate us to improve and to continue our journey toward excellence and greatness with even more passion. We have an extremely dedicated team that performed well in 2020 (Thank you!) and will perform better even in 2021 as we strive to become a top 100 Critical Access Hospital in the country!

In addition to attempting to achieve our Pillar Goals in 2020, we were also striving to achieve the objectives in our 2020 Strategic Plan. As you read the 2020 Strategic Plan Annual Report (**Attachment B**) you will see that despite the pandemic we were able to achieve or make significant progress on many of our objectives. In particular, we continued to be successful in recruiting new providers to PMH to expand our services and address unmet demand for services in the communities we serve. We also made significant progress on our plan to build a replacement facility. This is a huge commitment that has been embraced by our entire team, and is helping us get through the pandemic as we are forced to think about our future rather than just the pandemic. The progress we have made on this project during a very challenging year (the Board approved Schematic Design in December) is outstanding. These are just a few of our many accomplishments in 2020. These accomplishments could not have happened without the support of the entire PMH Team. For this, I owe a huge thank you to everyone! We

have a very strong foundation upon which to build and I look forward to the progress we will make in 2021 as we continue to pursue excellence in everything we do!

2. Replacement Facility Update

Action continues at a brisk pace and on many fronts as we continue to work on plans for our replacement facility. The magnitude and pace that we are working at is best captured by reviewing the January Owners Representative Progress Report (**Attachment C**) and our schedule for the next four months (**Attachment D**), which are filled with a variety of activities and events. The Board approved the Schematic Design (floor plans) phase of our project in December, enabling us to move on to Design Development (with some modifications being made to the Schematic Design based on new information and/or ideas). In Schematic Design we begin to evaluate products to be used on the exterior and interior of the building. All of the design work is being done through on-site meetings with our staff (**Attachment E**) or virtually. In addition, we conduct bi-weekly project team meetings virtually (**Attachment F**) that address all aspects of the project. The design of the project continues to go well and Kurt Broeckelmann, lead architect, will present our current progress to the Board at the January Board Work Session. The biggest challenge that has been incorporated into the project is that we are now planning to move the entire PMH Specialty Clinic to the new facility rather than just a portion. The reason for this is that we recently learned that our Specialty Clinic will not be grandfathered for enhanced reimbursement (provider based) when the hospital moves. The Clinic missed the ability to be grandfathered by approximately one week. As a result, it will be more cost effective (David will share the numbers at the Work Session) to move the Clinic and collect the enhanced reimbursement. We will then go back to our original plan and move our support staff (patient financial services, accounting, patient scheduling, IT) into the current Specialty Clinic.

This change is contingent on the fact that it does not create a negative financial situation that the USDA will not accept. We have estimated that this change (in addition to moving Human Resources) will add approximately \$1.8 million to the construction budget. The January Board Work Session will also be used to review our first draft budget for the project which will be presented by Paul Kramer, Owner's Representative. The summary shows that the total project cost is now \$69,310,928 (**Attachment G**) not including the additional \$1.8 million. The original cost estimate from 2017 was \$60 million, but was made without the detail that we have today. The detail behind the summary (**Attachment H**) will be reviewed with the Board and the variances (e.g. scope expansion) explained. David will also share financial projections based on these new numbers. It is important to remember that these cost estimates are still fairly early in the process (e.g. they contain a lot of money in contingencies) and will become more refined in the coming months. The Board will be asked to approve our first budget for the project at the end of Design Development in March.

Another significant piece of information we received this past week was that the Department of Health determined we must obtain a Certificate of Need (CON) in order to replace our current facility (**Attachment I**). We are currently in the discussions with our attorney, Brian Grimm (Perkins Core), who believes we may want to appeal the decision. We plan to move quickly and will likely file an appeal and also file a letter of intent with the DOH to pursue a CON, in case we lose the appeal. We are told it can take six months to complete the

CON process, but it can be pursued concurrently with pursuing USDA funding. If we must pursue a CON, we are in discussions with Jody Corona (she is completing the market analysis for our USDA Feasibility Study) to assist us. Jody has completed many successful CON projects throughout the State of Washington and has offered us a very competitive price. We hope to know more by the January Work Session. We are also preparing for our next CPARB - PRC hearing on January 28th. We anticipate a favorable recommendation which will allow us to complete our selection of a GC/CM for our project in February. Assuming a favorable recommendation from the CPARB - PRC, we will be very busy in February working with the PMH GC/CM Selection Committee to identify a GC/CM that the Board will be asked to approve at the February Board meeting.

Two final aspects of the project that we continue to work on include our USDA application and our maintenance of our Vision for the new facility. Our goal is to submit our USDA application by the end of March in an effort to take advantage of historically low interest rates. To accomplish this, we conduct monthly meetings (led by Gary Hicks, financial advisor) to ensure all aspects of the application are addressed (**Attachment J**). Working with Gary, DZA and Jody Corona, we are confident that we can submit the application by the end of March. Finally, in December we had the Board approve a Vision for our replacement facility. The intent of the document was not to sit on a shelf, but rather be a working document that we use throughout the project. To that end, now that we are through the first phase of the design process, we have updated the Vision to show our progress on each objective (**Attachment K**). We will continue to do this through each phase of the project.

3. Capital Equipment

In January, the Board will be asked to approve the acquisition of three capital items: two replacement ultrasound units (**Attachment L**) and a Virtual Desktop Infrastructure (**VDI - Attachment M**). We are in need of replacement ultrasound units because our current units are five years old (near end of life) and the operational leases they are under are thankfully coming to an end. We are proposing to acquire two GE Logic 10 units, which are significant improvements from our current units, and are very economical. We plan to lease the units, using a capital lease (we will own the units at the end of the five-year lease) for a total cost of \$251,256. The other capital request, VDI, is a best practice technology which separates PC software from physical PC hardware. This greatly increases system access, flexibility, longevity, efficiency, security and manageability. In other words, VDI will make the hospital desktop computers work better, increased security (which is very important today), decrease login times and allow for quick and easy access from many devices, all while enhancing computer installs and support turnaround times. The cost of VDI is \$348,954 and the return on the investment is estimated to be approximately 14 months. These items are all in the 2021 Capital Budget and will enhance the care we provide to our patients and the work life of our staff.

4. Nuclear Medicine Update

Last month I reported that due to an equipment (HVAC) delivery delay due to the pandemic, we would not be able to open our new nuclear medicine suite until February. Unfortunately, we received more bad news. When the missing HVAC equipment arrived, it was missing a key component, a variable frequency drive (VFD). The equipment will not work without it and is not

scheduled to arrive at PMH until the first week of February. This will once again set the project back several weeks. We are now expecting to be fully operational and scheduling patients by March 1st. We are hearing that delays such as this are very common today because of the pandemic and we hope the supply chain improves before we begin construction of our new facility!

PATIENT LOYALTY

1. Thank You

The holiday season was a time of giving thanks for the many gifts that were bestowed upon each and every one of us throughout 2020. We can all be proud and thankful that we are able to work for such a caring organization. We are fortunate to be able to help individuals throughout our community in many ways. Prosser Memorial Health was thanked by many individuals for many different reasons as evidenced by the many thank you notes we recently received (**Attachment N**). The thank you notes cover everything from the Veteran's Day breakfast to our vaccination clinics to the outstanding care our staff provide. I am proud of each and every one of you, and to work for such a caring organization!

2. Patient Satisfaction

As I state every year, our most important Pillar Goal is Patient Loyalty, which we measure with patient satisfaction. In 2019 our patient satisfaction score was 86.6%, after several years of steady improvement. Unfortunately, in 2020 our score was 86.2% or slightly short of our overall goal. While we did not achieve our overall goal, four out of six areas improved their score from 2019 (ED, AC/OB, OP Surgery, Clinics) and the only two areas that did not improve were swing beds and outpatient services (**Attachment O**). It is important to note that most of these areas continued to build upon a history of improving each year. So, while we did not achieve our composite satisfaction score, we have a lot to celebrate and continue to build upon. Our goal and focus in 2021 will be to continue to improve as we strive to achieve a total patient satisfaction level of 95% or better.

EMPLOYEE DEVELOPMENT

1. Employee Recognition

It is that time of year when historically we would host a PMH Employee Recognition Luncheon to honor our staff for their dedication to our patients and PMH. We recognize staff every five years and award them with lunch, a service pin and \$50 for every year of service they have provided to PMH. Unfortunately, due to the pandemic we will not be able to host a luncheon. Instead, we are giving all 63 awardees a \$50 gift certificate to an area restaurant of their choice (this is a wonderful opportunity for us to support local businesses that are struggling right now) in addition to the other gifts, and we are going to do it online. This is the largest group of honorees in the history of PMH and it is a reflection of our low turnover rates.

(Attachment P). In total, these individuals have provided 540 years of service to PMH. The longest tenured of the group are Sheri Allen, Emergency Department, and Steve Broussard, Maintenance, who have each worked at PMH for 25 years. Congratulations! Please join me in thanking all of these employees for their commitment to those we serve and Prosser Memorial Health!

2. 2020 Employee Engagement Results

A key area a focus at PMH is our Employee Development Pillar, which focuses on staff satisfaction and engagement. A key to achieving high patient satisfaction scores is to have engaged staff and Medical Staff. The best way to objectively measure engagement/satisfaction is to conduct a survey of our staff, which we do annually. One can also look at proxies, such as turnover rate, as another good engagement/satisfaction metric. Our staff turnover rate in 2017 was 13.2%, it decreased to 8.4% in 2018, remained at 8.4% in 2019 and decreased to 7.2% in 2020. These turnover rates are extremely low for healthcare where turnover rates often exceed 20%.

This year our engagement survey was once again conducted by People Element during the months of October/November. Our participation level was 75.6% which was better than the participation level last year at 74.5%. The full results of the survey, including comments **(Attachment Q)** will be shared with everyone at PMH on January 26th. Several sessions will be held with our staff, with Quinton Barrett from People Element as the virtual presenter. He will share the results and seek ways from the staff to address the greatest concerns identified in the survey. One of the key metrics in the survey and our Employee Development Pillar Goal, is an employee's satisfaction with PMH. Our performance on this question has improved each of the last five years, from 83.0% in 2016, 83.2% in 2017, 85.0% in 2018, 85.6% in 2019 and 89.2% in 2020. This is significant improvement and something with which we can be very proud. While we have not yet reached our Pillar Goal of 90%, we are improving each year and will never quit trying to improve. The results of the Employee Engagement Survey will also be presented to the Board virtually by Quinton Barrett from People Element at the January Board Work Session.

3. Employee Engagement

Well, we have turned the page on 2020 and are off and running as we plan various engagement activities for our staff throughout the year. While I'm happy to move on from 2020, I do want to thank everyone that helped plan and participated in our engagement activities last year and look forward to engaging with everyone in 2021. While we are still in the midst of the pandemic, we will develop creative ways to stay engaged. In the coming weeks we will hold our annual Super Bowl squares contest and new this year, we are planning a paper football contest. In addition, Valentine's Day and March Madness are just around the corner. Stay tuned for more details about each of these activities. I have also included our employee newsletter, [The Pulse](#), which captures some of the activities at PMH in December **(Attachment R)**.

MEDICAL STAFF DEVELOPMENT

1. Medical Staff Engagement Survey

Like the Employee Engagement Survey, the Medical Staff Engagement Survey was also conducted in October/November. However, unlike the Employee Survey, the MS Survey had to be reopened in January because People Element, the organization conducting the survey, left 14 questions off the survey. If that wasn't bad enough, one of the questions left off was our Pillar Goal question. While we encouraged all Medical Staff members to take the 14-question survey, our participation level dropped from 77.6% on the original survey to 55.1% on the additional survey. However, the 77.6% was an improvement from the 75.0% last year and is very strong participation. The results of the survey, including comments (**Attachment S**), will be distributed to the Medical Staff at a session on January 26th. Quinton Barrett from People Element will review the results virtually and lead a discussion about opportunities for improvement. The key metric (Pillar Goal) in the survey used to measure Medical Staff satisfaction with PMH showed a small decline from 89.0% in 2019 to 85.8% in 2020. We are never satisfied with the decline, but this satisfaction score of 85.8% is still very good. We will never stop trying to improve and plan to exceed our Pillar Goal of 90% next year. I would like to thank Dr. Sollers and all of our CMOs (Drs. Murphy, Hashmi and Rivero) for helping to make Medical Staff engagement a priority at PMH. Quinton Barrett will also review virtually the results of the Medical Staff Engagement Survey with the Board at the January Work Session.

2. Medical Staff Recruitment

As we enter 2021, we are excited to begin implementing our recruitment plan for the new year. General surgery was an area of focus last year and we are very excited that Dr. Richard Unger, general surgeon, will begin practicing full time at PMH on January 26th. We are also working to enhance our general surgery call coverage, which will include Dr. Chew returning several weekends a month to assist us. We have begun to recruit to fill the opportunities in our plan, but because of the holidays and the pandemic we have not interviewed any candidates other than in Dermatology. We continue to work with Dr. Nylander, Dermatologist, and hope to add her to our team by mid-year.

FINANCIAL STEWARDSHIP

1. Financial Performance – December

December was the second month in a row since the pandemic started in which we exceeded our budgeted gross patient revenue (**Attachment T**). While most hospitals across the country are still lagging behind their budgets, we have recovered very quickly. We do, however, still have services such as our Emergency Department that have not fully recovered to prior year volumes. In addition to our revenue being strong in December, our deductions from revenue in total were also close to budget resulting in our net patient revenue being better than budget. In addition, Congress and the President approved additional COVID relief funding which enabled

us to record an additional \$1,615,418 of COVID revenue and the State distributed \$370,982 of CARES COVID relief to PMH. The result was that our net revenue for December was \$7.4 million \$1.9 million better than budget. Unfortunately, our expenses were \$1,071,885 over budget, resulting in an operating income of \$1,279,742. In particular, supplies (\$719,916), professional fees - physicians (\$184,676) and purchased services - other (\$125,238) were the most significant items over budget and David will explain these variances at the Finance and Board meetings. After adding in other income, we ended the month with a net income (bottom line) of \$1,340,483 compared to our budget of \$480,576. While that is good, without the COVID relief money we would have lost \$274,939 in December because of the high expenses.

At year end, our total gross revenue was 10% below budget, but 1% above last year. Considering all that we went through with the pandemic, this is very good and speaks to the strong base of services we offered to the communities we serve. Our deductions from revenue were 13% below budget because of our reduced revenue, but also because our payor mix remained strong throughout the year. With the addition of COVID relief funds, we are able to bring our net revenue up to our budget, which was 6% better than last year. Our expenses were 3% over budget, but much of that can be explained by the increased costs caused by the pandemic. As a result, our operating income for 2020 was \$2.3 million and our net income was \$2.9 million, both below budget expectations. While we are disappointed, we did not achieve our budget, we also know that we earned \$6.35 million of Payroll Protection Program (PPP) money in 2020 that will not be recognized until 2021. In addition, the American Hospital Association is telling us that many hospitals across the country experienced large financial losses in 2020, so we are very fortunate to be in the strong financial position we are in and look forward to improving even further in 2021.

2. PMH Foundation Update

The Foundation has completed Phase 1 of a Feasibility Study for a capital campaign for the new hospital. The fundraising goal has been set at \$2.5-3 million dollars during the “quiet phase” of the campaign. Depending on the total amount raised during the “quiet phase” the fundraising goal may be adjusted up or down. The Foundation Board of Directors will vote on a proposal to partner with Convergent Non-Profit Solutions for Phase 2 of the campaign.

The online Gingerbread Event was a great success, raising \$3,600 for the Foundation!

It is with a heavy heart we learned that Jack Schroeder passed away on January 8th due to COVID pneumonia. Jack was extremely passionate about Prosser Memorial Health and dedicated much of his time serving on the Foundation Board. Jack served as the President during our time of reorganization, stepping down last year. His legacy lives on with his son Frank Schroeder and daughter Lisa Veloz currently serving on the Foundation Board.

To help support Sue and the Schroeder family, Stephanie Titus is coordinating meal deliveries to their house. If you would like to contribute to this, please contact Stephanie at: stitus@prosserhealth.org

The family is asking that any donations in Jack’s honor be earmarked to the Ryan Veloz Fund with Prosser Memorial Health Foundation.

3. PMH Clinic Financial Report

The financial reports for each of the PMH Clinics are included in the Board packet for your review, including a consolidated report of all the clinics (**Attachment T1**). 2020 was a very challenging year for our clinics because of the pandemic, which substantially decreased lower patient volumes, especially in April – June. As a result, we were not able to achieve our budgeted volumes and corresponding gross patient revenue. The exception was the Prosser Clinic which compensated for its decreased volume with our drive through COVID - 19 Clinic. However, every clinic exceeded last year's patient volumes, with the exception of the Benton City Clinic which lost a high-volume provider. The end result was that the clinics in total did not achieve their budgeted contribution margin of (\$1,905,480), as they combined for contribution margin of (\$3,536,460). This calculation does not include allocating any of our COVID - 19 relief funds to the clinics, which if we did, would significantly cut their contribution variance. It is also important to note that these clinics and their providers accounted for \$66,334,544 or 46% of all PMH gross revenue in 2020 through all of their patient visits, surgeries, lab work, radiology procedures, rehab, etc. Without these clinics we would not experience the financial success we have today.

QUALITY

1. COVID - 19 Update

Our focus with the pandemic has shifted dramatically over the past four weeks from preventing the spread of COVID - 19 through wearing masks, hand hygiene and social distancing to continuing those practices while vaccinating as many individuals as we possibly can. We had our worst surge of COVID - 19 positive patients thus far late into December and early January. In fact, at one time we had nine COVID - 19 positive patients at our acute care unit. Fortunately, that surge has quieted down and we're back to our more normal volume of two COVID - 19 inpatients. Those weeks with our high COVID positive census, we also had many other very sick patients. Our staff did a tremendous job caring for all of our patients and are to be commended for their outstanding work! As I mentioned, our focus has now shifted to vaccinating citizens according to the Governor's Plan. We vaccinated our first recipients (our staff) with some of the 1,600 doses (received on December 22nd) of Moderna Vaccine on December 24th and have held vaccination clinics several times a week to continue vaccinating everyone eligible in the Plan (e.g. health care workers, first responders, police, etc.). Our vaccine clinics have been well received and individuals from Yakima to the Tri Cities have been getting vaccinated by us.

We have used approximately half of our initial vaccine and recently received 1,600 additional doses. We are now beginning to give second doses and will be vaccinating the staff and residents at several area senior housing facilities this week. In addition, this week we are beginning to host our first community-wide vaccination clinics at Housel Middle School. We are currently having residents sign up online for the clinics and we anticipate vaccinating up to 1,000 individuals each day. Our plan is to use all but 5% of our doses each week as directed by the Governor and hope that the State can keep us supplied. To the extent that we have the supply, we will continue to provide large community-wide vaccination clinics every week. This is

a huge endeavor and would not be possible without the support of the Prosser School District and all of our staff that are helping out. Thank you! While we are not yet through the pandemic, the more people we vaccinate the quicker that day will come.

2. COVID-19 Financial Plan

Our financial position improved significantly in late December when Congress and the President signed a \$900 billion COVID - 19 relief bill. This benefited PMH because it now allows us to use HHS COVID - 19 relief money to make up differences in our actual net revenue compared to our budgeted net revenue. This change allowed us to recognize an additional \$1.6 million of relief funds in December and we also received \$370,982 HCA CARES COVID funding. At this point, we have received \$20,392,198 in COVID relief funding, have recognized \$3,361,412, expect to recognize \$6,350,235 in 2021 and plan to return approximately \$10 million (**Attachment U**). As a result at these changes, our financial projection for 2020 is that we will have a net income of \$2,911,601 (net margin equal 4.49%) which is comparable to 2019, but less than our budget (**Attachment V**). We do not at this time expect to benefit from any future COVID - 19 relief legislation, but we still have the \$6.35 million from the SBA PPP to recognize in 2021.

3. 2021 Board Work Plan

Included in your Board Packet is a 2021 Board Work Plan (**Attachment W**). This document is a plan of routine, regulatory and special projects that the Board will need to address throughout the year based on our 2021 Strategic Plan. This Plan is not carved in stone and could change if our priorities change. The Plan is a good reminder of what we would like to accomplish each month this year and will be included in every Board Packet. If the Board would like to make any additions or deletions to the 2021 Board Work Plan, please let me know.

4. PMH Strategic Plan and Patient Care Scorecards

With the new year upon us it is time to draft new 2021 scorecards based upon our Pillar Goals, 2021 Strategic Plan and regulatory (e.g. CMS) requirements. These draft scorecards will enable you to track several measures related to our Strategic Plan and Quality Goals on a monthly basis (**Attachment X & Y**). Each scorecard goal for 2021 is developed based on our 2020 actual performance, with an expectation of improvement on each metric. We shared these documents with the Joint Conference Committee and asked them for suggestions and/or other measures. We would also like the entire Board to review these documents and let us know if you would like to see changes. Like the Board Work Plan, these documents will be in all future Board Packets and reviewed with the Board on a quarterly basis. In addition, these documents will be distributed throughout the hospital and clinics and will enable everyone to determine with a quick glance, how Prosser Memorial Health is performing.

5. Board Recognition

Historically, PMH has recognized our employees every five years for their years of service, which is an excellent program. This year, I would also like to begin recognizing our Board of Commissioners for their years of service. These individuals dedicate hundreds of hours to PMH each year and get little thanks. This year, we would like to recognize two Commissioners for

their dedication to our community and PMH. First, Glenn Bestebreuer has now been on the PMH Board for 10 years and Dr. Stephen Kenny has been on the Board for 36 years. Both gentlemen have served as Board officers and have worked diligently over the years to ensure that PMH works to improve the health of the communities we serve. Please join me in thanking Glenn and Steve for their dedication to Prosser Memorial Health!

6. Board Officers

Per the Prosser Memorial Health Bylaws, the Board of Commissioners is required to annually elect officers for the coming year. The Board is required to hold an election each January and elect a President, Vice President and Secretary. The 2020 PMH Board Officers were President - Steve Kenny, Ph.D.; Vice President - Keith Sattler; and Secretary - Glenn Bestebreuer. The term of these offices is one year and there are no term limits thus there is no requirement for changes to be made to the current officers. This will be an action item on the January Board meeting agenda.

7. Board Self-Evaluation

In December, the Board was asked to complete a Board Self-Evaluation, which is an activity the Board completes every year. All seven Commissioners completed the survey and the results are in the Board Packet (**Attachment AA**). The results show both the results from this year and prior years. The results will be discussed with the Board in the Executive Session of the January Board meeting. Based on the survey results and discussion, a Board Action Plan will be developed and presented to the Board for approval in February. The 2020 Board Action Plan, complete with actions taken, is included in your packet for your review (**Attachment BB**).

8. Board Regulatory Requirements

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

9. 2021 Quality Assurance and Risk Management Program Plans

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

10. Astria Health

We recently learned that Astria Health has exited their Chapter 11 Bankruptcy through a \$74,750,000 loan from MultiCare Health System (**Attachment GG**). MultiCare is a small system primarily located in the Seattle and Spokane areas. The terms of the loan are not known, nor is

it known what control (e.g. name) MultiCare will have over Astria. It is rumored that MultiCare is primarily interested in moving into the Yakima market.

11. Board Education

Just a quick reminder that if you are interested in virtually participating in the AHA Annual Rural Healthcare Leadership Conference on February 17th – 18th please contact Carol to sign up. In addition, the Administrative Team will be participating in the Conference from the Vineyard Conference Room and Board members are welcome to join us. This is the largest rural healthcare conference in the country and addresses many issues rural hospitals are facing today and includes many top health care speakers.

12. Associations

PMH is a member of several Washington hospital groups including the Association of Washington Public Hospital Districts (AWPHD) and the Washington Rural Health Collaborative (WRHC). These organizations advocate on behalf of rural hospitals and assist them in finding cost effective solutions to common challenges faced by most rural hospitals. I have included the annual report from the AWPHD (**Attachment HH**) and an update on our change to Class B membership in the WRHC (**Attachment II**). We look forward to working with both of these organizations in 2021.

13. January Board Work and Regular Sessions

The January Board Work Session will be used for a virtual presentation of our Employee and Medical Staff Engagement survey results by Quinton Barrett from People Element. We will also receive a replacement facility update regarding the design of the building from Kurt Broeckelmann and an update and discussion of our first draft budget for the project by Owner's Representative Paul Kramer. Paul will also review our CPARB-PRC and CON situations. I will briefly review the Replacement Facility Vision and our progress through Schematic Design. The Work Session can also be used to answer any questions the Board has regarding the three capital acquisitions proposed (two ultrasound units and Virtual Desktop Infrastructure). The January Board meeting will be used to take formal action on the capital acquisition results; and the 2021 Quality Assurance and Risk Management Program Plans. The Board will also elect officers for 2021 and discuss the Board Self-Evaluation results in Executive Session.

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

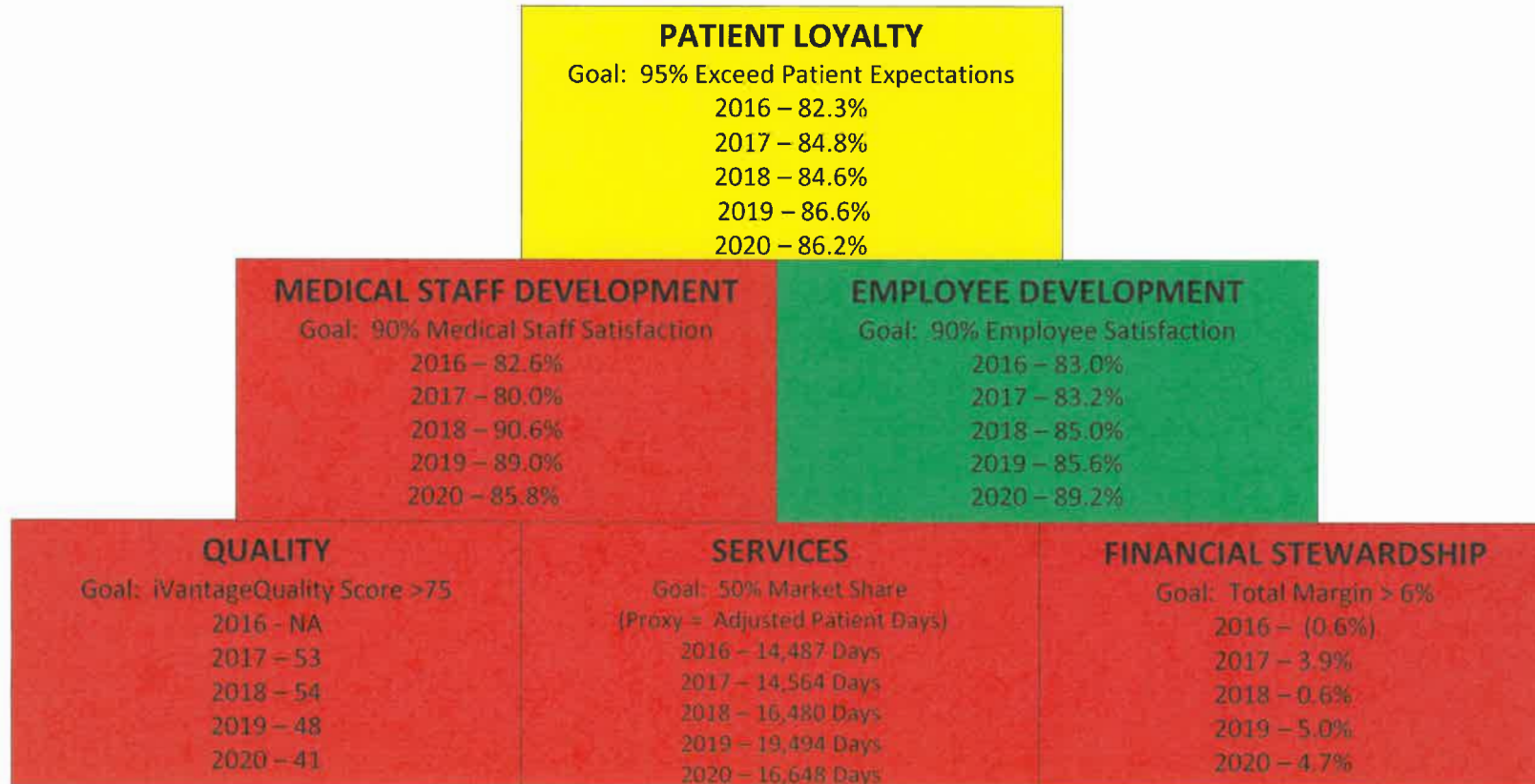


Mission:

PMH will improve the health of our community.

Vision of Success FY2017 to 2020

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



Our Values

- **ASPIRE** -

Accountability Service Promote Teamwork Integrity Respect Excellence

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
Patient Loyalty - Merry Fuller, Champion						
<p>Provide outstanding customer service, aspiring to treat those we serve the way they want to be treated.</p> <p>Achieve an overall organizational patient satisfaction rate ("would recommend") of 95% or higher.</p>	<p>1. Encourage all disciplines of the healthcare team to integrate compassion in their practice as a way to improve the patient experience, patient outcomes, and reduce burn-out.</p>	<ul style="list-style-type: none"> Query PMH providers and healthcare staff on the activities/actions they believe demonstrate compassionate care in their practice (2/20). Identify the obstacles that limit the delivery of compassionate care and work to eliminate or minimize these obstacles (2/20). Connect the practice of AIDET with the delivery of compassionate care (6/20). Exceed the 2019 Patient Satisfaction survey questions related to the quality of physician communication. Exceed the 2019 Patient Satisfaction survey questions related to the quality of nurse/staff/therapist communication. 	<p>The plan to survey and educate staff and providers on integrating compassion into the delivery of care was side-tracked as all resources were directed at our pandemic response. The delivery of compassionate care became even more challenging and risk of burn-out greater due to visitor restrictions, heightened anxiety, limited resources, more critical patients, and cumbersome essential infection control practices. Despite these new obstacles our staff and providers rose to the challenge!</p> <p>Acute Care, Family Birth Center, Emergency Department, Surgery, and the PMH Clinics all exceeded their 2019 Patient Satisfaction goal! Communication as measured by the patient's perception of being respected, listened too, and having information explained in way they could understand dropped 2% this year: Nurses: 87.88% in 2020 from 88.95in2019; Doctors: 90.20% in 2020 from 92.38%</p>	25%	70%	CNO/COO: Merry Fuller
	<p>2. Establish a plan for implementing self-registration and pre-registration for planned diagnostics, outpatient procedures, direct admissions to the hospital, clinic visits, etc.</p>	<ul style="list-style-type: none"> Identify pre-registration and self-check in options available in EPIC not currently being utilized, and establish and implementation time line (3/20). Determine current utilization of self-check in, appointment type, and frequency of utilization (1/20). Increase current utilization of self-check in, by 50% (12/20). Implement at least two additional self-check in options in 2020. 	<p>1. Although not able to implement self-registration due to the need to modify operations in the clinics, we have vetted the Epic option utilizing My Chart and implementation has begun.</p> <p>2. Self-check in has been implemented for clinic appointments utilizing My Chart.</p> <p>3. Pre-registration has expanded during scheduling and is slated for further improvement with the implementation of the call center Q1-2021.</p>	20%	50%	Patient Registration Manager: Donna Williams

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
Patient Loyalty - Merry Fuller, Champion						
	<p>3. Improve the accuracy of Medication Reconciliation (Med Rec) across the organization, with an emphasis on patient participation.</p>	<ul style="list-style-type: none"> Update Med Rec Policy and Procedure across the organization (1/20). Create Health Stream education specific to PMH Med Rec (1/20). 100% stakeholders to complete Med Rec education (3/20). Exceed the 2019 the Patient Satisfaction Survey results for the question: "I understood how to take my medications." Medication Reconciliation organizational compliance \geq 90%. 	<p>1.Organization wide policy still in development. 2.Departmental specific education provided to FBP and AC staff in Q1. 3.AC/Swing staff have initiated a new process for educating patients/family on new medications, medication side effects, and discharge medications. Improvement noted in each area. (Medication Explained 91.58% in 2020 over 89.77% in 2019; Medication Side effects explained 74.50% in 2020 over 74.5% in 2019; Discharge Medications Explained 67.11% in 2020 over 62.58% in 2019). 4.Medication Reconciliation reports allowed for a more global analysis, but demonstrated lower than expected compliance 5.The Emergency and Acute Care department demonstrate the greatest attention to Med Rec Compliance for Inpatients (90.57% in Dec; 2019 Median of 85.45%) with improvement demonstrated in Q4. Poor compliance is noted for all patients who do not enter the hospital by way of the emergency room. Re-education to be completed in Q1 2021 with a focus on Swing, Surgery, and OB. Combined compliance 47.15%.</p>	25%	50%	CNO/COO: Merry Fuller

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
Patient Loyalty - Merry Fuller, Champion						
<p>Provide outstanding customer service, aspiring to treat those we serve the way they want to be treated.</p> <p>Achieve an overall organizational patient satisfaction rate ("would recommend") of 95% or higher.</p>	<p>4. Improve the efficacy of post encounter follow-up across the organization.</p>	<ul style="list-style-type: none"> • Provide effective discharge phone call education to all stakeholders (3/20). • Establish a monthly task force for assessment & management of post discharge follow-up of high risk patients (1/20). • 100% of staff participating in post-discharge follow-up to receive education and a competency assessment (12/20). • 90% of inpatient admissions (Inpatient & Observation) will receive a post discharge follow-up call (12/20). • 100% of AMA patients will receive a follow up call (12/20). • 100% of LWBS patients will receive a follow-up call/attempt (12/20). • 100% of patients with EDIE management will receive a follow-up call. • 50% of ED visits will receive a follow up call, with 75% of ED discharges at least attempted. 	<p>A revised process has been implemented in each patient care area to increase both the efficacy and frequency of post-discharge phone calls. High-risk patient populations have been identified and assigned to a champion to ensure an effective post discharge plan is being followed or an alternate plan developed as needed. COVID-19 patients have been prioritized for both ED and Clinic follow-up. These calls, along with CPP visits, have identified patients needing emergent care, critical interventions, or creative problem solving.</p>	25%	50%	<p>CNO/COO: Merry Fuller Director of Emergency Services and Physician Recruiting: Christie Doornink</p>
	<p>5. Improve the quality and efficiency of the hospital discharge process.</p>	<ul style="list-style-type: none"> • Assess the current discharge process on Acute Care/Swing and develop a plan for improvement (7/20). • Assess the current discharge process on Family Birth Place and develop a plan for improvement (7/20). • Create a collaboration with Acute Care, the Surgery Center, and the Specialty Clinic to ensure an effective pre and post-surgical experience (5/20). • Exceed FY2019 Transition of Care Patient Satisfaction Survey metrics (FY2019-TBA) 	<ol style="list-style-type: none"> 1. Formal training on effective patient education was halted after Q1 but will resume in 2021. 2. We remain challenged with discharges and admissions bottlenecks in the early evening. 3. Staffing shortages due to increased patient census, acuity, and illness have way laid the plan for an innovative staffing model to specifically address patient flow. 4. Now adjusted to the "new normal" of Covid-19 patient flow initiatives will resume. 	25%	50%	<p>Director of Acute Care: Marla Davis Family Birthplace Director: Cindy Raymond</p>

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
Patient Loyalty - Merry Fuller, Champion						
	6. Implement patient self-management tools across the organization. (i.e. smoking cessation self-management tools, weight reduction self-management tools, &/or Congestive Heart Failure self-management tools).	<ul style="list-style-type: none"> Identify and implement 3 self-management tools for the clinic patient population (1/20). Identify and implement 3 self-management tools for the hospital patient population (1/20). Identify and implement opportunities for patients/families to participate as members of their care team (3/20). Self-management tools to be introduced to 50% of hospital patient with specified diagnosis. Self-management tool to be introduced to 50% clinic patients with specified diagnosis. 	1. A Mako total joint self-management application is being utilized for all total joint patients. 2. The Edinburgh Post-partum depression tool has been introduced to all OB patients after delivery. 3. A Covid-19 self-assessment tool was added to the PMH website and helps direct patients towards the appropriate level of care. Staff have been able to utilize the tool to assist patients with sound guidance as well.	25%	100%	CNO/COO: Merry Fuller Director of PMH Clinics: Alana Pumphrey
Provide outstanding customer service, aspiring to treat those we serve the way they want to be treated. Achieve an overall organizational patient satisfaction rate ("would recommend") of 95% or higher.	7. Establish a process for educating patients/family on access and utilization of My-Chart (online patient medical record access portal).	<ul style="list-style-type: none"> Update MyChart education pamphlets for new patient portal platform (8/20). Identify MyChart champions for each department/Clinic (4/20). Provide hand held/portable computers for patient enrollment (8/20). Increase MyChart enrollment to 50% of inpatients and 20% of clinic patients (12/20). 	Expansion of My Chart utilization was slowed (but not stopped) due to an upgrade to the application in Q4 and COVID-19 challenges that impacted this initiative for both the hospital and clinics. New features make MyChart utilization a better tool for patients: 1. Expanded patient access to chart notes. 2. Rapid interface for diagnostic results (even before the provider sees them). 3. Appointment check-in. 4. Expanded payment access.	25%	50%	Social Services
	8. Assess the availability of existing patient transportation options and the feasibility of implementing additional options.	<ul style="list-style-type: none"> Create a current list of area transportation services (4/20). Meet with each transportation service to help understand and streamline access. Identify ≥ 1 new transportation option not currently in use and implement if appropriate (9/20). 	1. Unable to get current list due to fluctuations in services related to COVID-19. We have been working with transportation vendors to assist with modifications needed due to pandemic restrictions. 2. We have leveraged the Community Paramedic Program and Tele-health visits to help close the gap in essential services when possible.	20%	25%	CNO/COO: Merry Fuller
	9. Assess the need for nurse educators (existing and potential) across the organization and develop an implementation plan (Diabetes, Joint Program, Childbirth Education, Lactation, Clinic/ER/Post-discharge phone triage/consultation, CHF, etc.)	<ul style="list-style-type: none"> Develop a cost effective plan for expanding RN patient educators across the organization over the next 3 years (8/20). Identify current RN staff desiring to be part-time educators in a specialty area (10/20). Identify and support current RN educators working at PMH (4/20). Add ≥ 1 RN educator (part-time or full time) added to current group of educators (12/20). 	1. AC trialed patient beds and is purchasing 10 new beds with features to reduce pressure ulcers and blood clots in bed bound beds. 2. Cardiac Echoes was provided a designated space to comfortably accommodate patients. 3. OB revamped the triage room and a postpartum room to allow for enhanced patient comfort in early labor. 4. New patient monitoring technology was purchased to allow for close patient monitoring with unrestricted patient movement.	25%	80%	CNO/COO: Merry Fuller Director of PMH Clinics: Alana Pumphrey

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Objective Lead
Patient Loyalty - Merry Fuller, Champion				2nd QTR	4th QTR	
	10. Improve patient satisfaction with dietary services in the hospital.	<ul style="list-style-type: none"> Explore the feasibility of electronic food ordering (5/20). Implement room service (6/20). Exceed 2019 Patient Satisfaction food service survey results. 	Patient satisfaction with food service went down this year from 58.2% in 2019 to 53.5% in 2020. The Dietary Department is in dialogue with the Medical Staff to change the traditional diet menus to ones more preferred by patients. Implementation of a patient self-ordering system was suspended to COVID-19 infection control needs.	25%	25%	Director of Nutrition Services: Victor Huyke
	11. Identify and implement opportunities to increase patient comfort within the hospital environment.	<ul style="list-style-type: none"> Complete a comprehensive assessment of patient care rooms and furniture for each department, and develop a 3 year improvement/replacement plan (4/20). Install new flooring in the main hospital and therapy clinic (5/20). Exceed 2019 hospital cleanliness Patient Satisfaction survey results (12/20). Exceed 2019 hospital quietness Patient Satisfaction survey results (12/20). 	<ol style="list-style-type: none"> My Chart features will be expanding to give patients the ability to modify medication lists in this application. Appointment scheduling in My Chart was turned off due to the need to COVID-19 screen patients. This feature will be resumed as soon as it is safe to do so. Provider/Patient communication is available via My Chart. Automated appointment reminders are being utilized. 	25%	50%	CNO/COO: Merry Fuller
Provide outstanding customer service, aspiring to treat those we serve the way they want to be treated. Achieve an overall organizational patient satisfaction rate ("would recommend") of 95% or higher.	12. Assess the current availability of language support and language support tools throughout the organization. Develop and begin implementing an improvement plan.	<ul style="list-style-type: none"> Access current language support services (to include sign language) across the organization, and address deficits. (1/20) Review/revise current interpreter P&P and reconcile with community need and regulatory requirements. (2/20) Implement identification process for bilingual staff providing language support services. (2/20) Identify and implement at least 2 language support tools for non-bilingual staff: (Picture boards, interpreter apps, interpreter headsets, &/or on-demand interpreter phones) (6/20). 100% of bilingual staff providing language support services will complete an ALTA competency assessment (if not already completed) (12/20). 	<ol style="list-style-type: none"> ALTA competency testing has been renewed and expanded. A comprehensive assessment and plan was deferred due to re-allocation of time to our COVID-19 response. Work on this initiative to resume Q1 2021. 	10%	25%	CHRO: Ro Kmetz CNO/COO: Merry Fuller
	13. Assess and improve patient communication related to clinic messaging, text appointment reminders, and utilization of MyChart for patient provider communication.	<ul style="list-style-type: none"> Assess current communication tools and identify priority improvement areas (4/20). Implement two messaging improvement strategies identified by the assessment (7/20). 	<ol style="list-style-type: none"> My Chart features will be expanding to give patients the ability to modify medication lists in this application. Appointment scheduling in My Chart was turned off due to the need to COVID-19 screen patients. This feature will be resumed as soon as it is safe to do so. Provider/Patient communication is available via My Chart. Automated appointment reminders are being utilized. 	40%	50%	CIO: Kevin Hardiek

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
Patient Loyalty - Merry Fuller, Champion						
	14. Exceed patient satisfaction survey results on all domains and in each area of service.	<ul style="list-style-type: none"> Each department leader to analyze the 2019 patient satisfaction survey results for reflecting their department and work with their team to develop an action plan (3/20). 2020 Patient Satisfaction survey results to exceed 2019 results (12/20). 	Acute Care, Family Birthplace; Emergency Department, PMH Clinics; and Surgical Services all exceeded their 2020 achievement score. Swing Bed and Outpatient Services did not meet their 2020 goal. (See Strategic Plan Scorecard for detailed results).	50%	67%	CNO/COO: Merry Fuller
	15. Explore changing to a new Patient Satisfaction Survey Vendor.	<ul style="list-style-type: none"> Submit meet cost/value analysis for review (4/20) and transition if indicated. 	PMH converted to a new patient survey vendor, Press Ganey, January 1,2020.	80%	100%	CNO/COO: Merry Fuller
	16. Hardwire rounding for purpose with patients.	<ul style="list-style-type: none"> Establish and implement a senior leader rounding schedule to achieve rounding no less than monthly (1/20). Department leaders to track patient rounding activities and lessons learned. Rounding to be completed on 75% of inpatients and 40 ED patients a month (12/20). 	Deferred due to reallocation of resources to COVID-19 response and need to limit non-essential face-to-face encounters. Phone contact has been significantly enhanced with priority attention to patients being seen for COVID-19 suspected illness.	0% Deferred	0% Deferred	CNO/COO: Merry Fuller
	17. Develop a "patient-friendly" billing system.	<ul style="list-style-type: none"> Develop a prioritized action plan for developing a "patient-friendly" billing system which includes a thank you letter for choosing PMH (3/19). Implement all elements of the action plan (6/19). 	<ol style="list-style-type: none"> An application for insurance verification is being vetted for implementation. This will provide concurrent estimates for patients at the time of service. My-chart features will be turned on to allow patients to pay via this portal, review test results and chart notes, and ask questions about their bill. The private pay policy was revised to provide patients with greater support and guidance in gaining access to insurance or making incremental payments for elective services. 	20%	50%	Director of Patient Financial Services: TBA
	18. Identify and remove obstacles for optimal patient flow through the Emergency Department.	<ul style="list-style-type: none"> Continue to Identify and implement innovate staffing solutions during periods of increased census (2/20). Cross train additional staff to the ED (9/20). Streamline the admission process to ensure to eliminate unnecessary delays in transfer to the inpatient units 10/20). 	<ol style="list-style-type: none"> The ED Flow assessment was completed with the Studer consultant and an action plan initiated. LWOTs were reduced to 0.8% (1.11-2019); 77 out 9662 patients seen. All admissions exceeding 60 minutes from admission order to departure from the ED are being reviewed by both the ED and AC staff. Cross training has been successful and is ongoing. ED patient Satisfaction exceeded goal at 81.4% (80.3%-2019). 	30%	100%	Director of the Emergency Department: Christi Doornink-Osborn

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
Patient Loyalty - Merry Fuller, Champion						
<p>Provide outstanding customer service, aspiring to treat those we serve the way they want to be treated.</p> <p>Achieve an overall organizational patient satisfaction rate ("would recommend") of 95% or higher.</p>	<p>19. Develop and implement innovative nurse/support staff processes that will increase the reliability and timely delivery of patient care, reduce unnecessary time expenditure, allow patients/families to participate as members of their care team, and increase employee job satisfaction.</p>	<ul style="list-style-type: none"> Leverage the Nurse Staffing Committee and Professional Nurse Practice Council to provide oversight and momentum for this NSC/PNPC goal (1/20). Identify obstacles and problems currently encountered in each patient care area and prioritize based on a failure mode Assessment Evaluation (3/20). Research and present evidence based practice ideas to the NSC/PNPC. The committee with nurse leadership to prioritize and plan implementation of greater than or equal to 1 innovative practice in each department by the beginning of Q2, 2020 (4/20). Each innovative idea implemented will be evaluated using a Plan-DO Study Act methodology and reported to the NSC/PNPC and each participating department. Whenever possible, evaluation will include patient perception of care, impact on productivity, employee perception of satisfaction, and any relevant quality/risk outcome data (6/20). 	<p>When this Strategic Plan metric was established, we had no idea how much innovation was going to be required to ensure the safe delivery of patient care in 2020. While the pandemic evolved, and guidance literally changed day to day, every member of the Medical Staff, Clinical Staff, and Support Staff was challenged to be frugal, effective, creative, collaborative, and positive. We are proud of the way we have cared for our patients and for one another. We are grateful for how our community cared for us by bringing us cleaning supplies, homemade masks, food, and constant encouragement!</p>	<p>Differed to COVID-19 response.</p>	<p>100%</p>	<p>CNO/COO: Merry Fuller</p>

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Champion
				2nd QTR	4th QTR	
Medical Staff Development - Dr. Brian Sollers, Champion						
<p>Respond to Medical Staff concerns and needs in a timely manner, pursue initiatives in collaboration with our Medical Staff and ensure the availability of the appropriate providers for those we serve.</p> <p>Achieve an annual Medical Staff satisfaction rate of 90% or higher.</p>	<p>1. Initiate recruitment efforts based on the PMH Medical Staff Model:</p> <ul style="list-style-type: none"> Implement FY 2020 Provider Recruitment Plan and support infrastructure for ongoing recruitment. 	<ul style="list-style-type: none"> Implement the Provider Recruitment Plan as identified in the Medical Staff Model for FY 2020, with goals including: PA/NP (Prosser Clinic - Urgent/After Hours Clinic) Family Practice/Pediatrician/OB (Grandview Clinic) PA/NP (Mabton Clinic) ENT (PMH Specialty Clinic) Emergency Medicine (PMH) Women's Health (Grandview Clinic) Women's Health (Benton City Clinic) Mental Health Counselor (Prosser Clinic) 	<p>We have successfully recruited the following providers om 2020:</p> <ul style="list-style-type: none"> Emergency Medicine - Dr. Steve Rode ENT - Dr. Coral Tieu Urology - Dr. Thomas Tieu CNM - Bailey Padilla (Womens Halth Clinic and Benton City) CNM - Becky Morris (Grandview) PN/NP - Afton Dunham (Prosser Clinic) PN/NP - Peter Park (Grandview) <p>We were not successful in recruiting a FP/Ped for Grandview clinic, and chose to wait until 2021 to add a mental health counselor.</p>	67%	75%	ACMO: Dr. Hashmi ACMO: Dr. Sollers Director of Emergency Services/Provider Recruitment & Retention: Christi Doornink
	<p>2. Conduct an annual Medical Staff engagement survey.</p>	<ul style="list-style-type: none"> Create a 2020 Satisfaction Survey for the Medical Staff. Achieve a > 80% participation rate. Obtain a 90% or better satisfaction rating on the Medical Staff Engagement Survey. 	<p>The Medical Staff Engagement Survey was be conducted in October/November, and January. The participation level was 75% and the overall medical staff satisfaction level was 85.8%.</p>	0%	50%	CMO: Dr. Sollers
	<p>3. Maintain a physician retention plan. Include the following:</p> <ul style="list-style-type: none"> On-boarding process; Include providers in new employee orientation/and/or develop a provider specific orientation; Epic Optimized Training Plan; Mentoring; and Rounding 	<ul style="list-style-type: none"> Maintain a Medical Staff retention rate of 90% or better (annual). 	<p>We have worked on the outpatient provider on-boarding process, and have created a template that works well for the Clinics. A mentoring and CMO rounding plan will be a priority in 2021.</p>	50%	50%	ACMO: Dr. Rivero ACMO: Dr. Sollers Director of Emergency Services/Provider Recruitment & Retention: Christi Doornink Chief Human Resource Officer: Bryon Dirkes
	<p>4. Develop an effective performance evaluation and feedback tool for PMH-employed providers, which supports the Mission, Vision, and Values of PMH.</p>	<ul style="list-style-type: none"> Develop an annual physician performance and feedback model for Prosser Memorial Health employed Providers (6/20). 	<p>The Provider Annual Performance Review Form has been developed. The process will be fully implemented Q1 of 2021 as we work with the new HR Director to finalize our review form and process .</p>	75%	75%	ACMO: Dr. Rivero Director of PMH Clinics: Alana Pumphrey
	<p>5. Promote the PMH Medical Staff through a variety of marketing methods, as outlined in the 2020 Marketing Plan.</p>	<ul style="list-style-type: none"> Develop and implement a Medical Staff Marketing Plan in support of the overall 2020 Prosser Memorial Health Strategic Plan (3/20). Feature new and current Medical Staff members in the PMH Employee Newsletter, <u>The Pulse</u> (1/20). 	<p>We successfully marketed our existing providers as well as our new providers throughout 2020 through multiple channels. We featured new providers and new service lines in our employee newsletter as well.</p>	50%	100%	CCO: Shannon Hitchcock Director of PMH Clinics: Alana Pumphrey

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Champion
				2nd QTR	4th QTR	
Medical Staff Development - Dr. Brian Sollers, Champion						
	6. Continue to optimize recognition and appreciation of the Medical Staff: <ul style="list-style-type: none"> • Include Medical Staff in PMH Activities (e.g. Hospital Holiday Party, Hospital Week, etc.); • Special recognition on Doctor's Day; • Highlight Achievements; • Actively engage physicians on key issues & organizational items; • Develop and implement a formal recognition program; • Conduct Medical Staff socials; and • Continue proactive communications between the Leadership Team and Medical Staff. 	<ul style="list-style-type: none"> • Create and implement a line item in the FY 2020 Budget to fund Medical Staff recognition and appreciation activities (1/20). • Develop a schedule (calendar) of Medical Staff events and coordinate activities with Administration for FY2020 (2/20). 	The PMH 2020 Budget fully funded several planned Medical Staff recognition activities, however, the COVID-19 pandemic has negatively impacted our plans. Events that can be postponed (e.g. Annual Dinner Cruise), have been postponed, but they may not be able to be held this year. We continue to focus on communication and have added several new communication tools in 2020 (e.g. COVID-19. Provider Update, MBS). We once again recognized our providers during Hospital Week and National Providers' Day with gifts of appreciation and various advertisement.	50%	100%	ACMO: Dr. Rivero ACMO: Dr. Sollers Director of Emergency Services/Provider Recruitment & Retention: Christi Doornink
	7. Continue to generate and maintain Epic specific training tailored for Medical Staff.	<ul style="list-style-type: none"> • Maintain one Super User / Credentialed Trainer in each hospital department in 2019 which will allow for better Epic support and training (6/20). • Develop and implement a mechanism to get regular feedback from the Medical Staff regarding Epic (6/20). 	<p>E-Prescribe Controlled Substances for Epic was rolled out for all providers in 2020. (less ED which will be rolled out in 2021 Q1).</p> <p>A new credentialed Trainer (CT) was added in Admitting in 2020 Q4.</p> <p>A new CT for Acute Care will be added in 2021</p> <p>A department "Go To" person will be identified for each clinical department in 2021 Q1. IT will continue to round and customize Provider Epic training as needed.</p>	20%	50%	Chief Information Officer: Kevin Hardiek
Respond to Medical Staff concerns and needs in a timely manner, pursue initiatives in collaboration with our Medical Staff and ensure the availability of the appropriate providers for those we serve.	8. Enhance and expand the Tele-Health Program within Prosser Memorial Health facilities.	<ul style="list-style-type: none"> • Develop and implement a strategy for expanding the Tele-Health program at Prosser Memorial Health owned/leased facilities (9/20). • Explore the various e-consult and telehealth options to expedite the patient experience for minor illness. (9/20). 	In addition to offering Virtual Visits with our primary care physicians, we have begun looking at offering specialty telehealth models in our RHC's. We have identified a vendor and a list of potential specialties to trial. We plan on starting services early in 2021.	25%	50%	Director of PMH Clinics: Alana Pumphrey Clinic Information Officer: Kevin Hardiek
Achieve an annual Medical Staff satisfaction rate of 90% or higher.	9. Enhance & grow Medical Staff-led educational seminars/lunch-and-learns for PMH staff and the community.	<ul style="list-style-type: none"> • Research topics of interest for educational seminars (4/20). • Create a calendar and promote educational seminars for staff and the community (4/20). 	We did some health education in 2020 however, most of the health education focus was on COVID and communicating that our providers were still seeing their patients and that we had a COVID specific clinic.	75%	75%	CCO: Shannon Hitchcock
	10. Continue to grow and expand the Comprehensive Pain Management Program.	<ul style="list-style-type: none"> • Actively recruit additional staff (as needed) and resources to make the pain management clinic a comprehensive pain management program (12/20). • Increase pain management visits by 75% in FY2020. 	Dr. Groner has decided not to renew his contract. Efforts towards growing the service line will resume once we identify a candidate to run our Pain Management Program.	25%	25%	Director of PMH Clinics: Alana Pumphrey
	11. Implement secure texting policy and program for Prosser Memorial Health Medical Staff.	<ul style="list-style-type: none"> • Implement a secure texting policy and program for Medical Staff (4/20). 	Microsoft Teams will be used as the Secure Texting Platform and will begin implementation in the 3rd Quarter of 2020. Microsoft Teams is HIPAA compliant and fully functional with Apple IOS and Android mobile devices.	5%	5%	Chief Information Officer: Kevin Hardiek

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Champion
				2nd QTR	4th QTR	
Medical Staff Development - Dr. Brian Sollers, Champion						
	12. Enhance and expand cardiopulmonary services at PMH.	<ul style="list-style-type: none"> Sleep Lab (3/20). Cardiac Services (9/20). Pulmonology Services (4/20). Implement Nuclear Medicine Services (7/20). 	After studying the feasibility of opening a sleep lab in our current facility, we have decided to pursue this service in our new facility. We are also planning to add Pulmonary services at that time. (2024), including, using a pulmonologist to oversee our sleep lab. We began implementing nuclear medicine services in 2020 and will complete this project in February 2021. Nuclear Medicine will enhance our cardiology program as will Transesophageal echos (TEE) which will be added in 2021.	50%	75%	Director of Cardiopulmonary: Rusti Wilson Director of Diagnostic Imaging: Aurora Weddle
	13. Maintain and enhance the orthopedic surgery program at PMH.	<ul style="list-style-type: none"> Develop a Joint Program of comprehensive orthopedics (5/20) including the use of the MAKO Joint Replacement System. Increase orthopedic visits by 50% and surgeries by 25% (12/20). Expand and provide orthopedic services to local high schools. Perform > 90 Mako Procedures (12/20). 	The Joint Program workflow, education model, and education material have all been completed. Due to COVID we have still not begun our planned formal in person joint replacement education classes; however, the RN currently schedules a phone visit to review all pre and post op education material. The program content was completed in March, in conjunction with Dr. STrebel, we believe we have all education materials and workflows lined out to begin in person classes ASAP. We hope to increase volumes and visibility in 2021.	25%	50%	Clinic Director: Tricia Hawley
	14. Continue the PMH CMO Model which encourages Medical Staff participation in PMH Administrative functions.	<ul style="list-style-type: none"> Educate staff about the current CMO Model in 2020. Focus on attendance at the Administrative Team meetings, attending at least 80% of all meetings in 2020, and 50% of all Leadership Team meetings. 	The PMH CMO model (composed of four PMH, Medical Staff members) continues to be utilized and meets quarterly with the CEO. The CMO - Dr. Sollers attends and participates on the Administrative Team and plans to attend Leadership Team Meetings (including LDIs) when available in 2020. We also decided to add Dr. Wenger as a CMO to assist us with Medical Staff Engagement. It should also be noted that Dr. Derek Weaver was added to the Joint Conference Committee, expanding representation to more PMH employed providers on Administrative/Board Committees.	50%	100%	CMO: Dr. Sollers CMO: Dr. Hashmi CMO: Dr. Murphy CMO: Dr. Rivero
	15. Explore expanding mental health services at PMH to better meet the growing needs of our greater community.	<ul style="list-style-type: none"> Provide mental health counselor services in the Prosser clinic (6/20). Explore the feasibility of providing psychiatric services at PMH and implement as appropriate (6/20). 	We are working with Comprehensive Mental Health on a potential partnership for providing counseling services in our primary care clinics. We anticipate a business plan from them in Jan 2021 with implementation of services in Q1 2021.	0%	25%	Prosser Clinic Manager: Molly Schutt
	16. Continue to collaborate with the Yakima Valley Farm Workers Clinic (YVFWC) and other community providers to improve the health of our community.	<ul style="list-style-type: none"> Include YVFWC and community providers in PMH Medical Staff activities. Invite YVFWC and community providers to participate on the PMH Community Clinic Committee (1/20). 	In June 2020, PMH entered into a Memorandum of Understanding for YVFWC to once again have their providers participate on our Medical Staff and refer their patients to PMH. We re-introduced YVFWC providers to PMH and the services we provide in September. YVFWC providers now participate on several PMH Medical Staff Committees and participate in our provider call rosters.	75%	100%	Dr. Santa Cruz Medical Staff Coordinator: Lynn Smith
	17. Implement a coding education program for providers.	<ul style="list-style-type: none"> Hold a twice yearly coding class for providers (3/20). 	A provider group training was conducted to present audit and coding results. Then individual clinician training sessions were held with all providers to provide direct feedback regarding their coding practices. The education was well received by all providers, we will continue to design a structured coding education program with our providers.	50%	100%	CMO: Dr. Sollers Director HIM: Andrea Valle
	18. Develop a Medical Staff Mentorship Program.	<ul style="list-style-type: none"> Develop and implement a Medical Staff Mentorship Program (3/20). Assign all new Medical Staff members to a mentor in 2020. 	This plan is currently still being developed in conjunction with Dr. Rivero and Christi Doornink, who are leading the Medical Staff Engagement Committee efforts. This will be a priority in 2021.	25%	25%	ACMO: Dr. Sollers Director of PMH Clinics: Alana Pumphrey

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Champion
				2nd QTR	4th QTR	
Medical Staff Development - Dr. Brian Sollers, Champion						
	19. Enhance the PMH Provider Rounding Program.	<ul style="list-style-type: none"> Develop and implement a plan for Department Directors, Administration and CMOs to round on our providers on a regular basis (3/20). 	The Director of Clinics has been rounding on 2 providers monthly in 2020. Our next step will be to develop a tracking system for Physician and Director to appropriately round on all providers annually in a structured and scheduled manner. The pandemic interrupted some of our CMO rounding plans, but with the addition of Dr. Wenger to team up with Dr. Rivero, we plan to make CMO provider rounding a priority in 2021.	25%	50%	ACMO: Dr. Rivero Director of PMH Clinics: Alana Pumphrey CEO: Craig Marks
Respond to Medical Staff concerns and needs in a timely manner, pursue initiatives in collaboration with our Medical Staff and ensure the availability of the appropriate providers for those we serve.	20. Enhance the visibility of the PMH Specialty Providers.	<ul style="list-style-type: none"> Develop and implement a program for PMH Specialists to visit primary care providers (clinics) in the area (2/20). Conduct lunch/breakfast and learns for residents in the communities we serve (1/20). 	We reached out to Primary Care Clinics in our service area in February to schedule lunches and meet and greets with our specialty providers. All meetings were postponed due to COVID.	50%	50%	Director of Prosser Specialty Clinics: Tricia Hawley CCO: Shannon Hitchcock
Achieve an annual Medical Staff satisfaction rate of 90% or higher.	21. Explore the provision of holistic/aesthetic services in the PMH Clinics.	<ul style="list-style-type: none"> Enhance existing (e.g. Botox) and develop new (e.g. laser hair removal, acupuncture, massage) aesthetic/holistic health services (9/20). 	This objective was postponed due to COVID and cancelling of elective procedures and treatment. We are currently recruiting a Dermatologist that would provide some of these services.	50%	50%	Director of PMH Clinics: Alana Pumphrey
	22. Develop a PMH Medical Staff clinic space expansion plan.	<ul style="list-style-type: none"> Develop a clinic space expansion plan to accommodate recruitment targets over the next three years, including the possibility of securing additional buildings (9/20). 	We have been working with the recently updated medical staff model to develop a plan for space over the next three years. We have determined that we have enough space for the next three years, but are planning to move our Specialty Clinic to our new facility in 2024. This will provide space for specialties not currently provided by PMH.	25%	100%	Direction of PMH Clinics: Alana Pumphrey Director of Maintenance and Support Services: Steve Broussard CEO: Craig Marks
	23. Explore ways that PMH can become more familiar with area tertiary hospitals and providers.	<ul style="list-style-type: none"> Invite area providers (Kadlec, Trios, Astria) to PMH Medical Staff Socials (1/20). 	Due to the COVID-19 pandemic, no formal action has been taken to date. We have had informal discussions with Kadlec and Trios about working together on referrals, and our desire to have them flow both ways.	0%	25%	ACMO: Dr. Rivero Director of Emergency Services/Provider Recruitment & Retention: Christi Doornink

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
Employee Development - Bryon Dirkes, Champion						
<p>Encourage and provide for the ongoing development of our employees. Provide an atmosphere that values our employees and promotes:</p> <ul style="list-style-type: none"> -Open Communications; -Competitive wages and benefits; -Selection and retention of effective, caring personnel; -Utilization and development of talent throughout the organization; -On-going education; -Employee recognition. <p>Achieve and maintain an annual employee satisfaction rate of 90% or higher.</p>	<p>1. Obtain input from all employees utilizing an Employee and Medical Staff Satisfaction Survey designed for Prosser Memorial Health.</p>	<ul style="list-style-type: none"> • Annual Employee Engagement Survey launch in November, 2020. • 75% Survey Participation Goal for 2020. • Improve Employee Satisfaction as compared to previous year (11/20). 	<p>The 2020 Employee Engagement survey was completed.</p> <p>The participation rate exceeded the 75% goal with 75.59% participation rate.</p> <p>The Employee satisfaction score (Overall, I am satisfied working at Prosser Memorial Health) improved from 83% in 2019 to 89% in 2020.</p> <p>The Employee Engagement (E.E) index was 73% for 2020 (2019 was 66% E.E. Index).</p> <p>The Medical Staff survey was completed with a follow-up survey launched in January 2021.</p> <p>The 2020 participation rate was 47%.</p> <p>The Overall Favorability rating was 78% for 2020, down from 85% in 2019.</p>	0%	80%	Chief Human Resources Officer: Bryon Dirkes
	<p>2. Achieve an annual employee turnover rate of 10% or less by the end of FY 2020.</p>	<ul style="list-style-type: none"> • Turnover report to be distributed to Leaders on a quarterly basis (4/20). • Develop and implement strategies to keep turnover at 10% or less in 2020 (2/20). 	<p>The Strategic Scorecard dashboard was updated for all twelve months.</p> <p>The 2020 year-end turnover rate equaled 6%, with a 2020 goal of <7%.</p> <p>The turnover reports were not consistently distributed to leaders.</p>	50%	80%	HR Generalist Recruitment: Rocky Snider
	<p>3. Assess wage and benefit structure to ensure Prosser Memorial Health remains competitive.</p>	<ul style="list-style-type: none"> • Participate in a State of Washington wage survey (4/20). • Receive results and review with the Administrative Team. Adjust wages as needed (7/20). • Participate in a State of Washington benefits survey (8/20). Receive results and share with the Administrative Team. • Recommend benefit adjustments as needed for Open Enrollment (10/20). 	<p>PMH participated in the 2020 Milliman Salary Survey.</p> <p>The data was not reviewed by HR or the Administrative Team with respect to the Non-Union wage scales. Non-union wage scales were not adjusted in 2020.</p> <p>PMH did not participate in the 2020 Washington Benefits survey.</p>	25%	25%	Chief Human Resources Officer: Bryon Dirkes

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Objective Lead
Employee Development - Bryon Dirkes, Champion				2nd QTR	4th QTR	
	4. Continue to enhance communication during 2020 with all Prosser Memorial Health staff.	<ul style="list-style-type: none"> Publish a calendar/schedule of employee engagement events (1/20). Conduct Rounding on staff. Provide open forums for staff to provide input on key initiatives at least three (3) times in 2020. Increase the use of electronic media, (i.e. SharePoint, Prosser Memorial Health Web Homepage and Facebook, and Twitter) (1/20). Continue to distribute monthly CEO Report to all staff and Provider Update to Medical Staff (1/20). Continue to publish an Employee Newsletter on a monthly basis (1/20). Leadership Team will support and maintain an Open Door Policy (1/20). Continue to promote utilization of the tuition reimbursement policy for staff seeking to move forward in their educational goals. 	<p>A calendar of engagement events was published and updated through 2020.</p> <p>The PMH SharePoint was updated with current engagement information.</p> <p>The PMH main website was updated along with other social media outlets such as Facebook, Instagram, Twitter and You-Tube.</p> <p>The monthly CEO Report was successfully sequentially published.</p> <p>There were weekly COVID 19 CEO Reports for all staff, including Dr. Soller's Weekly COVID 19 Update for Providers.</p> <p>The Employee Newsletter and The Pulse were published monthly.</p> <p>Leadership continued to maintain an open door policy.</p> <p>The Educational Assistance Policy was promoted in the Employee Newsletter.</p>	90%	90%	CCO: Shannon Hitchcock
	5. Provide for in-house Education opportunities for staff during 2020. Develop and implement a comprehensive Education Plan for 2020.	<ul style="list-style-type: none"> Increase staff education to 18 or more hours per FTE per year (12/20). Work with managers to develop an in-house education plan including Kronos training and creating job shadowing opportunities. (6/20) 	<p>Required HealthStream modules were loaded for all staff in 2020.</p> <p>Employee education hours averaged 1.20 hours per FTE with the 2020 goal of >2.15</p> <p>Education opportunities were made available to staff during COVID 19 to enhance their professional certification status.</p> <p>The reported Education Hours were tracked on the Strategic Plan Scorecard in 2020.</p> <p>Virtual and on-line learning opportunities were offered for the 2020 EPIC Upgrade.</p> <p>Kronos training was paused due to researching the new HRIS/Payroll vendor for 2021.</p> <p>Individualized training on Kronos was offered throughout the year by the Payroll Technician.</p> <p>Periodic Kronos instructional emails were sent to leaders by the Director of Finance.</p> <p>The PMH Educational Assistance Policy was promoted through the monthly Employee Newsletter in 2020.</p>	50%	75%	HR Assistant: Crystal Blanco Chief Quality Officer: Kristi Mellema
	6. Refresh all Job Descriptions and Annual Performance Evaluation Tools to align with the Pillars of Excellence and ASPIRE values. Add incentive program for Exempt (non-leadership) staff.	<ul style="list-style-type: none"> Update existing job description template and performance evaluation template for staff covered by collective bargaining agreements to reflect ASPIRE values (7/20). Incentive program to continue in 2020 for exempt staff (4/20). 	<p>A portion of the Job Descriptions were updated with the ASPIRE values as they came due for review and agreed to with Labor Unions.</p> <p>The ASPIRE Incentive Bonuses were successfully paid out in 2020.</p>	40%	75%	Chief Human Resources Officer: Bryon Dirkes

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Objective Lead
Employee Development - Bryon Dirkes, Champion				2nd QTR	4th QTR	
<p>Encourage and provide for the ongoing development of our employees. Provide an atmosphere that values our employees and promotes:</p> <ul style="list-style-type: none"> -Open Communications; -Competitive wages and benefits; -Selection and retention of effective, caring personnel; -Utilization and development of talent throughout the organization; -On-going education; -Employee recognition. <p>Achieve and maintain an annual employee satisfaction rate of 90% or higher.</p>	7. Involve staff and their ideas in the development of the FY2020 Strategic Plan via strategic planning sessions with the CEO and Administration Team members.	<ul style="list-style-type: none"> Based on input received from FY2020 planning sessions with staff, Medical Staff, and Board, create a draft Strategic Plan for FY2021 for the Board to review in November, 2020 (10/20). 	Leader and staff input was incorporated into the Master Facility plan during the design phase. Staff were involved in the development of the Strategic Plan through virtual Teams meetings.	0%	100%	CCO: Shannon Hitchcock Chief Executive Officer: Craig Marks
	8. Enhance relationships, trust, and teamwork among the Leadership Team in FY 2019.	<ul style="list-style-type: none"> Conduct three (3) Leadership Development Institutes (LDI) in 2020. Continue Administrative Rounding (2/20). CEO will round twice annually with all Leadership Team members. (12/20). 	Held LDI's with additional activity put on hold based on restrictions on meetings and gatherings. CEO rounds were completed for leadership.	67%	80%	LDI Committee CEO: Craig Marks Administrative Team
	9. Enhance the onboarding/orientation of new employees and Medical Staff to Prosser Memorial Health.	<ul style="list-style-type: none"> Continue to enhance the PMH New Employee Orientation (NEO) for all levels of staff (1/20). Reintroduce and implement a coaching/mentoring program in 2020 that identifies leaders of the future and supports their continued development (4/20). Create and implement a Medical Staff and Leadership Orientation Program (6/20). 	All eligible New Hires have participated in New Employee Orientation through December, 2020 or scheduled for January 2021. The Coaching/Mentoring program was not completed. The Medical Staff Mentoring program concept is in practice with the CMO as the primary mentor. The program has not yet been rolled out at provider to provider level.	50%	50%	Chief Human Resources Officer: Bryon Dirkes HR Generalist Recruitment: Rocky Snider
	10. Involve staff in the hiring process for new employees.	<ul style="list-style-type: none"> Utilizing best practices, create a peer interview template that can be shared and implemented by department leaders (3/20). 	No action to date.	0%	0%	HR Generalist Recruitment: Rocky Snider
	11. Embrace the ASPIRE Values and Standards of Behavior as identified in the Strategic Plan.	<ul style="list-style-type: none"> Continue to educate and enhance the ASPIRE program, recognizing employees, providers, and volunteers who practice and live our Values and Standards of Behavior (2/20). Continue to embrace ASPIRE Program with monthly and year-end awards (12/20). 	The Employee Rewards and Recognition Team members reviewed all the 2020 ASPIRE Program nominees on a monthly basis and made selections for winners. The CEO and committee members recognized Gold, Silver and Bronze awardees monthly. A new Platinum category was added for 2020 spurred by efforts to combat COVID 19.	100%	100%	Rewards & Recognition Committee Aurora Weddle
	12. Enhance the exit interview process to identify opportunities for improvement.	<ul style="list-style-type: none"> Compile and share exit interview data in real time with the affected department leaders and on a quarterly basis with the Administrative Team (4/20). 	Due to very low staff turnover, the report distribution process is still being developed. This objective will be reviewed for 2021 to determine if efforts in this area are required.	25%	25%	HR Generalist Recruitment: Rocky Snider
	13. Work with Hiring Managers to create job position models for pre-employment assessments using PDP Works to help determine their organizational fit with PMH's Mission, Vision and ASPIRE values.	<ul style="list-style-type: none"> Work with PDP Works to create employment models to use for pre-employment assessments including specific tie-ins to our ASPIRE Values (2/20). Launch PDP Works (3/20). 	The Vendor assessment was completed by CHRO with no implementation.	50%	50%	Chief Human Resources Officer: Bryon Dirkes

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
Employee Development - Bryon Dirkes, Champion						
	14. Review and revise existing Health Insurance Plan on an annual basis to ensure competitiveness with the current market.	<ul style="list-style-type: none"> Continue to enhance the Health Insurance Plan which adds value-based benefits, reduces employee costs and increases utilization of PMH facilities and providers (9/20). Develop direct contracts with area primary and specialty care providers (7/20). Audit self-insured health plan (6/20). Continue to promote healthy lifestyles and a positive work-life balance for 2020. 	<p>The 2020 plan design was reviewed in 2020 in preparation for 2021 changes.</p> <p>PMH implemented an auto enrollment feature for the 403(b) plan effective the first payroll in January 2021.</p> <p>The Self-Insured Health Plan audit was completed in 2020. Findings and recommendations are due in Q1: 2021.</p>	0%	100%	HR Generalist Benefits: Nora Newhouse Chief Human Resources Officer: Bryon Dirkes Chief Financial Officer: David Rollins
<p>Encourage and provide for the ongoing development of our employees. Provide an atmosphere that values our employees and promotes:</p> <ul style="list-style-type: none"> -Open Communications; -Competitive wages and benefits; -Selection and retention of effective, caring personnel; -Utilization and development of talent throughout the organization; -On-going education; -Employee recognition. <p>Achieve and maintain an annual employee satisfaction rate of 90% or higher.</p>	15. Review and propose revisions to benefit plans offered at Prosser Memorial Health to be competitive with the current market.	<ul style="list-style-type: none"> Using the PTO Committee, assess consolidating benefit buckets and transition to a PTO platform for exempt staff in 2020 (3/20). Assess health wellness program in support of healthy lifestyles for 2020 (7/20). Reduce employee lost work days by 25%. 	<p>A PTO proposal was created and still requires negotiations with AFCME, SEIU and IAFF.</p> <p>The 2020 Health & Wellness program was assessed during the benefits review for the 2021 plan year. No changes were made to Wellness plan design.</p> <p>PMH reduced the number of lost workdays to 123 days in 2020. This is decreased from 167 in 2019.</p>	60%	70%	Chief Human Resources Officer: Bryon Dirkes HR Generalist Benefits: Nora Newhouse
	16. Review and redefine the Employee Health Program to improve efficiency and employee satisfaction.	<ul style="list-style-type: none"> Establish a comprehensive Employee Health Tracking process for 2020 (6/20). Review MRO contract and seek better accountability for drug screens (3/20). Achieve 90% compliance of annual employee health requirements by year end (12/20). Reduce employee lost workdays by 25% from previous year (12/20). 	<p>A COVID-19 tracking document was created and implemented to manage employee workplace COVID infections and track time loss in support of the employee returning to work .</p> <p>The MRO contract was enhanced by an additional \$200 for each expanded drug screen required. PMH reduced number of lost workdays to 123 in 2020. This is reduced from 167 in 2019.</p>	50%	100%	RN: Karla Greene HR Generalist Benefits: Nora Newhouse
	17. Continue to use the employee engagement team for oversight over Prosser Memorial Health employee social events to help transition the culture to align with ASPIRE values, make the workplace a more enjoyable experience and promote employee involvement in our communities.	<ul style="list-style-type: none"> Continue to generate and implement ideas that support a variety of employee engagement activities and events including a "Spirit Day" for 2020 (3/20). Create and distribute a calendar of planned employee events for 2020 (1/20). Involve Leadership to promote and host activities and events (1/20). Develop and use a tool whereby employees can provide real-time feedback on activities and events to assist with the planning process (4/20). Continue to include all Prosser Memorial Employees and staff working at partner clinics in activities and events where possible (1/20). 	<p>The Rewards and Recognition team met monthly to oversee the ASPIRE selection process in 2020.</p> <p>The Employee Engagement events are documented in a Policy in PolicyTech, including financial expenditure limits for each event.</p> <p>A calendar of engagement events was published in the 2020 January Employee Newsletter with monthly reminders of events published in advance of events through email, SharePoint and ASPIRE Boards.</p> <p>Prosser Memorial clinic employees and providers were included in 2020 Employee Engagement activities.</p>	80%	100%	Chief Human Resources Officer: Bryon Dirkes Employee Engagement Team

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
Employee Development - Bryon Dirkes, Champion						
	18. Continue to study the feasibility of transitioning rehabilitation services staff (i.e. PT, OT, Speech Therapy) and Pharmacy Director to employment status with Prosser Memorial Health.	<ul style="list-style-type: none"> Analyze current compensation and benefit structures of both organizations (4/20). Review current service contract agreement and develop a cost analysis of the transition (5/20). Establish a communication timeline and meet with stakeholders (6/20). Create a transition plan and prepare for Day 1 requirements (7/20). 	<p>We successfully insourced Pharmacy Management/Directorship and currently contract for after-hours pharmacy management.</p> <p>We have reviewed the details of insourcing Rehabilitation services and have determined that a hybrid relationship may be the answer. We will need to make a contract renewal/decision in 2021.</p>	0%	75%	Chief Human Resources Officer: Bryon Dirkes CNO/COO: Merry Fuller
	19. Implement a consistent Uniform Policy for PMH to enhance professional appearance and increase customer satisfaction.	<ul style="list-style-type: none"> Finalize research healthcare facilities best practices and make recommendations (1/20). Meet with Leadership and obtain feedback on best practice research (2/20). Determine the timeline for implementation and development of policies and procedures (6/20). Implement the policy as appropriate (8/20). 	The Administration Team and the Board of Commissioners were presented with a draft Uniform Policy, budget and implementation timeline in May, 2020. Cardiopulmonary, Housekeeping/Laundry and Food Services have implemented standardized uniforms.	100%	100%	Chief Human Resources Officer: Bryon Dirkes Uniform Committee
	20. Maintain an environment of positive employee relations with AFSCME, IAFF and SEIU and all exempt staff which supports the Mission, Vision and Values of Prosser Memorial Health.	<ul style="list-style-type: none"> Successfully negotiate new AFSCME Collective Bargaining Agreement in 2020 (7/20). Hold IAC (Insurance Advisory Committee) meetings per contracts (10/20). 	<p>The AFSCME contract was successfully negotiated in two (2) half-day bargaining sessions and overwhelmingly ratified by AFSCME membership. The contract is complete: signed by both parties and governing PMH employment through 12/31/2023.</p> <p>The Insurance Advisory Committee meeting was held according to contract.</p>	10%	100%	Chief Human Resources Officer: Bryon Dirkes
	21. Create accessible computer kiosk areas for staff so that those without direct computer access have a centralized access point.	<ul style="list-style-type: none"> Create a work team to study need and make recommendations to Administrative Team and implement as appropriate (4/20). 	Activity was paused on this item due to COVID restrictions as to not promote on-site employment application activity. It has been determined that once restrictions are lifted, the Orchard conference room may be used for Kiosk-based employment applications for applicants that do not have access to computers and/or internet.	0%	50%	Chief Human Resources Officer: Bryon Dirkes Chief Information Officer: Kevin Hardiek
	22. Offer Leader training opportunities for non-leadership staff to promote personal and professional growth.	<ul style="list-style-type: none"> Solicit employees for input and develop continuous learning agendas and source trainers (3/30). 	<p>The CHRO met with identified staff one-on-one for mentoring on relationship building through the conversational model, Fierce Conversations.</p> <p>The MBS (Management by Strengths) leadership tool was initially presented to Housekeeping employees and received strong pushback from employees and staff feedback was supported by Union leadership. Activity on this item was paused until new HR leadership is hired to respond to Union labor concerns.</p>	50%	75%	Leadership Team

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Objective Lead
Employee Development - Bryon Dirkes, Champion				2nd QTR	4th QTR	
	23. Assess the organizational structure utilized in the PMH Clinics.	<ul style="list-style-type: none"> Evaluate the current organizational structure in the PMH Clinics and implement changes as appropriate (3/20). 	The Director of Physician Practices has developed a Dyad Leadership Model for the clinics creating a partnership between a physician leader and administrative leader for each clinic.	75%	100%	Director of PMH Clinics - Alana Pumphrey

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
Quality - Kristi Mellema, Champion						
<p>Continue to support the systematic organization-wide approach to plan, design, measure, assess and improve organizational performance. Objectives are designed to:</p> <ul style="list-style-type: none"> • Attain optimal patient outcomes and patient and family experience • Support an engaged and safe workforce • Enhance appropriate utilization • Minimize risks and hazards of care • Develop and share best practices 	1. Maintain an organization-wide Strategic Plan Scorecard of key performance indicators for FY 2020.	<ul style="list-style-type: none"> • Track and trend FY2020 Strategic Plan Scorecard monthly based on the Pillars of Excellence (12/20) • Assist departments in achieving 2020 quality goals. (12/20) • All indicators will meet goal by end of 2020 (12/20). 	*The Strategic Plan Scorecard had been tracked and trended every month during 2020. As of year end, there were 27 metrics that either met or were within 10% of the 2020 goal and 20 of the metrics had fallen below 10%. This scorecard will continue to be tracked and trended over the course of 2021.	50%	100%	Chief Quality Officer: Kristi Mellema
	2. Maintain Patient Care Scorecard to measure and trend selected Quality Measures.	<ul style="list-style-type: none"> • Achieve an overall Patient Care Scorecard improvement 5% above FY2020 across the selected Quality measures (12/20). 	* The Patient Care Scorecard had been tracked and trended every month during 2020 and shared at the monthly Quality Committee meetings. As of year end, there were nine metrics that either met or were within 10% of the 2020 goal and six of the metrics had fallen below 10%. This scorecard will continue to be tracked and trended over the course of 2021.	50%	100%	Chief Quality Officer: Kristi Mellema
	3. Implement a Clinic Patient Care Scorecard to measure and trend selected Quality Measures.	<ul style="list-style-type: none"> • Choose clinic specific quality measures to include on the Clinic Patient Care Scorecard (2/20). • FY2020 to establish a baseline across the selected Quality measures (12/20). • Break out metrics by individual Clinic and present at each Clinic Medical Staff meetings. (5/20) 	* Clinic specific quality metrics with baselines were established in 2020. The Clinic Patient Care Scorecard took some time in being able to pull the appropriate data which is only available on a quarterly basis. The Clinic Patient Care Scorecard was presented one time this fall which represented 3rd quarter data. This will be a project that will be continued into 2021 and beyond.	75%	75%	Director of PMH Clinics: Alana Pumphrey
	4. Be in compliance with regulatory standards of applicable agencies (State of Washington, CMS, etc.)	<ul style="list-style-type: none"> • Create department specific quality reporting calendar including items to go to Joint Conference Committee (1/20). • Submit 2020 Quality Improvement Plan to the Board for Approval (3/20). • Identify and implement survey readiness activities in preparation for the spring 2020 DOH unannounced survey (1/20). 	* A calendar of department specific quality presentations has been developed and distributed to all Leaders. The 2020 Quality Assurance Plan was reviewed and approved by the Board in January 2020. Departmental Tracers were sent and reviewed with all department directors/managers. The tracers are based on the same documents that the DOH uses during their survey. Areas of opportunity were identified and plans of correction were implemented, if necessary.	100%	100%	Chief Quality Officer: Kristi Mellema
	5. Revise standardized processes across all Clinics. To include but not limited to the following: MA rooming process, front desk, results reporting, recall letters, late to follow-up, MA documentation.	<ul style="list-style-type: none"> • Identify education opportunities (3/20). • Create education offerings (3/20). • Develop training for the education opportunities that were identified (6/20). • Provide education and competency assessments to 100% of appropriate staff (12/20). 	* A training calendar was created and all educators had agreed to teach with the majority being done by Pam Morris, NP. A schedule was completed and sent out to all staff but was cancelled due to group number restrictions. Per the Director of PMH Clinics, the program was put on hold until 2021 due to Covid.	50%	50%	Director of PMH Clinics: Alana Pumphrey
	6. Bar code scanning for medication	<ul style="list-style-type: none"> • Achieve an overall medication bar code scanning compliance rate of 95% for the hospital (12/20). • Report medication bar code scanning compliance at each monthly Quality meeting (1/20-12/20) 	* The bar code scanning for medication was tracked monthly on the Patient Care Scorecard and was standing agenda item for the monthly Quality Committee meeting. Year end is at 92.88% which exceeded the goal of >90%.	75%	100%	Director of Pharmacy: Lindsay McKie
	7. Enhance Infection Prevention Program compliance with standards of applicable agencies, as well as, adherence to the PMH Infection Control Plan.	<ul style="list-style-type: none"> • Implement, educate & communicate an enhanced PMH Infection Control Program Plan which meets all regulatory agency requirements (3/20). • Implement programs to promote compliance. Quarterly communications and/or education (3/20). • Complete Risk Assessment and Infection Control plan for 2020 (3/20). 	* The Risk Assessment and Infection Control Program Plan was reviewed and approved by the Board in February 2020. The plan meets regulatory requirements and has been implemented with education to staff. Since February 2020, communication and education to all staff has been focused on infection control to prevent COVID-19. This is an ongoing project.	100%	100%	Laboratory Director/Infection Preventionist: Susan Miklas

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
Quality - Kristi Mellema, Champion						
	8. Enhance Prosser Memorial Health's Environment of Care plans, policies and procedures with current standards of all applicable agencies.	<ul style="list-style-type: none"> Perform annual review of all EOC plans, policies and procedures. Update documents as necessary to reflect new or changes to regulations, codes and standards. Distribute all EOC plans to all departments (8/20). 	*The updated Environment of Care plans and policies were distributed to all department leaders on June 10, 2020.	100%	100%	Director of Support Services: Steve Broussard
Continue to support the systematic organization-wide approach to plan, design, measure, assess and improve organizational performance. Objectives are designed to: <ul style="list-style-type: none"> Attain optimal patient outcomes and patient and family experience Support an engaged and safe workforce Enhance appropriate utilization <ul style="list-style-type: none"> Minimize risks and hazards of care Develop and share best practices 	9. Implement a Contract Review Process.	<ul style="list-style-type: none"> Update contract review policy (2/20). Complete annual contract evaluation of all contracts (3/20). Make a final determination on which software to use (3/20). Input all contracts to the software (5/20). 	* As of December 2020, 60% of the contracts have been inputted into PolicyTech. This project will be completed in 2021.	50%	60%	CNO/COO: Merry Fuller Chief Quality Officer: Kristi Mellema
	10. Maintain an effective Corporate Compliance Program.	<ul style="list-style-type: none"> Establish areas of focus for 2020, including specific metrics impacting the iVantage quality score (4/20). Develop an audit schedule for areas of focus (4/20). Assist areas needing help with meeting corporate compliance standards (1/20 - 12/20). Submit 2020 Corporate Compliance Plan to the Board for approval (7/20). 	* Compliance areas of focus and an audit schedule was established with the committee members. Also the metrics on the Patient Care Scorecard were tied to some of the metrics in the iVantage report. The 2020 Corporate Compliance Plan was presented and approved by the Board in February 2020.	100%	100%	Chief Compliance Officer: Kristi Mellema
	11. Focused Quality goals based on iVantage.	<ul style="list-style-type: none"> Report OP22 - Left without being seen - for 2019 (3/20). Start reporting OP29 - Colonoscopy follow up (4/20). Achieve 95% compliance rate on IMM2 Flu Vaccine (inpatient) for 2020. (12/20) 	<ul style="list-style-type: none"> * OP22 was reported in May 2020 to NHSN. * OP29 was reported in May 2020 to NHSN. * Flu Vaccine compliance for 2019/2020 is 96.7%. 	100%	100%	Chief Quality Officer: Kristi Mellema
	12. ED scheduling Clinic follow up appointments.	<ul style="list-style-type: none"> ED will direct schedule follow up appointments for 25% of ED discharges needing a follow up with a PMH care provider (9/20). 	* Per the Director of PMH Clinic, this project was put on hold due to COVID-19. They need to consult with IT to find out whether or not the ED can access the Clinic schedule.	0%	0%	ED Director: Christi Doornink-Osborn Director of PMH Clinics: Alana Pumphrey
	13. Enhance hand hygiene at PMH.	<ul style="list-style-type: none"> Report hand hygiene compliance to Leaders at the monthly Quality Committee meeting (1/20 - 12/20). Educate all employees about the importance of hand hygiene (10/20). Achieve hand hygiene goals by the end of 2020 (12/20). Standardize hand gel product across PMH organization (6/20) 	* Hand hygiene compliance is a standing agenda item at each monthly Quality Committee meeting. Hand hygiene education has been distributed and redistributed this year due to COVID-19. There was a pause in the standardizing hand gel project due to Covid-19 and a change in leadership in the department. Standardizing hand gel across the organization will be an objective for 2021.	75%	75%	Laboratory Director/Infection Preventionist: Susan Miklas

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
Services - Kevin Hardiek and Shannon Hitchcock, Champions						
Develop appropriate facilities, technology and services to meet the needs of those we serve. Achieve 20,065 adjusted patient days for those services we provide.	1. Develop and implement a comprehensive, multi-channel marketing plan for PMH inpatient and outpatient services to increase our market share 5% in our primary service are.	<ul style="list-style-type: none"> Explore and implement an APP for smart devices to access appointments and PMH resources for patients (6/20). Expand online information offered with more interactive options for 2-way communication with PMH staff such as Facebook Live, Pollen Count on Website, and PMH You Tube Channel (9/20). 	An App that syncs with My Chart is prohibitive at this point as it will require Providence approval. We continue to research a secondary App that pushes out health education information that is tied to our website. Our Lunch & Learn events and health education classes have moved to Zoom and Facebook Live platforms due to COVID restrictions. They are well attended with good two-way communications between the audience and the presenter.	50%	75%	CCO: Shannon Hitchcock
	2. Expand aesthetic services offered such as cool sculpting, tattoo removal, and laser hair removal that are cash pay.	<ul style="list-style-type: none"> Identify training and equipment needed for Jessica Luther, ARNP, to offer these services at the Benton City Clinic (1/20). Write and review a proforma on these services and implement if appropriate (1/20). 	This objective was postponed due to COVID and cancelling of elective procedures and treatments. We are currently recruiting a dermatologist that would provide some of these services.	0%	50%	Director of PMH Clinics: Alana Pumphrey
	3. Explore the feasibility of adding electromyography (EMG) studies to the Comprehensive Pain Clinic.	<ul style="list-style-type: none"> Research and Review a proforma for adding EMG studies at the Comprehensive Pain Management Clinic and implement if appropriate (6/20). 	Not completed due to provider departure in 2021.	25%	25%	Dr. David Groner
	4. Explore new technology / software platform for reporting ER wait times that can be marketed on the PMH website and electronic billboards.	<ul style="list-style-type: none"> Research the software capabilities of reporting ER wait times accurately and if appropriate post them on our website and other marketing venues. Educate the Admitting staff and Emergency Department Staff on the algorithm that calculates the wait to ensure we communicate clearly with patients (4/20). If agreed upon by the Director of ED and the CIO we will market this capability (5/20). 	Due to COVID restrictions we did not explore an ER wait times software program for our website at this time. The initiative will be looked at in 2021.	0%	0%	CCO: Shannon Hitchcock
	5. Study the feasibility of adding stereotactic biopsy service line to surgical service line.	<ul style="list-style-type: none"> Research and review a proforma for adding stereotactic biopsy services to Diagnostic Imaging and implement if appropriate (7/20). 	This is on hold for now. We are having issues getting regular mammogram screenings scheduled right now.	0%	0%	Director of Diagnostic Imaging: Aurora Weddle
	6. Market Prosser Memorial Health as a destination hospital for surgical services.	<ul style="list-style-type: none"> Market the Joint Replacement Program across Central Washington (1/20). Market gynecological surgery services across Central Washington (3/20). PMH Sports Medicine Provider and Therapy Clinic Provider to develop curriculum around concussion education (6/20). Explore the stomach sleeve procedure to the General Surgery service line (9/20). Add vascular surgery to the General Surgery service line (9/20). 	The PMH Joint Program has been marketed from Yakima to Pasco in multiple channels. Volumes continue to increase, even with COVID restrictions this spring. The concussion education and other athletic health education was put on hold due to no high school sports in 2020. General Surgery was not marketed due to Dr. Chew leaving, COVID and then Dr. Huang leaving soon. We will aggressively market Dr. Unger when he arrives in 2021.	25%	50%	CCO: Shannon Hitchcock
	7. Explore the feasibility of adding arterial ultrasounds for lower extremities to Diagnostic Imaging's service line.	<ul style="list-style-type: none"> Research and review a proforma for adding arterial ultrasounds to the Diagnostic Imaging service line and implement if appropriate (3/20). 	This is on hold pending Radiologist input based on limited volumes.	0%	0%	Director of Diagnostic Imaging: Aurora Weddle

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
Services - Kevin Hardiek and Shannon Hitchcock, Champions						
	8. Study the feasibility of adding home health services at PMH.	<ul style="list-style-type: none"> Study the feasibility of providing home health services and implement if appropriate (6/20). 	The mandatory Home Health classes have been completed. We're currently working with Home Health subject experts on creation of services model and completion of ProForma.	0%	50%	CNO/COO: Merry Fuller
Develop appropriate facilities, technology and services to meet the needs of those we serve. Achieve 20,065 adjusted patient days for those services we provide.	9. Continue to review the feasibility of building a new hospital.	<ul style="list-style-type: none"> Review the feasibility study in early 2020 to determine next steps toward building a new hospital (3/20). Develop an internal and external communication plan on why PMH is pursuing a new hospital (8/20). 	Phase 1 of a Capital Campaign was finished in the Fall of 2020 with a fundraising goal of \$2.5-\$3 million dollars. Internal and external communication plans are on going as we move through the DD phase of the new hospital project. This included employee forums in October to gather feedback from our team on what they wish to see with a new facility.	50%	100%	CEO: Craig Marks CFO: David Rollins CCO: Shannon Hitchcock
	10. Explore future use options for our current Hospital facility.	<ul style="list-style-type: none"> Contact nursing home companies, mental health organizations, long-term acute care companies, etc. that may be interested in our facility (6/20). Determine the cost to raze the current facilities and repurpose for other uses (e.g. housing) (6/20). 	To date there has been no interest by any party to repurpose the existing building. We are currently collecting proposals and pricing to raze the land for repurposing.	25%	50%	CEO: Craig Marks
	11. Study the feasibility of adding cardiac rehab to the cardio/pulmonology service line.	<ul style="list-style-type: none"> Develop a feasibility identifying the resources, space and staffing required for a cardiac rehab service line (9/20). 	This is on hold pending completion of full cardiac test program deploymnt (includes Nuclear Medicine Stress Test, Chemical Stress Test, and Stress Echo). We've also been reaching out to other medical groups to obtain their best practices and program detials.	0%	0%	Director of Cardio/Pulmonology: Rusti Wilson
	12. Explore feasibility of adding a hyperbaric chamber to our wound therapy services.	<ul style="list-style-type: none"> Research and review a proforma on adding a hyperbaric chamber to the Wound Therapy service line (8/20). 	A Pro Forma was created and we are currently working with vendors Healogic and Trios existing to complete the feasibility study. Onsite visits are scheduled for February, 2021.	0%	75%	Director of ACU and OSP: Marla Davis
	13. Develop a clear communication plan for Epic issues, resources and resolutions.	<ul style="list-style-type: none"> Develop a communication plan for tracking and resolving Epic issues as well as identifying resources available for staff to resolve Epic issues (3/20). 	A new Epic Tips and Tricks for issue resolution will be developed and communicated to all staff in Q1 2021. This is an ongoing process of enhancing the current Epic communication process. Currently all Epic issues are tracked in the Providence and PMH Helpdesk Systems which communicate with the affected staff member as changes occur with an issue. Communication occurs via both helpdesk systems and via email/phone regarding resources and resolution. The issue queue is reviewed weekly by PMH Management. The appropriate resources are assigned by PMH and/or Providence as needed.	25%	50%	CIO: Kevin Hardiek
	14. Explore feasibility of adding massage therapy services	<ul style="list-style-type: none"> Explore feasibility of adding massage therapy services in 2020 (06/20). 	This is on hold due to physiatrist departure in 2021.	0%	0%	Director of PMH Clinics: Alana Pumphrey
	15. Increase dietician services at PMH.	<ul style="list-style-type: none"> Explore hiring a full-time dietician (5/20). 	This is budgeted for 2021. We are working with nursing to identify a qualified candidate to PMH. The search will be outsourced.	0%	20%	CFO: David Rollins
	16. Increase diabetic education services offered at PMH.	<ul style="list-style-type: none"> Develop a comprehensive diabetic education program and implement as appropriate (7/20). Research the certification required for a PMH RN to obtain a Diabetic Educator certification (1/20). 	The Diabetic Education certification was put on hold for 2020. We are now working with the CNO to develop aligned roles for Diabetic education in the outpatient and inpatient setting. Work on this will begin Q1 2021.	25%	25%	Director of PMH Clinics: Alana Pumphrey

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
Services - Kevin Hardiek and Shannon Hitchcock, Champions						
	17. Develop a consistent process for measuring outpatient volumes.	<ul style="list-style-type: none"> Develop a process of collecting data consistently that will accurately measure our outpatient volumes (1/20). 	Completed	100%	100%	Director of Finance: Stephanie Titus
	18. Writing an Information Technology Plan.	<ul style="list-style-type: none"> Write an Information Technology Plan to implement in 2021 (12/20). Update 2020 IT Plan with Security Plan Addendum including available Providence Security Plan details (3/20). 	The plan is completed and approved by the Board at the December 2020 Board meeting.	0%	100%	CIO: Kevin Hardiek
	19. Market annual Medicare Senior Wellness Exam	<ul style="list-style-type: none"> Market to the community that the primary care clinics at PMH offer annual Medicare Wellness Exams for seniors (3/20). 	In 2020 we marketed our COVID Clinic and that it was safe to come to one of our primary care clinics if you needed care that was not related to COVID. We did not market the Wellness Exams to seniors. This initiative has been moved to 2021.	25%	75%	CCO: Shannon Hitchcock
	20. Increase surgical volumes.	<ul style="list-style-type: none"> Expand services offered by our general surgeons (3/20). Continue to expand services offered by PMH orthopedic surgeons in 2020 (3/20). 	Even with COVID our joint replacement program has been progressing. For 2021 we hope to have education classes twice a month (classes have been paused due to COVID). Cardiology has expanded new services for 2021 and Urology / ENT Allergy have hit the ground running and are increasing case size.	25%	40%	Director of Specialty Clinic: Tricia Hawley
	21. Explore the feasibility of adding imaging equipment at the Benton City Clinic.	<ul style="list-style-type: none"> Research and review the proforma for adding imaging services at the Benton City Clinic. Specifically what is the outmigration to KADLEC for imaging services (1/20). 	This was cancelled as volumes will not support imaging at the Benton City Clinic.	25%	100%	Director of PMH Clinics: Alana Pumphrey
	22. Develop a comprehensive sports medicine program for athletes, coaches and athletic directors in our community.	<ul style="list-style-type: none"> PMH Sports Medicine Provider and Therapy Clinic Provider to develop curriculum around concussion education (6/20). 	This was not Completed due to COVID - 19. It has been moved to 2021.	25%	25%	Director of Specialty Clinic: Tricia Hawley
	23. Explore expanding primary care services to Mabton.	<ul style="list-style-type: none"> Develop a business plan for a primary care clinic in Mabton, WA (8/20). If appropriate, open a new Mabton Clinic (12/20). 	On hold indefinitely.	0%	0%	Director of PMH Clinics: Alana Pumphrey

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Objective Lead
Financial Stewardship - David Rollins, Champion				2th QTR	4th QTR	
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.	1. Meet and/or exceed budget expectations for FY2019.	<ul style="list-style-type: none"> Earn an operating margin of at least 4.5% and a total margin of 6.0% for FY2020. Publish financial reports every month and distribute to Management Team, all employees, Medical Staff and Board. 	<p>COVID-19 completely upended our fiscal year and only with the significant assistance from the federal and state government did we achieve a positive net income for 2020 of 3.6% operating margin and 4.7% total margin. These results are preliminary as our auditors are working closely with PMH to correctly identify exactly how much of the federal and state assistance that PMH gets to keep. The federal government did give us \$6.35M in forgivable loans from the Paycheck Protection Program (PPP) that we will not be able to recognize in 2020 due to governmental accounting regulations from GASB despite earning it in 2020 and the expenses it covered were incurred in 2020. The federal and state government also gave PMH nearly \$7.5M in grants for lost revenue that PMH is tentatively recognizing \$3,361,412 for lost Net Patient Revenue compared to Budget from March 15, 2020 thru December 31, 2020. It should be noted that without the financial assistance PMH would have made significant operating expense reductions during 2020 that would have impacted our patients and staff that we were able to avoid.</p>	50%	100%	CFO: David Rollins
	2. Reduce all costs.	<ul style="list-style-type: none"> Reduce total expense per adjusted patient day by 3% versus 2019. Reduce OT utilization by reducing unscheduled sick pay utilization and staffing optimization. Reduce Contract Labor in Nursing by 25% by staffing optimization and retention. Reduce product waste by 25% by tracking and reporting out-dates and improving inventory controls. Review service contracts for opportunities to reduce costs. 	<p>Due to COVID Adjusted Patient Days are down 25% and Average Expense per Patient Day is up 28% and most staffing matrix targets have been negatively impacted by mgmt decision to not furlough employees, reduce hours or benefits due to federal funding. Purchasing has begun tracking out-dates and overall inventory is stable despite increasing PPE stock.</p>	10%	10%	CFO: David Rollins
	3. Meet and/or exceed budgeted operating revenue per FTE and share monthly reports in the PMH Report Card.	<ul style="list-style-type: none"> Develop and implement a biweekly department productivity report using the resources provided by Brady Company, Inc. (2/20). 	<p>We received a productivity benchmark report from Brady & Associates and determined that they were unable to assist with the creation of a bi-weekly reporting system. Reviewing multiple companies that can assist and plan to engage one of them by the end of the 1st quarter 2021.</p>	25%	50%	CFO: David Rollins
	4. Obtain an unqualified audit opinion for FY2018 with no audit adjustments.	<ul style="list-style-type: none"> Obtain an unqualified audit opinion for FY2019 and share with the Board (3/20). 	<p>PMH received an unqualified audit opinion from its auditors (DZA) at the May board meeting.</p>	100%	100%	Director of Finance: Stephanie Titus
	5. Maintain Net Days in Accounts Receivable below industry standards.	<ul style="list-style-type: none"> Create and publish a "net" unbilled days metric (3/20). Maintain days in Net Accounts Receivable below 47 days and unbilled days under 5 days. 	<p>Net AR Days are at 56 overall driven by staffing challenges as several new staff including leadership were added. Have engaged Providence's Revenue Cycle Consulting Team and completed multiple training sessions and are currently reassessing future needs that will include additional staff training, better dashboards and improved revenue cycle processes.</p>	35%	65%	Revenue Cycle Director: TBD

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Objective Lead
Financial Stewardship - David Rollins, Champion				2th QTR	4th QTR	
	6. Provide a semi-annual report to the Board of Commissioners regarding the financial performance of PMH owned physician practices.	<ul style="list-style-type: none"> Present a semi-annual financial performance report for PMH owned physician practices to the Board (1/20 & 7/20). 	Semi-Annual Financial Performance Report is included in the January Board package.	50%	100%	Director of Finance: Stephanie Titus
	7. Participate on the HCA Rural Payment Model committee.	<ul style="list-style-type: none"> Ensure that PMH receives all practice transformation funds possible in 2020 (12/20). 	PMH has received 100% of eligible funds to date for the Practice Transformation Project. Currently seeking clarification of underpayments for Q2 & Q3 as PMH submitted for full payment. Expect resolution in Q1 of 100% of eligible payments for 2020.	50%	84%	CFO: David Rollins CNO: Merry Fuller Director of Clinics: Alana Pumphrey
	8. Improve Point-of-Service collections.	<ul style="list-style-type: none"> Increase Point-of-Service collections by 50% in FY2020 compared to 2019 (12/20). Implement POS Estimates (6/20). Implement Insurance Verifications (6/20). Restructure Self-Pay policies for discounts and financial assistance (6/20). 	<p>Point-of-Service (POS) Collections has more than doubled. PMH working with Providence implemented the Passport Patient Eligibility software already in use by Providence. This combined with the Patient Estimating software allows patients to get estimates for procedures prior to any services being performed.</p> <p>PMH has also begun providing estimates and requests for upfront collections of self-pay payments (copay, coinsurance and deductibles) at or before the time of service.</p> <p>PMH has outsourced all Self Pay collections to a third-party (MDS) for immediate collection and payment plans at a reduced rate and greater effectiveness and efficiency than performed in-house. Staff is being retrained and focused on Financial Assistance and Patient Estimates.</p> <p>PMH has revised its Self-Pay policies to offer all Self-Pay accounts a 25% discount on gross charges. The patient financial assistance program has been modified from a 3 tier patient discount of 100%, 50% or 35% discount to a true sliding scale of 100% to 0% dependent upon the applicants financial income as compared to the federal poverty level.</p>	50%	90%	Revenue Cycle Director: TBD
	9. Enhance the Anesthesia billing process/structure.	<ul style="list-style-type: none"> Develop and implement an enhanced Anesthesia billing "road-map" (8/20). Increase anesthesia revenue by 10% (12/20). 	Kicked off anesthesia audit and revenue cycle analysis with completion by 03/21.	25%	35%	CFO: David Rollins
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.	10. Create a culture of Budget accountability down to the department level.	<ul style="list-style-type: none"> Create and implement an education module that focuses on budget creation, analysis, and accountability (4/20). Educate Directors in accordance with the education module and hold them accountable for their financial performance during evaluations (4/20). Educate Directors on Revenue Cycle and further streamline the process and provide advanced education on EPIC (3/20). 	Created Revenue Cycle Team that meets weekly plus creation of work groups that meet regularly to discuss issues in Surgery, Pre-Authorizations and Inpatient revenue cycle.	35%	50%	CFO: David Rollins

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Annual Progress	% Complete		Objective Lead
				2th QTR	4th QTR	
Financial Stewardship - David Rollins, Champion						
	11. Develop plan to solicit capital donations for new hospital.	<ul style="list-style-type: none"> Conduct a feasibility study for a potential capital drive beginning in 2020 (9/20). Raise \$100,000 in 2020 (12/20). 	Foundation has engaged a consulting firm to conduct a capital campaign feasibility study with a minimum goal of \$2.0M.	75%	100%	CCO: Shannon Hitchcock
	12. Improve patient value and market competitiveness.	<ul style="list-style-type: none"> Conduct a study of competitor and market pricing to ensure PMH is competitive (02/20). Utilize Cleverly or like service for state and national data comparisons and implement changes as appropriated. 	Engaged Cleverly to conduct a pricing and benchmarking study utilizing our current chargemaster and claims data. Received final report in January 2021 and will be working throughout the first quarter of 2021 to implement recommendations as appropriate.	50%	65%	CFO: David Rollins
	13. Optimize auditing and cost-reporting capabilities.	<ul style="list-style-type: none"> Competitively bid out the PMH audit and cost report services (5/20). Allow the PMH Board to select the auditors for 2019 (7/20). 	Received 3 proposals for audit services and presented to the Board in September 2020 with the Board voting to remain with DZA for another three (3) years.	25%	100%	CFO: David Rollins
	14. Improve charge accuracy compliance.	<ul style="list-style-type: none"> Conduct annual audits of our billing practices to ensure accurate charge capture (5/20). Work to correct all deficiencies and enhance our current billing practices in 2020 (12/20). 	<p>Engaged Brown Consulting to conduct a coding and charge capture audit in 2020 and working to correct the deficiencies they identified. COnducted group and individual provider training</p> <p>Engaged Providence to conduct an analysis of our billing processes and are currently working with them on a weekly basis to improve the areas identified.</p>	0%	65%	Director of Health Information Management: Andrea Valle Director of Patient Financial Services: TBD Director of Finance: Stephanie Titus
	15. Enhance the financial performance of the PMH Emergency Medicine Services.	<ul style="list-style-type: none"> Explore ways to enhance revenue and reduce costs (4/20). Create plan to potentially transition service to a non-PMH entity if appropriate (6/20). 	Engaged in conversations with West Benton Fire District on assuming services in 2021 as they have expressed a willingness to assume these services. Expect completion of transfer of services by the end of 2021.	20%	35%	CNO/COO: Merry Fuller
	16. Improve efficiencies in Accounting and Human Resources through more effective software.	<ul style="list-style-type: none"> Explore options to better meet our software needs for Accounting (GL/AP/MM/Payroll) and HR. Identify options, migration plans and implement as appropriate (12/20). 	Go-Live on new Kronos platform for Time & Attendance/Payroll/HR is scheduled for March 2021. GL/AP/MM selection is ongoing with a recommendation to the Board expected by May 2021.	25%	50%	CFO: David Rollins CHRO: Bryon Dirkes Director of Finance: Stephanie Titus
	17. Improve Inventory controls and cost/charge capture in departments.	<ul style="list-style-type: none"> Identify new software options for Materials Management that will improve labor efficiencies, inventory controls and more effective purchasing tools (12/20). 	Pending transition to new GL/AP/MM software in 2021 and the hiring of a new Director of Materials Management.	0%	10%	Director of Finance: Stephanie Titus Director of Materials Management: TBD
	18. Optimize banking partnerships for greatest value overall.	<ul style="list-style-type: none"> Distribute RFP for banking services that will reduce costs and improve efficiencies and make recommendations to the Board. (9/20). 	Put on hold due to COVID crisis. Expect to complete this selection by June 2021.	10%	25%	Director of Finance: Stephanie Titus



Prosser Public Hospital District
Prosser Memorial Hospital Replacement Facility – Progress Report

DATE: January 19, 2021

I. PROJECT TEAM:

Prosser Memorial Health (PMH)	Owner
NV5	Owner’s Representative
bcDesignGroup (BCDG)	Architect/Design Team
Gary Hicks Financial, LLC	USDA Application Consultant
Perkins Coie	CPARB Application and Procurement Counsel
R&B Mitchell	Medical Equipment Planner

II. PROGRESS:

- A. Contracts:
- a. Henderson Engineering was approved for Security and Low-Voltage Design Services. These services were proposed, and will be contracted, through an Additional Services Agreement with bcDesignGroup.
 - b. Ironsides Custom Grinding was approved for clearing the trees from the project site and will begin work as soon as contract agreements are executed.
 - c. NV5 and Perkins Coie are in the process of developing a baseline consultant agreement which will be utilized for the following recent procurements:
 - i. GeoProfessional Innovation was approved for Geotechnical Engineering Services and Construction Materials Testing and Inspection Services.
 - ii. Fulcrum Environmental Consulting was approved for NEPA Environmental Assessment Services as required for the USDA Application.
 - iii. Lammers & Associates was approved for Materials Management Consulting Services.
 - d. NV5 has engaged CBRE-Spokane as a subconsultant to NV5 for RCW39.10 Consultant Services as requested by PMH in support of the resubmission to the CPARB-PRC for reconsideration to utilize the GC/CM delivery method. CBRE will be contracted through an Additional Services Agreement with NV5.
- B. Design – Project Visioning
- a. Attached to this report is the Design Team evaluation of the project at the end of Schematic Design.
- C. Design – Utilities
- a. Water & Sewer – These utilities are currently under construction by the City of Prosser with an anticipated completion in May 2021.
 - b. Gas – Through the PMH Board’s approval of the SD design, which included an All-Electrical service, gas main line service to the project site will no longer be pursued. NV5 has notified the Gas Utility (Cascade Gas), City of Prosser, the Prosser Economic Development Association of this direction.
 - c. Electricity – Project team is in the process of developing the building systems design for an All-Electric building and will reach out to the electrical service provider to discuss service to the site.
 - d. Data – Project team to connect with Data provider to coordinate new data line to site.

- D. Design – Site
 - a. NV5 is coordinating site clearing at the building location to confirm survey and begin geotechnical services.

- E. Design – Building
 - a. BCDG has held design review meetings with both PMH Administration and PMH Department Leaders. Through those meetings and comments, BCDG has developed floor plans, mechanical, electrical, and plumbing systems, site plans, and building massing.
 - b. BCDG is developing a design option for PMH to include the Surgical Specialty Clinic within the Medical Office Building portion of the building.
 - c. The team will be looking into cost effective solutions in several areas of the building (including the mechanical systems, structural systems, building skin, etc.) to achieve the best value for the design and the project budget.
 - d. R&B | Mitchell has provided a full medical equipment list which is under review by each department to confirm quantities and whether the equipment will be new, leased, or is existing and will be relocated to the new facility. This departmental review will inform the full medical equipment estimate and budget for the project.

- F. Permitting
 - a. Certificate of Need (CON) –
 - i. On January 13, the Washington Department of Health (DOH) provided a letter of review to PMH stating a CON would be needed for the replacement hospital facility.
 - 1. As of the time of this report, PMH, NV5, and Perkins Coie have been assessing options available for response to this decision by the DOH, and will provide further update at the January 25 Board Work Session.
 - b. State – Project Team is coordinating an initial review of the project with the Washington Department of Health Construction Review Services in March 2021.
 - c. City – Project Team is coordinating an initial review of the project with the City of Prosser Building Department in March 2021.

- G. Construction
 - a. Water & Sewer – City of Prosser has begun construction of the water and sewer main lines to the site. Construction is scheduled to be complete by May 2021.

III. PROCUREMENT:

- A. GC/CM
 - a. The Project Team is preparing to present to the CPARB-PRC for reconsideration to utilize the GC/CM project delivery method on January 28.
 - b. Upon approval by the CPARB-PRC, the GC/CM Qualification Submissions will be due on January 29, with the following procurement dates:
 - i. PMH Committee Review of Qualifications – February 3
 - ii. GC/CM Interviews – February 10
 - iii. GC/CM Fee Submission – February 12
 - iv. GC/CM Selection and Notification – February 15
 - v. Board Decision on GC/CM Award & Precon Contract – February 25

- B. Upcoming project team members to procure are:
 - a. Appraiser as required for USDA Application
 - b. Commissioning for Mechanical, Electrical, and Plumbing Systems
 - c. Furniture, Fixtures, & Equipment (FF&E) Provider

IV. SCHEDULE:

- A. Procurement of Project Team – August 2020 to April 2021
- B. Design
 - a. Schematic Design Phase – August 2020 to December 2020
 - b. Design Development Phase – December 2020 to March 2021
 - c. Construction Document Phase – March 2021 to September 2021
- C. USDA Application – March 2021
- D. USDA Funding Approval – August 2021
- E. Construction – December 2021 to December 2023

V. BUDGET

- A. The original Project Budget was estimated to be \$57,415,000.
- B. NV5 has developed the full project budget based upon current contracts, schematic design progress estimate, medical equipment estimate, and industry cost trends. NV5 anticipates this information will necessitate an increase to the project budget or change in scope.
- C. NV5 to present a draft project budget to PMH Board in January 2021 and a recommendation for the full project budget in March 2021.

VI. PROJECT CHALLENGES / RISKS:

- A. Capital Projects Advisory Review Board – Project Review Committee (CPARB-PRC)
 - a. With the new RCW 39.10 Advisor, CBRE, the team is preparing to present the project’s reapplication to utilize the GC/CM project delivery method. With CBRE’s input, the presentation will address the concerns noted by the PRC on 12/3.
 - b. The new application submitted on 12/21 was thoroughly reviewed and revised where necessary by CBRE to address the concerns noted by the PRC on 12/3.
 - c. CPARB-PRC approval is needed to proceed with the GC/CM project delivery method.
- B. Certificate of Need (CON) –
 - a. On January 13, the Washington Department of Health (DOH) provided a letter of review to PMH stating a CON would be needed for the replacement hospital facility.
 - i. As of the time of this report, PMH, NV5, and Perkins Coie have been assessing options available, including appealing the decision, for response to the DOH, and will provide further update at the January 25 Board Work Session.
- C. USDA
 - a. Gary Hicks Financial is providing guidance to the project team in preparing the supportive documentation for the USDA Application. The project team meets monthly to review the status on the efforts for the supportive documentation.

VII. NEXT STEPS:

- A. CPARB-PRC Presentation and anticipated completion of GC/CM Procurement.
- B. BCDG to continue design and drawings development with Design Development Package issued on February 19 for estimating.
- C. Project Team to engage in Security and Low Voltage Equipment scope and design meetings.
- D. Project Team to engage in Materials Management discussions for implementation into design and operations at new facility.
- E. NV5 to engage Tree Clearing work on site.

- F. NV5 to engage Geotechnical Engineering to begin subsurface investigations once tree clearing is complete within the building footprint area on the project site.
- G. NV5 to procure Commissioning Agent.

VIII. ATTACHMENTS:

- A. 4 Month Look-Ahead Project Schedule
- B. PMH Project Visioning Goals & Strategies - BCDG SD Review

4 Month Outlook

JANUARY 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	29	30	31	01 NEW YEARS DAY	02
03	04	05 ALL-DAY DESIGN MEETINGS	06 MED EQP MTG	07	08 PROJECT TEAM MEETING USDA MEETING	09
10	11	12 DESIGN MEETINGS - DEPARTMENT REVIEWS	13	14	15	16
17	18	19	20 DESIGN MEETINGS	21 DESIGN MEETINGS	22 PROJECT TEAM MEETING	23
24	25	26 DESIGN MEETINGS PRC PREP MEETING BOARD WORKSESSION	27	28 2ND PRC MEETING BOARD MEETING	29 GC/CM QUALIFICATIONS QME	30
31	01	02	03	04	05	06

FEBRUARY 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31 NV5 On Site BCDG via Online	01	02	03 GC/CM SELECTION MEETING GC/CM INTERVIEW ENDORSEMENT ISSUED	04	05 PROJECT TEAM MEETING USDA MEETING FINAL GC/CM CONTRACT IS DETERMINED	06
07	08	09 DESIGN MEETINGS	10 GC/CM INTERVIEWS	11 FINAL GC/CM CONTRACTS ISSUED GC/CM INTERVIEW CONFIRMATION MTG DESIGN MEETINGS	12 GC/CM FEE REVIEW GC/CM SELECTION REVIEW	13 NV5 On Site BCDG via Online
14	15	16	17	18	19 PROJECT TEAM MEETING USDA MEETING DB PACKAGE DUE	20
21	22	23 DESIGN MEETINGS USDA PUBLIC HEARING (1.2HR) BOARD WORKSESSION	24	25 BOARD MEETING	26	27
28	01	02	03	04	05	06

LEGEND

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

4 Month Outlook

MARCH 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	01	02	03	04	05 PROJECT TEAM MEETING USDA MEETING	06
07	08	09	10	11	12 PROJECT TEAM MEETING	13
14	15	16	17	18	19 PROJECT TEAM MEETING USDA MEETING	20
21 <i>Design Development Review</i> <i>Project Budget Review</i>	22	23 DD ESTIMATE D/L DESIGN MEETINGS BOARD WORKSESSION	24	25 BOARD MEETING	26	27 <i>Design Development Approval</i> <i>Project Budget Approval</i>
28	29	30 USDA APPLICATION SUBMITTER	31	01	02	03

APRIL 2021

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



bcDESIGNGROUP

MEETING AGENDAS

Project: PMH Replacement Hospital

Dates: January 12-13, 2021

Meetings: Various – See Below

Location: Vineyard Room
Prosser Memorial Health

Day 1

Tuesday, 1/12

30-Mins Kick-Off/Overall Floor Plan Review:

7:00-7:30 **Goal:** Review overall floor plan changes to the plan. We will cover this during our call Friday and this will be a refresher/update on any changes between Friday and Tuesday

Attendees: A/E Team, NV5, Admin

2-Hours Exterior Design Elements + Site Design

7:30-9:30 **Goal:** Further discussion on exterior building design including material Options and review site plan.

Attendees: A/E Team, NV5, Admin Team

1-Hour Interior Design Elements:

9:30-10:30 **Goal:** Review interior design elements and spaces including Main Lobby, ED Waiting, Acute Care Patient Room, LDRP Room, and 2nd Floor Waiting Room

Attendees: A/E Team, NV5, Admin

6-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 equipment needs

Attendees: A/E Team, NV5, Karen Ventura, Merry

10:30-11:00 Registration (I'm not sure who runs the administration area. Can you reach out to Merry to find out who else needs to be a part of this meeting?)

11:00-11:45 Rehab (Heather, Laura, there was a male rehab staffer there at the last meeting and I'm sorry but I didn't catch his name. I'm hoping you know who I'm talking about!)

11:45-12:45 LDRP (Dr. Sollers, Cindy)

12:45-1:15 **Lunch**



1:15-2:15	Lab (Susan)
2:15-3:00	Pharmacy (Pharmacist)
3:00-4:00	DI (Aurora)
4:00-5:00	Admin + Lobby + Education + Call Rooms (Admin Team)

Day 2

Wednesday, 1/13

8-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, Karen Ventura, Merry

7:00-8:00	OR Design with Surgeons (Sara, Surgeons, Anesthesiologist, Circulators)
8:00-9:00	Surgical Specialty Clinic (Dr. Sollers, Alana, Trisha, Craig is optional)
9:00-10:00	Surgery Department (Sara, Carleen) 1 hour
10:00-10:30	Central Sterile (Sara, Melissa Garcia)
10:30-11:15	Cardio/Pulm + Sleep Lab (Rusti, Alana)
11:15-12:15	Med/Surg (Marla, Maryann)
12:15-12:30	Working Lunch Setup
12:30-1:15	Oncology (Marla, Craig is optional) (Working Lunch)
1:15-2:00	ED (Dr. Wenger, Kristi)
2:00-3:00	Dietary (David, Victor)
3:00-3:30	Maintenance/EVS (Steve, Ginny)

1-Hour MEPF Discussion

3:30-4:30	Goal: address any MEPF concerns that are brought to light during the design development meetings. Attendees: A/E team, NV5, Admin Team
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30 mins Debrief Meeting

4:30-5:00	Goal: debrief on design meetings from this session Attendees: A/E team, NV5, Admin Team
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Attachment F

**Prosser Memorial Health
Replacement Hospital**



Owner Team Meeting Minutes

Meeting #	20210108	Date	Meeting: Friday, Jan 08, 2021 Issued: Wednesday, Jan 13, 2021								
Time & Location	9:00am C / 8:00am M / 7:00am P MS Teams Video Call	Prepared by:	Meg Hohnholt – NV5								
Attendees <i>X = Attended Meeting</i>	<table border="0"> <tr> <td><u>PMH</u> Craig Marks X Bryon Dirkes X</td> <td>David Rollins X Steve Broussard</td> <td>Merry Fuller X</td> <td>Dr. Brian Sollers X Kevin Hardiek</td> </tr> <tr> <td><u>NV5</u> Paul Kramer X Meg Hohnholt X Aurelie Aramouni</td> <td><u>BCDG</u> Kurt Broeckelmann X Brooke Cinalli X Hilary Beashore X Lance White</td> <td></td> <td><u>USDA Consultant</u> Gary Hicks X</td> </tr> </table>			<u>PMH</u> Craig Marks X Bryon Dirkes X	David Rollins X Steve Broussard	Merry Fuller X	Dr. Brian Sollers X Kevin Hardiek	<u>NV5</u> Paul Kramer X Meg Hohnholt X Aurelie Aramouni	<u>BCDG</u> Kurt Broeckelmann X Brooke Cinalli X Hilary Beashore X Lance White		<u>USDA Consultant</u> Gary Hicks X
<u>PMH</u> Craig Marks X Bryon Dirkes X	David Rollins X Steve Broussard	Merry Fuller X	Dr. Brian Sollers X Kevin Hardiek								
<u>NV5</u> Paul Kramer X Meg Hohnholt X Aurelie Aramouni	<u>BCDG</u> Kurt Broeckelmann X Brooke Cinalli X Hilary Beashore X Lance White		<u>USDA Consultant</u> Gary Hicks X								
Distribution	Attendees										

PMN = Post Meeting Note

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

No	Item	Due By	Ball in Court
1.	GENERAL / ADMINISTRATION		
1.1.	<p><u>11SEP-Project Goals, Objectives, & Strategies</u> Key Project Metrics aligned to PMH Pillars 13Nov – Visioning Responses were organized into Key Strategies to achieve Objectives within each Pillar to achieve PMH Pillar goals. Draft copy attached to minutes. 08Jan – NV5 to send matrix to BCDG. BCDG to review design and present status by next online meeting.</p>	In Progress	
2.	SCHEDULE		
2.1.	<p><u>4 Month Look-Ahead Schedule</u> 08Jan – Reviewed with Project Team. Copy attached to minutes</p>	In Progress	NV5
2.2.	<p><u>08Jan – January 12-13 In-Person Meetings</u> Tuesday, 1/12: Overall Floor Plan Review, Exterior Design & Site Design, Interior Design Elements, and Departmental Design Development Meetings, Wednesday, 1/13: Departmental Design Development Meetings 08Jan – Some concerns expressed by surgeons of schedule conflicts with OR meeting. Dr. Sollers stated he will attend and bring up any questions to the surgeons after the meeting if needed.</p>	INFO	
2.3.	<p><u>Overall Project Schedule</u> 11Dec – NV5 to adjust with USDA Application progress. <i>PMN – Overall Project Schedule updated with USDA Application progress and attached to minutes.</i> 08Jan – Meg to adjust DD approval to align with new dates.</p>	In Progress	NV5
3.	BUDGET		

Owner Team Meeting Minutes

3.1.	<p><u>11SEP-Budget Development</u> 11Dec- Full Draft Budget in development with Medical Equipment estimate. To be presented to PMH Leadership by early January with goal of presenting at January Board Meeting to establish Original Project Budget. 08Jan – NV5 to present draft budget to Craig & David on 1/11.</p>	1/15	NV5
3.2.	<p><u>11SEP-Major Medical Equipment</u> 08Jan – Questions on tracking costs for leased equipment. Are long-term costs for lease equipment applied to the Project Budget? Leased items will be shown as a use of funds in project budget. NV5 will show leased equipment below the Project Total bottom line. The Medical Equipment List has been shared with each department lead for review and confirmation of new, existing to be relocated, or leased options. Department reviews to be shared back with NV5 to coordinate with Mitchell planning.</p>	1/15	PMH
3.3.	<p><u>11SEP- USDA</u> 08Jan - Project Team to discuss USDA Application progress during meeting today with Gary.</p>	In Progress	ALL
4.	<u>PROCUREMENT</u>		
4.1.	<p><u>11SEP-CPARB</u> 11Dec – NV5 has identified WA-based partner to join NV5 Team for RCW39.10 Advisor role. Updated CPARB application will be submitted on 12/21. 08Jan – NV5 working with David B. on revised PRC presentation</p>	In Progress	NV5
4.2.	<p><u>11SEP-GC/CM RFQ</u> 11Dec – Revised procurement schedule sent to candidates. Procurement documents may be adjusted after RCW39.10 Advisor review. 08Jan – NV5 working with David B. on updates to the GC/CM RFQ documents.</p>	1/22	NV5
4.3.	<p><u>11SEP – FF&E (Non-Medical)</u> 11Dec - NV5 coordinating with Opensquare, Workpointe, for quotes on early furniture trial purchases. Steelcase dealer agreements posing challenges. NV5 has expressed to these dealers that PMH has no preference for Steelcase. 08Jan – NV5 to provide recommendation for early furniture trial purchased by end of day.</p>	1/8	NV5
4.4.	<p><u>06Nov – Site Clearing</u> 11Dec – NV5 has received an initial quote from Loges Farms. NV5 to coordinate documentation to issue Task Order and schedule clearing. 08Jan – NV5 is procuring additional bids as Loges Farms is unresponsive. NV5 is pushing to have recommendation to PMH by next week.</p>	In Progress	NV5

Owner Team Meeting Minutes

4.5.	06Nov – Geotechnical Engineer 11Dec – RFP Advertisement posted. NV5 in communication with three firms, GN Northern, GPI, and IMT-Testing. Proposals are due 12/23 08Jan – GPI selected. NV5 coordinating consultant agreement and timeline for access after tree removal.	In Progress	NV5
4.6.	11Dec – Commissioning Agent 08Jan – NV5 to begin developing RFP. Will likely solicit proposals in late January.	In Progress	NV5
4.7.	11Dec – Security Design Consultant 08Jan – NV5 recommends Henderson for security and low voltage design. PMH to provide written approval of recommendation.	In Progress	PMH
4.8.	11Dec – Materials Management Consultant 08Jan – 3 rd proposal will be received this afternoon. To present during NV5/PMH budget meeting on Monday.	In Progress	NV5
5.	DESIGN / PERMITTING		
5.1.	11SEP-Annexation & Zoning 11Dec - Annexation is awaiting 'Determination of Sufficiency by Benton County'. City of Prosser anticipates Annexation to be complete by end of January	1/31	City of Prosser
5.2.	11SEP – Certificate of Need Verification 11Dec – NV5 has received comments/questions from DOH on 12/7. NV5/PMH goal is to send response back to DOH by 12/16. 08Jan – Will hear back from DOH by 1/15.	1/15	NV5, PMH
5.3.	11SEP-Gas Line 08Jan – NV5 will notify Cascade Gas that the Hospital will not be pursuing Gas service for the new Facility. Item closed.	Closed	
5.4.	11SEP-Water & Sewer (City) 11Dec – Coordination efforts with TSS are complete. Utility Construction is 16% complete, with anticipated completion date of May 1, 2021. 08Jan – In Progress	In Progress	City of Prosser
5.5.	11SEP – City Permit Review 11Dec – BCDG requests this meeting to be late January to provide time for code plans to be completed. 08Jan – NV5 coordinating meeting date with BCDG and City of Prosser.	In Progress	NV5, BCDG
5.6.	06Nov – State Permit Review 13Nov – Department of Health-Construction Review Services (DOH-CRS) requests a project review at 50% DDs and 50% CDs. An application and fee is required to be submitted prior to reviews being schedule. Fee is based on estimated construction cost, approximately \$32K or higher for our project based upon CRS fee table.	In Progress	NV5

Owner Team Meeting Minutes

	08Jan – NV5 will send DOH-CRS application to PMH for signature, fee payment, and mailing to DOH. DOH to reach out to BCDG once application is received to request progress drawings.		
5.7.	<u>11SEP-Electric</u> 08Jan – Facility to proceed as All-Electric. NV5 to connect with Electric Utility on cost advantages to going All-Electric.	In Progress	NV5
5.8.	<u>11SEP – Program Review</u> 23Oct – BCDG & NV5 to lead discussions to efficient space solutions during floor plan reviews next week. Building recently grew by significant amount with Surgery Clinic and MEP plant. First floor is currently ~67,000SF. 11Dec – Program Review to continue by project team until floor plans are finalized and approved by PMH. 08Jan – In Progress	In Progress	ALL
5.9.	<u>02Oct – Medical Accessories Discussion – Small Group</u> 11Dec – Item on hold until Materials Management Consultant is on team.	On Hold	
5.10.	<u>06Nov – Security Scope Meeting</u> 11Dec - Item on hold until Security Design Consultant is on team. 08Jan – Henderson verbally approved. Once apprVirtual Security Overall Scope discussion the week of 1/18-1/22	1/18-1/22	BCDG
5.11.	<u>11Dec – IT Equipment (Owner-Furnished Owner-Installed (OFOI))</u> 11Dec – NV5 to meet with Kevin during 12/15-12/17 on site meetings to begin planning. 08Jan – Paul to discuss with Kevin.	In Progress	NV5, Kevin
5.12.	<u>11Dec – Central IT Server</u> 11Dec – Cloud-based vs On-Site. NV5 to assist Kevin in planning. 08Jan – Paul to discuss with Kevin.	In Progress	NV5, Kevin
5.13.	<u>08Jan – Nurse Server Mockup</u> 08Jan –Nurse Server mockup built at PMH before February design meetings (2/9-2/11). BCDG to provide design drawings of mockups to NV5 by 1/12.	In Progress	BCDG
5.14.	<u>11SEP-Design Progress Update</u> 08Jan – Drawings for next week’s meeting will be sent today for review by departments prior to meetings.	In Progress	BCDG
6.	CONSTRUCTION		
6.1.			

**Prosser Memorial Health
Replacement Hospital**



Owner Team Meeting Minutes

The above represents the writer's understanding of the items discussed and/or conclusions reached. It is requested that any questions, comments, omissions, and/or errors to these meeting minutes be directed in writing to this office within three (3) business days. Please contact Meg Hohnholt – 303-656-6318

Next Online Meeting

Date: Friday, January 22, 2021 at 9:00am CT / 8:00am MT / 7:00am PT

Location: MS Teams Meeting

Upcoming In-Person Meetings

January 12-13 (Tue-Wed) *Department Reviews*

January 26 (Tue) *Department Reviews and Budget presentation to Board*

February 3 (Wed) *NV5 on site for GC/CM Selection Meeting*

February 9-12 (Tue-Fri) *Department Reviews, GC/CM Interview, GC/CM Fee Review*

Prosser Memorial Hospital

Hospital Replacement Project

Project Cost Budget Summary

January 19, 2021

Cost Category	Original Budget Estimate	Current Budget Estimate	Original vs. Current	Δ	Comments
SITE COSTS	1,700,000	1,724,500	(24,500)	101%	
SOFT COSTS (General Project Costs)	4,585,000	6,143,447	(1,558,447)	134%	
CONSTRUCTION	40,500,000	48,212,288	(7,712,288)	119%	
MEDICAL EQUIPMENT	5,500,000	4,120,428	1,379,572	75%	
IT and TELECOMMUNICATIONS	500,000	451,500	48,500	90%	
FURNITURE FIXTURES and EQUIPMENT	750,000	2,342,375	(1,592,375)	312%	
CONTINGENCY	3,880,000	3,716,389	163,611	96%	
Project Cost Before Financing	57,415,000	66,710,928	(9,295,928)	116%	
FINANCING	2,600,000	2,600,000	0	100%	
TOTAL PROJECT COST	60,015,000	69,310,928	(9,295,928)		

Prosser Memorial Hospital

Hospital Replacement Project

Project Cost Budget Detail

January 19, 2021

Cost Category	Original Budget Estimate	Current Budget Estimate	Original vs. Current	Δ	Comments
<u>SITE COSTS</u>					
<u>Acquisition</u>					
<u>Real Estate</u>					
Property Cost	0	1,700,000	(1,700,000)		Actual Costs from
Brokerage / Transaction Fees	0	0	0		None included in Current GL
Municipal Fees	0	0	0		None included in Current GL
Real Estate Costs	0	1,700,000	(1,700,000)		
<u>Due-Diligence</u>					
Property Survey(s)	0	0	0		None included in Current GL
Environmental Study(s)	0	18,000	(18,000)		Meier Associates 'Due-Diligence' report
Title Research / Support	0	6,500	(6,500)		Market Research Study
Legal Support	0	0	0		None included in Current GL
Due Diligence Costs	0	24,500	(24,500)		
ACQUISITION COSTS	0	1,724,500	(1,724,500)		
<u>Development Cost(s)</u>					
Platting & Zoning Costs	0	0	0		None included in Current GL
Site Improvement Costs	0	0	0		None included in Current GL
Real Estate Costs	0	0	0		None included in Current GL
DEVELOPMENT COSTS	0	0	0		
SITE COSTS	1,700,000	1,724,500	(24,500)	101%	
<u>SOFT COSTS (General Project Costs)</u>					
<u>Professional Fees & Expenses</u>					
Pre-Design Services	0	0	0		None required / included in Current GL
<u>A-E Team Basic Services</u>					
Basic Services Value	0	3,325,819	(3,325,819)		7.6% of 'Construction' below per contract; less 'Sales Tax' & 'Fee' value(s)
Site / Civil Engineer	0	0	0		Included in 'Basic Services' above
Structural Engineer	0	0	0		Included in 'Basic Services' above
Plumbing Systems Engineer	0	0	0		Included in 'Basic Services' above
Mechanical Systems Engineer	0	0	0		Included in 'Basic Services' above
Electrical Systems Engineer	0	0	0		Included in 'Basic Services' above

Prosser Memorial Hospital

Hospital Replacement Project

Project Cost Budget Detail

January 19, 2021

Cost Category	Original Budget Estimate	Current Budget Estimate	Original vs. Current	Δ	Comments
IT / Low-Voltage Systems Engineer	0	0	0		Basic Cabling & Systems Design Included
Fire-Protection / Code Consulting Services	0	0	0		None anticipated required; Fire Protection in 'Basic Services'
A-E Team Basic Services	3,215,000	3,325,819	(110,819)	103%	
Reimbursable Expenses					
A-E Team Reimbursables	0	166,291	(166,291)		5.0% of Services Cost directly above, ESTIMATE
Consultant Reimbursables	0	0	0		Included directly above
Reimbursable Expenses	0	166,291	(166,291)		
Additional Services					
Additional Services Contingency	0	0	0		Fund from 'Project Contingency' below if required
Additional Services	0	0	0		
Other Consultant Services					
Miscellaneous Consultant Allowance	200,000	0	200,000		Original Budget Value listed in 'Sources & Uses' Document(s)
Environmental Engineer	0	20,000	(20,000)		Estimate value to support USDA submittal(s)
Interiors	0	0	0		General selection(s) included in 'A/E Basic Services' above
Acoustics Consultant	0	0	0		None assumed required
Lighting Consultant	0	0	0		None assumed required
Furniture Design & Specification	0	0	0		Included with Furniture cost below
Graphics & Signage	0	31,500	(31,500)		\$0.35 / s.f. Allowance for 'Current Estimate'; Coordinate w/Shannon
Artwork Consultant	0	20,000	(20,000)		Lump Sum Allowance for 'Current Estimate'
Medical Equipment Planning	0	115,000	(115,000)		Lump Sum Allowance w/Expenses for 'Current Estimate'
Radiation Shielding Consultant	0	15,000	(15,000)		Lump Sum Allowance for 'Current Estimate'
Elevator / Vertical Transportation	0	0	0		None assumed required
Mechanical Plant Commissioning	0	108,000	(108,000)		\$1.20 / s.f. Allowance for 'Current Estimate'
Security Systems Consultant	0	109,402	(109,402)		0.25% of 'Construction' below per contract; less 'Sales Tax' & 'Fee' value(s)
Materials Management Consultant	0	25,000	(25,000)		Allowance for 'Current Estimate'
A-V Consultant	0	0	0		Included with 'Security Systems' above
Telecommunications / IT Systems	0	0	0		Assume through Hospital IT Team; Look @ FutureCasting
Other Consultant Services	200,000	443,902	(243,902)	222%	
PROFESSIONAL FEES & EXPENSES	3,415,000	3,936,012	(521,012)	115%	
Miscellaneous Owner's Responsibilities					
Agency and Permit Fees					
A.H.J. Plan Review Fees	245,000	160,000	85,000	65%	Plan Review Fee + Plan Check Fee using Prosser City Calculator
Inspection Fees, if separate from Plan Review	0	100,000	(100,000)		Allowance for 'Current Estimate'
State of Washington Project Review Fee	0	38,735	(38,735)		Fee Estimate generated from DOH Calculator
Notice of Commencement	0	0	0		Verify if required in Washington State

Prosser Memorial Hospital

Hospital Replacement Project

Project Cost Budget Detail

January 19, 2021

Cost Category	Original Budget Estimate	Current Budget Estimate	Original vs. Current	Δ	Comments
Department of Health / CON Fees	0	10,000	(10,000)		Budget Allowance for review(s)
Utility Assessment Fees	30,000	30,000	0	100%	Consistent w/'Original Budget'; VERIFY Value
Agency and Permit Fees	275,000	338,735	(63,735)	123%	
Testing and Inspection Fees					
Geotechnical (Soils) Testing	75,000	30,000	45,000	40%	Allowance for ten (10) Borings @ \$1,000 ea. + Construction Inspections
Materials Testing & Inspection	205,000	135,000	70,000	66%	\$1.50 / s.f. Allowance for 'Current Estimate'
Hazardous Materials Consulting	0	0	0		New Construction, assume none required
Hazardous Materials Abatement / Remediation	0	0	0		New Construction, assume none required
Air Balance Testing	0	20,000	(20,000)		Allowance to support Cx Effort, independent of Construction
Testing and Inspection Fees	280,000	185,000	95,000	66%	
Project Management Fees and Expenses					
Internal Staffing Costs	0	0	0		No specific costs anticipated
Out-Sourced Services	125,000	1,117,000	(992,000)	894%	NV5 proposed Contract Value
Out-Sourced Services Expenses	0	111,700	(111,700)		10.0% of Services Cost directly above, ESTIMATE
RCW 39.10 Consultant	0	15,000	(15,000)		Lump Sum estimate for 'Current Budget'
Estimating Services	0	0	0		Included in BCDG 'Basic Services' value above
CM Pre-Design Services	0	50,000	(50,000)		Allowance for 'Current Budget'
Construction Supervision	0	0	0		Included in 'Construction' below
Field Office & associated Reimbursables	0	0	0		Included in 'Construction' below
Project Management Fees and Expenses	125,000	1,293,700	(1,168,700)	1035%	
Insurance Costs					
General Liability	0	0	0		No specific costs anticipated
Builder's Risk	240,000	0	240,000		Include in 'Construction' below
Other Project Specific Insurance	0	0	0		No specific costs anticipated
Insurance Costs	240,000	0	240,000		
Other Owner Responsibilities					
Project Specific Accounting Fees	0	0	0		Assume to be Operational Expense 'Current Estimate'
Project Specific Legal Fees	50,000	60,000	(10,000)	120%	Allowance for 'Current Estimate'
Appraisal Fee for USDA	0	20,000	(20,000)		Allowance for 'Current Estimate'
Temporary Utilities	0	50,000	(50,000)		Allowance for 'Current Estimate'
Document Reproduction	0	10,000	(10,000)		Allowance for 'Current Estimate'
Staff Relocation / Temporary Facilities Cost(s)	0	0	0		No specific costs anticipated
Moving Costs	200,000	200,000	0	100%	Allowance for 'Current Estimate'
Operations 'Start-Up' & Supplies	0	0	0		Assume to be Operational Expense 'Current Estimate'
Clinical Cleaning / Final 'White Glove' Cleaning	0	50,000	(50,000)		Allowance for 'Current Estimate'

Prosser Memorial Hospital

Hospital Replacement Project

Project Cost Budget Detail

January 19, 2021

Cost Category	Original Budget Estimate	Current Budget Estimate	Original vs. Current	Δ	Comments
Staff Training	0	0	0		Assume to be Operational Expense 'Current Estimate'
Community Events / Public Relations	0	0	0		Assume to be Operational Expense 'Current Estimate'
Other Owner Responsibilities	250,000	390,000	(140,000)	156%	
MISCELLANEOUS OWNER'S RESPONSIBILITIES	1,170,000	2,207,435	(1,037,435)	189%	
SOFT COSTS (General Project Costs)	4,585,000	6,143,447	(1,558,447)	134%	
<u>CONSTRUCTION</u>					
<u>Construction by Contractors</u>					
<u>Direct Costs</u>					
Div. 1. - General Conditions	0	2,586,131	(2,586,131)		Per CMR 11/23/2020 SD Estimate Detail
Divs. 31. & 32 - Sitework					
Earthwork	0	633,262	(633,262)		Per CMR 11/23/2020 SD Estimate Detail
Termite Control	0	16,340	(16,340)		Per CMR 11/23/2020 SD Estimate Detail
Asphalt Paving	0	553,032	(553,032)		Per CMR 11/23/2020 SD Estimate Detail
Concrete Paving	0	271,998	(271,998)		Per CMR 11/23/2020 SD Estimate Detail
Fencing & Gates	0	72,300	(72,300)		Per CMR 11/23/2020 SD Estimate Detail
Retaining Walls	0	105,424	(105,424)		Per CMR 11/23/2020 SD Estimate Detail
Sprinkler Systems	0	57,297	(57,297)		Per CMR 11/23/2020 SD Estimate Detail
Lawn & Grasses	0	65,483	(65,483)		Per CMR 11/23/2020 SD Estimate Detail
Exterior Planting	0	150,000	(150,000)		Per CMR 11/23/2020 SD Estimate Detail
Water Distribution	0	154,562	(154,562)		Per CMR 11/23/2020 SD Estimate Detail
Sanitary Sewer Laterals	0	23,196	(23,196)		Per CMR 11/23/2020 SD Estimate Detail
Storm Drain Laterals	0	67,550	(67,550)		Per CMR 11/23/2020 SD Estimate Detail
Div. 2 - Demolition	0	3,069	(3,069)		Per CMR 11/23/2020 SD Estimate Detail
Div. 3. - Concrete & Foundations	0	3,895,102	(3,895,102)		Per CMR 11/23/2020 SD Estimate Detail
Div. 4. - Masonry	0	399,098	(399,098)		Per CMR 11/23/2020 SD Estimate Detail
Div. 5. - Structural Steel System(s)					
Steel Framing	0	823,037	(823,037)		Per CMR 11/23/2020 SD Estimate Detail
Steel Deck	0	156,794	(156,794)		Per CMR 11/23/2020 SD Estimate Detail
Div. 5. - Miscellaneous Metals					
Metal Fabrications	0	301,595	(301,595)		Per CMR 11/23/2020 SD Estimate Detail
Metal Stairs	0	48,000	(48,000)		Per CMR 11/23/2020 SD Estimate Detail
Ornamental Metal	0	7,526	(7,526)		Per CMR 11/23/2020 SD Estimate Detail
Div. 6. - Rough Carpentry	0	124,539	(124,539)		Per CMR 11/23/2020 SD Estimate Detail
Div. 7. - Exterior Skin					
Fluid-Applied Waterproofing	0	102,767	(102,767)		Per CMR 11/23/2020 SD Estimate Detail

Prosser Memorial Hospital

Hospital Replacement Project

Project Cost Budget Detail

January 19, 2021

Cost Category	Original Budget Estimate	Current Budget Estimate	Original vs. Current	Δ	Comments
Thermal Insulation	0	50,309	(50,309)		Per CMR 11/23/2020 SD Estimate Detail
Siding	0	305,820	(305,820)		Per CMR 11/23/2020 SD Estimate Detail
Aluminum Entrances & Storefronts	0	336,855	(336,855)		Per CMR 11/23/2020 SD Estimate Detail
Glazed Aluminum Curtainwalls	0	1,421,710	(1,421,710)		Per CMR 11/23/2020 SD Estimate Detail
Aluminum Windows	0	77,763	(77,763)		Per CMR 11/23/2020 SD Estimate Detail
Sectional Overhead Doors	0	9,000	(9,000)		Per CMR 11/23/2020 SD Estimate Detail
Expansion Joints	0	45,744	(45,744)		Per CMR 11/23/2020 SD Estimate Detail
Sealant(s)	0	57,658	(57,658)		Per CMR 11/23/2020 SD Estimate Detail
<i>Div. 7. - Roof & Moisture Protection</i>					
Manufactured Roof Panels	0	185,962	(185,962)		Per CMR 11/23/2020 SD Estimate Detail
Membrane Roofing	0	613,611	(613,611)		Per CMR 11/23/2020 SD Estimate Detail
Sheet Metal Flashing & Trim	0	407,037	(407,037)		Per CMR 11/23/2020 SD Estimate Detail
Roof Accessories	0	2,500	(2,500)		Per CMR 11/23/2020 SD Estimate Detail
Roof Pavers	0	4,390	(4,390)		Per CMR 11/23/2020 SD Estimate Detail
<i>Div. 8. - Interior Construction</i>					
Steel Doors & Frames	0	101,980	(101,980)		Per CMR 11/23/2020 SD Estimate Detail
Flush Wood Doors	0	347,150	(347,150)		Per CMR 11/23/2020 SD Estimate Detail
Access Doors	0	8,400	(8,400)		Per CMR 11/23/2020 SD Estimate Detail
Door Hardware	0	560,000	(560,000)		Per CMR 11/23/2020 SD Estimate Detail
Gypsum Assemblies	0	2,178,201	(2,178,201)		Per CMR 11/23/2020 SD Estimate Detail
<i>Div. 9. - Finishes</i>					
Interior Architectural Woodwork	0	951,050	(951,050)		Per CMR 11/23/2020 SD Estimate Detail
Ceramic Tile	0	285,233	(285,233)		Per CMR 11/23/2020 SD Estimate Detail
Resilient Tile Flooring	0	40,127	(40,127)		Per CMR 11/23/2020 SD Estimate Detail
Sheet Vinyl Flooring	0	501,678	(501,678)		Per CMR 11/23/2020 SD Estimate Detail
Resilient Wall Base & Accessories	0	88,091	(88,091)		Per CMR 11/23/2020 SD Estimate Detail
Terrazzo	0	161,261	(161,261)		Per CMR 11/23/2020 SD Estimate Detail
Carpet	0	52,182	(52,182)		Per CMR 11/23/2020 SD Estimate Detail
Wallcoverings	0	127,492	(127,492)		Per CMR 11/23/2020 SD Estimate Detail
FRP Wall Panels	0	80,594	(80,594)		Per CMR 11/23/2020 SD Estimate Detail
Painting	0	331,229	(331,229)		Per CMR 11/23/2020 SD Estimate Detail
Acoustic Panel Ceilings	0	402,398	(402,398)		Per CMR 11/23/2020 SD Estimate Detail
<i>Div. 10. - Specialties</i>					
Signage	0	24,230	(24,230)		Per CMR 11/23/2020 SD Estimate Detail
Toilet Compartments	0	7,750	(7,750)		Per CMR 11/23/2020 SD Estimate Detail
Cubicles	0	55,365	(55,365)		Per CMR 11/23/2020 SD Estimate Detail
Operable Partitions	0	69,836	(69,836)		Per CMR 11/23/2020 SD Estimate Detail

Prosser Memorial Hospital

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January 19, 2021

Cost Category	Original Budget Estimate	Current Budget Estimate	Original vs. Current	Δ	Comments
Wall & Door Protection	0	540,678	(540,678)		Per CMR 11/23/2020 SD Estimate Detail
Toilet & Bath Accessories	0	52,085	(52,085)		Per CMR 11/23/2020 SD Estimate Detail
Fire Extinguishers & Cabinets	0	4,550	(4,550)		Per CMR 11/23/2020 SD Estimate Detail
Metal Lockers	0	12,500	(12,500)		Per CMR 11/23/2020 SD Estimate Detail
Flagpoles	0	9,000	(9,000)		Per CMR 11/23/2020 SD Estimate Detail
Div. 11. - Equipment					
Loading Dock Equipment	0	5,000	(5,000)		Per CMR 11/23/2020 SD Estimate Detail
Food Service Equipment	0	14,000	(14,000)		Per CMR 11/23/2020 SD Estimate Detail
Div. 12. - Furniture & Blinds	0	43,220	(43,220)		Per CMR 11/23/2020 SD Estimate Detail
Div. 13. - Metal Building Systems	0	30,744	(30,744)		Per CMR 11/23/2020 SD Estimate Detail
Div. 14. - Vertical Transportation Systems					
Elevators	0	250,000	(250,000)		Per CMR 11/23/2020 SD Estimate Detail
Lifts	0	1,000	(1,000)		Per CMR 11/23/2020 SD Estimate Detail
Div. 15. - Mechanical Systems					
Fire Protection	0	379,792	(379,792)		Per CMR 11/23/2020 SD Estimate Detail
Plumbing	0	2,201,961	(2,201,961)		Per CMR 11/23/2020 SD Estimate Detail
HVAC	0	4,424,765	(4,424,765)		Per CMR 11/23/2020 SD Estimate Detail
Div. 16. - Electrical Systems	0	6,432,764	(6,432,764)		Per CMR 11/23/2020 SD Estimate Detail
Div. 17. - Low-Voltage Systems	0	0	0		Assume included in Division 16., directly above: VERIFY
Contractor Direct Cost(s)	In Total Below	34,912,767	(34,912,767)		
Indirect Costs					
Staffing Costs	0	0	0		Assume included in CMR 'General Conditions' above: VERIFY
General Conditions	0	0	0		In 'Direct Costs' above
Insurance & Bonds	0	0	0		Not Specifically noted in CMR Estimate; assume in 'Fees' below
Overhead & Profit (Fee)	0	1,396,511	(1,396,511)		4.0% of 'Direct Costs'; consistent w/CMR 11/23/2020 SD Estimate
Washington State Sales Tax	0	3,002,498	(3,002,498)		8.6% of 'Direct Costs' above: VERIFY
Construction SD Design Contingency	0	5,446,392	(5,446,392)		15.0% of 'Direct Costs' + 'Fee'; consistent w/CMR 11/23/2020 SD Estimate
Escalation to Mid-Point of Construction	0	3,401,621	(3,401,621)		7.6% of ALL Costs above; value per CMR 11/23/2020 SD Estimate
Contractor Indirect Cost(s)	In Total Below	13,247,021	(13,247,021)		
Alternates / Adjustments					
Alternate # / Description	0	0	0		Preliminary Budget; none included
Facility Adjustment Factor	0	0	0		New Construction, none required
Alternate Cost(s)	0	0	0		
Construction 'Base Contract' / GMP	In Total Below	48,159,788	(48,159,788)		

Prosser Memorial Hospital

Hospital Replacement Project

Project Cost Budget Detail

January 19, 2021

Cost Category	Original Budget Estimate	Current Budget Estimate	Original vs. Current	Δ	Comments
<u>Contract / GMP Modifications</u>					
Approximate (O.M.P.) Costs	0	0	0		Preliminary Budget; none included
Pending Contract Modifications	0	0	0		Preliminary Budget; none included
Approved Contract Modifications	0	0	0		Preliminary Budget; none included
Estimated Savings on Contingency (If Included)	0	0	0		Preliminary Budget; none included
Contract / GMP Modifications	0	0	0		
CONSTRUCTION BY CONTRACTORS	40,500,000	48,159,788	(48,159,788)	119%	
<u>Construction by Owner</u>					
Mock-Up Room Construction	0	17,500	(17,500)		Actual costs for Boutten Construction Services
Tree Clearing for Geotech & Survey Work	0	35,000	(35,000)		Estimate for 'Current Budget'
CONSTRUCTION BY OWNER	0	52,500	(52,500)		
CONSTRUCTION	40,500,000	48,212,288	(7,712,288)	119%	
<u>MEDICAL EQUIPMENT</u>					
<u>Medical / Clinical Equipment</u>					
<u>Direct Costs</u>					
Building Support Services	0	759,248	(759,248)		Per Mitchell/R&B Current, January 6, 2021 Estimate
Imaging & Diagnostic Services	0	2,884,199	(2,884,199)		Per Mitchell/R&B Current, January 6, 2021 Estimate
Cardiovascular Services	0	435,311	(435,311)		Per Mitchell/R&B Current, January 6, 2021 Estimate
Surgical & Special Procedures	0	1,674,049	(1,674,049)		Per Mitchell/R&B Current, January 6, 2021 Estimate
Central Sterile & Decontamination	0	0	0		Included in 'Building Support Services' directly above
Pharmacy	0	62,951	(62,951)		Per Mitchell/R&B Current, January 6, 2021 Estimate
Medication / Supply Dispensing System(s)	0	0	0		Included in specific Department Totals
Central Lab	0	220,766	(220,766)		Per Mitchell/R&B Current, January 6, 2021 Estimate
Emergency Services	0	448,065	(448,065)		Per Mitchell/R&B Current, January 6, 2021 Estimate
Patient Care Units	0	387,503	(387,503)		Per Mitchell/R&B Current, January 6, 2021 Estimate
Family Maternity Center	0	349,173	(349,173)		Per Mitchell/R&B Current, January 6, 2021 Estimate
Specialty Clinic(s)	0	79,915	(79,915)		Per Mitchell/R&B Current, January 6, 2021 Estimate
Oncology Clinic	0	90,819	(90,819)		Per Mitchell/R&B Current, January 6, 2021 Estimate
Radiology Equipment Leasing Credit(s)	0	(2,573,190)	2,573,190		Deducts for MRI, CT & Fluoro / X-Ray Equipment
Central Sterile Equipment Leasing Credit(s)	0	(511,838)	511,838		Deducts for 'Sterad' Low-Temp and 'Evolution' Steam Sterilizers and Washers
Surgery Equipment Leasing Credit(s)	0	(430,374)	430,374		Deducts for Integrated A-V Room Systems
Miscellaneous Equipment Allowance	0	0	0		None specifically included in 'Current Estimate', fund from 'Contingency'
Medical / Clinical Equipment Direct Cost(s)	0	3,876,598	(3,876,598)		

Prosser Memorial Hospital

Hospital Replacement Project

Project Cost Budget Detail

January 19, 2021

Cost Category	Original Budget Estimate	Current Budget Estimate	Original vs. Current	Δ	Comments
<u>Indirect Costs</u>					
Freight / Shipping	0	96,915	(96,915)		2.5% of 'Direct Costs' as an allowance for 'Current Estimate'
Temporary Storage	0	50,000	(50,000)		Allowance for 'Current Budget'
Installation	0	96,915	(96,915)		2.5% of 'Direct Costs' as an allowance for 'Current Estimate'
Contingency	0	0	0		Fund from 'Project Contingency' below
Escalation	0	0	0		Fund from 'Project Contingency' below, if required
Medical / Clinical Equipment Indirect Cost(s)	0	243,830	(243,830)		
MEDICAL / CLINICAL EQUIPMENT	0	4,120,428	(4,120,428)		
MEDICAL EQUIPMENT	5,500,000	4,120,428	1,379,572	75%	
<u>IT and TELECOMMUNICATIONS</u>					
<u>IT and Telecommunications</u>					
<u>Direct Costs</u>					
Desktop Hardware and Services	0	20,000	(20,000)		Allowance of \$200 per monitor for 100 new monitors + bracket(s)
Telephone Hardware and Services	0	60,000	(60,000)		Allowance for switching / Head End in two (2) Closets @ new building
TV's and Cabling	0	0	0		Included in 'Communications / Non-Clinical' below
Network Hardware and Services	0	150,000	(150,000)		Allowance for two (2) Closets @ \$75,000 ea.
Wireless Hardware and Services	0	200,000	(200,000)		Allowance for 'Voicera' Equipment
Licensing	0	0	0		None Included for 'Current Budget'; verify if to be capital or operating cost
Miscellaneous Items	0	0	0		None Included for 'Current Budget'
IT / Telecom Direct Costs	0	430,000	(430,000)		
<u>Indirect Costs</u>					
Freight / Shipping	0	10,750	(10,750)		2.5% of 'Direct Costs' as an allowance for 'Current Estimate'
Project Management Service Fees	0	0	0		None assumed required; by internal staff
Installation	0	10,750	(10,750)		2.5% of 'Direct Costs' as an allowance for 'Current Estimate'
Contingency	0	0	0		Fund from 'Project Contingency' below
Escalation	0	0	0		Fund from 'Project Contingency' below, if required
IT / Telecom Indirect Costs	0	21,500	(21,500)		
IT AND TELECOMMUNICATIONS	0	451,500	(451,500)		
IT and TELECOMMUNICATIONS	500,000	451,500	48,500	90%	
<u>FURNITURE, FIXTURES and EQUIPMENT</u>					
<u>Communications and Non-Clinical Equipment</u>					
Kitchen Equipment	0	400,000	(400,000)		Allowance for 'Current Budget'
Nurse Call System	0	0	0		Included in 'Construction' above

Prosser Memorial Hospital

Hospital Replacement Project

Project Cost Budget Detail

January 19, 2021

Cost Category	Original Budget Estimate	Current Budget Estimate	Original vs. Current	Δ	Comments
Overhead Paging / 'Musak' System	0	0	0		None assumed required
Dedicated Paging System(s)	0	0	0		Included in 'Construction' above
Dedicated Intercom	0	0	0		None assumed required
Sound Masking Systems	0	0	0		None included in 'Current Estimate'
Wireless Phone System / 'Voicera'	0	0	0		Included in 'IT' above
Copiers, Faxes & Office Machines	0	0	0		Leased Equipment; no specific capital cost(s)
Pneumatic Tube System	0	300,000	(300,000)		Lump Sum Value for 'Current Budget'
Patient / Staff Television & Cable	0	75,000	(75,000)		Allowance for 75 TVs + brackets @ \$1,000 ea.
Security Equipment	0	200,000	(200,000)		Allowance for CCTV & 'Headend' not in 'Construction'
Time & Attendance Clock System	0	10,000	(10,000)		Allowance for duplicate devices; move balance
Master Clock System	0	0	0		None included in 'Current Estimate'
COMMUNICATIONS AND NON-CLINICAL EQUIPMENT	0	985,000	(985,000)		
<u>Furniture</u>					
<u>Direct Costs</u>					
Waiting Area Furniture	0	175,000	(175,000)		Allowance for Primary Waiting @ ED, DI, Surgery, Patient Care & Lobby
Patient Area(s) Loose Furniture	0	200,000	(200,000)		Allowance of \$8,000 / Room x 25-Rooms
Modular Nurses' Station	0	60,000	(60,000)		Allowance for Chairs & Files; assume built-in Casework
Modular Office(s)	0	0	0		In 'Office Furniture' below
Office Furniture	0	0	0		Assume re-use for 'Current Budget'
Staff Work Area(s) Furniture	0	100,000	(100,000)		Allowance for Chairs & Files; assume built-in Casework
Computer Support Accessories	0	0	0		Assume included in 'IT' above
Staff Lounge Furniture / Appliances	0	100,000	(100,000)		Assume \$25,000 ea. for ED/DI, Physicians, Surgery & Inpatient/FamMat
Café / Dining Room Furniture	0	50,000	(50,000)		Allowance for 50-seats, Tables & Chairs @ \$1000 ea.
Conference Room Furniture not in 'Construction' above	0	112,500	(112,500)		Allowance for 150-person Capacity @ \$750 / Person
Privacy Curtains	0	100,000	(100,000)		Allowance for multiple Curtains for 'Current Budget'
Window Treatments	0	0	0		Included in 'Construction' above
Furniture Allowance(s)	0	0	0		None included in 'Current Budget'
Furniture Direct Cost(s)	0	897,500	(897,500)		
<u>Indirect Costs</u>					
Freight / Shipping	0	22,438	(22,438)		2.5% of 'Direct Costs' as an allowance for 'Current Estimate'
Temporary Storage	0	50,000	(50,000)		Allowance for 'Current Budget'
Installation	0	22,438	(22,438)		2.5% of 'Direct Costs' as an allowance for 'Current Estimate'
Contingency	0	0	0		Fund from 'Project Contingency' below
Escalation	0	0	0		Fund from 'Project Contingency' below, if required
Furniture Indirect Cost(s)	0	94,875	(94,875)		
FURNITURE	500,000	992,375	(492,375)	198%	

Prosser Memorial Hospital

Hospital Replacement Project

Project Cost Budget Detail

January 19, 2021

Cost Category	Original Budget Estimate	Current Budget Estimate	Original vs. Current	Δ	Comments
<u>Other Fixtures, Furnishing(s) & Equipment</u>					
Interior Wayfinding, Signage & Graphics	250,000	90,000	160,000	36%	\$1.00 / s.f. allowance for 'Current Budget'
Exterior Signage	0	150,000	(150,000)		Allowance for Ground & Building Signage
Original Artwork	0	75,000	(75,000)		Allowance for 'Current Budget'
General Artwork	0	50,000	(50,000)		Allowance for 'Current Budget'
Trash Cans, Magazine Racks & Planters	0	0	0		Assume in Equipment & Furniture Allowance above
Plantscaping	0	0	0		Operational cost and/or none anticipated
Start-Up Supplies	0	0	0		Operational cost
OTHER FIXTURES, FURNISHINGS & EQUIPMENT	250,000	365,000	(115,000)	146%	
F. F. & E. ADJUSTMENTS	0	0	0		Included in specific Categories above
FURNITURE FIXTURES and EQUIPMENT	750,000	2,342,375	(1,592,375)	312%	
<u>Owner's / Project Contingency</u>					
Original / Approved Value	3,880,000	3,716,389	163,611	10%	of Category values above, except 'Site' (0%) & Construction (5%)
(Expenditures) / Unallocated Funds	0	0	0		Preliminary Budget, none required
PROJECT CONTINGENCY REMAINING	3,880,000	3,716,389	163,611	96%	
CONTINGENCY	3,880,000	3,716,389	163,611	96%	
Project Cost Before Financing	57,415,000	66,710,928	(9,295,928)	116%	
FINANCING	2,600,000	2,600,000	0	100%	
TOTAL PROJECT COST	60,015,000	69,310,928	(9,295,928)	115%	

Attachment I



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

January 13, 2021

Craig J. Marks, Chief Executive Officer
Prosser Memorial Health

Via email to: cmarks@prosserhealth.org

RE: Determination of Reviewability #21-14

Dear Mr. Marks:

The Department of Health has completed the review of your request that the department determine whether construction of a new facility in Prosser to replace the existing Prosser Memorial Health is subject to the Certificate of Need requirements under Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310. For the reasons stated below, the department concludes that the proposed replacement hospital is subject to Certificate of Need review pursuant to WAC 246-310-020(1)(a) as the construction, development, or other establishment of a new health care facility.

Below is the information considered and the facts relied upon by the Certificate of Need Program in reaching its conclusion regarding your project.

INFORMATION CONSIDERED

- Prosser Memorial Health's exemption letter received October 27, 2020
- Prosser Memorial Health's supplemental information received December 15, 2020
- Revised Code of Washington (RCW) 70.38
- Washington Administrative Code (WAC) 246-310
- MultiCare Health System v. Department of Health, 118 Wash.App. 597. Court of Appeals of Washington, Division 2
- Washington Department of Revenue information obtained from its website
- Department of Health Integrated Licensing and Regulatory System (ILRS)
- Department of Health listing of Critical Access Hospitals
- Previous Determination of Reviewability decisions issued by the department for facility replacement projects.

FACTS CONSIDERED

- Prosser Public Hospital District owns and operates Prosser Memorial Health located in Prosser, within Benton County.
- Prosser Memorial Health is currently registered with the Washington State Department of Revenue. [source: Washington State Department of Revenue website]
- Prosser Memorial Health is currently licensed for 25 acute care beds and is designated by the Department of Health as a Critical Access Hospital.
- Prosser Memorial Health intends to construct a new facility on a new site in Prosser approximately three miles from the existing hospital.
- It is unclear what address will be assigned to the new site, which occupies the northeast corner of the intersection of Interstate 82 and North Gap Road. The site consists of three contiguous tax parcels 135942000010000, 135942000011000, and 135942000012000; all of which are currently owned by Prosser Memorial Health.
- The parcels referenced above are currently vacant or agricultural land.
- The site for the replacement hospital is located within Benton County, which is the planning area for the existing hospital.
- Prosser Public Hospital District will continue to own and operate Prosser Memorial Health at the new site.
- Current operational staff and medical services will relocate in their entirety to the new hospital.
- Once relocated, Prosser Memorial Health will not provide any hospital services in the current location. Some administrative functions may remain at the current site.
- No new tertiary services will be offered as a result of the replacement hospital project.
- No new services that require their own Certificate of Need will be offered as a result of the replacement hospital project.

CONCLUSION

Based on the totality of information considered, the department concludes that the proposed project, the construction of a replacement hospital for Prosser Memorial Health on the site identified above, involves construction of a new facility that will be required to qualify for a license under chapter 70.41 RCW. Accordingly, the department concludes that the replacement hospital is subject to Certificate of Need review pursuant to WAC 246-310-020(1)(a) as the construction, development, or other establishment of a new health care facility.

APPEAL OPTION

This decision may be appealed. You or any person with standing may request an adjudicative proceeding to contest this decision within 28 calendar days from the date of this letter. The notice of appeal must be filed according to the provisions of Revised Code of Washington 34.05 and Washington Administrative Code 246-310-610. A request for an adjudicative proceeding must be received within the 28 days at one of the addresses listed below.

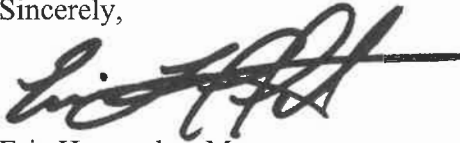
Craig J. Marks, CEO
Prosser Memorial Health
DOR #21-14
January 13, 2021
Page 3 of 3

Mailing Address:
Department of Health
Adjudicative Service Unit
Mail Stop 47879
Olympia, WA 98504-7879

Physical Address
Department of Health
Adjudicative Service Unit
111 Israel Road SE
Tumwater, WA 98501

If you have any questions or would like to arrange for a meeting to discuss this decision, please call me at (360) 236-2955.

Sincerely,



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

cc: Department of Health, Investigations and Inspections Office
Department of Health, Construction Review Services

Attachment J

PROSSER PUBLIC HOSPITAL DISTRICT

USDA APPLICATION AGENDA ITEMS – MEETING ON January 8, 2021

APPLICATION BY END OF MARCH 2021

1. Appraisal “as improved” based on plans and specs (in addition to land appraisal)
 - a. Land appraisal was already submitted.
 - b. Need an appraisal of the project when completed – requested by USDA (Gary will verify this request/requirement.) *Confirmed (12/11)*
 - c. Can PMH reach out to previous appraiser (for the land):
 - i. USDA Approval of this appraiser – needs healthcare appraisal experience.
 - ii. What does this person need to create the appraisal?
 - d. Could we use GC/CM appraise construction/finished project? No – needs to be by an appraiser.
 - e. *Paul to check with NV5 folks to see what they could do and to see if they recommend any local or regional qualified appraisal firms? NV5 to facilitate appraiser proposals. (12/11)*
 - f. *NV5 reached out to several groups and anticipates receiving 2-3 proposals by Monday, 1/11. Goal for selection by Friday, 1/15. (1/8)*
 - g. *Selection will be submitted to USDA.*
 - h. *Need this appraisal for USDA final application (Feb/Mar).*

2. Environmental Report & NEPA (see USDA 1970 environmental regulations and guide provided by USDA)
 - a. NEPA – Federal Environmental Report. Separate guidelines.
 - b. Gary is confirming guidelines for this report. *(10/27) Received (12/11)*
 - c. NV5 will look into other available firms and provide contacts to Gary by 12/18.
 - d. Gary has requested from USDA a list of firms who could provide this report.
 - i. *Gary has connected with a group in CA and they have expressed interest. CA group has called schedule with Gary next week. (12/11)*
 - e. Kurt will send Paul name of firm that did Phase 1 in 2017 (Shannon & Wilson, Inc., Pasco, WA)
 - i. Shannon & Wilson is not displaying interest in this opportunity.
 - f. Received six proposals, selection of Fulcrum Environmental Consulting was on 1/7.
 - g. *Gary on finalizing agreement next week and coordinate kick-off call with group by 1/15. (1/8)*
 - h. *Report to be provided by Jan/Feb 2021.*

3. Preliminary Architectural Report (see RD 1942-A Guide 6 provided by USDA)
 - a. 1942A – 6 – Short form
 - b. 11/18/16 – Long form.
 - c. Changes from state to state? Not that bcdg is aware, but will double check.
 - d. Report due in March, which is fine with bcdg.
 - e. *BCDg to provide first draft of PAR by February 1, 2021. (12/11) In progress. (1/8)*
 - f. *Kurt to provide final PAR by end of February 2021.*

4. Feasibility Study (submit to USDA as additional information or clarification may be requested by USDA)
 - a. District’s auditor’s have prepared already for Board review/approval. Will use this information for baseline of feasibility study.
 - b. Need final audit report, which is complete around March 15, 2021. This information will be used in the feasibility study.
 - c. Preliminary numbers around 3/1/21.
 - d. Same firm is doing audit as is doing feasibility study.
 - e. Using January Financial Close, Market Study to be completed by end of February

- f. **DZA to provide feasibility study by late March 2021. To review with Board in March. (10/27)**
Reviewed with team. This item is on track. (12/11) In progress (1/8)
5. Owner Architect requirements (contractual and otherwise – see USDA Guides 1924-A & 1942-A & others)
 - a. Bcdg to incorporate USDA Owner Architect Guide 27 (1924-A and 1942-A) provisions into revised engagement letter.
 - b. Bcdg to incorporate USDA Form RD 400-1 Equal Opportunity Agreement into bid documents.
 - c. **Contract modifications to occur in February 2021, dependent GC/CM direction, due 2/12/2021. (12/11) No status change. (1/8)**
 6. Public notice and hearing are required (publish in local newspaper and an affidavit of publication is needed – prepare minutes of hearing). Work with District/Bond Counsel on Notice & Resolution.
 - a. Published notice, affidavit, and minutes for public hearing about project, financing, source of repayment, need for new facility and intended use of existing facility.
 - b. Sample notice provided by USDA included in materials via email.
 - c. **Online Meeting to occur on February 23, 2021 at 6pm, prior to the Board Work Session. (12/11)**
 - d. **Local newspaper advertisement 2 weeks prior. NV5 to assist with advertisement first week of February.**
 - e. **Gary is working on developing the official advertisement notice. (1/8)**
 - f. USDA will be invited. Resolution will be prepared by Bond Counsel with Gary's direction/input.
 7. Two letters from commercial lenders are needed. The amount being requested from USDA is what should be requested from lenders and do not ask for specific rates (reasonable rates & terms). Pick 4 or 5 banks.
 - a. To show USDA isn't in competition with commercial lenders.
 - b. Send out to multiple lenders (4 or 5).
 - c. **Gary is leading this effort (coordinated with David and Stephanie) and will be completed by mid-February. (12/11) In Progress, goal to have letters back by late-February/early-March (1/8)**
 - d. **Marti with USDA requested this be provided 30-60 days after application. (10/27)**
 8. Certificate of Need for relocation will need to be submitted. Is this required for a replacement hospital?
 - a. CON Review Letter sent on 10/23 to the DOH. (10/27)
 - b. NV5 to follow-up with DOH on timeframe for DOH decision. (10/27)
 - c. *NV5 has received letter from DOH with three questions and this project would not change PMH's status with no CON required. PMH/NV5 to request formal letter of DOH decision. NV5 to forward questions and response to Gary. (12/11)*
 - d. **Anticipate final decision from DOH by 1/15. (1/8)**
 9. Medicare/Medicaid certification will need to be submitted.
 - a. *David to provide update on January 8, 2021 (12/11).*
 - b. *David has engaged DZA on this and approval from Medicare/Medicaid for Critical Access Designation to move the hospital will not be awarded until after the hospital is relocated. David to share this communication with Gary. Gary to forward on to USDA. (1/8)*
 10. Two letters of support from community leaders are needed (letter from the City of Prosser submitted).
 - a. Already have one from City of Prosser
 - b. Prosser Economic Development letter.
 - c. Gary wants some from State Reps, State Senators, US House Rep, etc. Craig will reach out to:
 - i. Bill Jenkins, State House of Rep
 - ii. Dan Newhouse, US House of Rep
 - d. Soon as possible for those letters would be beneficial.
 - e. Total of 3 received. City of Prosser, State House of Rep & State Senator, PEDA have provided letters. Presented to Board in October 2020. Gary feels three letters is adequate. (10/27)
 - f. **Completed. (12/11)**

11. Previously submitted documentation signed by Tim Cooper will need to be resubmitted (in process).
 - a. *Completed. (12/11)*

12. Provide written approval from the Board that authorized representative is authorized to apply to USDA.
 - a. Need another board resolution specific to submission approval, without dollar amounts.
 - b. Modify old resolution is the plan (prior resolution sent to Craig on 9/4/20).
 - c. Need Board authorization resolution prior to yearend. This was completed at September 2020 Board Meeting. (10/27)
 - d. PMH to send signed resolution to Gary. (12/11)
 - e. *Completed. (1/8)*

13. Approved 2020 audit and 2021 operating budget are needed.
 - a. See previous notes about audit.
 - b. *December 17th for 2021 budget.*
 - c. Budget approach: 2 years of actual exceeding budget is good, but don't be ultra conservative. (Reasonably conservative is good – 6-7% margin)
 - d. May be able to increase equity?
 - e. *Draft of 2020 Audit complete by mid-March. 2021 Operating Budget is complete. (1/8)*

14. Provide the plan for the existing site after the buildout and opening of the proposed hospital.
 - a. In process, but no resolution
 - b. Talked about senior housing, but that didn't work.
 - c. Skilled nursing also didn't work.
 - d. Behavioral Health is also being explored.
 - e. Talked with City, but building has so many issues that it's not looking good.
 - f. Returning the site to residential is looking to be the best option.
 - g. Develop a formal plan to present to USDA by February 2021 (seems to be key issue with USDA).
 - h. Present plan to level property and sell for land. Residential development would appear most appropriate for the current site. (10/27)
 - i. *Gary suggests obtaining letter from the City and County indicating they do not have an interest in the property.* (10/27)
 - j. NV5 to follow-up with City for letter of non-interest. (12/11)
 - k. *NV5 to request letter from City on their plan to consider the hospital site, along with other sites within town in their upcoming feasibility study to determine a location for a new Police Station/City Hall, along with date of completion of Feasibility study.* (1/8)
 - l. *NV5 to contact the County to see if there is interest in the Site.* (1/8)
 - m. *NV5 to get cost for demolition of existing facility and value of land (curbside appraisal).* (1/8)

15. Provide update on the rezoning of the proposed site or is it currently zoned for Hospital use.
 - a. Property is zoned as Commercial/General Use and permits Hospital use. (10/27)
 - b. *Resolved. Zoning will not be revised. Completed.* (12/11)

16. Same with respect to annexation of site into the City of Prosser. (10/27)
 - a. Petition to Annex has be received by PMH and is the last document to sign prior to Annexation.
 - b. City will need original signatures for processing.
 - c. At the time of Annexation, the property will be zoned as Commercial/General Use
 - d. *Annexation will be complete by end of January* (12/11)

17. Provide a confirmation from the City of Prosser to bring utilities to the proposed site. Who will pay cost?
 - a. Water & Sewer(10/27):
 - i. Has the City received a grant to assist in the utilities cost?

1. City did not receive a Grant for the utility extension construction costs but an allocation from fund.
 2. Tap Fees will be requested.
 - ii. Construction to begin in November 2020, completion by May 2021. *(12/11) In progress (1/8)*
 - b. Gas utility status (10/27):
 - i. Gas and City determined crossing the river via hangers at bridge is possible. Gas company has provided cost for construction. PMH team to discuss cost and options for Gas versus all-Electric and determine next steps. (12/11)
 - ii. *Gas Utility will not be pursued. Completed. (1/8)*
 - c. Electric Utility Status (10/27):
 - i. Conversations to begin with electric company in January 2021. *(12/11)*
18. A competitor analysis will be needed for the Medical services that will operate from the MOB and the service providers in the PSA and SSA (can be included in the feasibility report or as separate report).
 - a. Jody Corona is working on this. Report due soon... (80% complete)
 - b. DZA is coordinating this. David to coordinate call with DZA next week. (12/11)
 - c. *In progress. (1/8)*
 - d. *Need by January/February at the latest and it is needed for feasibility study.*
19. Confirm equity contribution (land, reserves \$11,000,000 and capital campaign \$2,000,000).
 - a. Capital campaign feasibility study is underway. Maybe \$2-4M. \$2M should be used.
 - b. \$11M easily for reserves.
20. Guaranteed lender contact/ selection and offer.
 - a. Later down the road after commitment from USDA.
 - b. Other options to be discussed with Craig and David (USDA and BAN financing)
 - c. Complete. Gary has received list of lenders from Marti at USDA. (10/27)
21. Will you utilize design bid build, design build or some other method of design and construction?
 - a. GC/CM method.
 - b. NV5 to provide 3-5 paragraph description of their role and the structure of the design, bid, contract and construction oversight process. Describe who is responsible for what and to whom during this process. NV5 will send on to Gary on 10/27. (10/27)
 - c. NV5 to provide team organization and responsibility details to Gary. (12/11)
 - d. *NV5 to send CPARB application and Owner's Rep role & responsibilities to Gary. (1/8)*
22. Will you secure a Maximum Price Contract from the General Contractor?
 - a. Yes, established at some point. (90% CD's). To be included in description referenced in 23 above.
23. Will the selection of contractors be done through a competitive process?
 - a. Yes? To be included in description referenced in 23 above.
 - b. Need to follow up on EC/MC process in Washington. Need to review everything and provide Gary a written summary of process for award/selection.
24. Will a third-party cost estimator be engaged by the District or the Architect? Who and when?
 - a. The cost estimator has been engaged as separate consultant under the Architect. (10/27)
25. Status of contacting WSDOT regarding traffic plan and any other approvals.
 - a. In progress. Traffic study in bcdg scope/fee (City level mainly)
 - b. Signage req's need to be reviewed/updated.
 - c. *NV5 to contact the City for a progress report on the City's traffic study before 1/15. (1/8)*

26. Review the Project Schedule and determine when good cost estimate will be available.
 - a. First estimate is mid-November for SD.
 - b. Need to be firm on number by mid-February, with 10% contingency.
 - c. 90% CD's by August.
 - d. September final USDA approval goal.
 - e. Above milestones are shown in Project Schedule (10/27)

27. USDA has emphasized that project must be moderate in size, design and cost. This will be paramount.
 - a. Understood.

28. Discuss again the prospect of securing voter approval for property tax support requested by USDA.
 - a. Not going to happen in current climate due to school bond issue.
 - b. Lack of tax revenue supporting revenues could be a hurdle that needs to be overcome.
 - c. Gary will continue to explain/advocate Prosser's position with USDA.
 - d. PMH to provide letter regarding historical dynamics of bonding with local voters. (10/27)
 - e. NV5 to provide draft letter to Gary and PMH team for review. (12/11)
 - f. Gary and NV5 to provide guidance on letter messaging back to Prosser School District. (1/8)

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.	X			
		· Ceiling mounted lifts.	X			
		· Dimmable/adjustable lights in patient rooms.	X			
		· Interactive patient call light system.	X			
		· Large television.	X			
		· Shower in every patient room.	X			
		· Spacious patient rooms.	X			
		· Natural lighting and scenic views.	X			
		· Seating by windows in patient rooms.	X			
		· 24-hour Cafeteria or healthy vending machine options afterhours.	X			
		· High-quality cafeteria open to patients and families.	X			
		· Easy wayfinding with efficient department adjacency.	X			
		· Prominent entrance.	X			
		· Alternative vehicle parking (electric vehicles, bicycles, etc.)				
· Computer/phone charging stations.	X					
· Healing garden, walking path, outdoor patio.	X					

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.	X			
		· Designated workspaces for charting in key areas.	X			
		· Provider lounge.	X			
		· Resident call room or office.	X			
		· Efficient OR room turnover.				
		· Additional OR rooms.	X			
		· Private post-op counseling rooms.	X			
· Ability to accommodate new technology (e.g. DaVinci Robot).	X					
· High tech/high touch.						
· Meeting spaces large enough for the all of the Medical Staff meet or provide community education.	X					

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.	X			
		· Efficient space to accommodate department operations.	X			
		· Employee elevator.	X			
		· Stair access.	X			
		· Reduce unnecessary steps.	X			
		· Employee gathering places for breaks and meals.	X			
		· Education room.	X			
		· Lactation room.	X			
		· Well-lit employee parking.	X			
		· Places to meditate or decompress.	X			
		· Staff sleep rooms.	X			
		· Outdoor break space with cornhole.	X			
· Walking path with mile markers.	X					
· Employee exercise gym.	X					
· 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.	X			
		· Area for drive-up care.				
		· Building plan for pandemics.				
		· No carpet in hallways and patient treatment areas.	X			
		· Hygienic window coverings and privacy curtains.	X			
		· PPE stations with no-touch access.				
		· Temperature control for patient rooms.	X			
		· Temperature control for OR rooms.	X			
		· ADA Compliant design.	X			
		· Adequate equipment storage.	X			
		· Adequate supply storage.	X			
		· LEAN approach to supply and equipment storage in every unit.	X			
		· Efficient Egress.	X			
· Newborn/pediatric alarm system.	X					
· Separate exit for surgery patients.						

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.	X			
		· Build with a plan for future growth.	X			
		· Community education space.	X			
		· Helipad.	X			
		· Fast Track in ED.	X			
		· Cancer center.	X			
		· Cardiac Rehab.	X			
		· Pulmonary medicine.	X			
		· Sleep Center.	X			
		· Surgery Center of Excellence.	X			
· Additional LDRP's.	X					
· Water birth capability.	X					
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.	X			
		· Use of durable materials.	X			
		· Community use of site.				
		· Gift shop.	X			
		· Donor recognition.				
		· Sponsorship opportunities.				
· Engage Foundation for Community Support Fundraising.						

Attachment L

**Prosser Memorial Health
Capital Proposal**

PROJECTED EQUIPMENT COSTS-3 OPTIONS CONSIDERED

Diagnostic imaging is requesting approval for a Capital Lease of two Logiq E10 ultrasound machines. An ultrasound machine sends out sound waves at a high frequency, reflecting off the structures inside the body. Over the years, there have been numerous advancements in ultrasound technology, including advanced compound imaging, which occurs when the images from the ultrasound taken from several different directions before being combined into a single image, enhancing border differentiation and tissue interfaces.

XDclear transducers are the highest performing transducers, featuring new advances in acoustic engineering. Single Stack Crystals, Acoustic Amplifier, and Cool Stack help increase penetration and simultaneously deliver high definition resolution throughout the image. In return, sonographers can reduce their risk of musculoskeletal injuries.

Two GE Logiq E10 is proposed for purchase at a total cost of \$251,256 (equal to the 2021 capital budget) utilizing a capital lease that will cost less on a monthly basis than our current expiring operating leases (2) plus we will receive an initial (18) eighteen months of no-cost warranty coverage. The GE units are less expensive than comparative units from Siemens and Phillips. The PMH will own the units at the end of the 60 month capital lease.

Factors that also influenced this decision include improved image quality, new software technology, readily available service engineers, and an “End to End” workflow for the sonographer with improved ergonomics. The proposed equipment was trialed by our sonographers with very positive endorsements.

Options

Company	GE	Siemens	Phillips
Model	(2) LOQIC E10	(2) Acuson Sequoia	(2) EPIQ Elite for GI
Software	Windows 10	VA25	Windows 10
Condition	Demo	New	New
Cost	\$231,359	\$346,440	\$382,993
Capital Lease	\$4,239	\$6,200	\$7,082
Warranty	18 months	18 months	12 months
Interest Rate	3.79%	2.84%	4.17%
Service after warranty Deluxe (includes intensifier, tube)	\$24,574 / year	\$21,600 / year	\$18,000 / year
Service engineers	Within 3 hours	Within 3 hours	Within 3 hours
Applications (included)	3 days	2 days	2 days
Notes:	<ul style="list-style-type: none"> • Windows 10; • New software technology • Artificial intelligence; • Wireless; • Advanced ergonomics; • C sound architecture helps improve image quality and delivers uniformity from the near to far field. • GPU allows 48 times data through put and 10 times processing power • C sound architecture is a revolutionary platform that allows for high spatial and contrast resolution. 		

**Prosser Memorial Health
Capital Proposal**

CURRENT EXPENSE				
Manufacturer	Lease	Original Payment	In Service Date	End Service Date
GE Logic E9	Operational	\$2,257	9/4/2013	3/5/2021
GE Logic E9	Operational	\$2,392	3/5/2016	3/4/2021
(2) GE Logic E10	Capital	\$4,239	3/1/2021	2/28/2026
STAFFING				
TOTAL	00.00	No additional staff will be needed to implement this equipment upgrade. Training will be conducted during applications utilizing existing budgeted salary expense.		
PROJECTED CONSTRUCTION COSTS				
TOTAL	00.00	Not applicable		
PROJECTED SUPPLY COSTS				
TOTAL	00.00	Not applicable		
LICENSING FEES				
TOTAL	00.00	Not applicable		
TOTAL CAPITAL 2021 – (2) Logic E10's				
Equipment	\$227,380			
Shipping Surcharge	1.75%			
Shipping Surcharge Amount	\$3,979			
Sales Tax	\$19,897			
TOTAL	\$251,256 (2021 capital budget approved for \$251,256)			



Prosser

Memorial Health

Virtual Desktop Infrastructure 2021

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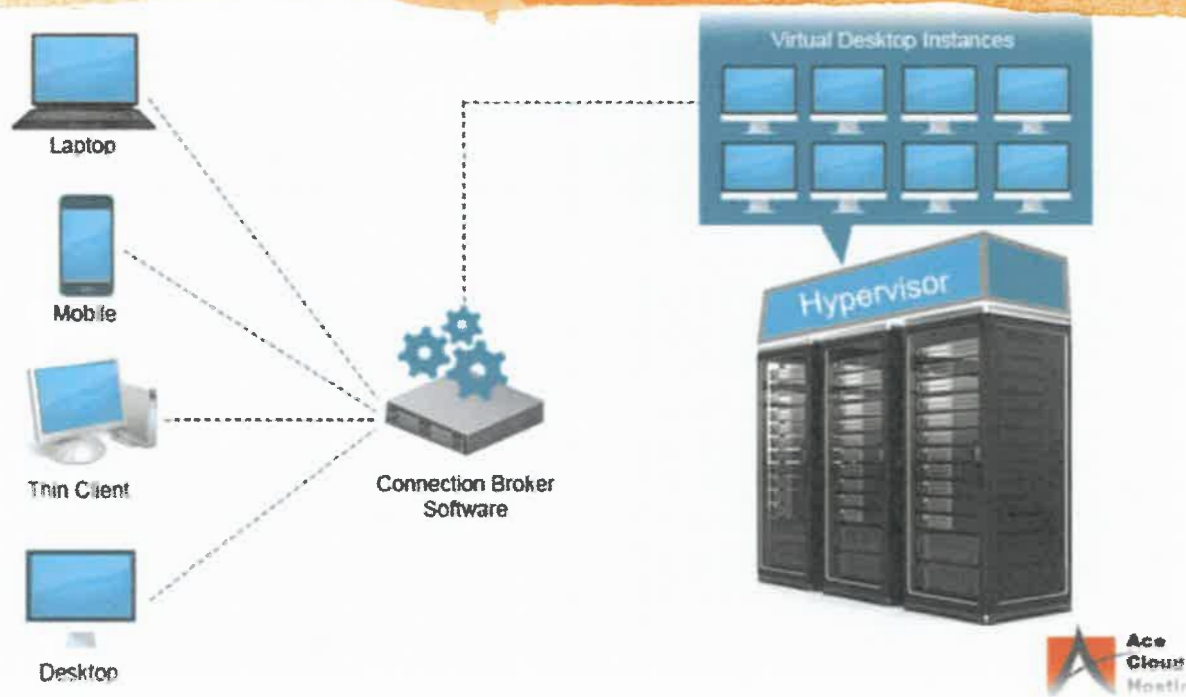
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Virtual Desktop Infrastructure 2021

- What is VDI?
- VDI is a best practice technology which separates PC software from physical PC hardware greatly increasing system access, flexibility, longevity, efficiency, security, and manageability. The technology is widely adopted and just makes end user computers consistently work better!


Virtual Desktop Infrastructure 2021





Virtual Desktop Infrastructure 2021 Key Benefits



- Saves Time
 - Great Agility and Flexibility
 - Speed of PC deployments increased
 - Increased Productivity
 - Rapid PC issue resolution
 - Decreased Support Costs
 - Consistent end user computer experiences
 - Increases IT efficiency and performance
 - Elimination of pesky continual hardware issues
- 

Virtual Desktop Infrastructure 2021 Key Benefits - continued

- Reduced hardware problems
- Decreased Login Times
- Cost Savings
- Lower cost end computer requirements
- Increased equipment longevity
- Standardized PC Platform
- Increased security
- Widely Adopted in Healthcare
- Improved PC performance
- Non-Profit Pricing

DESKTOP VIRTUALIZATION PROVIDES



TIME

In a case study of the healthcare system Region Hovedstaden, use of desktop virtualization shortened daily login time from **45 minutes to 3-5 minutes**.

It takes **just 7 seconds** to reconnect to a care professional's desktop.

40 MINUTES

Total daily time saved per doctor with desktop virtualization



Total daily time saved per 50 doctors:

33 HOURS



SAVINGS

A case study of Metro Health's desktop virtualization use found that its adoption had a **substantial financial impact** on the organization.

\$14.3 MILLION

in discounted benefits over 5 years

338% ROI



9.8 months until payback on the investment

Virtual Desktop Infrastructure 2021



SECURITY

The Ponemon Institute estimates each lost or stolen patient record costs **\$294 per health care organization**.

In recent years, the Department of Health and Human Services has levied steep fines against organizations that have compromised patient data.

By removing patient information from endpoint devices and securing it in the datacenter, desktop virtualization secures patient data and minimizes the risk of data breach due to lost or stolen devices.

FOR EACH INFRACTION, HEALTHCARE ORGANIZATIONS WERE FINED:



\$150,000

stolen thumb drive containing electronic protected health information (ePHI)



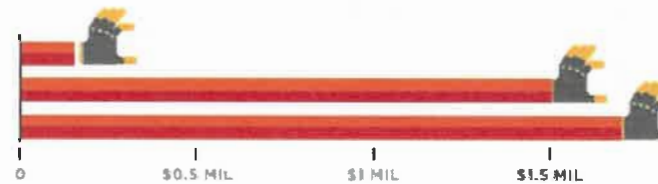
\$1,500,000

stolen unencrypted personal laptop



\$1,700,000

stolen USB hard drive containing patient data



Virtual Desktop Infrastructure 2021

Virtual Desktop Infrastructure 2021

User Time Savings: VMware Horizon

	Before VMware Horizon	With VMware Horizon	Difference	Benefit (%)
Device log-ins				
Number of device log-ins per day	3.3	3.3		
Time per device log-in (minutes)	3.8	0.9	2.9	77.5
Hours spent logging into devices per user per year	50.2	11.3	38.9	77.5
Application log-ins				
Number of application log-ins per day	11.0	11.0		
Time per application log-in (seconds)	17.0	5.3	11.7	68.8
Hours spent logging into applications per user per year	12.5	3.9	8.6	68.8
Total hours spent logging into devices and applications per user per year	62.6	15.2	47.5	75.8



Business Value of VMware Horizon

EXECUTIVE SUMMARY

While the rapid influx of smart devices, including tablets and phones, and mobility workforce trends is adding significant complexity to IT operations, the increase in employee productivity, collaboration, and satisfaction that mobile technologies offer is not lost on business leaders.

Business leaders are increasingly looking to IT to deliver a modern workspace that allows employees to access corporate data, applications, and communication resources consistently across their devices of choice. Making the most of the opportunity while minimizing risks can be complex and overwhelming for many IT teams. Therefore, it makes more sense than ever for IT leaders to consider virtual client computing (VCC) solutions.

The benefits of VCC include centralized desktop and application management, "any device" consistent access to corporate IT resources, increased ability to protect corporate intellectual property, and auditable compliance with industry and governmental regulations.

However, when IT cannot optimize performance and effectively support the environment, it has a direct impact on the end-user experience, adoption, and ultimately the success of the implementation. It's not just about saving money or improving efficiency. For VCC to be successful, the technology must provide an end-user experience that is better than the end-user experience on local operating systems and applications.

IDC interviewed eight organizations that have virtualized desktops and applications on the VMware Horizon platform to understand the impact on their costs, operations, and businesses.

Sponsored by: VMware, Inc.

Authors:
Matthew Marden
Shannon Kalvar

July 2018

Business Value Highlights

413%

five-year ROI

9 months

to payback

76%

less employee time on device and application log-ins

71%

lower cost of operations per device per year

81%

less time for IT support per device

80%

less downtime per device

56%

lower cost per device



Virtual Desktop Infrastructure 2021 – 3 Year ROI

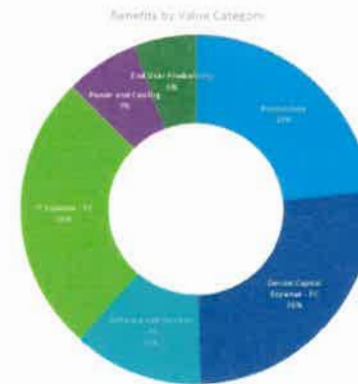
Total Benefits
\$945.8 K

Total Investment
\$423.5K

ROI
123%

Payback Period
13.3 Months

Savings per User Per Year
\$1,261



Virtual Desktop Infrastructure 2021 – 3 Year ROI

Benefit Categories	3 Year Total
Productivity	
Improve Login Times for Devices, Apps, and EMR	\$220,500
Device Capital Expense - PC	
Reduce PC Replacement Costs (VDI)	\$249,000
Software and Services - PC	
Avoid Current Microsoft Software Assurance / EA License Cost	\$37,500
Avoid Current Device Encryption Management Solution	\$20,250
Avoid Current Profile Management Solution Cost	\$18,750
Avoid Current Backup Cost	\$18,750
Avoid Current PCLM Solution	\$16,875
IT Expense - PC	
Reduce Administration of Users and Devices Cost (VDI)	\$159,375
Reduce Helpdesk Cost (VDI)	\$75,000
Reduce PC Deployment Cost (VDI)	\$12,450
Power and Cooling	
Reduction in Power and Cooling Costs - VDI	\$63,000
End User Productivity	
Improve User Productivity - Hardware and Software Issues Causing Downtime	\$54,375
Benefit Total	\$945,825

Virtual Desktop Infrastructure 2021 Pricing

- PMH qualified for non-profit pricing giving us a minimum 59%+ discount off pricing (80% off licensing).

Description	Amount
VMware Horizon	\$60,665.00
Support (1 Year)	\$30,009.00
VMware Enterprise Plus	\$10,259.40
Support (1 Year)	\$5,203.74
Pure Storage 11TB	\$52,235.29
Pure Gold Support	\$4,270.32
Cisco UCS B200 M5 Blade	\$68,864.42
Smartnet (1 Year)	\$661.50
32GB DDR4-2666-MHz	\$13,826.28
10Zig	\$65,914.80
CompuNet Services	\$23,000.00
Credit	(\$12,780.00)
Subtotal:	\$322,129.75
Estimated Tax:	\$26,824.24
Total:	\$348,953.99



Prosser

Memorial Health

ProsserHealth.org



CAPITAL BUDGET REQUEST FORM

Requesting Department: IT Cost Center # 85400

Brief Description:

Implement Virtual Desktop Infrastructure technology into hospital.

STATEMENT OF NEED:

Explain why capital is needed:

In 2021 PMH will implement Virtual Desktop Infrastructure (VDI) across the hospital system. VDI is a best practice technology which separates PC software from physical PC hardware greatly increasing system access, flexibility, longevity, efficiency, security, and manageability. Simply put VDI will make the hospital end computers work better, increase security across the hospital, decrease login times, and allow for quick and easy access from many devices; all while increase new computer deployments and support turnaround times.

Will the capital be Revenue Producing Cost Effective

Increased Revenue and Cost Savings are estimated at \$980.3K over 3 years. Here is the breakdown:

Hardware and Capital Expense	\$249K	Software Optimization	\$76.5K
IT Support and Administration	\$75K	Facilities and Utilities	\$63K
Productivity and Experience	\$54.4K	Device Provisioning and Deployment	\$12.5K
Uncategorized	\$450K		

Capital and Support Costs:

Description	Amount
VMware Horizon	\$60,665.00
Support (1 Year)	\$30,009.00
VMware Enterprise Plus	\$10,259.40
Support (1 Year)	\$5,203.74
Pure Storage 11TB	\$52,235.29
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32GB DDR4-2666-MHz	\$13,826.28
10Zig	\$65,914.80
CompuNet Services	\$23,000.00
Credit	(\$12,780.00)
Subtotal:	\$322,129.75

Items	Cost	Comments
Cost of capital item	281,985	
Maintenance contracts # of months of fiscal year not covered By warrantee x monthly \$ of contract	40,145	
Start up supplies + 1 year		
Tax (8.6%)	27,703	
TOTAL COST OF PURCHASE	349,833	

Approved for Board Presentation:

Chief Financial Officer:  Date: 1-21-2021

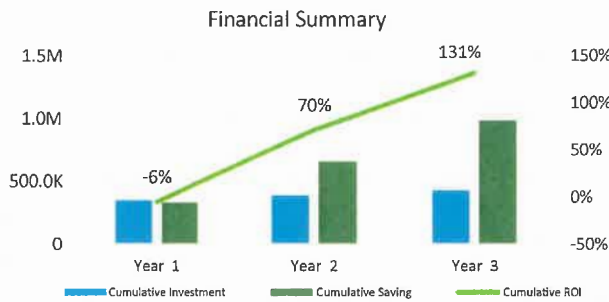
Chief Executive Officer: _____ Date: _____

To the Board of Commissioners for Approval

Date of Board Approval: _____

Prosser Memorial Hospital

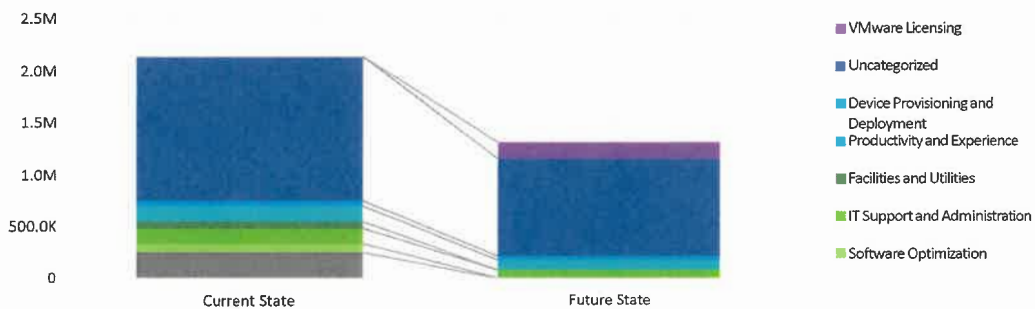
Executive Value Summary



Total Benefits	Total Investment
\$980.3K	\$423.5K
ROI	Payback Period
131%	12.8 MONTHS

STRATEGIC BENEFITS OF CHOOSING VMWARE			
Minimize business disruptions by enabling employees to work remotely, maintain productivity, and securely access applications across endpoints.			
Hardware and Capital Expense \$249K	Reduction of devices or replacement with lower cost devices • Reduce PC Replacement Costs (VDI)	Facilities and Utilities \$63K	Avoid or Reduce real-estate, power and cooling, and other overhead costs. • Reduction in Power and Cooling Costs - VDI
Software Optimization \$76.5K	Avoid 3rd Party Solutions and Vendor sprawl with a unified endpoint management solution • Avoid Current Microsoft Software Assurance / EA License Cost • Avoid Current Profile Management Solution Cost • Avoid Current Device Encryption Management Solution	Productivity and Experience \$54.4K	Increase End User Productivity with increased uptime and a delightful user experience • Improve User Productivity - Hardware and Software Issues Causing Downtime
IT Support and Administration \$75K	Simplify and modernize the management and support of users and devices • Reduce Helpdesk Cost (VDI) • Reduce Administration of Users and Devices Cost (VDI)	Device Provisioning and Deployment \$12.5K	Provision devices more quickly and reduce deployment costs • Reduce PC Deployment Cost (VDI)
		Uncategorized \$450K	• Improve Login Times for Devices, Apps, and EMR

Business Value Comparison



Key Investments Over 3 Year Development

- Professional Services: **\$23,000**
- Servers: **\$111,463**
- Storage: **\$65,046**
- VMware Licensing: **\$158,086**
- Devices and Endpoints: **\$65,914**

Project Scope and Assumptions

- Product(s): **Horizon 7 Enterprise**
- Current State - Physical Devices (PCs): **210**
- Current State - Users: **250**
- Future State - PCs to VDI: **250**
- Horizon 7 Enterprise Licenses: **210**

Attachment N



BOYS & GIRLS CLUBS
OF BENTON AND FRANKLIN
COUNTIES

**& Whatever It Takes To
BUILD GREAT FUTURES**



Thank you for supporting
kids like me at the club!

Johana.M

Dear Shannon and all our
friends at Prosser Memorial
Health -

Thank you for your incredible
support of the Boys & Girls Club's
Festival of Trees event! We are
so grateful for your friendship to
impact the lives of kids and
teens! Thank you! Best, Jessica
Hoyer

December 20, 2020

Prosser Memorial Hospital
723 Memorial Street
Prosser, Washington

Hello

I would like to thank everyone who made the Veterans Day breakfast possible. It was great.

Enclosed are a couple of photographs of great people at the breakfast drive through.

Stay safe and warm and watch out for that darn virus. Have a wonderful Christmas and a fantastic New Year.

Thanks Again

Charles

f(2)z#ii

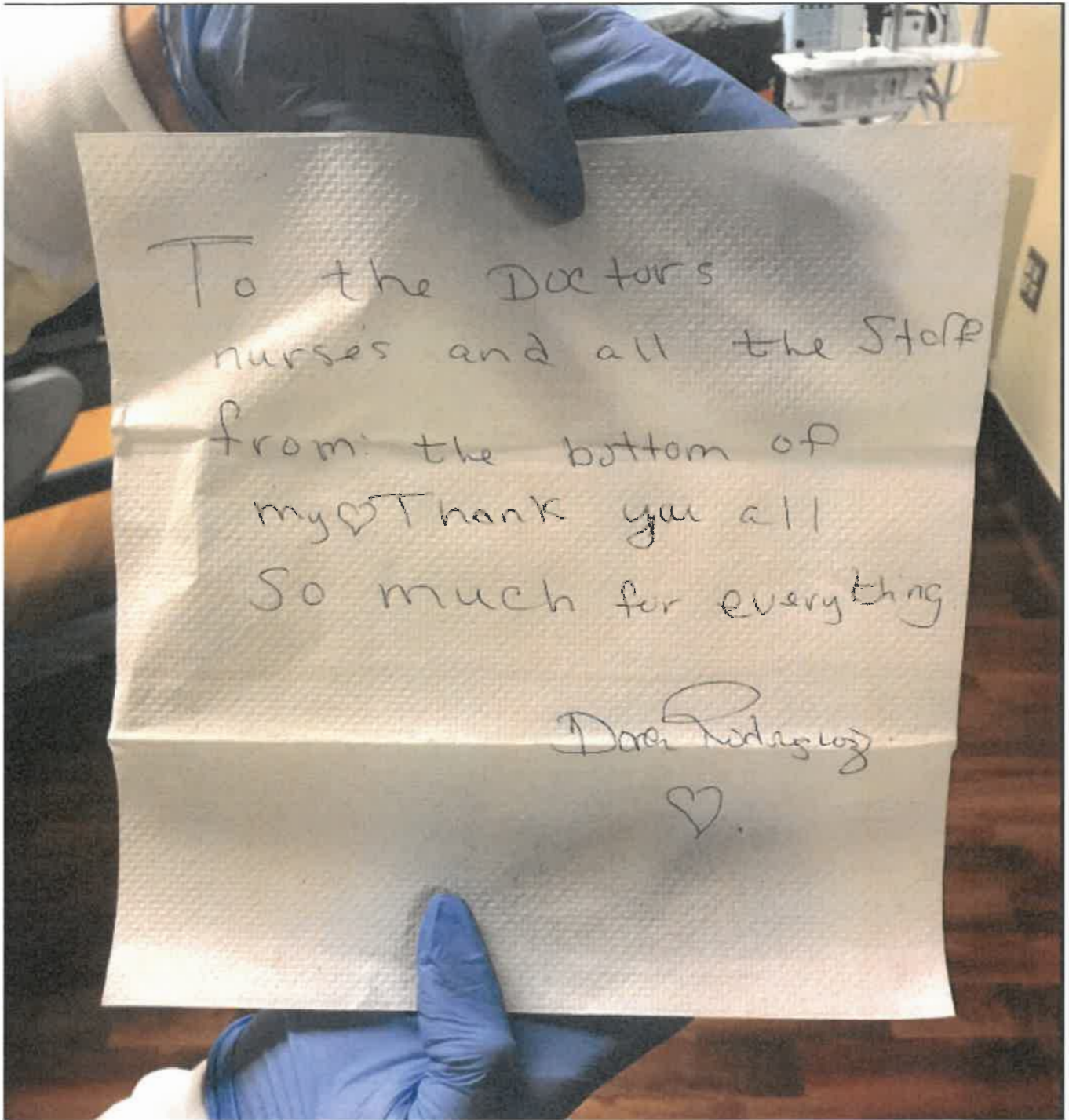
Craig Marks

From: Marla Davis
Sent: Tuesday, January 12, 2021 1:28 PM
To: !Acute Care Services; Dr. Sandeep Joshi; Dr. Coke Smith; Hashmi, Syed T
Cc: Rusti Wilson; Shannon Hitchcock; Craig Marks
Subject: Patient Thank You

Hi Team,

We discharged a patient today who left behind this note in their room. Its so awesome to hear just those few simple words.....

These past few weeks have been brutal. You guys are working so hard and your patients and I appreciate you!!!!



Marla Davis

Nurse Director | Medical/Surgical | OSP | Care Transition

PROSSER MEMORIAL HOSPITAL

723 MEMORIAL ST | PROSSER, WA 99350

o: (509) 786 6671

mdavis@prosserhealth.org | www.prosserhealth.org



Craig Marks

From: Shannon Hitchcock
Sent: Wednesday, December 16, 2020 11:08 AM
To: !All Staff
Subject: A Patient Thank You

Good morning,

Patient Financial Services received a patient thank you card I wanted to share with the team:

Dear Ms Ramirez,
Months after retiring from Prosser School District I received notice from Kaiser Permanente that my \$3,700 Probia infusion was denied coverage. I struggled to imagine how I would manage to continue paying my own premiums plus this HUGE BILL.

Luckily, Carolyn Thompson stepped in to help me. Recently (like yesterday) Carolyn let me know it will be paid by KP....!!
I decided one way I can show my

→

gratitude for Carolyn's work is to let you know how much it's meant to me and my family. It's a tremendous boost and will allow us to be more generous during the holiday season.

From the start Carolyn provided comfort and confidence that she would do her best. We are so thankful!!

Sincerely,
Camille Klingele



FreeStyleLively

Shannon Hitchcock

Chief Communications Officer / E.D. of the Foundation | Community Relations

PROSSER MEMORIAL HEALTH

723 MEMORIAL ST | PROSSER, WA 99350

o: (509) 786 6601

shannonh@prosserhealth.org | www.prosserhealth.org



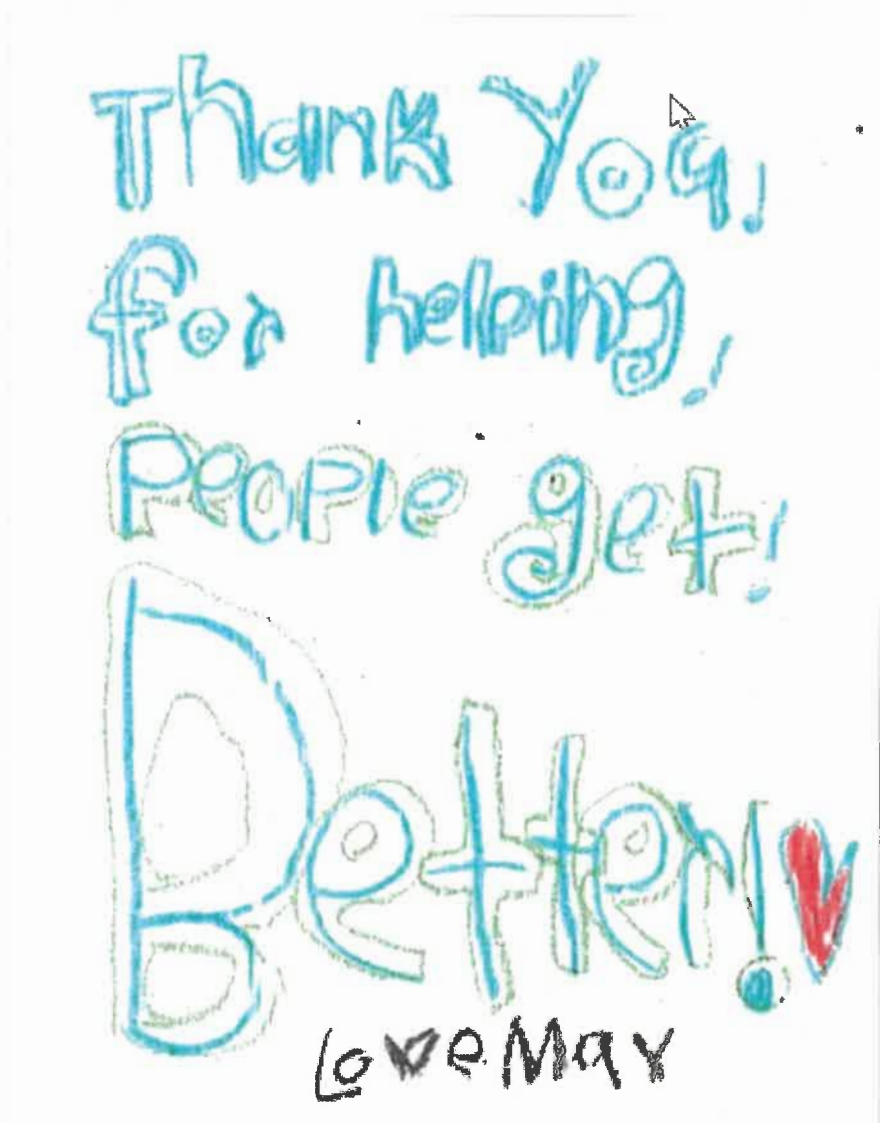
This electronic mail message and all attachments may contain confidential information belonging to Prosser Memorial Health. This email may contain information related to performance improvement and peer review programs and is therefore confidential and protected under RCW4.24.250, RCW 70.41.200 and EHB1711. This information is intended ONLY for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution (electronic or otherwise), forwarding or taking any action in reliance on the contents of this information is strictly prohibited. If you have received this electronic transmission in error, please immediately notify the sender by telephone, facsimile, or email to arrange for the return of the electronic mail, attachments, or documents. Prosser Memorial Health (509) 786-2222.

Craig Marks

From: Shannon Hitchcock
Sent: Monday, December 14, 2020 1:02 PM
To: !All Staff
Subject: Thank You

Team,

I received this in the mail today and thought I would share with all of you:



Shannon

Shannon Hitchcock

Chief Communications Officer / E.D. of the Foundation | Community Relations

PROSSER MEMORIAL HEALTH

723 MEMORIAL ST | PROSSER, WA 99350

o: (509) 786 6601

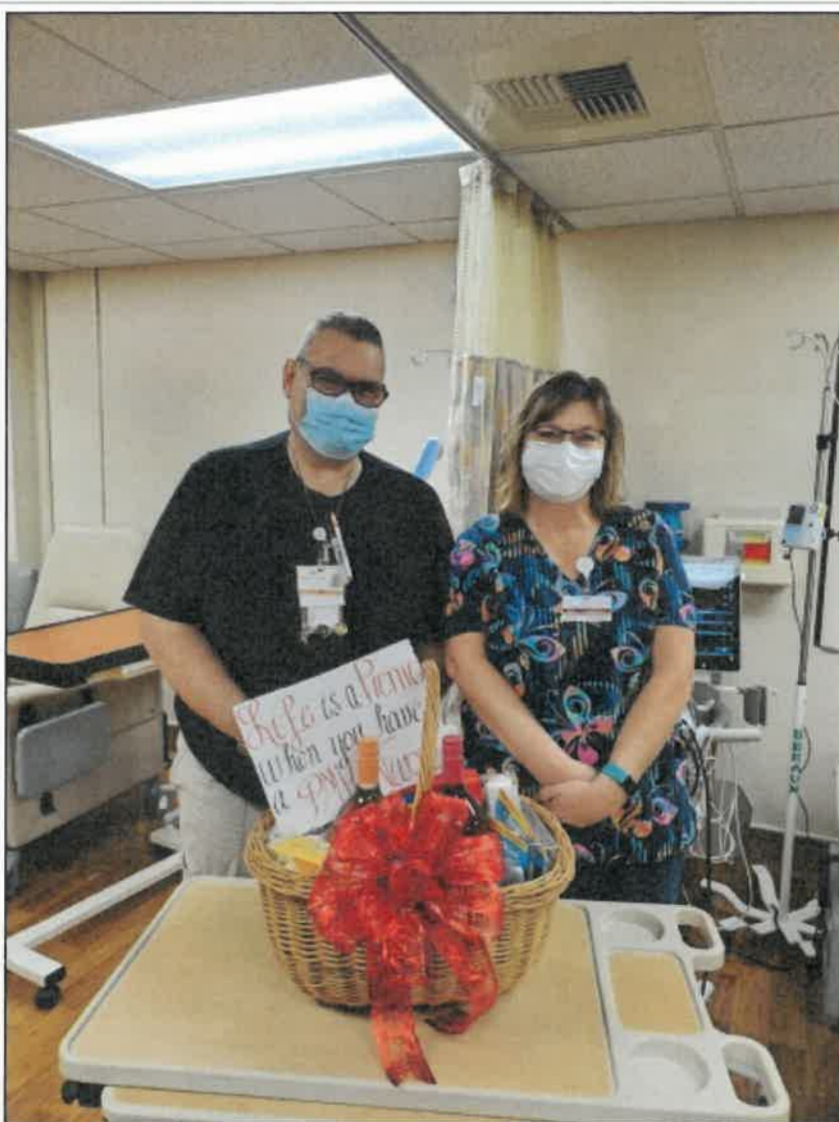
Craig Marks

From: Marla Davis
Sent: Friday, January 15, 2021 10:37 AM
To: Shannon Hitchcock
Cc: Merry Fuller; Craig Marks
Subject: Super Happy OSP Patient

Hi there,

One of our OSP patients made this basket for the OSP department and dropped it off yesterday. The sign says "Life is a picnic when you have a PMH Nurse".

I think this is so AWESOME! I wanted to pass it along!!!!



Marla Davis

Nurse Director | Medical/Surgical | OSP | Care Transition

PROSSER MEMORIAL HOSPITAL

723 MEMORIAL ST | PROSSER, WA 99350

o: (509) 786 6671

Carol Allen

From: Shannon Hitchcock
Sent: Monday, December 28, 2020 8:02 AM
To: !All Staff
Subject: Thank You Card To All Staff

Good morning,

We received the card below from a Prosser resident 😊

To every member of the staff and every helping hand inside these walls...

Thank you for every sacrifice you've made this year in order to keep our community safe, and healthy. My mother was a nurse for 40 years with 6 kids... I know first hand that your sacrifices were already great before COVID. I see you and appreciate you. Thank you, again.

-Carlee White

Have a great day,
Shannon

Shannon Hitchcock

Chief Communications Officer / E.D. of the Foundation | Community Relations

PROSSER MEMORIAL HEALTH

723 MEMORIAL ST | PROSSER, WA 99350

o: (509) 786 6601

shannonh@prosserhealth.org | www.prosserhealth.org



Craig Marks

From: Shannon Hitchcock
Sent: Thursday, January 14, 2021 7:08 AM
To: !Incident Command
Subject: FW: Covid vaccination

Good morning,

A nice compliment from Chalet Dental in Yakima.

Shannon

Shannon Hitchcock

Chief Communications Officer / E.D. of the Foundation | Community Relations

PROSSER MEMORIAL HEALTH

723 MEMORIAL ST | PROSSER, WA 99350

o: (509) 786 6601

shannonh@prosserhealth.org | www.prosserhealth.org



-----Original Message-----

From: Kim Haak <mom2kns@gmail.com>
Sent: Thursday, January 14, 2021 7:06 AM
To: Connect <Connect@prosserhealth.org>
Subject: Covid vaccination

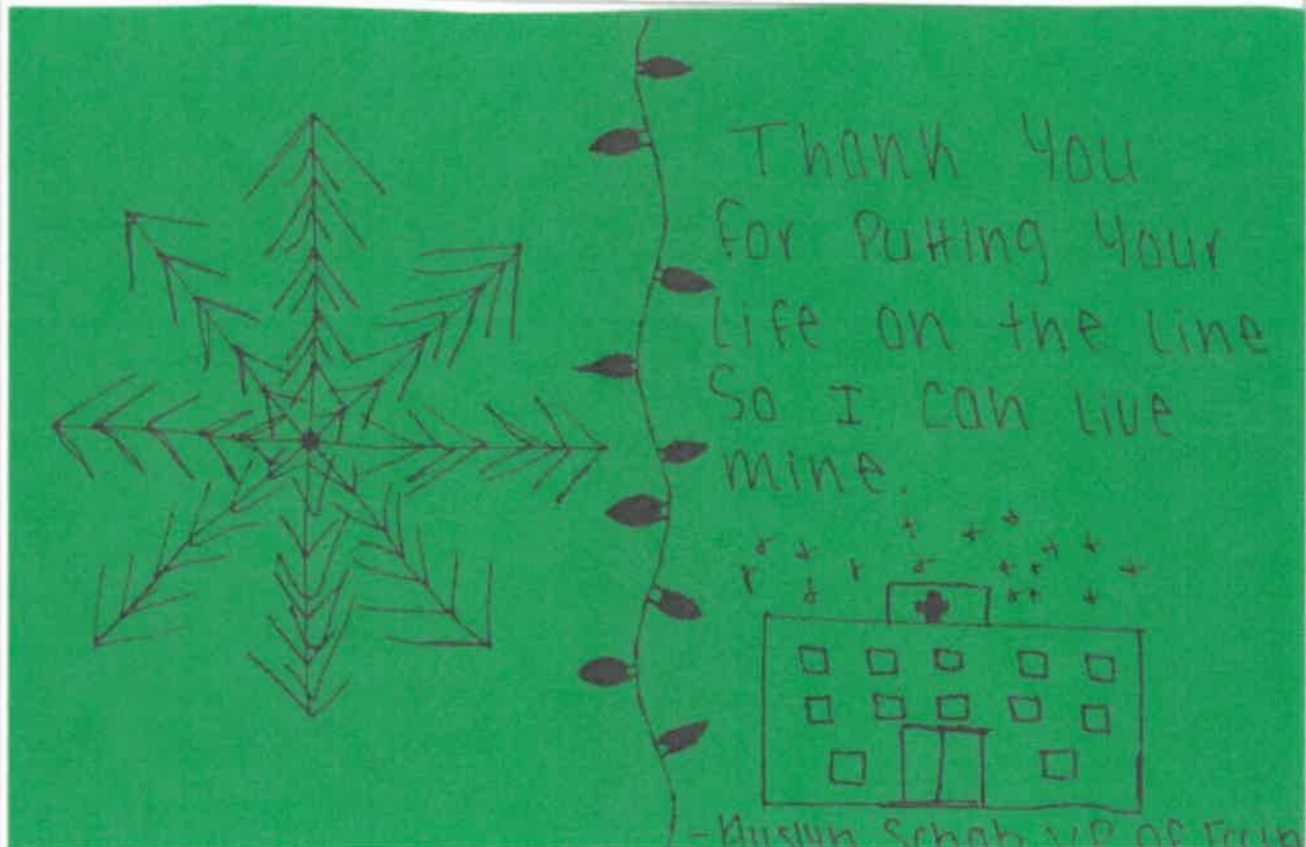
External Email: Please Proceed with Caution

I am a dental hygienist at Chalet Dental in Yakima. Our doctors have all received vaccinations at your clinics and speak highly of their experiences. I would like to know when you will offer another clinic for health care providers like myself.

Sent from my iPhone

This electronic mail message and all attachments may contain confidential information belonging to Prosser Memorial Health. This email may contain information related to performance improvement and peer review programs and is therefore confidential and protected under RCW4.24.250, RCW 70.41.200 and EHB1711. This information is intended ONLY for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution (electronic or otherwise), forwarding or taking any action in reliance on the contents of this information is strictly prohibited. If you have received this electronic transmission in error, please immediately notify the sender by telephone, facsimile, or email to arrange for the return of the electronic mail, attachments, or documents. Prosser Memorial Health (509) 786-2222.

Thank
you 
Health care
workers



Shannon Hitchcock

Chief Communications Officer / E.D. of the Foundation | Community Relations

PROSSER MEMORIAL HEALTH

723 MEMORIAL ST | PROSSER, WA 99350

o: (509) 786 6601

shannonh@prosserhealth.org | www.prosserhealth.org



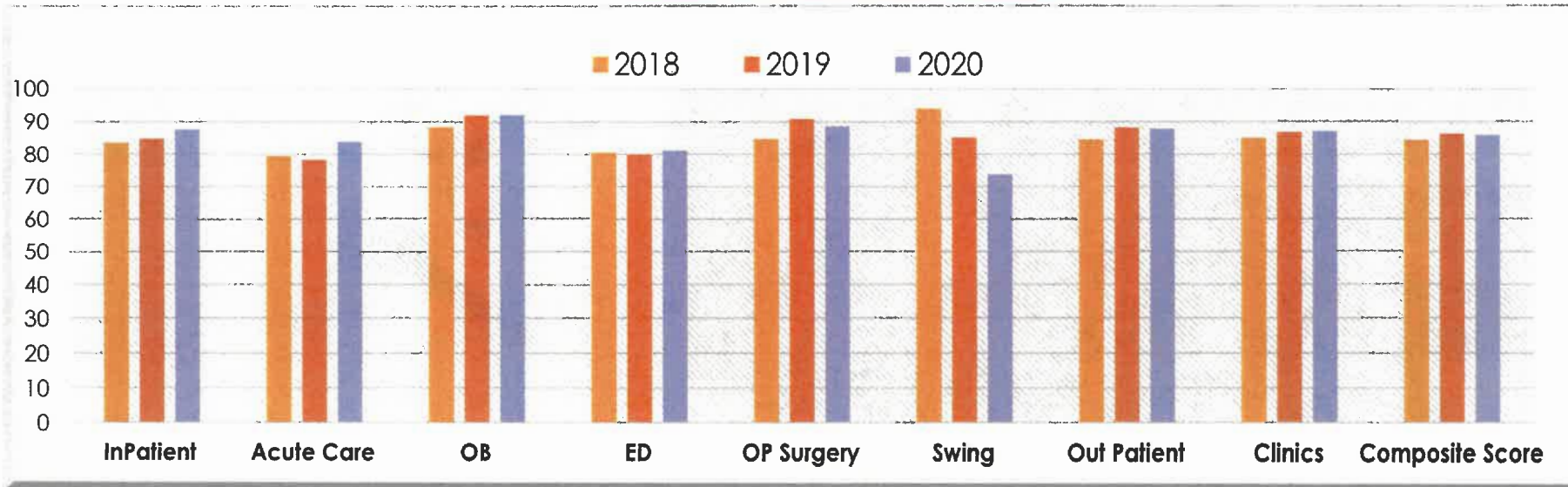


Prosser
Memorial Health

Patient Satisfaction

2020

Would you recommend our hospital to your friends and family?



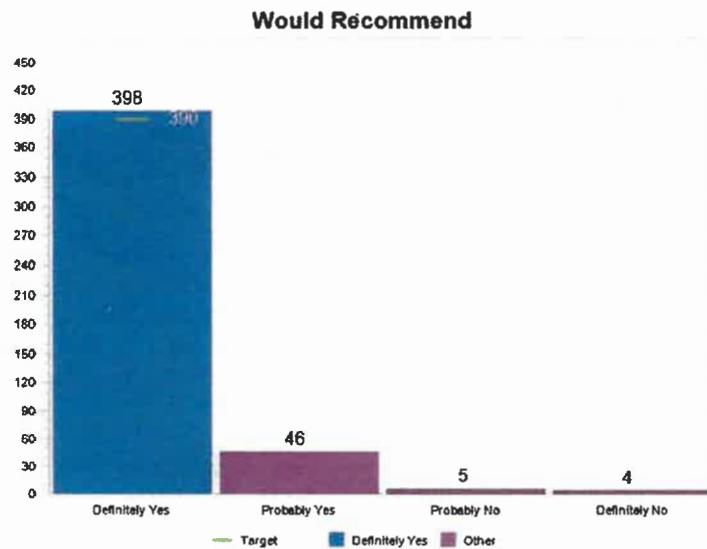
Patient Loyalty Composite Score

Survey Group	2020 Goal	2020 Actual	# of Surveys	Weight	Value
Emergency Depart.	>80.7%	81.4%	501	0.15	12.210
HCAHPS-Inpatient	>85.1%	87.9%	453	0.209	18.371
Out-Patient Surgery	>88.4%	88.9%	40	0.157	13.942
Swing Bed	>94.1%	73.9%	23	0.064	4.730
Clinic Network	>87.1%	87.3%	1223	0.984	7.333
Out-Patient Services	>88.4%	88.1%	444	0.336	29.602
Composite Score	86.61%	86.2%			



Inpatient Combined goal: >85.1%

2020 Result: **87.9%**



Analysis & Action Plan:

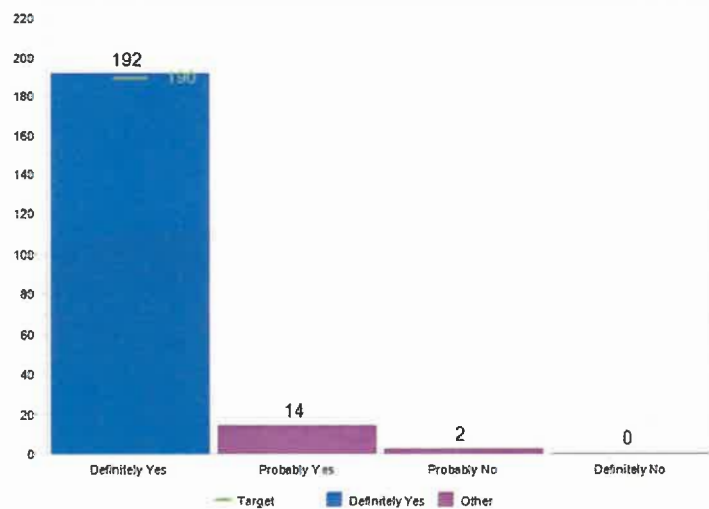
- ▶ Effective management of COVID-19 patient admissions has been established, with a reduction in transfers after admission.
- ▶ Staff have filled the gap caused by restricting visitors, providing support and facilitating communication.
- ▶ **2021 Objective:** Streamline the discharge process to reduce delays in receiving new admissions.



Family birthplace Goal: 92.2%

2020 Result: **92.3 %**

Would Recommend



Analysis & Action Plan:

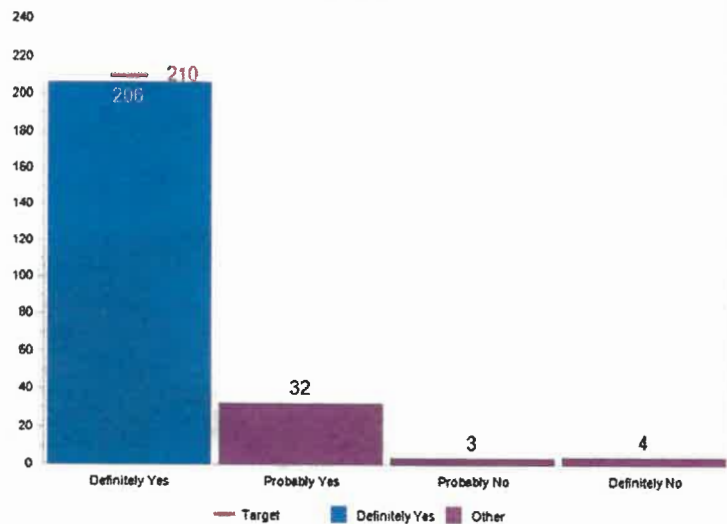
- ▶ We had a record number of births in 2020: **489**. And despite the significant increase in volume patient satisfaction exceeded 2019.
- ▶ **2021 Objective:** Increase the availability of labor trained staff and continue to cross train to postpartum and newborn care.



Acute care Goal: >79.7%

2020 Result: **84.1%**

Would Recommend



Analysis & Action Plan:

- This team has done an amazing job handling the constantly changing workflow, infection control guidance, and patient isolation. It has been incredibly challenging, but they have been successful, and this success is reflected in the patient surveys.
- **2021 Objective:** Continue to increase core AC staff and increase nursing education that will result in improved care and workflow.

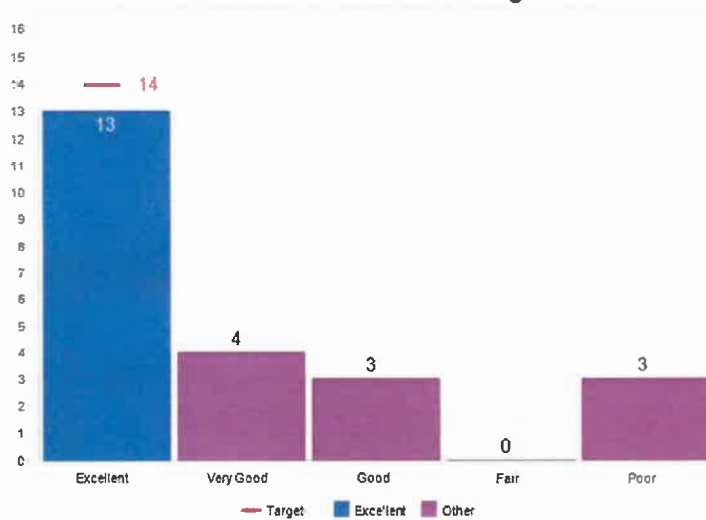


SWING Bed Program

Goal: >94.1%

2020 Result: **73.9%**

Likelihood of Recommending



Analysis & Action Plan:

- Swing bed admissions were significantly reduced due to the need to accommodate COVID-19 patients.
- Visitor restrictions and anxiety caused by the pandemic was especially challenging for these patients who spend 2-3 weeks in the hospital.
- **2021 Objective:** Expand the number and variety of social interactions and hobby activities available.

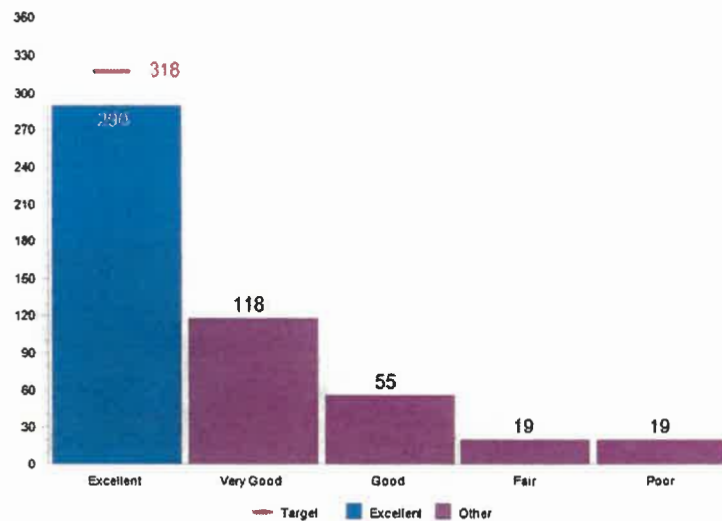


Emergency Department

Goal: > 80.7%

2020 Result: **81.4 %**

Likelihood of Recommending to Friends/Relatives



Analysis & Action Plan:

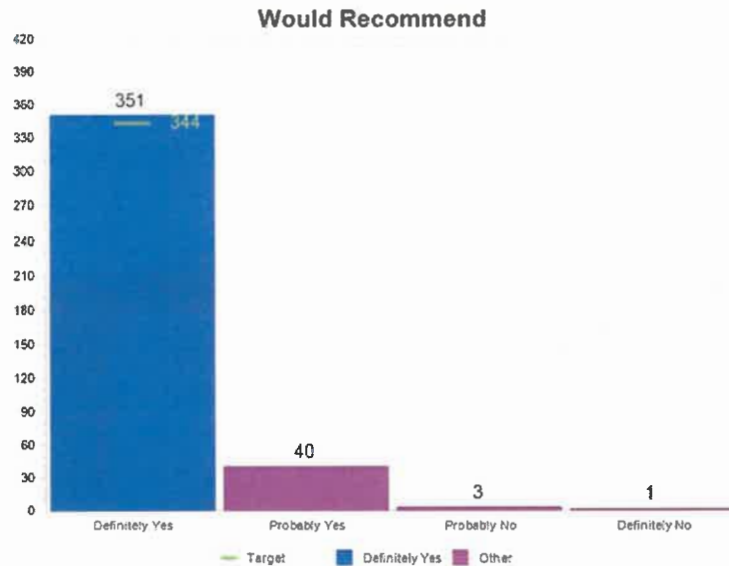
- The ED department doubled down on what can be accomplished with effective teamwork. Doctors, Nurses, Techs, RT, DI, Lab, admitting, and housekeeping have worked together in a constantly changing and challenging environment.
- **2021 Objective:** Continue improve patient flow utilizing the assessment and action plan established in 2020.



Surgical Services

Goal: >91%

2020 Result: **88.9 %**



Analysis & Action Plan:

- The Surgical Team has kept patient safety the priority, which has eased patient anxiety and allowed us to return to elective cases.
- New and expanded service lines and surgeons has required this team to be flexible and responsive.
- **2021 Objective:** Identify and address opportunities for more effective patient flow and staffing.

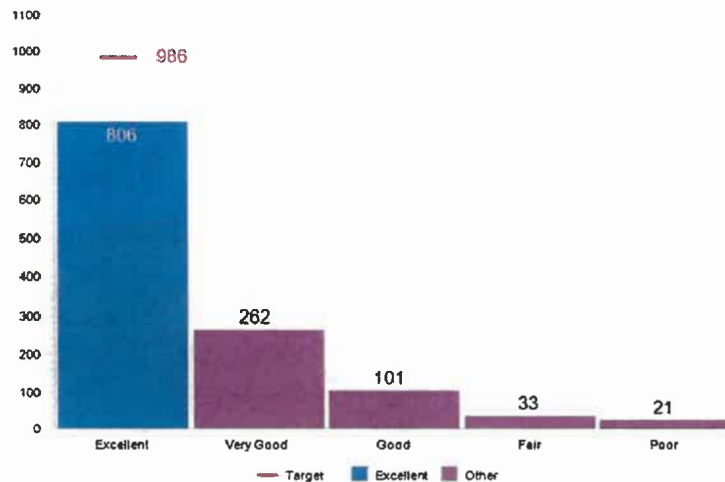


CLINIC ROLL-UP

goal: > 87.1%

2020 Result: **87.3 %**

Likelihood of Recommending



Analysis & Action Plan:

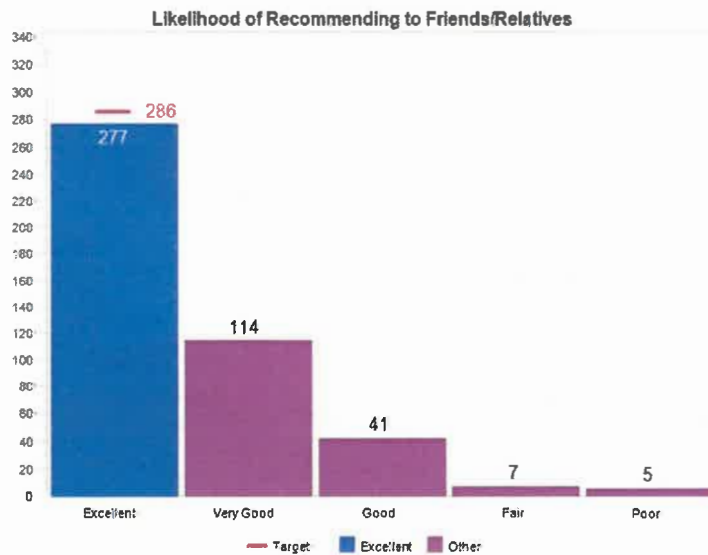
- ▶ Establishing the COVID-19 clinic has been an effective response to the community need for timely, safe, and effective care. Providers across our clinic net-work came together to make this heroic effort successful.
- ▶ **2021 Objective:** Support primary care with additional support services: diabetic education, medication management support, counseling for mental health, and social services.



Out-Patient services

Goal: > 88.4%

2020 Result: **88.1%**



Analysis & Action Plan:


- ▶ Outpatient services have not all seen a decrease in volumes in 2020, but they have all been required to deliver care in new ways. Lab, Diagnostic Imaging, Cardio-pulmonary, and Therapy Services have adjusted to the new challenges and demands caused by the pandemic.
- ▶ Supply shortages have and community fear have been huge obstacles for these teams to address.
- ▶ **2021 Objective:** Successful implementation of new services and service volumes planned for 2021.



Experts in
caring

Patient Loyalty

2020 STRATEGIC PLAN



#1 Encourage all disciplines of the healthcare team to integrate compassion in their practice to improve the patient experience, patient outcomes, and reduce burn-out.

Completion Percentage: 70%

The plan to survey and educate staff and providers on integrating compassion into the delivery of care was side-tracked as all resources were directed at our pandemic response. The delivery of compassionate care became even more challenging and risk of burn-out greater due to visitor restrictions, heightened anxiety, limited resources, more critical patients, and cumbersome essential infection control practices. Despite these new obstacles our staff and providers rose to the challenge!

- Acute Care, Family Birth Center, Emergency Department, Surgery, and the PMH Clinics all exceeded their 2019 Patient Satisfaction goal!
- Communication as measured by the patient's perception of being respected, listened too, and having information explained in way they could understand dropped 2% this year:
 - Nurses: 87.88% in 2020 from 88.95
 - Doctors: 90.20% in 2020 from 92.38






#2 Establish a plan for implementing self-registration and pre-registration for planned diagnostics, outpatient procedures, direct admissions to the hospital, clinic visits, etc.

2020 Completion Percentage: 50%

1. Although not able to implement self-registration due to the need to modify operations in the clinics, we have vetted the Epic option utilizing My Chart and implementation has begun.
2. Self-check in has been implemented for clinic appointments utilizing My Chart.
3. Pre-registration has expanded during scheduling and is slated for further improvement with the implementation of the call center Q1-m2021.

My Chart Sign Up

As you check patients in and out for their appointments, it is easy to remember to ask them about MyChart. A new window alerts you if a patient has not yet signed up, and you can help them do so from within your normal workflow.

1. Select the patient and click **Check In**.
2. The MyChart Signup window appears
 - Click  **Send Email** to send the patient an activation code to the e-mail address currently on file.
 - Click  **Print Letter** to print the activation code for the patient. The MyChart Letter window opens. Select a printer and click Print.
 - Click  **Ask Later** if the patient wants to be asked again after today. If the patient has multiple appointments that day, he would not be asked again at each appointment.
 - Click  **Patient Declined** if the patient does not want to enroll at this time. The MyChart Signup window will not appear again for this patient.
 - Click  **Open Proxy Access** if patient would like to designate another person to access their health records.



#3 Improve the accuracy of Medication Reconciliation (Med Rec) across the organization, with an emphasis on patient participation.

2020 Completion Percentage: 50%

1. Organization wide policy still in development.
2. Departmental specific education provided to FBP and AC staff in Q1.
3. AC/Swing staff have initiated a new process for educating patients/family on new medications, medication side effects, and discharge medications. Improvement noted in each area.
4. Medication Reconciliation reports allowed for a more global analysis, but demonstrated lower than expected compliance

% of patients who responded "Always"	2019	2020
Medications explained	89.77%	91.58%
Medication side effects explained	67.24%	74.50%
Medications explained well at discharge	62.58%	67.11%

Medication Reconciliation Detail

The Emergency and Acute Care department demonstrate the greatest attention to Med Rec Compliance for Inpatients, with improvement demonstrated in Q4. Poor compliance is noted for all patients who do not enter the hospital by way of the emergency room. Re-education to be completed in Q1 2021 with a focus on Swing, Surgery, and OB.

Medication Reconciliation	2019 85.16 Inpatient%				2020 47.15% (84.31% Inpatient)		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Inpatient	85.45%	86.50	80.74%	78.7%	79.38%	88.85%	90.57%
Swing	17.33%	40.54%	49.62%	23.78%	41.72%	36.67%	65.26%
Obstetrical	35.83%	27.71%	11.84%	12.86%	9.58%	16.48%	23.57%
Surgical	12.50%	7.8%	6.07%	38.34%	9.80%	8.30%	3.92%
Total Combined:	42.31%	44.84%	35.35%	38.34%	36.76	41.69%	49.34%

#4 Improve the efficacy of post encounter follow-up across the organization.
2020 Completion Percentage: 50%

A revised process has been implemented in each patient care area to increase both the efficacy and frequency of post-discharge phone calls. High-risk patient populations have been identified and assigned to a champion to ensure an effective post discharge plan is being followed or an alternate plan developed as needed. COVID-19 patients have been prioritized for both ED and Clinic follow-up. These calls, along with CPP visits, have identified patients needing emergent care, critical interventions, or creative problem solving.



#5 Improve the quality and efficiency of the hospital discharge process.
2020 Completion Percentage: 50%

- Formal training on effective patient education was halted after Q1 but will resume in 2021.
- We remain challenged with discharges and admissions bottlenecks in the early evening.
- Staffing shortages due to increased patient census, acuity, and illness have way laid the plan for an innovative staffing model to specifically address patient flow.
- Now adjusted to the "new normal" of Covid-19 patient flow initiatives will resume.



#6 Implement patient self-management tools across the organization. (i.e. smoking cessation self-management tools, weight reduction self-management tools, &/or Congestive Heart Failure self-management tools).

2020 Completion Percentage:

1. A Mako total joint self-management application is being utilized for all total joint patients. 2. The Edinburgh Post-partum depression tool has been introduced to all OB patients after delivery. 3. A Covid-19 self-assessment tool was added to the PMH website and helps direct patients towards the appropriate level of care. Staff have been able to utilize the tool to assist patients with sound guidance as well.

COVID-19 Assessment Tool



Do you have any of these life-threatening symptoms?

- Bluish lips or face
- Severe and constant pain or pressure in the chest
- Extreme difficulty breathing (such as gasping for air, being unable to talk without catching your breath, severe wheezing, nostrils flaring)
- New disorientation (acting confused)
- Unconscious or very difficult to wake up
- Slurred speech or difficulty speaking (new or worsening)
- New or worsening seizures
- Signs of low blood pressure (too weak to stand, dizziness, lightheaded, feeling cold, pale, clammy skin)
- Dehydration (dry lips and mouth, not urinating much, sunken eyes)

Yes

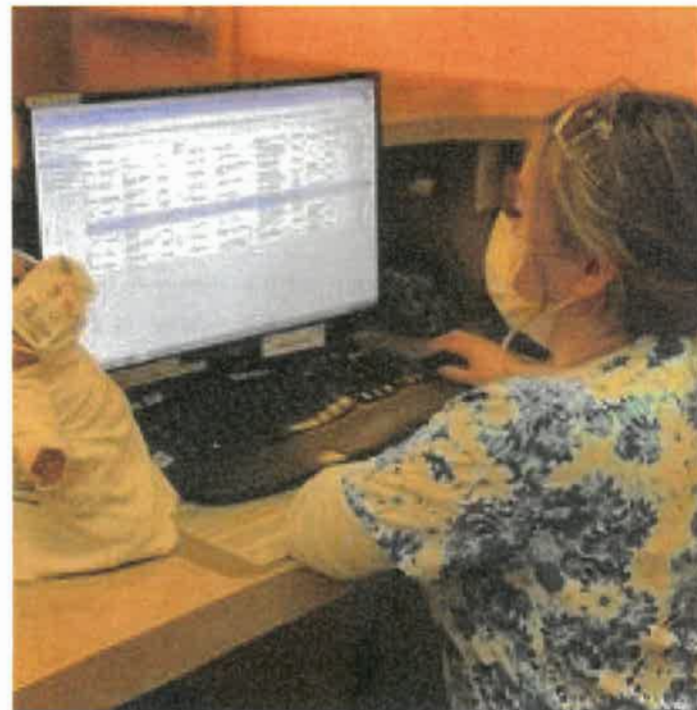
No

#7 Establish a process for educating patients/family on access and utilization of My-Chart (online patient medical record access portal).

2020 Completion Percentage: 50%

Expansion of My Chart utilization was slowed (but not stopped) due to an upgrade to the application in Q4 and COVID-19 challenges that impacted this initiative for both the hospital and clinics. New features make MyChart utilization a better tool for patients:

- ▶ Expanded patient access to chart notes.
- ▶ Rapid interface for diagnostic results (even before the provider sees them).
- ▶ Appointment check-in.
- ▶ Expanded payment access.



8 Assess the availability of existing patient transportation options and the feasibility of implementing additional options.
2020 Completion Percentage: 0%

Transportation options became even more problematic in 2020 due to the need for social distancing and fear of COVID-19 infection. PMH EMS accommodated unconventional transportation issues with rides home or at home blood draws. OSP made several essential home visits until transportation issues for specific patients could be resolved. And the Clinics and Therapy Services implemented some tele-medicine visits to eliminate the transportation challenge. Attention to this initiative will resume this year.



9 Assess the need for nurse educators (existing and potential) across the organization and develop an implementation plan (Diabetes, Joint Program, Childbirth Education, Lactation, Clinic/ER/Post-discharge phone triage/consultation, CHF, etc.)

2020 Completion Percentage: 80%

1. Nurse educator job description and vision have been developed that can be modified to any specialty area.
2. Mary Ella Clark, RNC has obtained debridement training/certification.
3. Two RN diabetic educators have been identified and are currently being vetted.
4. We currently have 2 certified lactation consultants.
5. Childbirth education converted to a Teams Platform so that childbirth education could continue.



World Breastfeeding Week

August 1st – 7th, 2020



Prosser
Memorial Health

This is how we care.

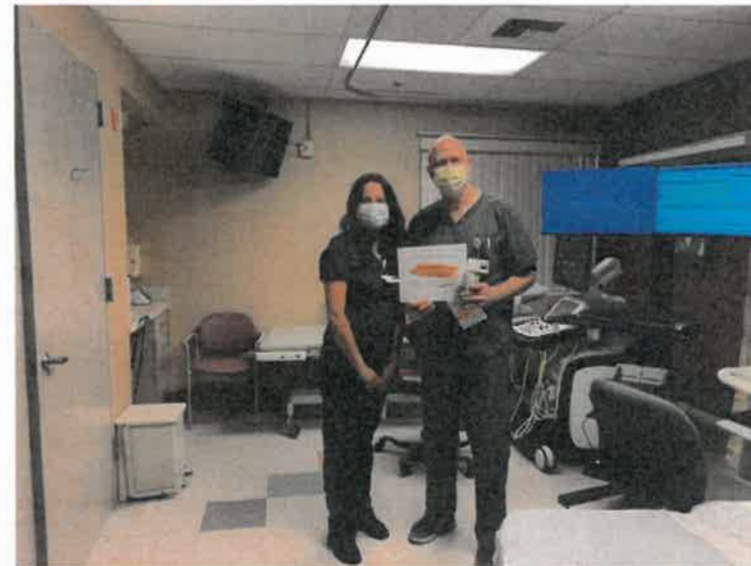


10 Improve patient satisfaction with dietary services in the hospital.
2020 Completion Percentage:

11 Identify and implement opportunities to increase patient comfort within the hospital environment.

2020 Completion Percentage:

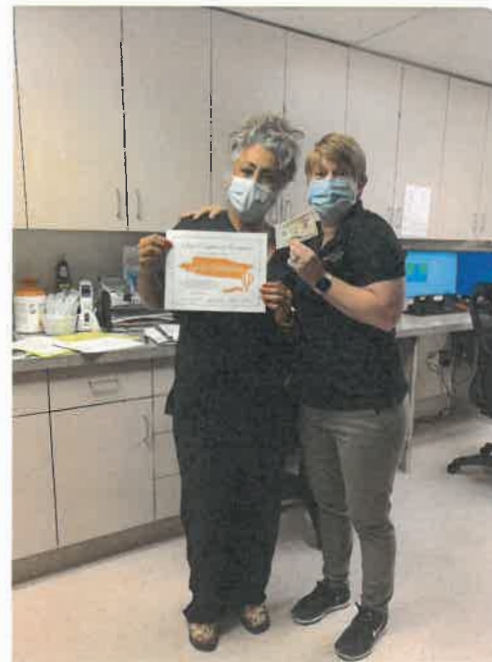
1. AC trialed patient beds and is purchasing 10 new beds with features to reduce pressure ulcers and blood clots in bed bound beds.
2. Cardiac Echoes was provided a designated space to comfortably accommodate patients.
3. OB revamped the triage room and a postpartum room to allow for enhanced patient comfort in early labor.
4. New patient monitoring technology was purchased to allow for close patient monitoring with unrestricted patient movement.



#12 Assess the current availability of language support and language support tools throughout the organization. Develop and begin implementing an improvement plan.

2020 Completion Percentage:

1. ALTA competency testing has been renewed and expanded.
2. A comprehensive assessment and plan was deferred due to re-allocation of time to our COVID-19 response.
3. Work on this initiative to resume Q1 2021.



#13. Assess and improve patient communication related to clinic messaging, text appointment reminders, and utilization of MyChart for patient provider communication.

2020 Completion Percentage: 50%

- ▶ My Chart features will be expanding to give patients the ability to modify medication lists in this application.
- ▶ Appointment scheduling in My Chart was turned off due to the need to COVID-19 screen patients. This feature will be resumed as soon as it is safe to do so.
- ▶ Provider/Patient communication is available via My Chart. Automated appointment reminders are being utilized.



#14 Exceed patient satisfaction survey results on all domains and in each area of service.
 2020 Completion Percentage: 67%

Survey Group	2020 Goal	2020 Actual	# of Surveys	Weight	Value
Emergency Depart.	>80.7%	81.4%	501	0.15	12.210
HCAHPS-Inpatient	>85.1%	87.9%	453	0.209	18.371
Out-Patient Surgery	>88.4%	88.9%	40	0.157	13.942
Swing Bed	>94.1%	73.9%	23	0.064	4.730
Clinic Network	>87.1%	87.3%	1223	0.084	7.333
Out-Patient Services	>88.4%	88.1%	444	0.336	29.602
Composite Score	86.61%	86.2%			

#15 Explore changing to a new Patient Satisfaction Survey Vendor.
2020 Completion Percentage: 100%

Press Ganey was
chosen as our new
vendor and
implemented on
January 1!



#16 Hardwire rounding for purpose with patients.
2020 Completion Percentage: 50%

#17 Develop a "patient-friendly" billing system.

2020 Completion Percentage:

- ▶ An application for insurance verification is being vetted for implementation. This will provide concurrent estimates for patients at the time of service.
- ▶ My-chart features will be turned on to allow patients to pay via this portal, review test results and chart notes, and ask questions about their bill.
- ▶ The private pay policy was revised to provide patients with greater support and guidance in gaining access to insurance or making incremental payments for elective services.



#18 Identify and remove obstacles for optimal patient flow through the Emergency Department.

2020 Completion Percentage: 100%

1. The ED Flow assessment was completed with the Studer consultant and an action plan initiated.
2. LWOTs were reduced to 0.8% (1.11-2019) 77 out 9662 patients seen.
3. All admissions exceeding 60 minutes from admission order to departure from the ED are being reviewed by both the ED and AC staff.
4. Cross training has been successful and is ongoing.
5. ED patient Satisfaction exceeded goal at 81.4% (80.3%-2019).

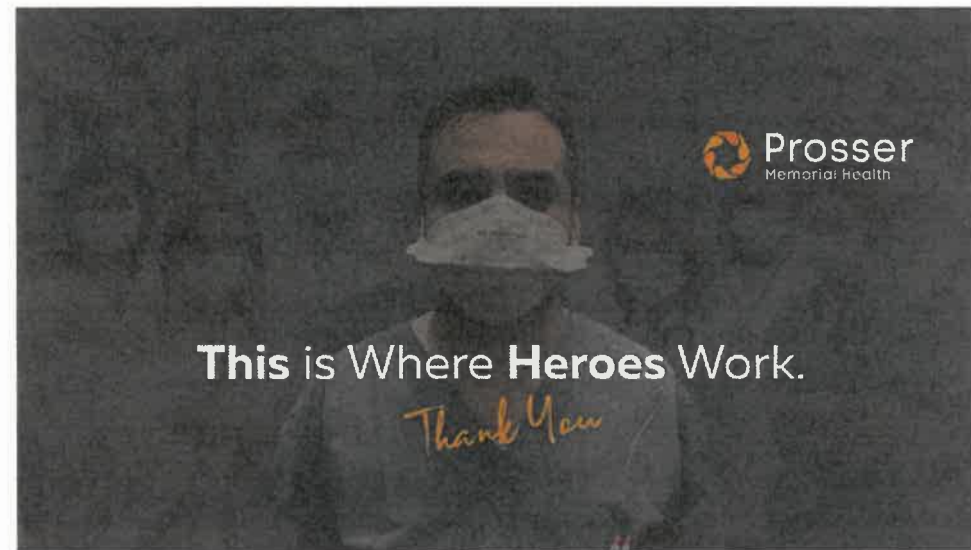
May: National Stroke Awareness Month



#16 Develop and implement innovative nurse/support staff processes that will increase the reliability and timely delivery of patient care, reduce unnecessary time expenditure, allow patients/families to participate as members of their care team, and increase employee job satisfaction.

2020 Completion Percentage: 100%

When this strategic plan metric was established, we had no idea how much innovation was going to be required to ensure the safe delivery of patient care in 2020. While the pandemic evolved, and guidance literally changed day to day, every member of the Medical Staff, Clinical Staff, and Support Staff was challenged to be frugal, effective, creative, collaborative, and positive. We are proud of the way we have cared for our patients and for one another. We are grateful for how our community cared for us by bringing us cleaning supplies, homemade masks, food, and constant encouragement!





Supply Chain

is is Where Heroes Work

Thank You

Prose
Memorial Health



Environmental
Services



#RadTechWeek

Diagnostic Imaging



COVID-19 Clinic

Attachment P

Craig Marks

From: Bryon Dirkes
Sent: Tuesday, January 19, 2021 7:07 AM
To: Craig Marks
Cc: Crystal Blanco
Subject: Employee List
Attachments: Copy of Updated 2020 Years of Services Recognition1.19.2021.xls

FIRST-NAME	LAST-NAME	DEPARTMENT.NAME	JOB-CODE.DESCRPTION	Years of Service
Jamie	Willoughby	Accounting	SENIOR FINANCIAL ANALYST	5
Kale	Guerin	Ambulance	Paramedic	5
Timothy	Shiple	Ambulance	EMT B	5
Neil	Taylor	Ambulance	Paramedic	5
Juanita	Degollado	Dietary	Cook	5
Jody	Andringa	Emergency Dept	RN	5
Susie	Cervantes	Emergency Dept	RN	5
Alberto	Gonzalez	Emergency Dept	ED Tech	5
Wesley	Kessinger	Emergency Dept	RN	5
Araceli	Morfin	Emergency Dept	ED Tech	5
Liliana	Rangel	Emergency Dept	RN	5
Terry	Murphy	ER Physicians	Physician Emergency	5
Kristal	Oswalt	Ideal Protein	Health & Wellness Coordinator	5
Bailey	Dibbert	Labor & Delivery	RN	5
Veronica	Huerta Monjes	Labor & Delivery	OB Tech	5
Kelly	Knurbein	Labor & Delivery	RN	5
Lisa	Lewis	Labor & Delivery	RN	5
Kristine	Perales	Labor & Delivery	OB Tech	5
Cinthia	Raymond	Labor & Delivery	Nurse Director	5
Lindsey	Schutt	Labor & Delivery	RN	5
Rodelito	Mallari	Laboratory	Medical Technologist	5
Andres	Vanguardia	Maintenance	Groundskeeper	5
Tasha	Sears	Materials Management	Inventory Control Specialist	5
Kathleen	Atkinson	Medical/Surgical	RN	5

Ivan Iniguez	Castellano	Medical/Surgical	Nurse Technician	5
Irene	Chavez	Medical/Surgical	Acute Care Tech	5
Marla	Davis	Medical/Surgical	Nurse Director	5
Menalyn	Herrero	Medical/Surgical	RN	5
Maryann	Hildebrant	Medical/Surgical	RN	5
Maria	Persinger	Medical/Surgical	RN	5
Maria	Rivera	Medical/Surgical	CNA/Unit Secretary	5
Phillip	Braem	MIS	Senior Systems Analyst	5
Tonya	Carreon	Nursing Administration	RN Resource Nurse	5
Maria	Castro	Prosser Specialty Clinic	CMA	5
Ricardo	Gonzalez	Radiology	CT Technologist - Registered	5
Summer	Landa	Respiratory Therapy	Respiratory Therapist - R	5
Brittney	Derderian	Surgical Services	RN	5
Sarah	Mora	Surgical Services	RN	5
Amy	Shook	Surgical Services	RN	5
Hope	Ramirez	Benton City Clinic	CMA	10
Trudy	Lewis	Dietary	Cook	10
Cheryl	Bofman	Emergency Dept	RN	10
Nigel	Day	Emergency Dept	RN	10
Elizabeth	Macias	Emergency Dept	ED Tech	10
Sarah	Moritzky	Emergency Dept	RN	10
Kimberly	Winters	Medical Records	Certified Coder	10
Casey	Hollenbeck	Nursing Administration	RN Resource Nurse	10
Diana	Ramirez	Patient Billing Services	Revenue Integrity Analyst	10
Isabel	De La Cruz	Prosser Clinic	CMA	10
Gloria	Zuniga	Prosser Clinic	CMA	10
Lorie	Santoy	Prosser Specialty Clinic	Surgery Scheduler Coordinator	10
Terri	McNeilly	Respiratory Therapy	CRT	10
Gaylyn	Concienne	Medical Records	Certified Coder	15
Lydia	Barrett	Patient Billing Services	Payment Processing Clerk	15

Margarita	Munoz-Costello	Patient Billing Services	CDM Coordinator Credentialing Specialist	15
Jason	Raver	Ambulance	Advanced EMT	20
William	Wilson	Ambulance	EMT B2	20
Randy	McCombs	Maintenance	Grounds Maintenance	20
Corina	Montelongo	Medical/Surgical	CNA/Unit Secretary	20
Rosita	Rivera	Prosser Specialty Clinic	CMA	20
Kermit	Schab	Radiology	CT Technologist - R Eligible	20
Sheri	Allen	Emergency Dept	RN	25
Steven	Broussard	Maintenance	Director of Support Services	25

Bryon Dirkes

Chief Human Resources Officer | Human Resources

PROSSER MEMORIAL HEALTH

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o: 509 786-6680

bdirkes@prosserhealth.org | www.prosserhealth.org



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Prosser Memorial Health

Dashboard Report

January 19, 2021

Report based on

Engagement 2020

Data from 08/01/2020 - 01/20/2021

Report filters applied

Employee Type : Employees

Dashboard

Total Invited

336

Total Response

254

Overall Favorability



Total Questions

64

Total Comments

442

Suggested Areas of Action

Staffing & Resource Management

There is sufficient staff in my department to maintain quality work

Communication

Communication between departments is effective

Communication

My ideas and suggestions are given consideration

Highest and Lowest Rated Items

High

- 95% Patient satisfaction is a top priority at Prosser Memorial Health
- 95% I feel proud to work for Prosser Memorial Health
- 94% I agree with the Mission, Vision, and Values of Prosser Memorial Health
- 93% I would recommend Prosser Memorial Health to my friends and family for care
- 93% Prosser Memorial Health emphasizes the importance of safety

Low

- 58% There is sufficient staff in my department to maintain quality work
- 62% My supervisor is effective in resolving issues
- 63% Communication between departments is effective
- 65% My supervisor provides recognition for good work
- 68% My ideas and suggestions are given consideration

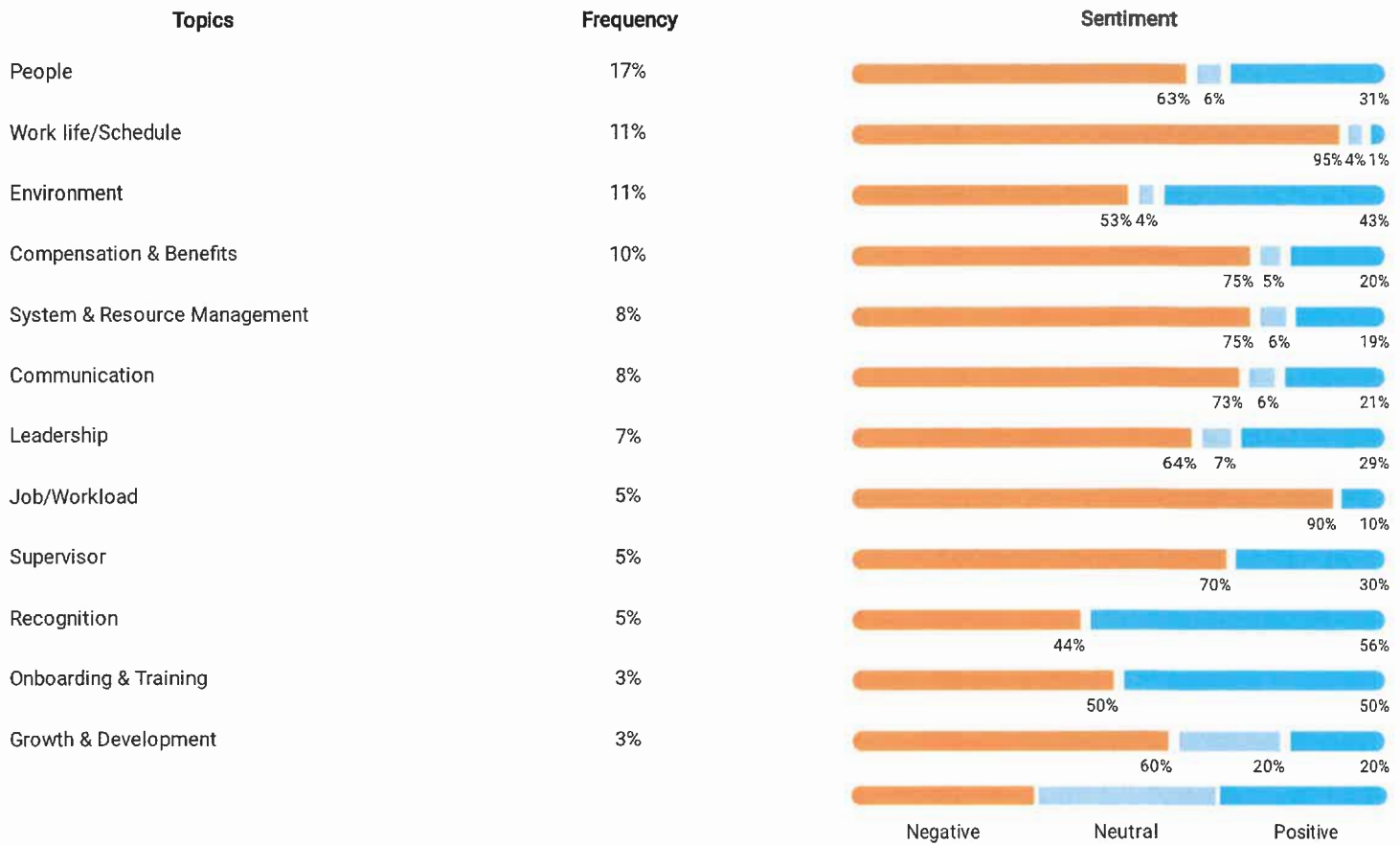
Summary

Question	Category	N	Mean	%Favorable	Comparison to Company	Engagement 2019
I feel proud to work for Prosser Memorial Health	Culture & Climate	252	4.58	95	15	▲2
Patient satisfaction is a top priority at Prosser Memorial Health	Service & Quality	251	4.59	95	15	▲2
I agree with the Mission, Vision, and Values of Prosser Memorial Health	Culture & Climate	249	4.61	94	14	-
Prosser Memorial Health emphasizes the importance of safety	Service & Quality	251	4.46	93	13	▲8
I would recommend Prosser Memorial Health to my friends and family for care	Culture & Climate	248	4.54	93	13	-
I am motivated to go beyond what is normally expected of me to help Prosser Memorial Health be successful	Job Satisfaction	251	4.50	92	12	▲6
I would recommend Prosser Memorial Health as a good place to work	Culture & Climate	252	4.50	92	12	▲6
I plan to be with Prosser Memorial Health at least 1 year from now	Culture & Climate	246	4.57	91	11	▲2
My work gives me a sense of personal accomplishment	Job Satisfaction	252	4.45	90	10	▲3
Prosser Memorial Health's communication tools are useful (i.e. newsletters, bulletin boards, emails, company website)	Communication	253	4.33	90	10	▲7
Overall, I am satisfied working at Prosser Memorial Health	Culture & Climate	252	4.46	89	9	▲6
Overall, the benefit package meets my needs	Compensation & Benefits	227	4.30	88	8	▲1
I trust the information I receive from Prosser Memorial Health	Communication	253	4.33	87	7	▲5
Safety standards are consistently enforced	Service & Quality	251	4.33	87	7	▲7
I am given flexibility in my schedule when I need it	Staffing & Resource Management	250	4.32	85	5	0
I receive adequate training to be successful at my job	Training & Career Development	252	4.20	84	4	▲8
I receive important company information in a timely manner	Communication	253	4.22	83	3	▲6
Administration communicates a clear vision and plan for Prosser Memorial Health's future	Administration	253	4.24	83	3	▲7
I am encouraged to share ideas for improving service and quality	Service & Quality	251	4.19	82	2	▲3
I have the resources and equipment I need to be successful at my job	Staffing & Resource Management	251	4.23	82	2	▲5
My benefits are competitive with other healthcare organizations in the area	Compensation & Benefits	224	4.20	81	1	▼-4
My coworkers are committed to delivering high quality work	Service & Quality	251	4.19	81	1	▲3
Prosser Memorial Health provides me with opportunities to grow professionally	Training & Career Development	249	4.12	79	-1	▲5
My benefits are clearly communicated so that I understand them	Compensation & Benefits	228	4.16	79	-1	-
I don't consider looking for a new job elsewhere	Culture & Climate	245	4.22	78	-2	▲8

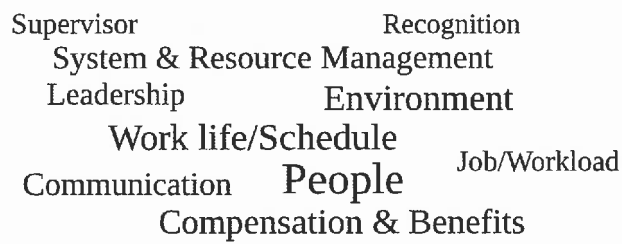
Question	Category	N	Mean	%Favorable	Comparison to Company	Engagement 2019
Administration actions show they care about employees and medical staff	Administration	253	4.13	78	-2	▲12
My supervisor supports my professional development	Immediate Supervisor	249	4.14	78	-2	▲3
My supervisor treats employees respectfully	Immediate Supervisor	248	4.21	78	-2	▲2
My compensation is competitive with other healthcare organizations in the area	Compensation & Benefits	243	4.07	77	-3	▼-1
I am satisfied with the EPIC EMR/EHR	Training & Career Development	227	4.02	77	-3	-
My supervisor clearly communicates expectations for my performance	Immediate Supervisor	250	4.14	76	-4	▲7
There is a high level of respect between medical staff and employees	Culture & Climate	251	4.10	76	-4	-
I am paid fairly for the work I do	Compensation & Benefits	250	4.02	75	-5	▲5
The amount of work I am expected to do is realistic	Staffing & Resource Management	251	4.00	75	-5	▲7
Prosser Memorial Health shows recognition for meeting goals	Culture & Climate	252	4.08	75	-5	-
My workload allows me to maintain a good work/life balance	Job Satisfaction	253	4.04	75	-5	-
Prosser Memorial Health does a good job of recruiting quality people	Staffing & Resource Management	251	4.07	75	-5	-
My supervisor gives me useful feedback on my performance	Immediate Supervisor	249	4.08	74	-6	▲7
There is sufficient communication from Administration	Administration	254	3.99	71	-9	▲6
I feel comfortable voicing my opinion and offering suggestions	Communication	253	3.88	70	-10	▲7
The EPIC EMR/EHR training helps me better understand the Epic software and my department's Epic workflow	Training & Career Development	227	3.89	70	-10	-
My ideas and suggestions are given consideration	Communication	251	3.81	68	-12	▲8
My supervisor provides recognition for good work	Immediate Supervisor	249	3.86	65	-15	▲4
Communication between departments is effective	Communication	243	3.65	63	-17	▲18
My supervisor is effective in resolving issues	Immediate Supervisor	249	3.81	62	-18	▲5
There is sufficient staff in my department to maintain quality work	Staffing & Resource Management	252	3.62	58	-22	▲10

Comment Analysis

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

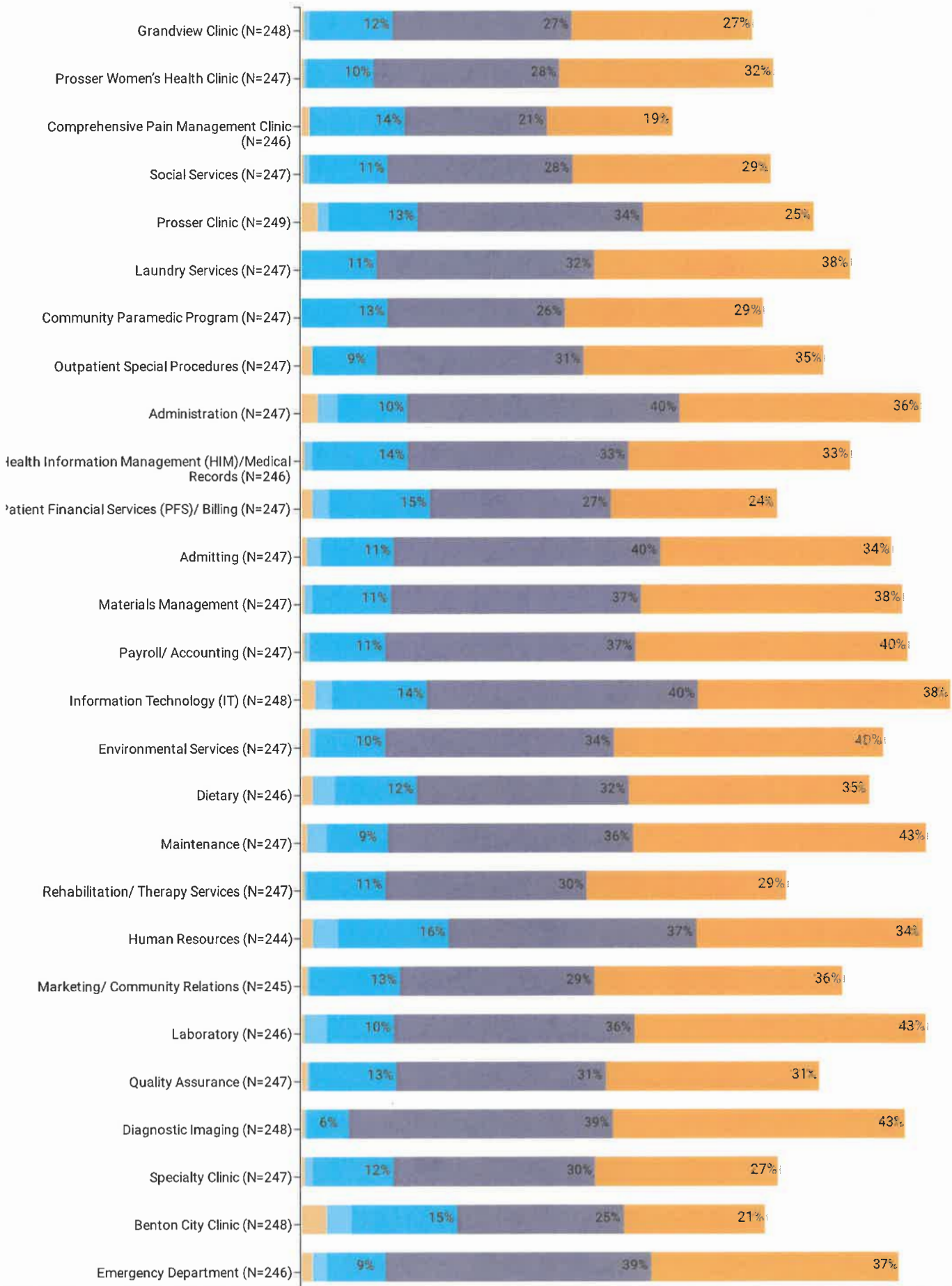


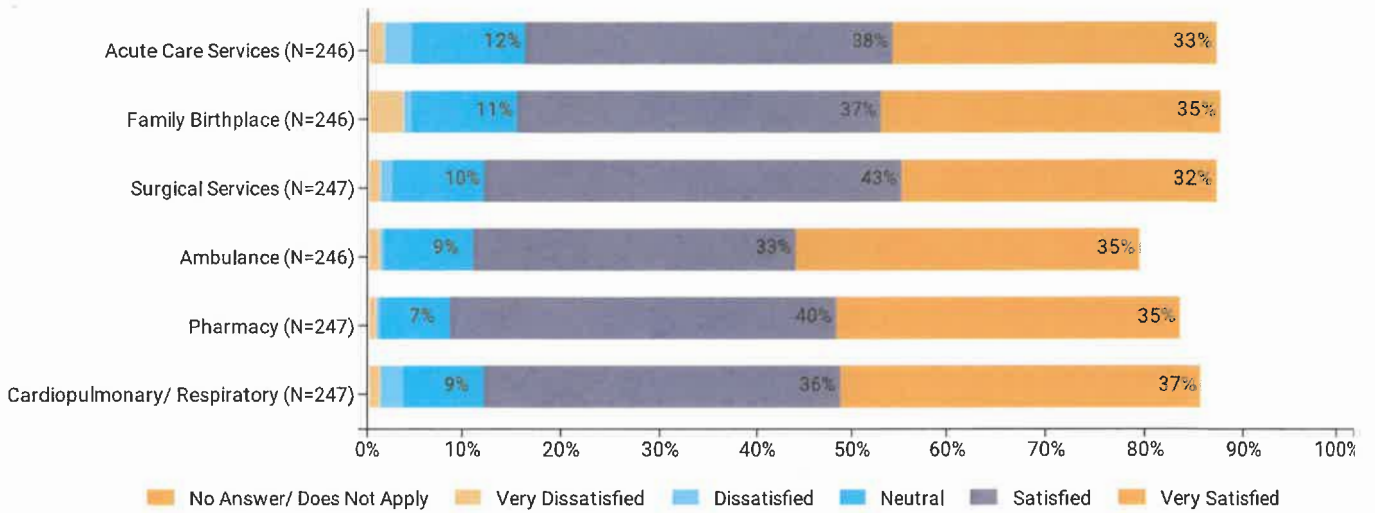
Topics Words



Matrix Questions

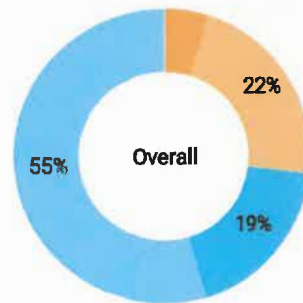
Please indicate your level of overall satisfaction in working with the following departments



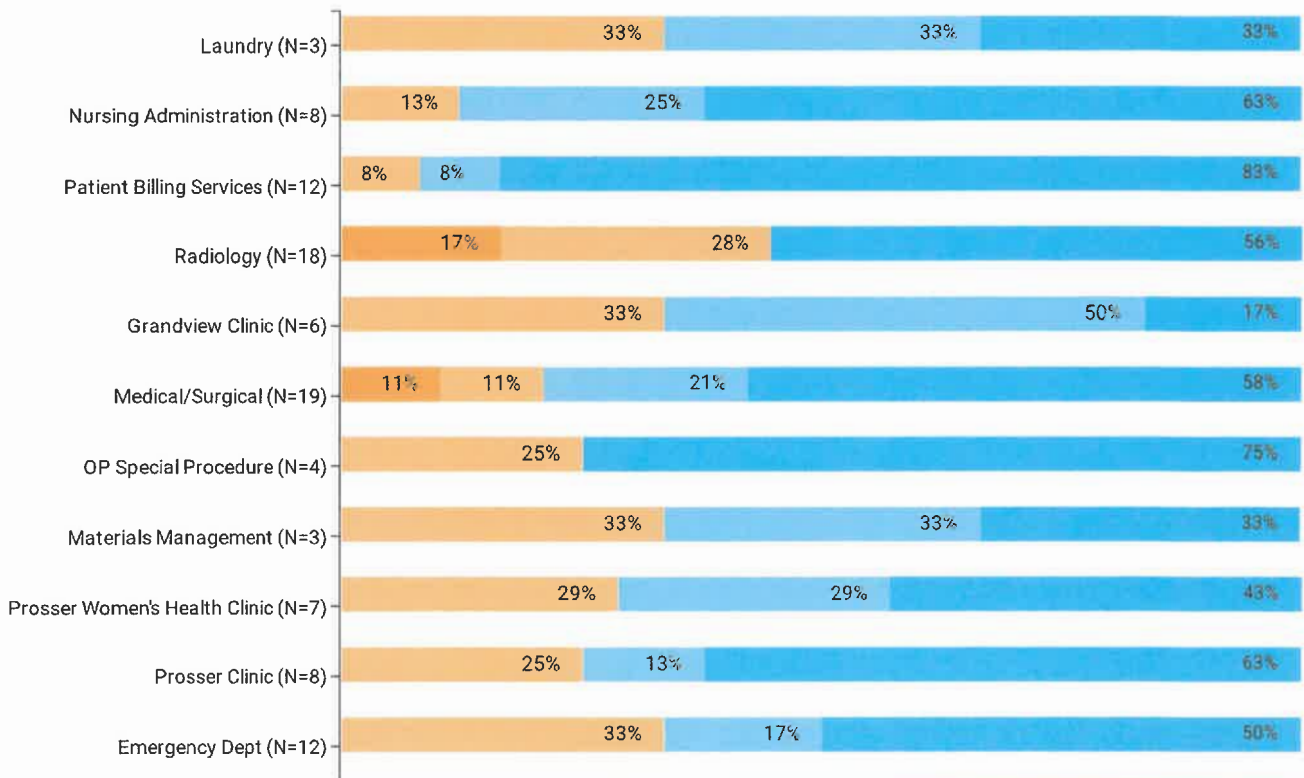


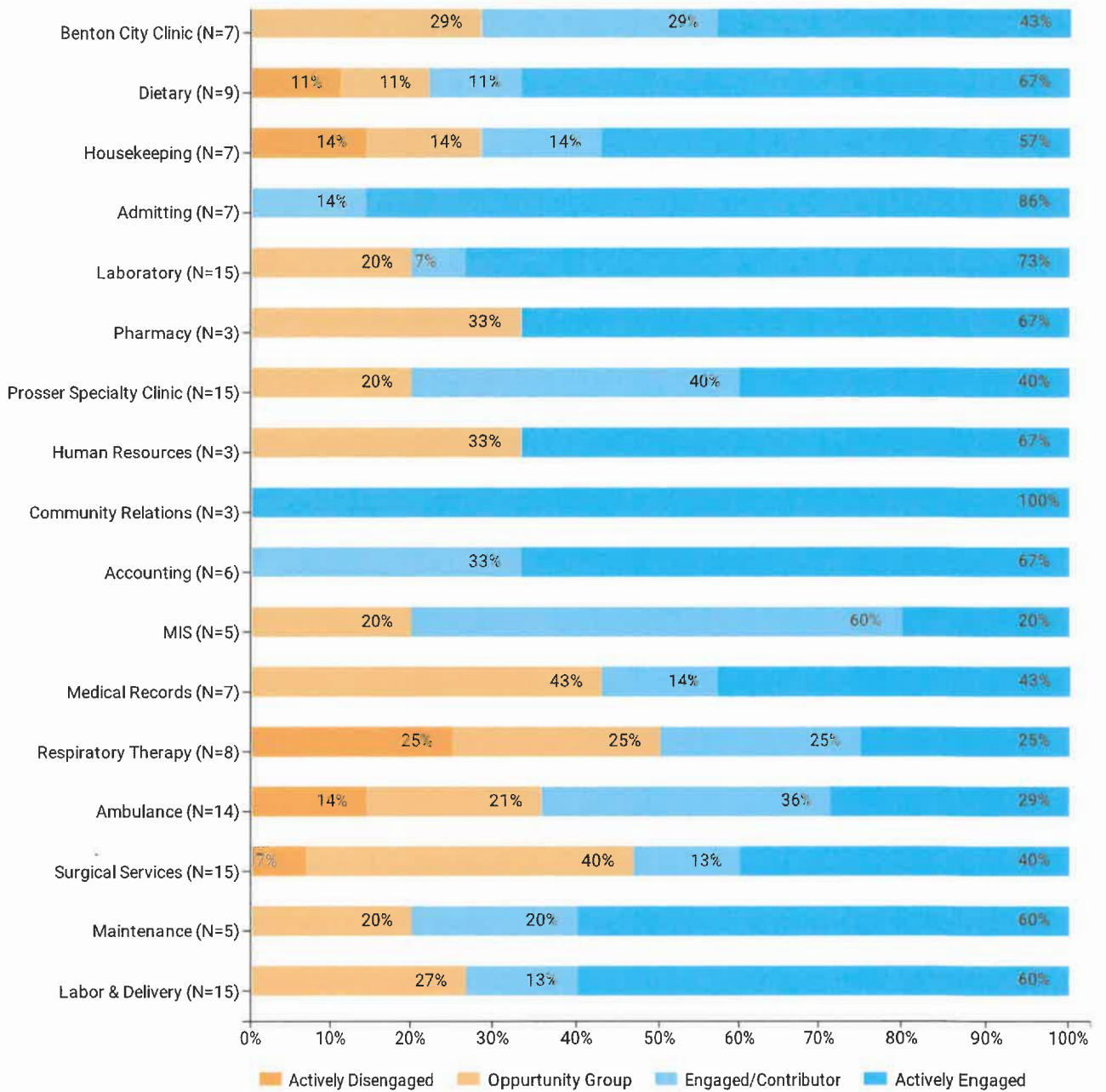
Engagement

73% Engaged



Engagement index for demographics







Prosser Memorial Health

Comment Report

January 19, 2021

Report based on

Engagement 2020
Data from 08/01/2020 - 01/20/2021

Report filters applied

Employee Type : Employees

What 1 or 2 things would most improve Prosser Memorial Health as a place to work? (178)

N/A

A NEW HOSPITAL!

Having more of an option to attending meeting remotely.

Give my department, HIM, more respect and understanding of all we do. Increase pay and benefits always a plus.

Leaders are held to different levels of accountability depending who they report to. Some departments have struggled for as long as I have worked here and they continue to get a pass while other departments the bar is set much higher and there is no room for excuses if something isn't getting done. A more fair playing field would help with some of the resentment that bubbles up.

we can improve on the pay and the cost of living.

Bring back cost of living... Small improvements are going to be done with the new hospital.

communication i believe is a huge one we can all try and work on so that way we can all be on the same page .

Hiring employees that want to work hard and perform above the norm.

Hiring more medical assistants when we get new providers working. it would be less stressful for the people having to work with multiple providers and trying to keep up with all the patients.

If we had a per diem pool that we could pull from for coverage when people are sick , on vacation, or FMLA. So we don't have to work short staffed for months at a time.

Additional training for leaders and key staff in critical areas: regulatory requirements, healthcare finance and budgets, patient safety, environment of care, human resources, project planning and management, and policy writing.

with more surgeries i think you need to hire an RN for later timed shift. we cant be expected to work through the night and the next day

better kitchen availability for nights and weekends

1. A new facility.

Have more available staff.(Possibly another full time) A scanning system and new system in my department of Supply Chain.

Not feeling scared to tell management how you feel. Being able to speak to management about something and not having to worry that it will be repeated when you are told its confidential.

In my many years as an employee here, this is the best time to be an employee at PMH. I work here because I choose to, not because I have to.

People taking pride in what they do & having consideration for others.

1. Enforcing teamwork between departments. 2. Enforcing breaks and insuring adequate staff so breaks can be taken.

I think PTO format would be better format for employees of PMH.

employees that actually know how to do their jobs without complaining

Make people accountable. If an employee can not do the work, put them on a documented process improvement plan. If they fail remedial training, then fire them. STOP holding on to employees that can not meet the standards just because supervisor or HR is too weak to fire someone.

Adequate staffing

The new hospital will be a great improvement.

My pay is below the market standards. The benefits do help offset my pay and I work here because my love for the work and people.

NA

Management not focusing on the financial bottom line. Each shift needs to be evaluated critically on whether people should be placed on call or not in regards to ACUITY not actual number of patients. It's frustrating when we could have a third nurse there and are told by management that it's ok to keep someone on call. The number of people on the floor don't matter, their level of care does.

401K for per diem employees.

Better 403b program. Flexible work schedules across the whole organization; not just clinical

Positive feedback for individuals who are consistently working harder than their coworkers.

I feel that the wage compensation needs to be increased to meet the increase of living expenses of today. It seems that most of the departments have one or two people that are difficult to work with and it sounds as if they are difficult on purpose. It does not appear that there is ever a consequence to them. I heard one person say in our department. "I push the line and no one does anything, So why would I stop?" That is a moral killer. One person does not follow the rules with impunity; presumed because they are good at bully even administration, while the rest of the staff is held accountable and try to follow the rules.

Better training and established processes

Nothing all is well

ELIMINATE GRUMPY PEOPLE

A bigger hospital.

More staffing.

I think that some managers should be held more accountable for their behavior and how employees are treated. There is a lot of personal judgement and bias as well as disrespect to employees.

HAVE RESPECT FOR EVERYONE WHO ENTERS PMH INCLUDING ALL EMPLOYEES. IF EMPLOYEES WOULD NOT BE HEARD HAVING CONVERSATIONS ABOUT PATIENTS OUT LOUD WHERE ANY ONE CAN HEAR INCLUDING THE PATIENT. NEED TO STOP JUDGING PEOPLE WHO COME HERE TO SEEK CARE BECAUSE IF PATIENTS DONT SEEK CARE HERE WE NO LONGER HAVE JOBS.

accountability on work hours and willingness to actually work. Not on phone and stepping up to help coworkers. I know we should not need it but To be accountable when needed .

Having a Manager.

It would be great to build more community among the staff and between departments. When a person spends half their life at work they should know the people they work with.

I would like to see more appropriate staffing for increased census and more competitive wages for per diems.

1. I think if you are just here for a paycheck and your heart is not in it then I feel we cannot move on and grow together and make a difference.

a nicer, more updated facility, which is coming soon. :-)

Good salary and respect.

Improved cooperation between clinical departments. Improved understanding between all departments.

no comment

better maintenance in the foundation.

incentive when you learn a new skill that is needed for work....

More definitive communication between departments and expectations

sometime some of the clinics do not get recognized as much as the hospital based employees

i feel it is a great place to work, adding audiology to our benefits and improvising our 401K package.

I think that everyone should be considered "equal" as this will make such a difference in the term of "team work."

The improvements I would suggest are in process of being implemented.

departments to take the time and answer the phones

communication from manager to medical assistants at the Prosser Clinic and organization

I would say communication.

security during the night for night shift.

one thing I can comment on is the amount of vacation time that goes into low census greatly affects my work/life balance here. This is because we use time to low census when patient counts are low in the clinic, and this creates an imbalance in work/life since it is hard to save up time for a real vacation, and we cannot take time off unless we have that vacation time saved up to request days off.

Proper WORKFLOW EPIC training to include best practices from other facilities utilizing the same.

A strong HR presence to assist with difficult staffing issues, and more consistent help with navigating the union.

Higher pay

Consistency in schedules, No call

No changes come to mind at this time. It's a great place to work and I'm proud to be a part of the PMH Team!

not if there is anything to change

1. A new hospital 2. Better recognition for staff that go above and beyond their daily work duties

communication

Low census is a huge problem in our organization. It is unfair that we have to use the time we work for when we have a low amount of patients. We work hard to earn those vacation days and we should not have to use them for situations like that. We have been low censused many times in our clinic and many of us lost all of the vacation time we had built up. There needs to be a new system in place where we can keep the time we earn.

n/a

schedule flexibility

Better staff meeting/break rooms & more relief for breaks.

TRAINING! Orientation for very new employees to healthcare is definitely needed. WE have very new grads, and now residents with little to no training. Adding extra support staff when they are scheduled (especially when in a specialty department) would not only allow them to thrive but add the extra support for the departments when people are learning. Retaining and recruiting experienced nurses. We have seen many leave (our department especially) because of the amount of stress, lack of appreciation and favoritism. We are losing good EXPERIENCED nurses, and those who are left are either afraid to speak up

or too tired to care. And of course not hiring only friends/family. Referrals are always welcome, but only hiring family/friends has brought many challenges within our hospital.

in billing, need a bigger office or a better cubical system to give everyone privacy and avoid conflict in our office. a bigger hospital of course of which is in the works. with all the new services available, need more people in billing to be able to handle the volume of things efficiently and appropriately. Perhaps a strong leader such as a PFS Manager that would guide us in the right direction- one that would be proficient in EPIC and that has good typing skills and knows how to maneuver a computer mouse. One that would have excellent customer service and communication skills.

A new facility would create so many efficiencies and improve patient care and patient flows.

Better communication.

Help staff be more positive and enjoy their job.

make everyone accountable for their actions no matter who friends they are. Professionalism should always be a priority when around patients and staff.

reduction of micro-management, increase the perceived value of the employee.

Having more activities or dinner/café options for evening, nights, and weekend workers

I really have no suggestions for improvements. I am glad that I came to work here.

less talking about patient care where anyone can over hear conversations

I would to recommend or request to have a room with massage chair, treadmill or any exercising machine for the employees to utilize during breaktime or after work.

Better quality of food in cafeteria.

Management needs to be Champions of Employee Development and furtherance in their field.

N/A

More Space, a new hospital.

If the office staff being hired were quality oriented that really wanted to do the right thing to ensure patients are taken care of instead of only thinking of how that affects the work they have to do.

N/A

Improved communication between departments and management to decrease the amount of miscommunication. Utilizing resource nurses as actual float nurses for the entire hospital instead of as additional ACU staff. This would be a better allocation of resources to support the entire hospital when other departments are swamped and need help.

more paid time off.. :)

negative people that show they have no interest in this working here

new hospital :)

more communication with other departments

the parking lot

That all employees be treated the same. There are too many "clicks" and they seem to be generated around administration and the acting billing director. If you are part of their group then you are allowed to work the hours you want do the work you want. There is no accountability for those, they are treated as they have more knowledge and experience than others when in fact they are the reason for certain issues.

Parking space for Patient and Dietary.

The DI manager shows strong favoritism to a select few, takes advantage of per diems and students, and has a long history of not giving fair promotions. She often does not give serious consideration to new ideas as she is very stuck in her ways. Many employees leave disgruntled, those that stay hide their feelings well because PMH as a whole, is a great place to work.

Follow through with admin.

REWORKING THE PCC/ HOUSE SUPERVISOR ROLE. TELL US THEY ARE SO BUSY, YET SIT ON THEIR PHONES IN THE ER, WHILE WE ARE DROWNING. THIS IS AFTER THEY HAVE PULLED OUR TECH TO MEDSURG, THEN WE GET YELLED AT BECAUSE WE HAVE A SPANISH SPEAKING PATIENT AND WE NEED A INTERPRETER. TOO MANY CHIEFS AND NOT ENOUGH STAFF WHO REALLY WANT TO WORK.

offer a pay increase in leui of benefits. offer more part time positions.

I would greatly appreciate for pmh to hire more positive people to work in my department

Dietary needs a complete overhaul - we need to take our food services into the 21st century BUT I LOVE the individual people that work there, they work HARD. We need a comprehensive overhaul of services, menus, options, hours, special dietary requirements, DIABETIC MENU WITH CARBS LISTED... i could go on and on but our patients on ACS complain most about the food. The food. The. Food.

24 hour housekeeping, cafeteria area where employees and family can order (family members only get the food that is served that day and cannot special order something from the menu, a ton of food gets wasted daily)

Communication between departments & better teamwork between departments

I think PMH is great but I do feel that they have allowed a very disrespectful , unethical nurse to continue to work at this hospital. After multiple complaints with many employees she continues to work. Sometimes the bad apple needs to go.

Separate the CNO from the COO position. Nurses deserve to have a leader focused on nurses and nursing and nothing else. Get rid of Studer. It didn't work for Sunnyside and we'll suffer the same fate.

Attitude adjustments of a couple of the directors.

1. charge nurses 2. better communication between departments

Per Diem help for department

24/7 registration services and implementing upgraded hardware that's been sitting idle for the last 3 weeks while the ER pt.s have been treated with substandard or absent hardware.

Since I am a per diem employee, its difficult to identify areas of improvement.

fairness within the departments and not giving special favors to friends or family

Communication is always the key to improvement.

Admin communication and authenticity. mostly few of the department managers

PMH as a whole is coming together and I am excited to be a smart part of this great change, but within some of the clinics there needs to be more respect and accountability. The reminders to exercise all of the standards and behaviors of ASPIRE. Every patient encounter, no matter how significant or lack there of, needs to aspire to "This is how we care" and have resulted in some positive affect for the patient and the relationship they have with the clinic.

I think your doing a great job.

I have nothing to say on how to improve on our work area as of right now. But I will definitely take my ideas to Craig if I need to. Thank you Prosser Memorial Health for all that you do for each and every one of your employees.

Improved advocacy of nurses by department managers and CNO to achieve equality and complete job satisfaction at PMH

departments staffed (like admitting) 24/7 or at least later on weekend instead of quitting actually an hour earlier on weekend. Working equipment with spare/back up for when things like sat probes etc.. go missing. Fairness between employees.

Better pay for EVS/Laundry services.

Benefits-medical insurance. Better for those who work out of Prosser and cheaper for spouses to be added

I think that there is an underlying issue of "lack of respect from people of authority". I have seen management disrespect nurses. I have seen physicians talk down to nurses, patients and other staff members. I don't think there is an effective process to oversee the people of authority and to protect the "vulnerable" without putting them in a position to were retaliation is not a concern.

No improvements. Prioritizing patient health and taking care of our employees is something I really appreciate

more staff in the ED

Better communication and better management skills. In other words, management needs to learn to communicated with the staff.

I think administration is already working on that and it would be a new facility.

Communication, Communication, Communication! When decision making is happening, that has a direct impact on a specific department, it is important to include the receiving end in the decision making efforts. On the other end of communication, Shannon has done an exceptional job at communications throughout the organization. Thank you, Shannon!

I am overall pretty satisfied with the overall work place, and the recognition we receive from PMH especially during this crazy pandemic. I do think it would be a good idea to send out weekly or monthly reminders to all users about treating every patient with respect and a smile on their face and reminding us all why we do what we do, the friendlier we are the more people feel comfortable coming to our clinic/hospital.

cultural diversity

A little more help on busy nights in the night shift.

Add a second ultrasound room to help meet the demand for the influx of patients.

safety/security, improvement of the physical appearance inside the departments ie: polished floors and painted walls

a bigger facility would be great

n/a

A cafeteria/food available for NOC associates.

There are not many opportunities for growth and skill development

Having a sense of job security.

none

Phone etiquette in some departments need improvement. Respecting policies of other department and co-workers will be helpful in improving team work.

Staffing in not appropriately staffed. Acute care does not get a second tech until 13 patients and sometimes acuity is high and PCC still does not call in the second tech when available to help. For the month of November we do not have a second tech scheduled at night for the majority of the days.

1. More storage for surgery dept.

personally, more sleep. it's quite hard to cover a facility 24/7 with 1 other person. and to be able to have time to take care of personal needs such as car/house maintenance, an hour to exercise or even go grocery shopping

To have qualified personnel in every single position. The business office is lacking in qualified management and has been for quite a while. We finally got someone who had a very good understanding of how a Revenue Cycle runs and we can't keep them. In the meantime, we have a "proxy" supervisor who does not have the basic knowledge of CAH Revenue cycle process, has attitude and plays juvenile games with many employees who are good at what they

do. Really frustrated with this. IT is another department that is very frustrating. Some are very qualified where others are not helpful at all. You dread when a certain employee answers the phone. Another is rarely at his desk but we can always find him at the coffee stand.

Doing away with the department scrub color coordination. Bring back the HEA. In the new hospital the x-ray department definitely needs two x-ray rooms. In the new hospital: having a break room for your own department is vital for keeping the family atmosphere.

Adequate full time staffing of ambulances. Enforcement of standards.

I would like a new icemaker/water machine that works consistently. Hold people accountable for not following patient care standards (one example being IV tubing labeling/expiration).

enough staff for patient load, large shower room for med surg

I think we should improve the amount of staff coverage, and staff supervision in Clinics.

updated monitoring equipment for patients in rooms, improved patient beds. NEW IV POLES

Communication

1. Prosser clinic needs improvement with patient care. Calling patients with labs/results within a timely manner. 2. Prosser clinic needs better patient customer service

PMH is just great

a more secure facility. there is no security to protect staff from people entering the facility.

Staffing had always been a concern

Affordable amount of monthly payments for health insurance for spouse and dependents.

At this moment in time I can not think of anything that would help improve PMH.

Better communications and personnel taking pride in their work and themselves. Personnel being here to make a difference not here just to get a pay check.

1. There needs to be consistency and accountability. Some department leaders seem to write their own rules. Partiality. Some department leaders hold their staff accountable and others do not. The relationships held between some leaders affects the decision making process of the organization. I think if we want to move this organization we need to look at moving our good employees up and the stragglers out. 2. Don't burn out your work horses. Listen to them. Hear them out. Recognize the work they do. A simple thank you for what you do goes a very long way.

full time staff.

More staff would be helpful, as we are working with a minimum (skelton) staff members

Include EMS more in things with the hospital

Having all admits be held when it is 1 hour or 30 minutes prior to shift change. This would decrease error and allow for report to be done accordingly and on time.

Cohesiveness between departments.

Better Pay for Per diem

Uninterrupted days off with no work responsibilities. (protected time). Cafeteria posted hours of service.

Covered ambulance bays especially for when winter hits.

COMMUNICATION WITH IN DEPARTMENTS

either more staff or removal of call within the RT department. it's hard for the staff to have lives outside/separate from work when days off are regularly interrupted by 12-48 hours of call in a row.

More compensation is always nice

n/a

bigger break rooms for staff

A greater percentage of matching on the retirement plan and of course even better compensation.

1. We need a solid stance on handling the negatively and employees saying they will leave with every change made. If there was a stronger HR to assist and set expectations it might improve. The amount of employee sick calls prevents departments from providing consistent quality patient care. It also burns out the staff and managers covering all the sick calls. 2. The retirement package is nice, but I would like to see the matching contribution increased so it is competitive. There needs to be an annual wage analysis done each year for all staff. It would assure the pay is competitive with the market. 3. There are decisions made that impact departments but they are not always included in the conversation. They should be included and have the ability to express their ideas or concerns but sometimes the decisions are not found out until after the fact. 4. Departments are asked to maintain various programs but the management of them is not consistent throughout the organization. There doesn't seem to be any conversation about them until the end of the year. Setting the same expectation would help improve the outcome. 5. There are silos here and the departments don't seem to have an even playing field. If Directors would try to work with other Directors to resolve issues before going to administration. It would go a long way in improving the working relationships between Directors and departments. 6. When new programs or software is released they need to be tested and the employees training completed. There seems to be a lot of work put into addressing issues at the end and not during the development of services. They are sometimes released and the education or training isn't given the same value. If this could be fixed it would save valuable time that should be spent with patients. Over all it is a GREAT place to work!!

1. better pay especially working in different department 2. help out with better education with for a better future

bonuses!

The pay needs improvement need more staff

Treat everyone the same, dont give certain people special treatment because you are friends outside of work! Treat everyone equally!!

If you answered 3 or below to the previous item, please explain how communication between departments could be improved(68)

Not all departments that are affected by new services, processes, etc. are included in planning/implementing change. Some department managers are difficult to deal with at times.

There are consistently departments that do not do a good job of communicating with other departments. It is frustrating to continually have to track them down to get information from them or validate that they communicated information to their staff.

There are a FEW managers that communicate in a timely manner per email. Some do not respond at all!!! Of the managers that do an outstanding job, Marla Davis and Susan Miklas respond and do it in a timely manner.

1. Email is overused for communicating complex or time sensitive information. Important messages get lost in the huge volume of messages. 2. Department directors sometime promote rather than discourage a "We/They" mindset instead of facilitating mutually agreeable problem solving. 3. The gossip has got to stop!! 4. We each need to treat every other member of the organization as valued colleagues.

Staff between departments do not communicate effectively or efficiently at times. I think at times staff gets so focused or busy with their own tasks and department that they forget about other departments providing care to the patient as well and important information is not relayed. Staff and management are not held accountable to foster a climate of this type of service of interdepartmental teamwork and communication. Which can cause an organizational culture where staff focuses on their own departments and tasks and puts efficiency above others like courtesy. Accountabilities drive structure and structure drives culture.

There is a huge lack of respect between departments within the hospital and then the ems department.

NA

Information between staff in their own departments. They don't relay messages to each other. As for instance in my department items get double ordered. If things are going on I would expect them to be in the morning meeting notes and for everyone to read them daily. We don't receive much information in our department about other departments.

We need to remember that other departments work differently than our own. We need to consider that depending on what department we are trying to contact may be extremely busy or on the other line and not always able to answer phone calls or emails right away. We need to show each other respect and kindness. We need to treat everyone the way we would want to be treated.

Passing on the communication to others & not just let it stop at 1 person.

Department managers give the sense they are only concerned with their own departments. They allow members of their team to decline working with other departments when team work is needed. Communication could be improved if managers were concerned about the entire hospital versus just their own unit. If managers were to assist other department managers with staff integration and insist that team members help in other departments when needed instead of making excuses for why team members do not need to do so. Administration gives the appearance of caring about the opinion and suggestions of some departments over others and the opinions of some managers over others. Improvement can only occur if all departments and all managers are seen equally and the needs of every department is weighted the same.

they don't discharge patients when they leave therefore we are making more food than needed

There are departments that are hard to work with because they are not good at communicating. HR benefits are not explained in a clear manner, so I get help from other PMH employees that can better help me. IT does not effectively fix or prevent problems. They should make a step by step instruction guide to fix reoccurring common issues. That way a lot of time and energy can be saved in us employees being self sufficient

Relating to sick calls and staff floating to cover, expectations need to be clear.

allowing unhindered communication between departments, communication with a department should not come with a fear of reprisal

Certain people in charge don't appreciate feedback or suggestions then they are angry. This will also will make communication difficult

A lot of information that is communicated to the manager is not communicated to staff.

IF WE KNEW HOW EACH OTHER DEPARTMENTS RAN AND HAVE BETTER COMMUNICATION BETWEEN DEPARTMENTS. NOT ALL OF US KNOW HOW TO GET OF AHOLD OF CERTAIN PEOPLE FOR CERTAIN QUESTIONS OR WHO TO CONTACT.

when we have any changes, I feel we are the last to know. providers leave not letters go out to patients we have to explain to upset pts.

When we reach out by email to a department for help. Doesn't mean they are doing stuff wrong just means we are trying to correct a HAR on patient account.

I think the communication is great, sometimes I feel I have information that I do not needed.

there needs to be more interdepartmental floating having one quarterly interdepartmental meeting? The PNPC has the same people routinely, not as effective for community building.

have the PCC improve their role in assisting departmental communication

I am frustrated on the fact that there is department changes with little or no warning. I feel that administration needs to be more aware of what is going on with department dynamics prior to promotion of individuals.

I feel everyone should be emailed or informed of changes.

I believe that a lot stems from EPIC workflows - Workflow training could be improved to follow the system and ensure that "work arounds are not built and thereby causing others work/errors/issues" which results in communication blocks and discord amongst departments and managers.

There is still ineffectual communications between the House Supervisor and Surgical Department as well as between OB and Surgical Departments. Lead nurses and lead phones have helped in moving toward a more cohesive communication standard.

I believe that my department is micro-managed and are spoken to like children. I believe the manager does not have enough trust in the team that we can handle situations within ourselves. When the manager is highly stressed it rubs off on staff with being spoken to in an aggressive tone of voice and an attitude in the tone. When being confronted (in an aggressive tone) with a situation it is done in front of other staff/ patients and not in private.

n/a

Overall communication between departments can be poor. Scheduling appropriately when it involves many departments has many issues and is not always communicated well through all departments. Having an actual scheduling coordinator or a central person in charge of scheduling, for the different departments could help bridge this gap. Having an actual procedure to schedule that is the same for ALL doctors/clinics.

communication is not fast enough when you need answer now. sometimes the person you really need answer from is off or busy even when tracked down which is understandable but can put a delay when patient is needing answer today. pt's take time off to come in and get things resolved and sometimes we have to make them wait or send them home until we get appropriate answer. Reporting an incident is always a slow process. someone should acknowledge the incident and make contact with pt right away so that they don't feel ignored and not just wait until they resolve the issue to get back to the pt. This does not look good on press gainey scores.

People seem to live in their own bubble. Coordinating with other departments effectively is a problem in our hospital.

There is no communication between departments. I you ask for some communication between the departments the people who communicate are the directors and the staff are left out. It seems that the staff are not involved in any problem solving.

policy and procedure decision making should be left to administration.

maybe simply staff in all depts realizing that everyone has hectic days everyone can have a busy work load. Everyone can be short staffed and instead of being overly demanding stating we need you to do this as quickly as you can I understand you are busy is there anything we can do to help.

N/A

Everything is always done via email sometimes it is easier to pick up the phone and talk with a person or even set up a meeting with that person/ manager.

PCC needs to improve upon communicating with departments when surgeries are added/staff calls in sick or emergent situations arise.

better communication about discharges

Including the employees that actually do the work instead of just the managers of the department because then the information is not relayed to the employees.

At times, the overly diplomatic approach leaves much up to personal interpretation.

EVERYONE SHOULD HAVE THE SAME INFORMATION, VALUES, AND GOAL.

I feel like each department should be more self sufficient, communication should go through managers, no by gossip or through charge nurses. I feel like the charge nurse is excessive, and the house supervisor already fulfills that need.

to just communicate, there are always misunderstandings and confusion from a lot of departments

When departments run into issues they need to communicate clearly & effectively with each other to resolve it. When it is not brought up to the correct departments issues are not being resolved & it continues to cause frustrations. I also think departments need to work as a team instead of having the attitude that it is not my problem. I also think when problems are brought up between departments we need to do it in a way that it is to help resolve the issue not to point blame.

The solution to communication isn't color coding everyone— Manager egos need to be taken down a few notches. They still talk to us like servants when administrators aren't looking.

I believe communication between departments could be improved through having charge nurses for every unit and having that charge nurse carry a phone. This way they are able to be reached directly. OB is a continual communication issue. The lead in the OR carries a phone, the department and manager know that the lead carries a phone, but do not use it regularly to communicate with the OR lead regarding emergencies or regular day to day notification. I think just holding people accountable for their lack of proper communication through whatever means of communication will help solve this issue as well.

there could actually be COMMUNICATION as to where right now there is none.

Their need to be staff meetings to review information going out in the emails as another communication tool to get the information out to staff. A lot of great information is presented in Emails, but people don't always read them BECAUSE there are so many emails that go out. Examples being providers starting/ leaving/sharing time in the clinics. If the vision direction has improved, changed or needs improvement. This information would be helpful to know in staff meetings because there are so many changes and things taking place within PMH.

Collaboration of patients plan of care by relaying information to PCC in a timely manner, and PCC's follow through with the information to the appropriate departments immediately.

communication is always a challenge. Lack of communication is the biggest issue. Example. when giving report during transfer of patients to different departments. If nurse goes on break or lunch than the nurse covering should take report. There should not be a delay in giving report to transfer patients.

I think it is something that we are improving on. Still have a ways to go to breakdown barriers between departments

The communication skills are poor here at PMH It is as though the administration and the staff are on two different planets. When there is communication between management and staff, it is very condescending and sometimes thoughtlessly mean.

Come up with a solution on how to use email more effectively when it comes to responding back to an employee.

I do not have enough interaction with that part of the business. I can only base opinion on what I see and hear.

There are certain individuals (Diana in PFS) who have attitudes that get in the way of effectively working with others to solve problems/issues. She is harassing at times and acts as though she is my supervisor and she is not. she decides something is my responsibility and no matter how many meetings and emails we have, she won't let it go. I feel like there is nothing that can be done because her supervisor isn't very approachable either. She is allowed to ignore emails and not respond to any inquiries. It is very frustrating because in the meantime, the issues don't get resolved.

They claim that they want to hear from the employees, however it feels very much like a show. They may want to hear from us but they don't seem to listen.

Sometimes we are given conflicting information regarding the severity of patients who are being transferred out or how soon they need to be transported.

I feel like barriers are created that weaken our communication with departments when we are specifically told we can't call other departments for information regarding patients. Mostly OB and the lack of respect is really challenging.

I do not feel there is enough communication between departments.

I see the breakdown of communication between department leaders. Decisions get made without having the appropriate people at the table. There tends to be back door communication with some leaders which makes projects/situations convoluted/messy/untrue/more work than necessary. This results in lack of trust. People involved need to be included. Way too often the manager is left out.

I think that an hr or 30 minutes prior to shift change no admits should be allowed as this increases risk for error. This would then allow nurses to catch up on task (if behind) and report to the oncoming staff accordingly.

I don't have an answer to this, it seems to be an ongoing problem that I've seen in multiple places I have worked.

Floating to diff depts. is a very big issue right now among staff. This seems yo

N/A

Again communicate with department that is affected.

I have trouble getting replies to emails pertinent to tasks I need to complete

Sometimes decisions are made that may affect our department and we are not always informed or consulted. When direction is given to an employee without the affected department manager being informed. It creates confusion, poor communication and sends mixed messages to the receiving department.

What do you enjoy most about working at Prosser Memorial Health?(196)

Service to humanity.

Our people! All the staff, leadership and administration. Everyone has a strong ownership in PMH and doing what is best for the patient(s)!

The people who work here. Location

My direct supervisor; benefits; nice people.

I truly believe that a majority of the staff are committed to our mission, vision and values. We put the patient first and administration is very transparent and communicates openly with all of us consistently.

we have very smart people working for PMH

We have very intelligent people working for our hospital strong work ethics yet humble.

People are friendly and caring.

I enjoy my co-workers and my flexibility. I appreciate having medical staff that I feel I can trust so I don't have a desire to go out of the hospital group for medical care.

what i enjoy most working for prosser is the clinic i work in i believe that we work together to perform the best care we can for our patients.

I enjoy my work, most of the time.

I am very happy with my work schedule. I enjoy having 3 days off. It makes it for a nice to have time off and destress from busy weeks.

I enjoy my co-workers the most, they make every day worth coming to work.

I love that we are all here to live our mission: Board, Administration, Medical Staff, and Employees!

The flexibility of the schedule

1. Teamwork.

My Co-worker in my department and the satisfaction of my work.

It's close to home, the benefits are good and I enjoy working with my coworkers.

I love what the future holds for PMH. I love the people.

I love the people, both coworkers and patients. I love that we are embracing that we are small but we are focusing doing what we do better than others. I love the sense of community.

Everybody smiles & greets you

I enjoy the variety of patients we see. I enjoy the fun things Administration does for our hospital (Christmas Party, Valentines treats, etc). I enjoy the actual duties of my job.

The people that I work with on a regular basis are positive and forward thinking.

all the new people I have gotten to meet and call family

Providing care and education to patients. Camaraderie among staff.

The care staff shows/provides for the patients and each other and the quality of care provided

Interacting with staff as I train and troubleshoot problems.

I love the culture! I have found my passion and love the people I work with. I want to work here for the long-haul.

Its like working with family, small facility everyone is close.

My coworkers and our ability to work together and make things happen in a positive way for patient care.

I enjoy being able to make a difference in someone's life when they are most in need.

I enjoy how close people are and being able to know most of the employees in the hospital.

Focus on the future and always trying to get better

The feeling of community

I feel that my job is important and that it is seen as important. I am treated fairly (most of the time).

Good people

My crew

SMALL TOWN FEEL, CLOSE TO HOME, MY COWORKERS

I love how involved PMH is with the community. It shows that PMH is not only here for healthcare, but they are here to support our community in growth.

family oriented, small enough of an organization you get to know most people who work there

The Admin keeps us update with everything we need to know and offers us to put in our input.

I ENJOY MOST WORKING AT PMH IS THE EMPLOYEES.

direct patient contact. Amazing staff CMA and providers. Have really good support emotionally and medically.

Working with the provider and patients I work with.

I love that we care about people and the experience they have when they are here.

I enjoy working with the staff and am happy to be a part of this organization. It has a great reputation in the community.

I enjoy the work I do I really enjoy waking up every morning knowing I get to do the thing I love best to my knowledge. I would not trade this job for nothing else. :)

working/connecting with patients one-on-one and helping them feel at ease, comfortable, and gaining their trust.

I am really enjoy the recognition to employees that Prosser Memorial have for employees.

The feeling of family

The people I work with

Benton city providers and staff are so respectful.

well I been here more then 20 plus years and we have in improve in some ways over all

Friendly caring staff

as an organization we work as a team especially in this time with the pandemic

the close community feel and support we get from our manager when things get tough

I really enjoy the people and the feeling of "family" the smaller hospital has. I enjoy and believe in what I do.

The overall atmosphere.

my coworkers

I love how we take care of our patients.

What I enjoy most about working for Prosser Memorial Health is the teamwork.

The people I work with and the atmosphere.

The culture and the leadership.

My coworkers,they're like my second family.

I enjoy the day to day interaction between the employees and the management, I feel like working here is like being part of a big family.

Working and living in the community that I support.

The Best part about working for Prosser Hospital is it is amazing to have a voice in our organization as we grow. I feel as all employees are valued and given the opportunity to voice suggestions, those suggestions are validated with the rationalization as to why or why not it is considered,

I work with a great staff and co-workers.

The people I work with.

Working with professionals. Everyone works together as a team and the atmosphere is most welcoming to guests and staff!

I love preparing meals for staff and patients

I enjoy the sense of family with my co-workers and that Prosser strives to grow and provide excellent services to our community.

Enjoy with people

I really enjoy the patients and the relationships you get to build with those patients. When you get the frequent people who come in you build a special bond with them. I also enjoy the people I work with. They make me want to come into work every single day. We always have each other's backs no matter what.

my team, I work with an amazing team that has excellent communication skills and are all about team players.

The atmosphere.

Pride in working at a small community hospital, that is growing, thriving, and provides exceptional care.

I love working in my community hospital. I am proud to have the chance to care for those I know and see routinely in the community.

I really enjoy my job. I look forward to coming in everyday. I take pride in what I do. I always do the right thing even when no one is looking. I am an honest and hardworking person therefore I do honest work and represent the company in a very positive manner. I take initiative in helping resolve pt issues. I care about our patients that come to PMH and would want them to return and therefore I make sure same mistakes don't happen again.

the people

The mission of our small community hospital is to care for our friends and neighbors and the people who work here believe wholeheartedly in this simple statement.

Taking care of people I know in the community.

I enjoy pampering my patients.

The home town feeling, working with my peers, working with the patients and continuing to work with patients that come back over and over.

Money

what i enjoy the most about working at PMH is how well they treat the employees and how much they recognize our hard work.

The commitment to quality without losing the warmth and friendly atmosphere.

Overall the staff

I enjoy working with my co-workers and department. I love working here at PMH because we are like one big happy family. This is my second home.

There are a lot of activities throughout the year that we do for employees.

I enjoy being able to make difference in the lives of my community members through quality healthcare @PMH

The relationships with staff, the appreciation I receive from staff, having the sense I am doing something good.

I enjoy coming to work everyday to serve our staff and patients, and guests.

I enjoy being close to home and that i learn something new every day.

BEING ABLE TO HELP THE COMMUNITY

N/A

I enjoy working at Prosser Memorial Health because my coworkers who work here really love their job and take very good care of our patients. This is a positive environment and everyone is friendly.

transparency and employees are given importance

you get to come across some wonderful individuals

it feels like home. Everyone is very respectful and welcoming.

working with my co-workers and time goes by so fast

The whole Prosser team is awesome people love to work with them..

I enjoy the time that I am given to do the job I love to do.

People and Community.

The high importance placed on patient care/satisfaction, I have some very awesome coworkers, and Prosser pays well.

The team mentality with working with other departments.

I look forward to the future. I look forward to the new hospital.

I appreciate all of my beautiful coworkers

Everything except the food.

Openness about plans from Admin

I enjoy the friendliness of all the staff at Prosser Memorial Health.

I feel like PMH cares about their employees and the community. I really like my manager. She is always willing to listen, help and makes the team feel appreciated.

I'm glad we have the unions to protect us from the management here.

The comradery of different co workers in different departments. My pay!!!

I enjoy the fact that mostly everyone has a common goal to provide the best care possible for our patients.

Getting to know everyone who works here and getting to know our patients.

People I work with and the work environment.

the staff dynamics within the ER and allied dept's.

I enjoy how I am treated by staff and physicians.

i enjoy the staff i work with, we have a great team of nurses that work well together.

We are like a family here.

relatively healthy atmosphere to work in.

I love working to providing the best health care services with the patients needs and concerns in mind. Learning new processes to help better utilize EMR for enhanced patient care. Working as a team and sharing in the accomplishments towards higher patient satisfaction.

Trica has been very supportive and accessable. The staff is supportive also. I enjoy helping people with their feet.

I strongly enjoy working in the health care because I love communicating with our patients. I enjoy the company of our amazing nurses and Drs. Overall I believe we ALL make this hospital a beautiful place AS A TEAM! I am honored to have been picked to join the team.

the co-workers are nice to each other and the provider's .

Giving my patients quality care and working with my immediate co-workers

family atmosphere, caring staff/co workers. we do a quality job in caring for our patients.

Everyone is very polite

Community hospital that actually cares about the community.

I enjoy my co workers and the family atmosphere. I enjoy my shift (nightshift) and the closeness I get to have with ER and other departments. I enjoy the community of Prosser as I am from Yakima and theres no other place I would rather work!

I enjoy the family atmosphere. The camaraderie of the staff and the overall respect that we get from working with one another.

the people

Work environment is nice and friendly

administration very supportive and teamwork is excellent

I appreciate every employees kindness. I love how it feels like we're all a family.

THE EMPLOYEES AND COMMUNITY

The people and benefits.

I enjoy working with a team who also cares about our patients and not only see's work as just a job, but as a place to come and be proud to know we are helping out our patients and surrounding communities.

the attention to the employees

The team I work with at night. How respectful the providers in the ER are to everyone. I have worked other places and all providers are not like that.

I can apply my skills and demonstrate results to help make us stand out from the competition.

co-workers within my department

people are friendly and are obviously happy to do their jobs, enthusiastic i would say.

teamwork, friendly environment, respect for one another

the people, both staff and patients

My coworkers, manager, and my schedule. I have felt very welcome from the beginning.

I enjoy my coworkers and the overall "family" atmosphere of working here

the sense of community

The people I work with on a daily basis. For the most part we all get along well and are there to help each other out when needed.

My coworkers. The positive culture

everyone helps each other, positive attitude, supportive members, community involvement

Knowing that I am working to make our patients better when they needed us in the most critical time.

I love working at Prosser because I get to use my skills to provide patient care and because I work with great people.

My coworkers!

my coworkers. such a great community/family, wouldn't trade this for the world

I enjoy knowing that since Craig Marks has come on board that he is committed to being the best. He believes in us and makes us believe we can be the best too. We are growing and expanding our specialties with quality healthcare providers.

Most of my coworkers are great, feels like a family.

I enjoy most of the people I work with. I enjoy getting to see patients in the field, hospital, and follow up with them through our community paramedic program. Seeing the patient's care out from start to finish is very rewarding.

The small hospital feel.

have an awesome boss and co workers.

The things I enjoy the most about working for Prosser Memorial health is that I get to provide great service to those of the community without them having to drive far or out of town. I think a lot of people are satisfied with having a close by clinic and lab.

sense of community, good teamwork amongst employees

The quality of care they provide for patients

I enjoy working with my co-workers. We love what we do and we have some pretty amazing providers. Dr.Sollers is a prime example of an exceptional role model. He is an outstanding leader for our organization.

PHM is a wonder welcoming place to work with people are great!

my coworkers

being able to work for a community hospital whose main focus is to serve the local community.

I am proud to serve the people in my community and provide them with exceptional care. Grateful for all the amazing equipment we have to provide excellent care to out patients.

Working as a team.

The sense of community.

I enjoy the positive outlook of almost every person employed by PMH.

Helping people have a better day. There is a lot of personnel that are great to work with and they appreciate when being helped when help is needed.

I enjoy being a part in moving our organization in the direction we are headed. I love being a change agent. Our strategic plan and overall goal for our community is awesome. Our reputation is changing and patients want to come here. People want to come work here. Its great.

The CEO always makes every employee feel included!

The staff is always so friendly, oriented and well prepared for any situation given upon us.

Each day has new challenges and new experiences.

That I get to do the job I have always wanted to in an a supportive environment

The "home" feeling every department brings

The flexibility allowed when I really need something off for my kids.

The people I work with

Teamwork, shared goals, serving our community, making a difference.

Having a friendly environment to work in.

QUALITY OF CARE

my coworkers

Continued learning opportunities, the schedule and my co-workers

I enjoy the providers and as well as my team mates. they make it a fun place to work.

How we consistently remain devoted to providing excellent patient care.

everyone is friendly and knowledgeable

Working with Caring staff and despite the organization's size it feels like a family.

1. The people are great and our ideas are considered by management and the providers. The hospital has come along way and it is a great place to work. 2. The CEO cares about his employees and listens to our suggestion and concerns. 3. We have the latest equipment and technology to provide the best services. 4. We have the best medical director and the other providers are great to work with. 5. We are given the opportunity to complete this survey and express our likes and dislikes.

working with co-workers, working in different departments help out as needed.

Overall it's a great place to work for, very family like environment.

the people I work with are amazing, makes me feel like we are family here. everyone seems to work well with each other. I also like that we have our "usual" patients that come often and we get to build a bond with them.

Family-like enviroment

Close to home

THE PULSE

PROSSER MEMORIAL HEALTH EMPLOYEE NEWSLETTER

JANUARY 2021

A Memo to Staff from Dr. Wenger on the COVID-19 Vaccine



As an Emergency Department Physician and a member of the Prosser Memorial Health team, I want to share my thoughts with you on the COVID-19 vaccine. I am choosing to receive the vaccination for the health and wellness of myself and my family, so that I can travel in 2021, so that my daughter can see her grandparents for the first time since she was a week old, so that I can continue to care for the community of Prosser without needing to miss work due to illness, and to honor the lives of the patients who I cared for that died from COVID (including the two who refused to be intubated to allow a ventilator and ICU bed to go to someone else).


Here are my thoughts on the vaccines:

The Pfizer and Moderna vaccines both use mRNA technology. mRNA from the vaccine enters the cells which then makes a protein that allows your body to recognize and fight COVID. mRNA from the vaccine does not alter your DNA and does not inject live virus into your body. Although this is the first time mRNA technology has successfully been used in a vaccine, the technology has been studied and developed over the past 20 years.

The vaccines are the most studied treatment option that we have for COVID. Pfizer (43,252 patients) plus Moderna (30,338 patients) means that the mRNA technology had been studied in over 70,000 people before the vaccines were approved. This is compared to Remdesivir that had 1,000 people in the original study and Bamlanivimab that had 400 people in the study. Larger studies lead to higher quality of evidence and are better at identifying side effects.

After one dose, the vaccine appears to be 50% effective. After 2 doses the vaccine is 95% effective. This means that for every 100 people who got COVID in the placebo group, only 5 people got COVID in the vaccine group. This is compared to a 3-4% absolute reduction in mortality with Remdesivir (mortality of 6.7% with Remdesivir and 11.9% with placebo by day 15 and 11.4% with Remdesivir and 15.2% with placebo by day 30). Bamlanivimab showed about a 5% absolute reduction in hospitalization (6.3% of the control group was hospitalized compared to 1.6% of patients who were treated with Bamlanivimab).

Although most patients who have COVID recover without needing hospital care, we have clearly seen a sharp increase in patients who require hospitalization and ICU level of care. Our treatment options once a patient has COVID are modest at best. I feel that the best "treatment" is prevention with the vaccine. The vaccine appears to be safe. Side effects were more common after the second dose of the vaccine. Side effects are similar to what you may experience after a flu vaccine (injection site reaction, fatigue, muscle aches, fever), but are generally short lived and milder. You may feel ill for a day or two after receiving the vaccine versus days to weeks (and in some patients, even months) of symptoms with COVID.



Approximately 500,000 vaccine doses have been administered in the US as of 12/20 with only 3 reported “severe” allergic reactions that were successfully treated. Meanwhile more than 3,000 Americans have died each day from COVID.

It is true that we do not know the long-term effects of the vaccine. We also do not know the long term (years) effects of COVID, but we do know that many who survive the virus suffer from months long side effects such as fatigue, brain fog, shortness of breath, chronic lung disease, long term oxygen requirement, decreased stamina, anxiety/PTSD symptoms, etc.

A friend of mine who is an emergency physician and a researcher put together an excellent, objective review on the vaccines (below). I recommend you find a source that you trust and come to your own informed decision.

Google doc with great information:

https://docs.google.com/document/d/1f1WNa-DVT2NTPHDoKON02zHVrUenYNC4pGRleOSa3M/edit?fbclid=IwAR0qQoaEXfF22zNoCUfOV53EajWIWscM15UXLNYaOWhTJf_1oyBWqDRgBM

If you have any questions or would like to talk privately about your questions or concerns, please don't hesitate to reach out to me. We are in this together!

Sincerely,

Robert J Wenger
Emergency Physician
Prosser Memorial Hospital
723 Memorial Street | Prosser, WA 99350
o: 509.786.6662
rwenger@prosserhealth.org | www.prosserhealth.org



Join Our Newsletter!

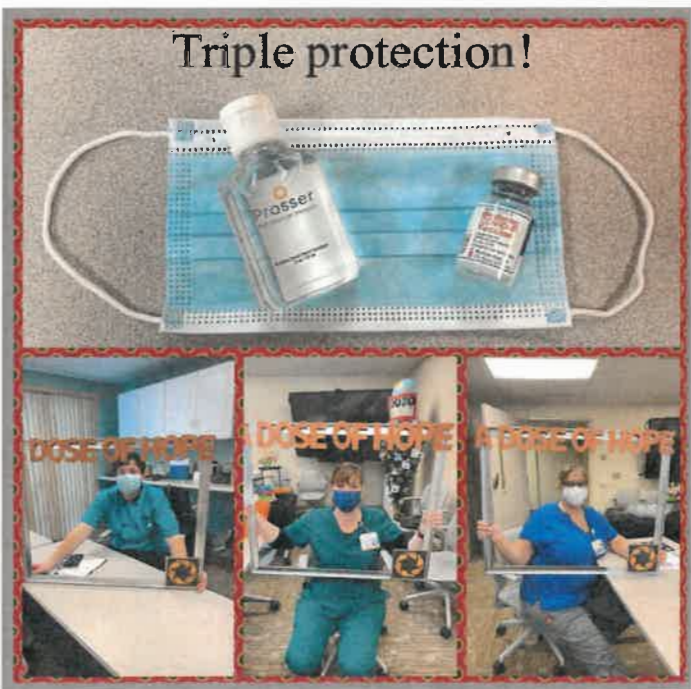
To learn more about new services, providers, health education, events, or general updates from Prosser Memorial Health, please sign up for our digital newsletter on our website.



Visit ProsserHealth.org

A Dose Of Hope





Anniversaries

Happy 1 Year

- **Sheryl Ricard**
OP Special Procedure RN
- **Selene Chavez**
Labor & Delivery RN
- **Judy McCormick**
Mammography
- **Cindi Pineda**
Prosser Clinic CMA
- **Jesse Hale Jr.**
Laboratory Medical Tech

Happy 2 Years

- **Christopher Murphy**
Respiratory Therapy
- **Samantha Santos**
CT Tech
- **Kristi Shoman**
RN Resource Nurse
- **Gabriella Ramos**
Patient Registrar
- **Elena Rodriguez**
Med/Surg CNA
- **Kimberly Crosby-Orosco**
Paramedic

Happy 3 Years

- **Molly Schutt**
Grandview Clinic Manager
- **Veronica Sanchez**
Benton City Clinic CMA
- **Stephen Kenny**
Board Member

Happy 4 Years

- **Alana Pumphrey**
Benton City Clinic Manager
- **Rachel Boyle**
Lab Assistant II

Happy 5 Years

- **Monica Ramirez**
Labor & Delivery RN

Happy 6 Years

- **Marla Davis**
Med/Surg Nurse Director
- **Menalyn Herrero**
Med/Surg RN
- **Susie Cervantes**
Emergency Department RN

Happy 7 Years

- **Victor Huyke**
Director of Food Services
- **Ingrid Mortensen**
Advanced EMT
- **Steven Elerding**
General Surgeon
- **Jonathan Friend**
Paramedic

Happy 8 Years

- **Maria Rubalcaba**
Patient Billing Services

Happy 9 Years

- **Keith Sattler**
Board Member

Happy 11 Years

- **Casey Hollenbeck**
RN Resource Nurse

Happy 12 Years

- **Eric Heinlein**
Surgical Services RN
- **Mariann Vanguardia**
Microbiologist
- **Stephen Herrero**
Microbiologist

Happy 19 Years

- **Maria Cardenas**
Appointment Scheduler

Happy 21 Years

- **Randy McCombs**
Grounds Maintenance
- **Billy Wilson**
Ambulance EMT

Happy 25 Years

- **Suzanne Merk**
Emergency Department RN

Birthdays



Free 20oz
Busy Bean Coffee
on your birthday!

- **Cassandra Cazares**
Med/Surg Acute Care Tech
- **Liliana Rangel**
Emergency Department RN
- **Audra McNair**
Patient Care Coordinator
- **Gaudencio Pedroza**
Housekeeper
- **Dr. John Groner**
Comprehensive Pain Management
Clinic Physician
- **Keith Sattler**
Board Member
- **Grady Winn**
Paramedic
- **Sheri Allen**
Emergency Department RN
- **Jessenia Garcia**
Prosser Clinic Patient Services Rep
- **Dr. Dzmitry Zhmurouski**
Prosser Clinic Physician
- **Macayla Hunt**
Dietary Cook
- **Rocio Moran**
ED Tech
- **Lorie Santoy**
Prosser Clinic Specialty Clinic
Surgery Scheduler Coordinator
- **Daniel Solis**
Prosser Specialty Clinic CMA
- **Victoria Torrico**
Labor & Delivery Nurse Technician

A Look Back on 2020 at PMH



It was a year of challenges, but our mission remained: To improve the health of our community.

Like us on Facebook and follow us on Instagram!

You can view our videos on our website and Facebook page!



Christmas Festivities



Our PMH family celebrating the holidays. Festivities included lunch & a dinner for the night crew, an ugly sweater contest, and a department / clinic tree decorating contest.

[#ThisIsHowWeCelebrateSafely](#)



Top three winners of the Ugly Sweater Contest:

- Malissa Garcia
- Rosemary Mendoza
- Janie Gonzalez

3-way tie for 1st place for the Christmas Tree Decorating Contest:

- Acute Care
- Patient Financial Services
- Materials Management



ASPIRE Awards



This is how we care.

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



Congratulations to EMT Billy Wilson for receiving a Silver ASPIRE Award! Billy was nominated for going above and beyond his job duties when he cleaned the outside of the EMS building and sprayed for bugs and spiders, built shelves for storing equipment, and put dividers in our ambulances to keep the driver and cab separated from infectious droplets while transporting patients. Many other first responder agencies copied Billy's design! Thank you Billy! You are a treasure to work with!



Congratulations to Tasha Sears and Meagan Bronkhorst in our Materials Management Department who received Bronze ASPIRE Awards! They've been on the frontlines keeping our supplies, PPE, and deliveries running like a well oiled machine during a very stressful time. On behalf of your PMH family, thank you for everything you do to keep us going!



Congratulations to Acute Care RN Corryn Koopmans for receiving a Silver ASPIRE Award! The family of one of our patients nominated Corryn for the exceptional care and compassion she provided to their loved one. The patient was near the end of his life and Corryn stayed after her shift to be with him as well as keeping the family informed every step of the way. On behalf everyone at PMH, thank you for the care, compassion, and respect you delivered to our patient and their family!



Congratulations to OR Tech, Malissa Garcia, who received a Gold ASPIRE Award! Her nomination says, "Malissa exemplified exceptional internal customer service spending tireless hours preparing to onboard two new surgeons in September. This included Urology, a new service line at PMH. Malissa did all of this on top of her "regular" duties as a Scrub Tech and overseeing our Center Sterile department. Congratulations Malissa! Thank you for everything you do to ensure we deliver excellent patient care every time!

Thank You to everyone who was nominated!

- Diana Wilson
- Billy Wilson
- Tasha Sears
- Letty Navarro
- Meagan Bronkhorst

Accountability

Service

Promote Teamwork

Integrity

Respect

Excellence

2020 ASPIRE Winners



Congratulations to all of the 2020 ASPIRE Award Winners!

Gold Winners

- Alex Carballo
- Tina Salgado
- Jay Boyle
- Brian Brindle
- Beth Phinney
- Malissa Garcia

Silver Winners

- Rosemary Mendoza
- Dr. Jared Clifford
- Janie Gonzalez
- Maryanne Vanguardia
- Annabelle Hansen
- Corryn Koopmans
- Sasha Thomasson
- Mara Ripplinger
- Billy Wilson

Bronze Winners

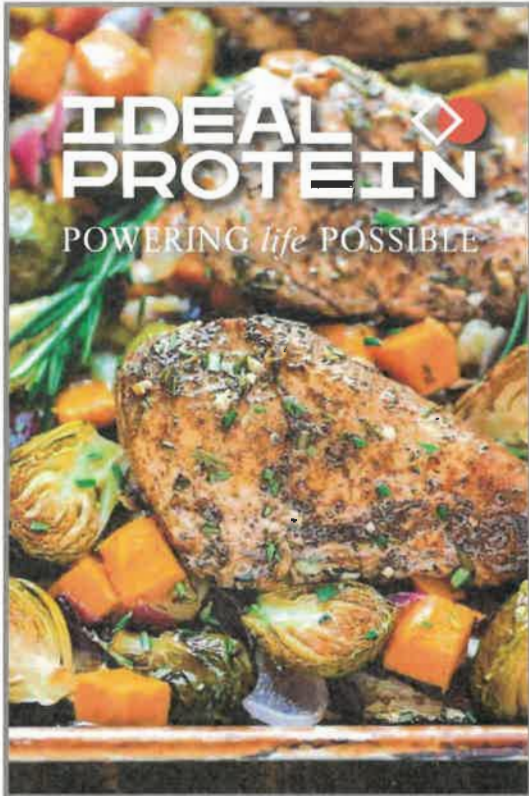
- Alexia Verduzco
- Sharhonda Lewis
- Donna Tuning
- Jay Boyle
- Kirstie Shoman
- Meagan Bronkhorst
- Crystal Blanco
- Laura Sosa
- Tasha Sears
- Dr. Santa Cruz
- Cecilia Garcia
- Dr. Carolyn O'Connor
- Ana Martin

Thank you PMH Team for donating to the Foundation **#thisishowwegive**

- Carol Allen
- Annie Barrera
- Glenn Bestebreuer
- Jay Boyle
- Steve Broussard
- Maria D. Cardenas
- Angela Carey
- Mary Castilleja
- Cassandra Cazares
- Priscilla Centeno
- Teresa Charvet
- Felicia Chavez
- Selene Chavez
- Gaylyn Concienne
- Lyz Conklin
- Griselda Cruz
- Katy Davis
- Marla Davis
- Sara Dawson
- Dr. Sharon Dietrich
- Christi A. Doornink-Osborn
- Afton R. Dunham
- Nicomedes Estrada Garcia
- Sofia Flores
- Merry Fuller
- Dorien Garcia
- Kara Grady
- Jeanna Graybill
- Karla Greene
- Gabriela Guel
- Annabelle Hansen
- Dr. Syed Farhan Hashmi
- Montessa Hendrix
- Rebecca Hernandez
- Amanda Hibbs
- Shannon Hitchcock
- Casey Hollenbeck
- Stephanie Honey-Morrow
- Isabel Jimenez
- Stephen Kenny
- Jennifer Kernan
- John D. Lewis
- Meghan Luther
- Craig Marks
- Judy McCormick
- Lindsay McKie
- Kristi Mellema
- Virginia Mendoza
- Marta Meza
- Susan Miklas
- Margarita Munoz-Costello
- Dr. Terry Murphy
- Edith Nateras
- Amy Nielson
- Nora Newhouse
- Mary Anne Olmstead
- Maria Padilla
- Jill Pagel
- Kassandra Perez
- Carolina Pineda-Perez
- Francie Poole
- Alana Pumphrey
- Diana Ramirez
- Gabriella Ramos
- Cindy Raymond
- Mara Ripplinger
- Maricela Rivera
- Dr. Jacobo Rivero
- Elena Rodriguez
- David Rollins
- Camila Romero
- Gilda Rose
- Jack Schroeder
- Kristi Shoman
- Rocky Snider
- Dr. Brian Sollers
- Laura Sosa
- Cheryl Stafford
- Kaylee Swan
- Sasha Thomasson
- Karolynn Thompson
- Tonya Thompson-Speights
- Annie Tiemersma
- Stephanie Titus
- Adriana Trujillo
- Donna Tuning
- Kristi Tuor
- Andrea Valle
- Andres Vanguardia
- Mariann Vanguardia
- Dottie Walton
- Aurora Weddle
- Donna Williams
- Gloria Zuniga



Sheet Pan Chicken with Sweet Potatoes Apples and Brussels Sprouts



Prep Time: 20 Min
Cook Time: 25 Min

Total Time: 45 Min
Servings: 4

Ingredients

- 4 boneless skinless chicken breasts, trimmed of excess fat and lightly pounded to a relatively even thickness
- 3 tablespoons extra-virgin olive oil divided
- 4 cloves garlic minced
- 2 tablespoons chopped fresh rosemary divided
- 1 teaspoon ground cinnamon
- 1 teaspoon kosher salt divided
- 1/2 teaspoon black pepper divided
- 4 cups Brussels sprouts trimmed and halved (quarter if very large), about 1 pound
- 1 large sweet potato peeled and cut into 1/2-inch cubes
- 1 medium red onion cut into 3/4-inch pieces
- 1 medium Granny smith apple peeled, cored, and cut into rough 1-inch pieces (these pieces should be larger than the other vegetables)

Instructions:

1. Preheat the oven to 425 degrees F.
2. Place the chicken breasts in a large ziptop bag. Drizzle with 1 1/2 tablespoons olive oil, then add the garlic, 1 tablespoon rosemary, cinnamon, 1/2 teaspoon salt, and 1/4 teaspoon black pepper. Zip the bag tightly, then shake and rub the bag to coat the chicken in the oil and spices. Set aside while you chop the vegetables and apples, or refrigerate for up to 1 day.
3. Once chopped, place the Brussels sprouts, sweet potato, onion, and apple on a large, rimmed baking sheet. Drizzle with the remaining 1 1/2 tablespoons olive oil, then sprinkle with remaining 1/2 teaspoon kosher salt and 1/4 teaspoon black pepper. Toss to evenly coat, then spread into an even layer.
4. Remove the chicken from the marinade and place on top of the apple and vegetables. Place in the oven and roast until the chicken is cooked through and the internal temperature reaches 160 to 165 degrees F, about 18 to 22 minutes, or until done. Once the chicken is cooked through, remove to a plate to rest and cover with foil to keep warm. Toss the apple and vegetables on the pan, then return the pan to the oven and continue baking until caramelized and tender, about 10 to 15 additional minutes. Sprinkle with the remaining 1 tablespoon fresh rosemary. Serve warm with the rested chicken.
5. Yes! You can add BACON. Cut 4 thick-cut bacon slices into 1-inch strips and scatter over the top of the chicken prior to baking. Leave on the pan to cook with the veggies after the chicken is removed.



Prosser
Memorial Health



Prosser Memorial Health

Dashboard Report

January 19, 2021

Report based on

Engagement 2020
Data from 08/01/2020 - 01/20/2021

Report filters applied

Employee Type : Med Staff

Dashboard

Total Invited

49

Total Response

41

Overall Favorability



Total Questions

64

Total Comments

66

Suggested Areas of Action

Communication

Communication between departments is effective

Administration

There is sufficient communication from Administration

Job Satisfaction

Prosser Memorial Health is effective in resolving staff concerns

Highest and Lowest Rated Items

High

- 95% Patient satisfaction is a top priority at Prosser Memorial Health
- 94% I receive adequate training to be successful at my job
- 93% I tell others that Prosser Memorial Health is a good place to practice
- 92% I agree with the Mission, Vision, and Values of Prosser Memorial Health
- 92% Prosser Memorial Health is effective in resolving patient concerns

Low

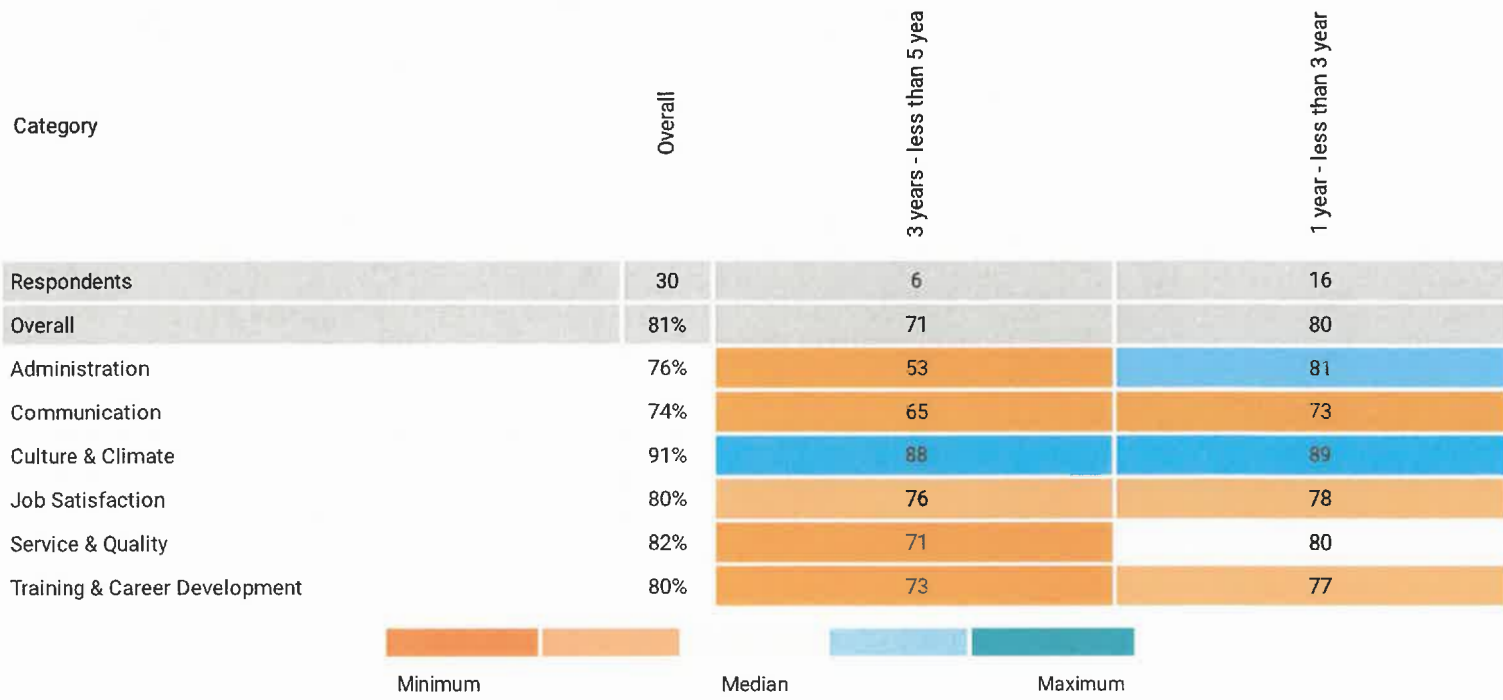
- 57% Communication between departments is effective
- 58% There is sufficient communication from Administration
- 58% Prosser Memorial Health is effective in resolving staff concerns
- 67% I know the plans for improvement and my role
- 68% My ideas and suggestions are given consideration

Summary

Question	Category	N	Mean	%Favorable	Comparison to Company	Engagement 2019
Patient satisfaction is a top priority at Prosser Memorial Health	Service & Quality	38	4.61	95	16	▲1
I receive adequate training to be successful at my job	Training & Career Development	35	4.51	94	15	▼-6
I tell others that Prosser Memorial Health is a good place to practice	Culture & Climate	28	4.54	93	14	-
I agree with the Mission, Vision, and Values of Prosser Memorial Health	Culture & Climate	38	4.61	92	13	-
Prosser Memorial Health is effective in resolving patient concerns	Job Satisfaction	25	4.28	92	13	-
Prosser Memorial Health emphasizes the importance of safety	Service & Quality	37	4.43	89	10	▼-2
I would recommend Prosser Memorial Health to my friends and family for care	Culture & Climate	38	4.47	89	10	-
Other physicians treat me as an important element of the health team	Culture & Climate	28	4.36	89	10	-
The hospital sees physicians as important resources	Culture & Climate	26	4.46	88	9	-
There is a high level of respect between medical staff and employees	Culture & Climate	38	4.39	87	8	-
I am satisfied with my current relationship with Prosser Memorial Health	Culture & Climate	28	4.29	86	7	-
Communication between medical staff and nurses is effective	Communication	27	4.04	85	6	-
Prosser Memorial Health shows recognition for meeting goals	Culture & Climate	36	4.31	83	4	-
I trust the information I receive from Prosser Memorial Health	Communication	38	4.13	82	3	▼-6
I receive important company information in a timely manner	Communication	36	4.06	81	2	▼-9
Safety standards are consistently enforced	Service & Quality	36	4.22	81	2	▼-9
I am encouraged to share ideas for improving service and quality	Service & Quality	38	4.11	79		▼-9
Administration actions show they care about employees and medical staff	Administration	38	4.05	79		▼-9
Prosser Memorial Health's communication tools are useful (i.e. newsletters, bulletin boards, emails, company website)	Communication	38	4.05	79		▼-9
Prosser Memorial Health Administration and physicians are in agreement on organizational goals	Administration	27	3.96	78	-1	-
Employees are adequately trained to help me be successful	Training & Career Development	27	4.04	78	-1	-
I am confident in the medical expertise of the specialists	Job Satisfaction	26	4.12	77	-2	-
My workload allows me to maintain a good work/life balance	Job Satisfaction	38	4.18	76	-3	-
Administration effectively balances quality care and fiscal policy	Administration	27	3.93	74	-5	-
The decision-making process at Prosser Memorial Health is fair	Administration	27	3.89	74	-5	-

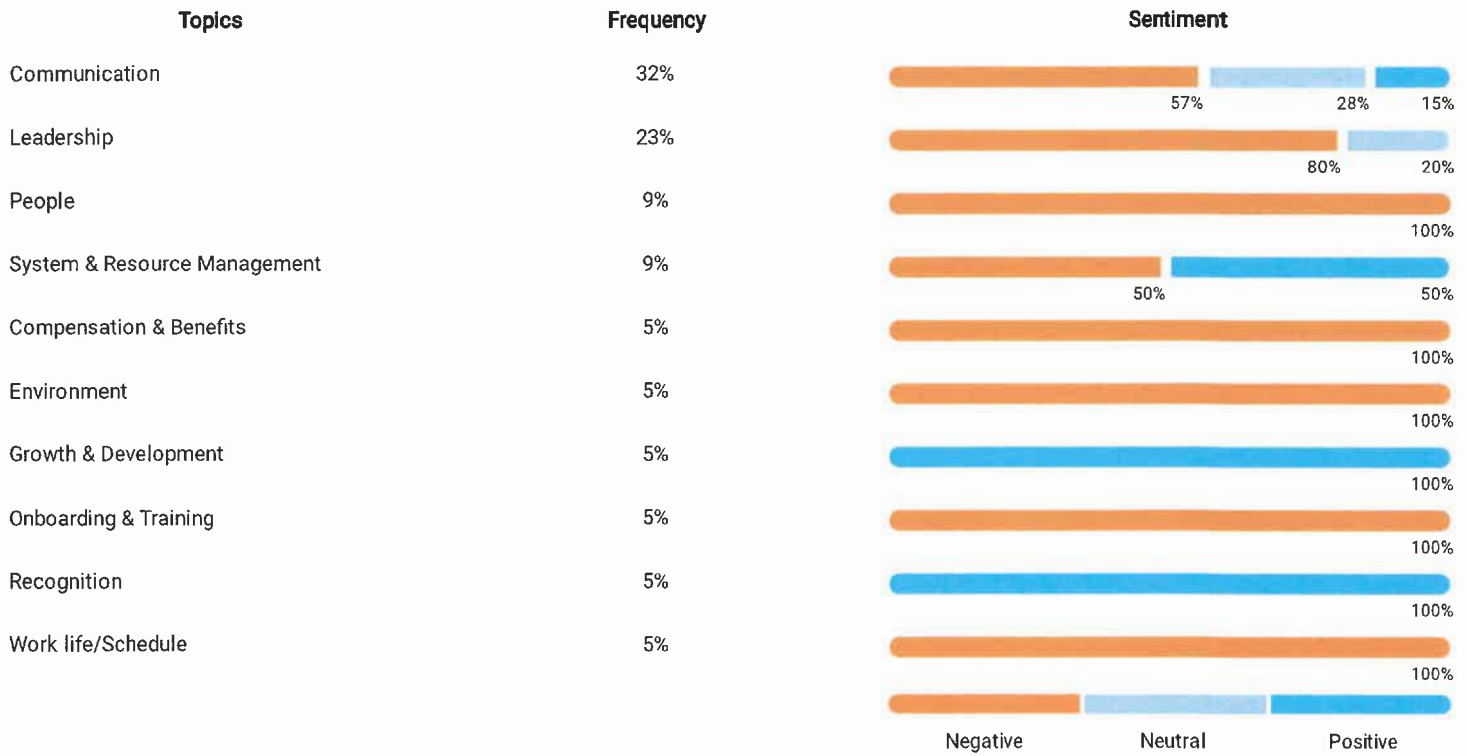
Question	Category	N	Mean	%Favorable	Comparison to Company	Engagement 2019
Prosser Memorial Health information systems allow for timely and accurate reporting of information	Communication	27	4.07	74	-5	-
I feel comfortable voicing my opinion and offering suggestions	Communication	38	3.87	71	-8	▼-8
Administration communicates a clear vision and plan for Prosser Memorial Health's future	Administration	38	4.03	71	-8	▼-14
The EPIC EMR/EHR training helps me better understand the Epic software and my department's Epic workflow	Training & Career Development	36	3.89	69	-10	-
My ideas and suggestions are given consideration	Communication	37	3.76	68	-11	▼-7
I am satisfied with the EPIC EMR/EHR	Training & Career Development	38	3.76	68	-11	-
I know the plans for improvement and my role	Service & Quality	27	3.89	67	-12	-
Prosser Memorial Health is effective in resolving staff concerns	Job Satisfaction	24	3.63	58	-21	▼-17
There is sufficient communication from Administration	Administration	38	3.47	58	-21	▼-15
Communication between departments is effective	Communication	37	3.41	57	-22	▼-14

Hotspot



Comment Analysis

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

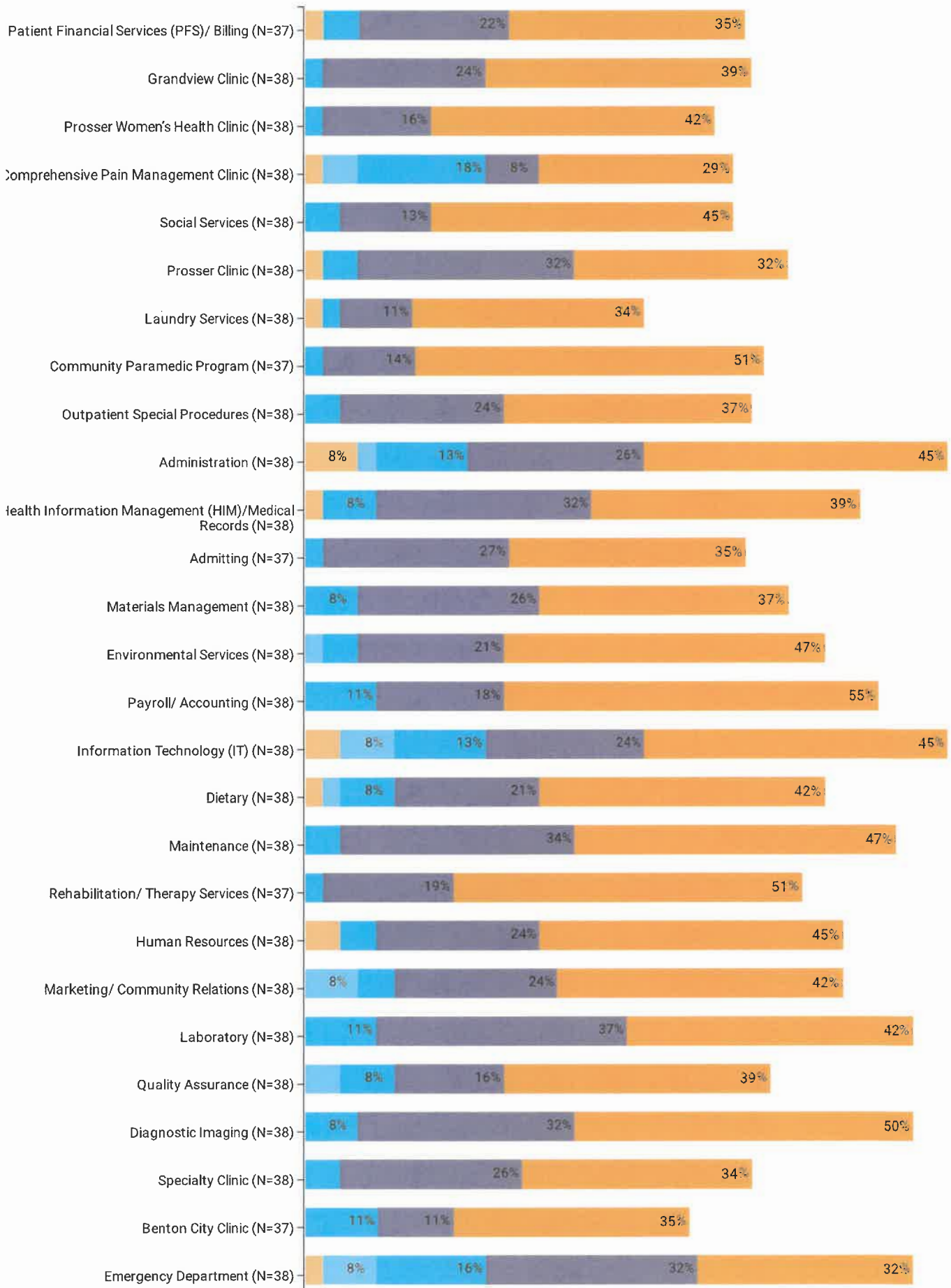


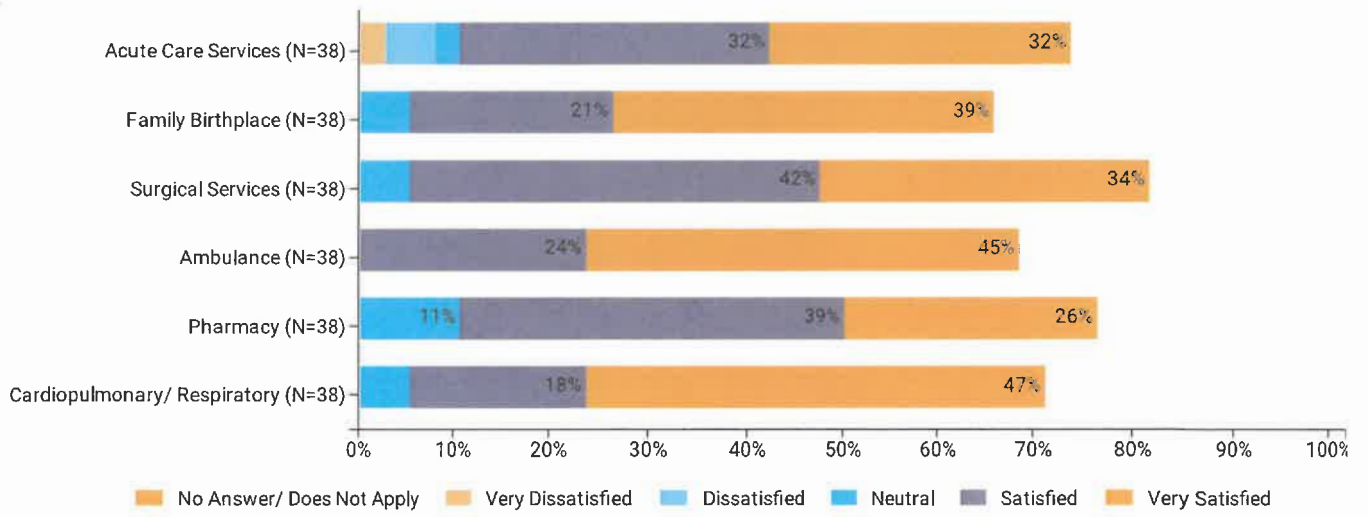
Topics Words



Matrix Questions

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







Prosser Memorial Health

Comment Report

January 19, 2021

Report based on

Engagement 2020
Data from 08/01/2020 - 01/20/2021

Report filters applied

Employee Type : Med Staff

What do you enjoy most about working at Prosser Memorial Health?(29)

Love working in the community I live and providing services to people in need.

Collegial staff and very good work culture

The autonomy afforded to physicians and respect for our decisions

Respect, camaraderie and pride and ownership

camaraderie

I feel valued and appreciated by our senior administration team and employee relations group. I appreciate and value the office/medical staff I work directly with

The staff are generally very happy and well respected

Friendly, warm, family-like work environment. Strong mentorship.

The people I work with.

Friendly environment and great support from Administration

I like that it is a small hospital so that we all know and trust each other, but that we are growing and advancing our services with the community needs in mind.

Employee spirit and dedication in caring for our clients and patients.

I have great hours and a great work/life balance.

Great colleagues.

Dr. Hashmi's suits

Closer to home.

I enjoy the collegial effort of every team members to help our patients and each other.

There is a close "family" feeling and relationship with those I work with.

the family like atmosphere

good work -life balance

I love the culture of teamwork. I truly feel like all of us are doing everything they can to have what we need to give great care.

I think that for the most part the hospital is a friendly environment that provides adequate care.

i appreciate flexibility in my schedule and accomodations for family needs when needed. I appreciate working with a stable team who are supportive and have similar goals of delivering high quality patient care.

exceptionally friendly culture

Collegial atmosphere. Patient focused care.

Supportive administration, autonomy

I like that the organization works hard to serve the community and is patient centered

The administration is helpful and wants to grow my practice. They are usually quite responsive to my requests and suggestions.

The attention to taking care of the patients

What 1 or 2 things would most improve Prosser Memorial Health as a place to work? (27)

We have no oversight and have very little interaction with management. More times staff can come together and have team meetings.

A cafeteria

New facility Help during peak times in the ER (advanced care practitioner)

as a provider I feel I would benefit from less online/mock EMR training and more hands on. So initially scheduling ~4 pts/day and have Donna sit with me to help me complete notes, orders, etc for 1-2 wks. I also feel like there is a huge delay between when needs for new hires arise and the actual hiring/start dates (frequently 4-6mo)

clear and time appropriate feedback and support from middle management in the clinic setting

Frequent Epic changes make it hard to find a stable routine. Fewer upgrades please.

Better communication between management and staff/providers. Better accessibility to management.

Correctly posting the standard Hole in the Wall menu and the daily specials menu. Rarely posted both correctly and timely.

New hospital!

Improved reminder call system; improved system of client/patient calls ALWAYS getting to the provider, without fail.

Better self care program: gym discount, massages, scrub discounts. furnished break room with a relaxing environment.

A CEO that is transparent and doesn't hide his disdain of the medical staff, nursing and ancillary services.

Forethought and anticipatory efforts placed to staffing needs.

Free food, Denim

Nursing on Ob is frequently not wearing masks when I'm on the unit.

Effective communication between departments and New Hospital with upgraded technology.

sometimes clinic management can be slow at getting things done or getting back to you regarding questions

I can't think of anything

Better communication between all employees about changes ,plans, etc. I think a "call center" would be good for making appointments not just for one clinic but all of them so the patient can be offered an appt at another clinic if the clinic they are trying to get an appt at is booked. Right now I'm not sure that the receptionists are telling patients about other Prosser clinics. I think they are giving the next available appt which could be next day or next week when the patient maybe could have been seen that day at another clinic(for example Prosser Clinic and Grandview).

Recognize that the growth is more likely due to external factors like higher need, and lack of competition rather than quality. A small community hospital will thrive if we focus on providing adequate primary care and basic needs rather than flashy or fancy services. We should be focused on recruiting to provide quality clinicians that can handle primary care and general surgical services. We should focus on recruiting clinicians that are invested in the community and are more likely to stay, rather than on someone who will provide a niche service that will collapse when the clinician leaves.

improved communication when new hires are coming and what the plans are for them with start dates, proctoring new clinicians with clear plans for success

professional cooperation among providers, care continuity

Communication with administration. Positive feedback.

Epic issues addressed (seems to be in Providence domain and they have not been helpful) Prosser staff very helpful in trying to resolve, but out of their purview

Better communication between admin and employees

Bigger ORs, Busier clinics.

improvement of team work between departments

If you answered 3 or below to the previous item, please explain how communication between departments could be improved(10)

We have little to no oversight in my department. I appreciate there is no micromanaging, but nothing is follow through on by management. If we ever, which rarely do, have a chance to communicate with them the Managers are too busy. They just run around putting out fires.

Continue working on cordial, timely, and accurate communication between L&D and surgery department

I work in an out pt clinic. It seems to me that our office manager isn't given the authority or freedom to make necessary changes in our clinic flow, work processes w/o getting approval from her supervisor. This is a problem because getting feed back from her supervisor doesn't happen in a timely fashion and some times not at all. Senior Admin is very communicative and responsive; they are always letting us know how much they appreciate our work; they work hard at employee satisfaction and engagement.

more communication for patient care

Lack of responsibility / "not my job" / my team can't do this per the department heads. Get it?

We need more communication between clinics and staff such as an email notifying of an upcoming change in procedure, change of provider from one clinic to another or the schedule of orientation for a new employee so everyone knows what their role is.

It would be nice to have friendly communication in lieu of complaints and write ups. Very little positive feedback.

Too much email that does not apply, so more important emails do not stand out.

We are sometimes told about huge changes at the last minute, only to find out that these changes have been in the works for months.

this is improving but needs to continue to improve to a higher level



Prosser

Memorial Health

Balance Sheet December 31, 2020

	Assets			Liabilities & Fund Balance			
	12/31/2020	11/30/2020	12/31/2019	12/31/2020	11/30/2020	12/31/2019	
Cash & Temporary Investments	8,833,380	10,245,788	790,127	Current Portion of Bonds Payable	1,103,332	543,158	447,395
Gross Patient Accounts Receivable	27,102,308	27,862,475	26,420,075	Current Portion Capital Leases	-	-	418,578
Less Allowances for Uncollectible	(16,699,000)	(17,054,000)	(15,682,980)	Accounts Payable	1,390,403	1,671,495	1,217,346
Net Patient Receivables	10,403,308	10,808,475	10,737,095	Payroll & Related Liabilities	2,327,540	3,325,376	3,516,028
Taxes Receivable	31,706	34,240	26,908	Cost Report Payable	450,673	785,507	839,378
Receivable from 3rd Party Payor	736,090	1,136,310	832,383	Other Payables to 3rd Parties	465,709	465,709	465,709
Inventory	484,142	466,475	401,623	Deferred Tax Revenue	-	69,466	-
Prepaid Expenses	1,208,748	1,402,689	1,608,293	Deferred EHR Medicare Revenue	-	27,517	330,200
Other Current Assets	118,401	14,981	204,486	Deferred COVID Revenue	10,357,990	11,552,965	-
Total Current Assets	21,815,775	24,108,958	14,600,915	Accrued Interest Payable	19,670	118,019	19,670
Whitehead Fund - LGIP	1,213,585	1,213,424	1,205,889	Other Current Liabilities	-	-	-
Funded Depreciation - Cash	1,020,257	791,283	44,372	Total Current Liabilities	16,115,317	18,559,212	7,254,304
Funded Depreciation - TVI	15,393,352	15,393,352	13,880,674	Non Current Liabilities			
Bond Obligation Cash Reserve	767,478	767,472	-	Bonds Payable net of CP	10,357,504	10,965,979	11,511,447
Tax Exempt Lease Funds	893,149	1,001,868	346,920	Capital Leases net of CP	854,321	1,096,379	-
Board Designated Assets	19,287,821	19,167,399	15,477,855	Total Non Current Liabilities	11,211,825	12,062,358	11,511,447
Land	478,396	478,396	478,396	Total Liabilities	27,327,142	30,621,570	18,765,751
Property Plant & Equipment	43,946,901	43,501,846	41,059,108	Fund Balance			
Accumulated Depreciation	(28,455,218)	(28,230,570)	(26,030,986)	Unrestricted Fund Balance	32,534,866	31,194,383	29,626,958
Net Property Plant & Equipment	15,970,079	15,749,672	15,506,518	Restricted Fund Balance	-	-	-
Investment & Other Non Current Assets	1,042,893	1,044,484	1,061,981	Total Fund Balance	32,534,866	31,194,383	29,626,958
Land - Gap Road	1,745,440	1,745,440	1,745,440				
Net Investments & Other Non Current Asset:	2,788,333	2,789,924	2,807,421				
Total Assets	\$ 59,862,008	\$ 61,815,953	\$ 48,392,709	Total Liabilities & Fund Balance	\$ 59,862,008	\$ 61,815,953	\$ 48,392,709



Prosser

Memorial Health

Balance Sheet December 31, 2020

	Assets			Liabilities & Fund Balance		
	12/31/2020	11/30/2020	12/31/2019	12/31/2020	11/30/2020	12/31/2019
Cash & Temporary Investments	8,833,380	10,245,788	790,127	Current Portion of Bonds Payable	1,103,332	543,158
	-	-	-	Current Portion Capital Leases	-	-
Gross Patient Accounts Receivable	27,102,308	27,862,475	26,420,075	Accounts Payable	1,390,403	1,671,495
Less Allowances for Uncollectible	(16,699,000)	(17,054,000)	(15,682,980)	Payroll & Related Liabilities	2,327,540	3,325,376
Net Patient Receivables	10,403,308	10,808,475	10,737,095	Cost Report Payable	450,673	785,507
	-	-	-	Other Payables to 3rd Parties	465,709	465,709
Taxes Receivable	31,706	34,240	26,908	Deferred Tax Revenue	-	69,466
Receivable from 3rd Party Payor	736,090	1,136,310	832,383	Deferred EHR Medicare Revenue	-	27,517
Inventory	484,142	466,475	401,623	Deferred COVID Revenue	10,357,990	11,552,965
Prepaid Expenses	1,208,748	1,402,689	1,608,293	Accrued Interest Payable	19,670	118,019
Other Current Assets	118,401	14,981	204,486	Other Current Liabilities	-	-
Total Current Assets	21,815,775	24,108,958	14,600,915	Total Current Liabilities	16,115,317	18,559,212
	-	-	-		-	-
Whitehead Fund - LGIP	1,213,585	1,213,424	1,205,889	Non Current Liabilities	-	-
Funded Depreciation - Cash	1,020,257	791,283	44,372	Bonds Payable net of CP	10,357,504	10,965,979
Funded Depreciation - TVI	15,393,352	15,393,352	13,880,674	Capital Leases net of CP	854,321	1,096,379
Bond Obligation Cash Reserve	767,478	767,472	-	Total Non Current Liabilities	11,211,825	12,062,358
Tax Exempt Lease Funds	893,149	1,001,868	346,920		0	0
Board Designated Assets	19,287,821	19,167,399	15,477,855	Total Liabilities	27,327,142	30,621,570
	-	-	-		-	-
Land	478,396	478,396	478,396	Fund Balance	-	-
Property Plant & Equipment	43,946,901	43,501,846	41,059,108	Unrestricted Fund Balance	32,534,866	31,194,383
Accumulated Depreciation	(28,455,218)	(28,230,570)	(26,030,986)	Restricted Fund Balance	-	-
Net Property Plant & Equipment	15,970,079	15,749,672	15,506,518	Total Fund Balance	32,534,866	31,194,383
	-	-	-		-	-
Investment & Other Non Current Assets	1,042,893	1,044,484	1,061,981	Total Liabilities & Fund Balance	\$ 59,862,008	\$ 61,815,953
Land - Gap Road	1,745,440	1,745,440	1,745,440		\$ 59,862,008	\$ 61,815,953
Net Investments & Other Non Current Asset:	2,788,333	2,789,924	2,807,421		\$ 48,392,709	\$ 48,392,709
	-	-	-			
Total Assets	\$ 59,862,008	\$ 61,815,953	\$ 48,392,709	Total Liabilities & Fund Balance	\$ 59,862,008	\$ 61,815,953



Prosser Memorial Health
Statement of Operations
December 31, 2020

						Year to Date				Prior	
Actual	Month Ending Budget	Variance	%	Prior Year	%	Actual	Budget	Variance	%	Year	%
Gross Patient Services Revenue											
\$ 3,151,704	\$ 2,903,444	\$ 248,260	9%	\$ 2,864,852	10%	\$ 33,917,983	\$ 34,564,817	\$ (646,834)	-2%	\$ 32,299,988	5%
10,468,554	10,570,054	(101,500)	-1%	10,233,791	2%	110,206,600	125,833,981	(15,627,381)	-12%	109,767,804	0%
13,620,258	13,473,498	146,760	1%	13,098,643	4%	144,124,583	160,398,798	(16,274,215)	-10%	142,067,792	1%
Total Gross Patient Services Revenue											
Deductions from Revenue											
Contractual Allowances											
2,920,199	2,707,828	(212,371)	-8%	2,898,291	1%	26,483,560	32,236,053	5,752,493	18%	27,928,741	-5%
2,895,168	2,994,181	99,013	3%	2,180,561	33%	31,915,595	35,645,007	3,729,412	10%	31,140,292	2%
1,944,477	1,729,709	(214,768)	-12%	1,053,995	84%	18,744,732	20,591,779	1,847,047	9%	16,817,667	11%
(2,652)	189,142	191,794	101%	(61,764)	-96%	1,740,570	2,251,696	511,126	23%	1,343,734	30%
7,757,192	7,620,860	(136,332)	-2%	6,071,083	28%	78,884,457	90,724,535	11,840,078	13%	77,230,434	2%
7,757,192	7,620,860	(136,332)	-2%	6,071,083	28%	78,884,457	90,724,535	11,840,078	13%	77,230,434	2%
271,526	168,099	(103,427)	-62%	34,095	696%	1,782,001	2,001,181	219,180	11%	1,671,832	7%
128,519	354,515	225,996	64%	514,437	-75%	3,323,931	4,220,415	896,484	21%	4,031,596	-18%
8,157,237	8,143,474	(13,763)	0%	6,619,615	23%	83,990,389	96,946,131	12,955,742	13%	82,933,862	1%
5,463,021	5,330,024	132,997	2%	6,479,028	-16%	60,134,194	63,452,667	(3,318,473)	-5%	59,133,930	2%
1,615,418	-	1,615,418	0%	-	0%	3,361,412	-	3,361,412	0%	-	0%
353,108	171,395	181,713	106%	241,827	46%	1,206,324	1,160,013	46,311	4%	1,680,884	-28%
7,431,547	5,501,419	1,930,128	35%	6,720,855	11%	64,701,930	64,612,680	89,250	0%	60,814,814	6%
Net Patient Services Revenue											
Operating Expenses											
2,493,857	2,398,526	(95,331)	-4%	2,885,951	-14%	28,856,592	28,602,687	(253,905)	-1%	27,475,682	5%
453,990	553,356	99,366	18%	838,423	-46%	6,723,048	6,623,166	(99,882)	-2%	6,260,014	7%
235,353	198,157	(37,196)	-19%	270,282	-13%	2,713,853	2,359,009	(354,844)	-15%	2,843,126	-5%
3,183,200	3,150,039	(33,161)	-1%	3,994,656	-20%	38,293,493	37,584,862	(708,631)	-2%	36,578,822	5%
Sub-Total Labor Costs											
501,285	316,609	(184,676)	-58%	394,361	27%	4,214,446	3,799,311	(415,135)	-11%	4,047,076	4%
67,851	45,205	(22,646)	-50%	46,867	45%	534,323	542,457	8,134	1%	509,434	5%
1,364,029	644,113	(719,916)	-112%	670,631	103%	8,617,404	7,749,096	(868,308)	-11%	7,040,429	22%
46,473	44,683	(1,790)	-4%	37,860	23%	545,899	536,197	(9,702)	-2%	491,784	11%
405,316	280,078	(125,238)	-45%	254,877	59%	3,352,762	3,364,521	11,759	0%	3,320,394	1%
202,520	188,579	(13,941)	-7%	186,792	8%	2,075,214	2,262,944	187,730	8%	2,132,296	-3%
75,758	61,442	(14,316)	-23%	63,642	19%	892,572	733,737	(158,835)	-22%	738,376	21%
229,038	226,667	(2,371)	-1%	224,314	2%	2,754,872	2,720,000	(34,872)	-1%	2,443,594	13%
76,335	122,505	46,170	38%	54,126	41%	1,118,128	1,470,060	351,932	24%	1,259,784	-11%
2,968,605	1,929,881	(1,038,724)	-54%	1,933,470	54%	24,105,620	23,178,323	(927,297)	-4%	21,983,167	10%
6,151,805	5,079,920	(1,071,885)	-21%	5,928,126	4%	62,399,113	60,763,185	(1,635,928)	-3%	58,561,989	7%
1,279,742	421,499	858,243	204%	792,729	61%	2,302,817	3,849,495	(1,546,678)	-40%	2,252,825	2%
Total Operating Expenses											
Operating Income (Loss)											
Non Operating Income											
71,484	69,466	2,018	3%	69,205	3%	856,225	833,589	22,636	3%	846,680	1%
629	22,706	(22,077)	-97%	56,984	-99%	171,973	272,476	(100,503)	-37%	335,335	-49%
(22,203)	(33,632)	11,429	-34%	(33,322)	-33%	(390,727)	(403,586)	12,859	-3%	(355,362)	10%
10,831	537	10,294	1917%	-	0%	(28,701)	6,440	(35,141)	-546%	71,873	-140%
60,741	59,077	1,664	3%	92,867	-35%	608,770	708,919	(100,149)	-14%	898,526	-32%
\$ 1,340,483	\$ 480,576	\$ 859,907	179%	\$ 885,596	51%	\$ 2,911,587	\$ 4,558,414	\$ (1,646,827)	-36%	\$ 3,151,351	-8%
Net Income (Loss)											



Prosser
Memorial Health
Statement of Cash Flows
December 31, 2020

CURRENT MONTH		YEAR TO DATE
Actual		Actual
	NET INCOME TO NET CASH BY OPERATIONS	
	NET INCOME (LOSS)	2,911,587
1,340,483		
229,038	Depreciation Expense	2,754,872
-	Amortization	-
-	Loss (Gain) on Sale of Assets	43,731
1,569,521	TOTAL	5,710,190
	WORKING CAPITAL	
880,775	Decrease (Increase) in Assets	(828,393)
(2,443,895)	Increase (Decrease) in Liabilities	8,861,013
6,401	NET CASH PROVIDED BY OPERATIONS	13,742,810
	CASH FLOWS FROM INVESTING ACTIVITIES	
(458,739)	Capital Purchasing	(3,280,557)
13,684	Proceeds on Capital Assets Sold	14,184
(853,332)	Investment Activity	1,376,782
(1,298,387)	NET CASH USED BY INVESTING ACTIVITIES	(1,889,591)
(1,291,986)	NET CHANGE IN CASH	11,853,219
	CASH BALANCE	
29,413,187	BEGINNING	16,267,982
28,121,201	ENDING	28,121,201
(1,291,986)	NET CASH FLOW	11,853,219



Prosser
Memorial Health
Statement of Cash Flows - 12 Month Trend
December 31, 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	Nov-20 Actual	Dec-20 Actual	CURRENT
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)	1,340,483	
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	229,038	
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)	1,569,521	
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	880,775	
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)	(2,443,895)	
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)	6,401	
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)	(458,739)	
Proceeds on Capital Assets Sold	-	-	-	-	-	500	13,684	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)	(853,332)	
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)	(1,298,387)	
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)	(1,291,986)	
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	29,413,187	
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	28,121,201	
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)	(1,291,986)	



Prosser
Memorial Health
Direct Cash Flow Statement
December 31, 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	December 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	2,414,554
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	1,675,687
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	1,403,483
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	56,106
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	111,946
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	92,175
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	260,618
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	6,014,569
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)	(2,846)
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)	(2,227,757)	(4,129,283)
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)	(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)	(388,019)
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	(5,120,349)	(833,247)
CASH FLOWS FROM INVESTING ACTIVITIES														
Capital Purchases	(380,203)	207,539	(292,919)	(35,283)	(124,590)	(350,621)	(231,586)	(44,273)	(438,167)	(95,029)	(170,231)	(441,591)	(416,382)	(458,739)
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)	(416,382)	(458,739)
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)	(1,291,986)
CASH BALANCE														
BEGINNING	17,814,763	17,842,811	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
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	28,121,201
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)	(1,291,986)



Prosser Memorial Health

Key Operating Statistics December 31, 2020

Month Ending				Key Volumes	Year to Date				Prior Year	Change
Actual	Budget	Variance	%		Actual	Budget	Variance	%		
247	211	36	17%	Inpatient Acute Days	2,402	2,488	(86)	-3%	2,428	-1%
107	178	(71)	-40%	Inpatient Swing Days	1,516	2,099	(583)	-28%	2,004	-24%
354	388	(34)	-9%	Total Inpatient Days	3,918	4,587	(669)	-15%	4,432	-12%
96	85	11	13%	Inpatient Admissions	1,024	999	25	3%	992	3%
96	85	11	13%	Inpatient Discharges	1,020	999	21	2%	1,001	2%
3	13	(10)	-77%	Swing Bed Discharges	106	152	(46)	-30%	132	-20%
1,530	1,803	(273)	-15%	Adjusted Patient Days	16,648	21,284	(4,636)	-22%	19,494	-15%
11.42	12.53	(1.11)	-9%	Average Daily Census	10.70	12.53	(1.83)	-15%	12.14	-12%
415	393	22	6%	Adjusted Discharges	4,334	4,635	(300)	-6%	4,403	-2%
2.57	2.49	0.08	3%	Average Length of Stay - Hospital	2.35	2.49	(0.14)	-5%	2.43	-3%
35.67	13.77	21.90	159%	Average Length of Stay - Swing Bed	14.30	13.77	0.53	4%	15.18	-6%
46%	50%	-4%	-9%	Acute Care Occupancy (25)	43%	50%	-7%	-15%	49%	-12%
44	38	6	15%	Deliveries	489	451	38	8%	439	11%
110	128	(18)	-14%	Surgical Procedures	1,196	1,515	(319)	-21%	1,418	-16%
785	1,042	(257)	-25%	Emergency Dept Visits	9,662	12,304	(2,642)	-21%	12,190	-21%
12,761	12,497	264	2%	Laboratory Tests	141,216	147,543	(6,327)	-4%	132,610	6%
3,009	2,156	853	40%	Radiology Exams	27,358	25,460	1,898	7%	23,484	16%
983	1,083	(100)	-9%	PMH Specialty Clinic	11,604	12,790	(1,186)	-9%	11,404	2%
547	1,024	(477)	-47%	PMH - Benton City Clinic Visits	10,081	12,095	(2,014)	-17%	11,493	-12%
1,401	1,072	329	31%	PMH - Prosser Clinic Visits	14,855	12,661	2,194	17%	11,522	29%
473	630	(157)	-25%	PMH - Grandview Clinic Visits	7,084	7,437	(353)	-5%	6,812	4%
722	722	(0)	0%	PMH - Women's Health Clinic Visits	7,232	8,526	(1,294)	-15%	5,627	29%
LABOR FULL-TIME EQUIVALENT										
280.76	290.82	10.06	3%	Employed Staff FTE's	267.33	290.82	23.49	8%	262.90	2%
29.41	30.48	1.07	4%	Employed Provider FTE	29.37	30.48	1.11	4%	27.01	9%
310.17	321.30	11.13	3%	All Employee FTE's	296.70	321.30	24.60	8%	289.91	2%
249.60	273.11	23.51	9%	Productive FTE's	257.86	273.11	15.25	6%	254.34	1%
13.31	20.86	7.55	36%	Outsourced Therapy FTE's	14.09	20.86	6.77	32%	16.87	-16%
3.44	1.56	(1.88)	-121%	Contracted Staff FTE's	4.02	4.07	0.05	1%	4.11	-2%
16.75	22.42	5.67		All Purchased Staff FTE's	18.11	22.42	6.82	30%	20.98	-14%
8.18	4.58	(3.60)	-79%	Contracted Provider FTE's	7.27	4.58	(2.69)	-59%	5.91	23%
335.10	348.30	13.20	4%	All Labor FTE's	322.08	348.30	28.73	8%	316.80	2%



Prosser

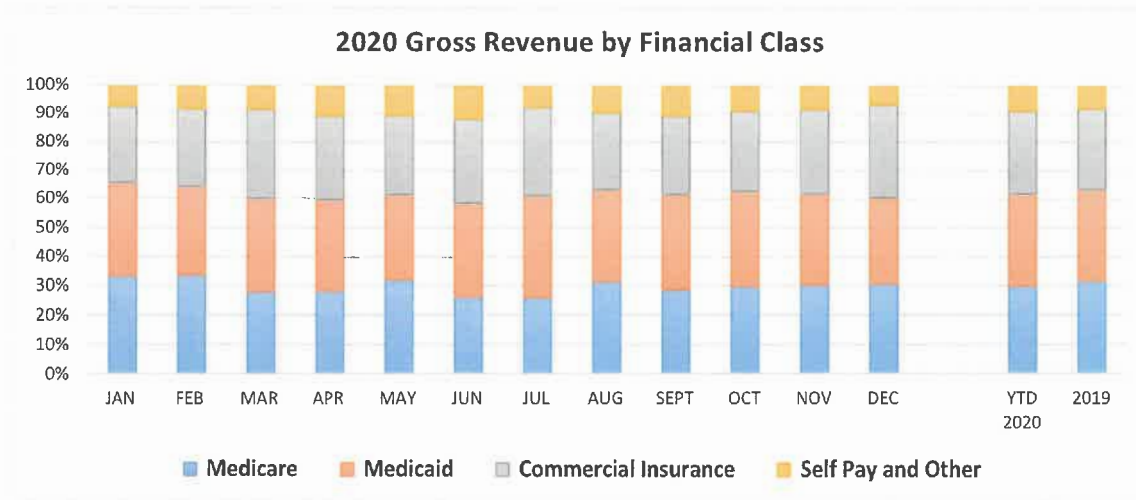
Memorial Health
Financial Operations
December 31, 2020

	YTD 2019	YTD 2020	YTD Budget 2020
Utilization			
Admissions	992	1,024	999
Adjusted Admissions	4,363	4,351	4,635
Average Daily Census	6.6	6.6	6.8
Adjusted Occupied Beds	29.2	27.9	31.5
Average Length of Stay (days)	2.4	2.3	2.5
Outpatient Revenue %	77.3%	76.5%	78.5%
Total Yield (net patient revenue)	105.3%	98.9%	118.1%
Hospital Case Mix Index	TBD	0.99	1.00
Financial Performance (\$000)			
Net Patient Revenue	59,134	60,134	63,453
Total Operating Revenue	60,815	64,702	64,613
Total Operating Expense	58,562	62,399	60,763
Income (Loss) from Operations	2,253	2,303	3,849
Excess of Revenue Over Expenses	3,151	2,912	4,558
EBIDA (Operating Cash Flow)	4,696	5,058	6,569
Additions to Property, Plant, and Equipment	6,175	3,281	747
Balance Sheet (\$000)			
Unrestricted Cash and Investments	790	8,833	3,915
Accounts Receivable (gross)	26,420	27,102	17,104
Net Fixed Assets	15,507	15,970	12,758
Current and Long-Term Liabilities (excluding LT debt)	7,254	16,115	5,413
Long-Term Debt	11,511	10,358	6,441
Total Liabilities	18,765	26,473	11,854
Net Worth	29,627	32,535	29,769
Key Ratios			
Operating Margin (%)	3.7%	3.6%	6.0%
Excess Margin (%)	5.2%	4.7%	7.1%
Operating EBIDA Margin (Operating Cash Flow)	7.7%	7.8%	10.2%
Average Expense per Adjusted Patient Days	3,748	2,855	3,004
Net Accounts Receivable (days)	64.62	58.85	60.82
Current Ratio (x)	2.01	1.35	1.55
Cash on Hand (days)	106.10	172.56	120.39
Cushion Ratio (x)	45.78	71.97	53.80
Return on Equity (%)	10.64%	8.95%	13.33%
Capital Spending Ratio	1.67	1.73	5.13
Average Age of Plant (Years)	10.65	10.33	10.84
Debt Service	3.64	2.64	4.58
Debt-to-Capitalization (%)	30%	27%	27.07%
Patient Revenue Sources by Gross Revenue (%)			
Medicare	31.5%	29.8%	31.5%
Medicaid	31.8%	31.9%	31.7%
Commercial Insurance	28.6%	29.4%	28.7%
Self-pay and Other	8.1%	8.9%	8.1%
Labor Metrics			
Productive FTE's (incl contract labor)	281.23	283.24	300.11
Total FTE's (incl contract labor)	316.80	322.08	348.30
Labor Cost (incl benefits) per FTE - Annualized	115,463.45	118,894.35	107,909.45
Labor Cost (incl benefits) as a % of Net Operating Revenue	60.1%	59.2%	58.2%
Net Operating Revenue per FTE	191,965.95	200,887.76	185,508.70
Operating Expense per FTE	184,854.76	193,737.93	174,456.46
Contacts:			
David Rollins	Chief Financial Officer	(509) 786-6605	
Stephanie Titus	Director of Finance	(509) 786-5530	



Revenue by Financial Class
December 31, 2020

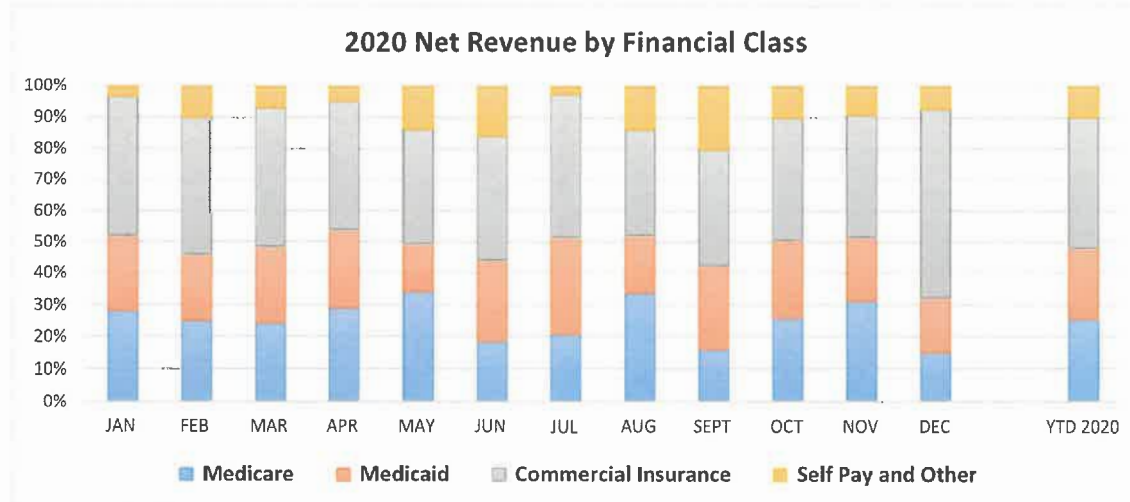
Month	Medicare	Medicaid	Commercial Insurance	Self Pay and Other	Total
JAN	33.3%	32.3%	27.1%	7.4%	100.0%
FEB	33.6%	30.5%	27.7%	8.1%	100.0%
MAR	27.9%	32.0%	31.7%	8.4%	100.0%
APR	28.1%	31.3%	29.7%	10.8%	100.0%
MAY	31.9%	29.3%	28.1%	10.6%	100.0%
JUN	26.0%	32.3%	30.0%	11.7%	100.0%
JUL	25.8%	35.2%	31.3%	7.6%	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	30.5%	29.7%	33.1%	6.6%	100.0%
YTD 2020	29.8%	31.9%	29.4%	8.9%	100.0%
2019	31.5%	31.8%	28.6%	8.1%	100.0%





Net Revenue by Financial Class
December 31, 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	14.9%	17.4%	60.3%	7.4%	100.0%
YTD 2020	25.6%	22.6%	41.9%	9.9%	100.0%
2019	29.4%	21.7%	38.8%	10.2%	100.0%

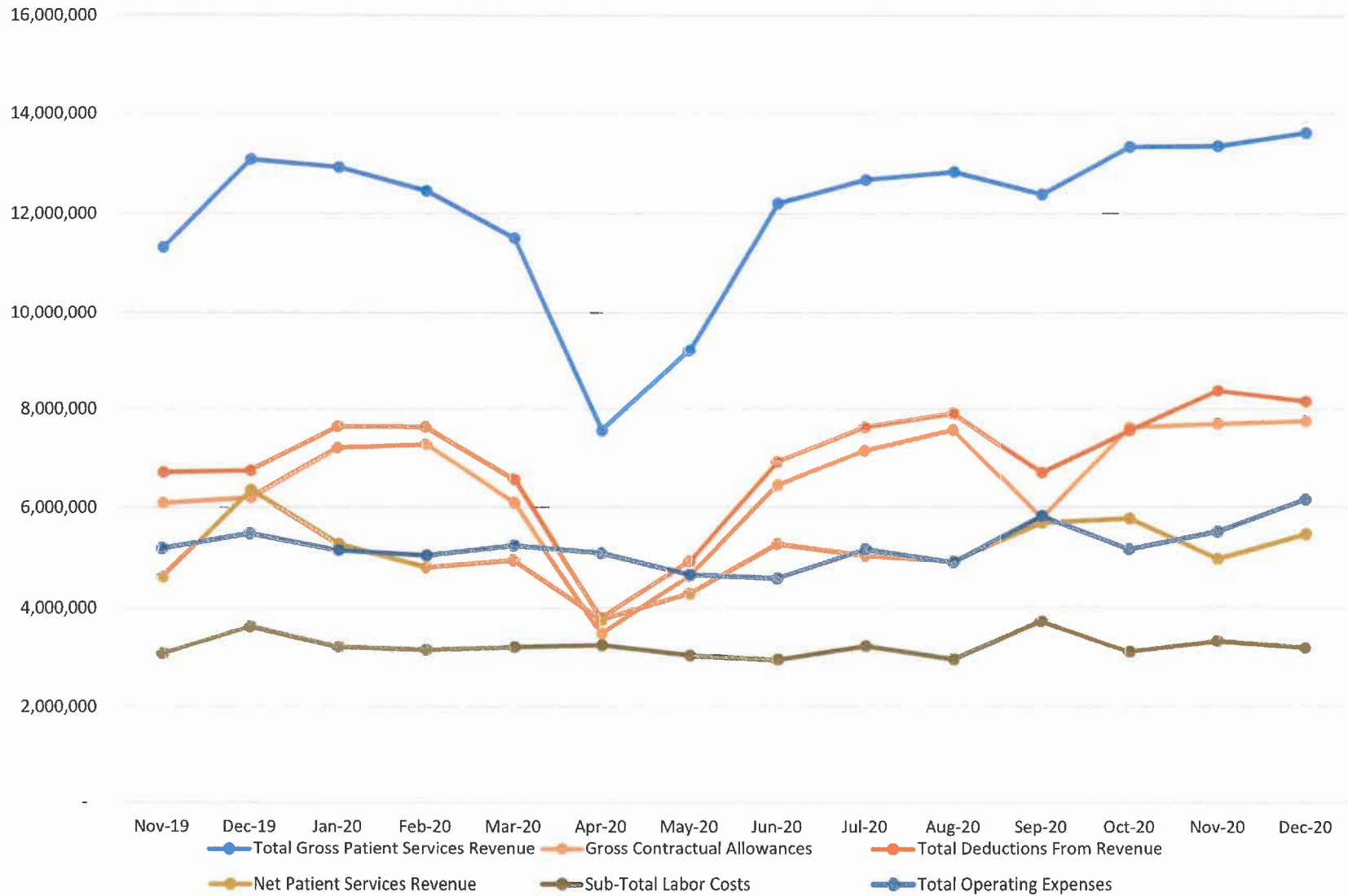




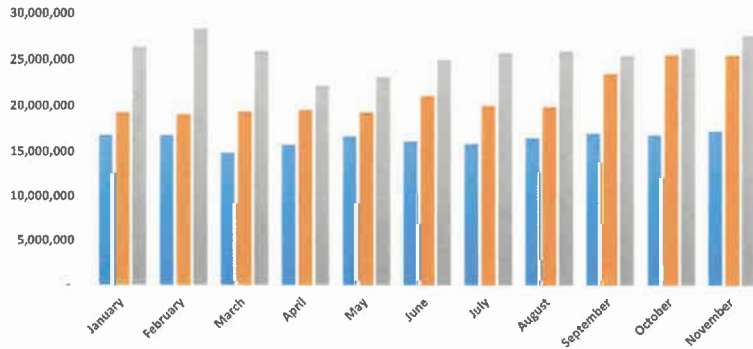
Prosser Memorial Health

Statement of Operations 13-month Trend

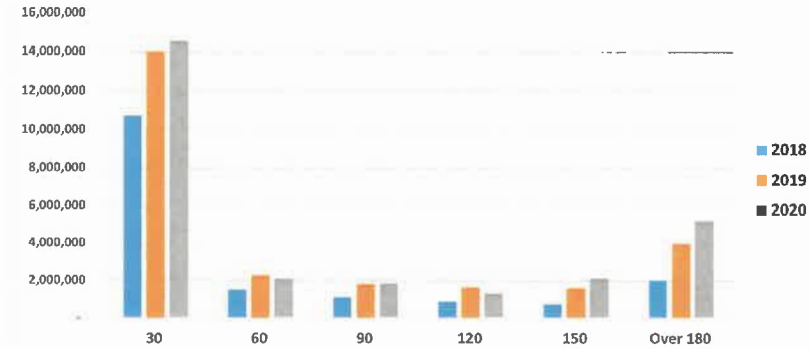
	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Gross Patient Services Revenue														
Inpatient	\$ 2,617,549	\$ 2,864,852	\$ 2,864,636	\$ 3,010,011	\$ 2,635,344	\$ 2,206,745	\$ 2,520,235	\$ 3,042,365	\$ 3,178,603	\$ 2,759,767	\$ 2,669,699	\$ 2,710,596	\$ 3,168,278	\$ 3,151,704
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	10,468,554
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	13,620,258
Deductions from Revenue	59%	52%	59%	61%	57%	50%	54%	57%	60%	62%	54%	57%	61%	60%
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	2,920,199
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	2,895,168
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	1,944,477
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	(2,652)
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	7,757,192
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	271,526
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	128,519
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	8,157,237
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	5,463,021
COVID Grant Revenue						2,210,384	1,325,149	1,481,428	205,582	(1,407,088)	1,300,000		(3,369,462)	1,615,418
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	353,108
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	7,431,547
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	2,493,857
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	453,990
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	235,353
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	3,183,200
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	501,285
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	67,851
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	1,364,029
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	46,473
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	405,316
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	202,520
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	75,758
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	229,038
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	76,335
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	2,968,605
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	6,151,805
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)	1,279,742
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	71,484
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	629
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)	(22,203)
Other Non Operating Income (Expense)	14,420		(222)			500	13,684	(57,915)		4,200				10,831
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	60,741
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)	\$ 1,340,483
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%	17.9%
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%	17.2%
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%	33.6%
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%	42.8%
Operating Expense change from prior month	3%	6%	-6%	-2%	4%	-3%	-9%	-2%	13%	-5%	13%	0%	7%	25%
Gross Revenue change from prior month	-11%	16%	-1%	-4%	-8%	-34%	22%	32%	4%	1%	-2%	5%	5%	6%
Net Revenue change from prior month	-9%	35%	-17%	-9%	4%	20%	-6%	20%	-22%	-31%	-31%	10%	-67%	104%



AR Balance Trend - Through July (2018, 2019, 2020)



AR Age Comparative (2018, 2019, 2020)



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	27,102,309	

AR Age Balance Comparative

	30	60	90	120	150	Over 180	
2016	6,149,002	1,825,630	1,031,035	728,005	1,044,131	3,066,846	13,844,649
2017	7,498,852	2,294,256	1,421,659	723,037	1,214,169	3,625,389	16,777,361
2018	10,764,946	1,520,682	1,145,901	905,957	763,512	2,036,551	17,137,550
2019	14,060,850	2,317,368	1,828,448	1,663,080	1,609,797	4,007,056	25,486,600
2020	14,591,521	2,083,191	1,832,073	1,295,819	2,106,941	5,192,764	27,102,309

AR Percentage of Total Balance

2016	44%	13%	7%	5%	8%	22%	100%
2017	45%	14%	8%	4%	7%	22%	100%
2018	63%	9%	7%	5%	4%	12%	100%
2019	55%	9%	7%	7%	6%	16%	100%
2020	54%	8%	7%	5%	8%	19%	100%

Attachment T1



Prosser

Memorial Health

Physician Clinics Consolidated

Income Statement As Of: December 31, 2020

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	15,217,551	17,316,616	(2,099,066)	-12%	14,083,690	1,133,861	8%
Deductions From Revenue	(5,569,074)	(6,230,412)	661,338	-11%	(5,610,943)	41,869	-1%
Net Patient Revenue	9,648,476	11,086,204	(1,437,728)	-13%	8,472,746	1,175,730	14%
Other Operating Revenue	105,375	159,000	(53,625)	-34%	120,212	(14,837)	-12%
Salaries	10,184,748	9,897,437	(287,310)	-3%	8,018,711	2,166,037	27%
Benefits	503,600	750,316	246,716	33%	443,985	59,615	13%
Purchased Labor	4,438	-	(4,438)	0%	-	4,438	0%
Total Salaries and Benefits	10,692,785	10,647,753	(45,032)	0%	8,462,696	2,230,089	26%
Professional Fees	170,078	233,700	63,622	27%	282,192	(112,113)	-40%
Supplies	1,070,029	840,529	(229,500)	-27%	589,487	480,542	82%
Utilities	78,001	70,987	(7,014)	-10%	60,411	17,590	29%
Purchased Services	254,065	174,050	(80,015)	-46%	191,527	62,538	33%
Rentals & Leases	877,703	886,229	8,526	1%	872,770	4,932	1%
Other Direct Expenses	147,650	297,437	149,787	50%	295,060	(147,410)	-50%
Total Non Salary Expenses	2,597,526	2,502,931	(94,595)	-4%	2,291,447	306,079	13%
Total Expenses	13,290,311	13,150,684	(139,627)	-1%	10,754,143	2,536,168	24%
Contribution Margin	(3,536,460)	(1,905,480)	(1,630,980)	86%	(2,161,185)	(1,375,275)	64%
FTE's							
Provider Staff	24.78	29.56	4.78	16%	22.44	(2.34)	-10%
Clinic Staff	48.85	53.90	5.05	9%	42.65	(6.20)	-15%
Contracted	0.82	4.25	3.43	81%	0.93	0.11	12%
Total	74.45	87.71	13.26	15%	66.01	(8.44)	-13%
Employed							
Hours Paid	159,044	180,274	21,230	12%	135,373	(23,670)	-17%
Hours Worked	137,407	144,219	6,812	5%	120,261	(17,146)	-14%
Contracted							
Hours	1,768	9,180	7,412	81%	1,928	160	8%
Total Worked Hours	139,175	153,399	14,224	9%	122,189	(16,986)	-14%
Unit of Service (UOS) Total Visits	51,532	54,458	(2,926)	-5%	49,701	(1,831)	-4%
Productivity (Worked Hours / UOS)	2.70	2.82	(0.12)	-4%	2.46	(0.24)	-10%
Clinic Providers' PMH Gross Revenue	\$ 66,334,544						



Prosser

Memorial Health

Benton City Clinic

Income Statement As Of: December 31, 2020

RURAL HEALTH CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	2,301,692	3,279,100	(977,408)	-30%	2,991,105	(689,413)	-23%
Deductions From Revenue	(575,423)	(819,775)	244,352	-30%	(747,776)	172,353	-23%
Net Patient Revenue	1,726,269	2,459,325	(733,056)	-30%	2,243,329	(517,060)	-23%
Other Operating Revenue	-	-	-	0%	-	-	0%
Salaries	1,803,881	1,903,818	99,937	5%	2,037,074	(233,193)	-11%
Benefits	107,696	145,642	37,946	26%	113,563	(5,866)	-5%
Purchased Labor	-	-	-	0%	-	-	0%
Total Salaries and Benefits	1,911,577	2,049,459	137,883	7%	2,150,636	(239,059)	-11%
Professional Fees	-	-	-	0%	7,094	(7,094)	-100%
Supplies	131,551	66,677	(64,874)	-97%	76,793	54,758	71%
Utilities	14,471	15,705	1,234	8%	15,682	(1,211)	-8%
Purchased Services	34,256	41,356	7,100	17%	48,124	(13,868)	-29%
Rentals & Leases	240,328	237,297	(3,031)	-1%	220,628	19,700	9%
Other Direct Expenses	8,998	44,400	35,402	80%	21,444	(12,447)	-58%
Total Non Salary Expenses	429,603	405,434	(24,169)	-6%	389,765	39,838	10%
Total Expenses	2,341,180	2,454,894	113,714	5%	2,540,401	(199,221)	-8%
Contribution Margin	(614,910)	4,431	(619,342)	-13977%	(297,072)	(317,838)	107%
FTE's							
Provider Staff	6.58	7.00	0.42	6%	7.07	0.49	7%
Clinic Staff	9.37	12.00	2.63	22%	10.97	1.61	15%
Contracted	-	-	-	0%	-	-	0%
Total	15.95	19.00	3.05	16%	18.04	2.10	12%
Employed							
Hours Paid	34,446	41,040	6,594	16%	37,533	3,087	8%
Hours Worked	28,949	32,832	3,884	12%	33,550	4,602	14%
Contracted							
Hours	-	-	-	0%	-	-	0%
Total Worked Hours	28,949	32,832	3,884	12%	33,550	4,602	14%
Unit of Service (UOS) Total Visits	10,756	13,157	2,401	18%	12,448	1,692	14%
Productivity (Worked Hours / UOS)	2.69	2.50	(0.20)	-8%	2.70	0.00	0%
Clinic Providers' PMH Gross Revenue	\$ 6,223,852						



Prosser

Memorial Health
Prosser Clinic

Income Statement As Of: December 31, 2020
RURAL HEALTH CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	6,155,305	6,398,010	(242,705)	-4%	4,759,188	1,396,118	29%
Deductions From Revenue	(1,538,826)	(1,599,502)	60,676	-4%	(1,189,797)	(349,029)	29%
Net Patient Revenue	4,616,479	4,798,507	(182,028)	-4%	3,569,391	1,047,088	29%
Other Operating Revenue	105,375	159,000	(53,625)	-34%	120,212	(14,837)	-12%
Salaries	3,098,968	2,758,339	(340,630)	-12%	1,354,562	1,744,406	129%
Benefits	157,283	211,013	53,730	25%	115,892	41,391	36%
Purchased Labor	4,438	-	(4,438)	0%	-	4,438	0%
Total Salaries and Benefits	3,260,689	2,969,351	(291,338)	-10%	1,470,454	1,790,235	122%
Professional Fees	151,637	199,200	47,563	24%	257,796	(106,160)	-41%
Supplies	424,844	287,650	(137,194)	-48%	278,350	146,494	53%
Utilities	23,707	29,673	5,966	20%	25,296	(1,589)	-6%
Purchased Services	100,165	70,590	(29,575)	-42%	81,974	18,191	22%
Rentals & Leases	361,228	367,005	5,777	2%	327,453	33,775	10%
Other Direct Expenses	78,849	141,800	62,951	44%	125,573	(46,724)	-37%
Total Non Salary Expenses	1,140,429	1,095,917	(44,512)	-4%	1,096,442	43,987	4%
Total Expenses	4,401,118	4,065,268	(335,850)	-8%	2,566,897	1,834,222	71%
Contribution Margin	320,735	892,239	(571,504)	-64%	1,122,706	(801,970)	-71%
FTE's							
Provider Staff	7.56	9.80	2.24	23%	5.77	(1.79)	-31%
Clinic Staff	17.95	17.00	(0.95)	-6%	12.82	(5.13)	-40%
Contracted	0.82	2.59	1.77	68%	0.92	0.10	11%
Total	26.33	29.39	3.06	10%	19.51	(6.82)	-35%
Employed							
Hours Paid	55,112	57,888	2,776	5%	38,671	(16,441)	-43%
Hours Worked	48,833	46,310	(2,522)	-5%	34,408	(14,425)	-42%
Contracted							
Hours	1,768	5,594	3,826	68%	1,912	144	8%
Total Worked Hours	50,601	51,905	1,304	3%	36,320	(14,281)	-39%
Unit of Service (UOS) Total Visits	22,088	21,129	(959)	-5%	19,037	(3,051)	-16%
Productivity (Worked Hours / UOS)	2.29	2.46	0.17	7%	1.91	(0.38)	-20%
Clinic Providers' PMH Gross Revenue	\$ 25,358,152						



Prosser

Memorial Health
Specialty Clinic

Income Statement As Of: December 31, 2020

PROVIDER BASED CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	5,190,254	5,761,388	(571,134)	-10%	4,767,700	422,554	9%
Deductions From Revenue	(3,062,250)	(3,341,605)	279,355	-8%	(2,765,266)	(296,984)	11%
Net Patient Revenue	2,128,004	2,419,783	(291,779)	-12%	2,002,434	125,570	6%
Other Operating Revenue	-	-	-	0%	-	-	0%
Salaries	4,121,743	3,837,457	(284,286)	-7%	3,504,533	617,210	18%
Benefits	166,767	286,728	119,961	42%	151,038	15,729	10%
Purchased Labor	-	-	-	0%	-	-	0%
Total Salaries and Benefits	4,288,510	4,124,185	(164,325)	-4%	3,655,570	632,940	17%
Professional Fees	14,630	34,500	19,870	58%	13,901	729	5%
Supplies	167,926	193,478	25,552	13%	96,206	71,721	75%
Utilities	12,963	209	(12,754)	-6105%	3,406	9,557	281%
Purchased Services	47,419	6,454	(40,965)	-635%	7,139	40,280	564%
Rentals & Leases	165,757	164,442	(1,315)	-1%	199,690	(33,933)	-17%
Other Direct Expenses	45,072	75,638	30,566	40%	48,839	(3,767)	-8%
Total Non Salary Expenses	453,767	474,720	20,953	4%	369,181	84,587	23%
Total Expenses	4,742,277	4,598,905	(143,372)	-3%	4,024,751	717,526	18%
Contribution Margin	(2,614,273)	(2,179,122)	(435,151)	20%	(2,022,317)	(591,956)	29%
FTE's							
Provider Staff	7.17	7.05	(0.12)	-2%	6.26	(0.91)	-15%
Clinic Staff	12.85	14.95	2.10	14%	12.12	(0.73)	-6%
Contracted	-	-	-	0%	0.00	0.00	100%
Total	20.02	22.00	1.98	9%	18.39	(1.63)	-9%
Employed							
Hours Paid	43,242	47,520	4,278	9%	38,239	(5,003)	-13%
Hours Worked	37,323	38,016	693	2%	33,452	(3,870)	-12%
Contracted							
Hours	-	-	-	0%	8	8	100%
Total Worked Hours	37,323	38,016	693	2%	33,460	(3,862)	-12%
Unit of Service (UOS) Total Visits	11,604	12,755	1,151	9%	11,404	(200)	-2%
Productivity (Worked Hours / UOS)	3.22	2.98	(0.24)	-8%	2.93	(0.28)	-10%
Clinic Providers' PMH Gross Revenue	\$ 32,409,730						



Prosser

Memorial Health

Grandview Clinic

Income Statement As Of: December 31, 2020

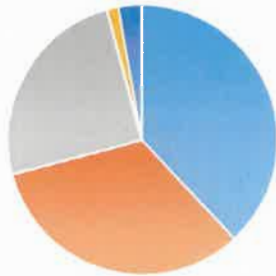
RURAL HEALTH CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	1,570,299	1,878,119	(307,820)	-16%	1,565,696	4,603	0%
Deductions From Revenue	(392,575)	(469,530)			(908,104)	515,529	-57%
Net Patient Revenue	1,177,724	1,408,589	(230,865)	-16%	657,592	520,132	79%
Other Operating Revenue	500	-	500	0%	-	500	0%
Salaries	1,160,156	1,397,824	237,668	17%	1,122,542	37,613	3%
Benefits	71,854	106,933	35,080	33%	63,492	8,361	13%
Purchased Labor	-	-	-	0%	-	-	0%
Total Salaries and Benefits	1,232,009	1,504,758	272,748	18%	1,186,035	45,975	4%
Professional Fees	5,444	-	(5,444)	0%	3,401	2,043	60%
Supplies	82,060	74,425	(7,635)	-10%	138,139	(56,079)	-41%
Utilities	18,259	18,300	41	0%	16,027	2,232	14%
Purchased Services	39,468	29,000	(10,468)	-36%	54,290	(14,822)	-27%
Rentals & Leases	114	-	(114)	0%	125,000	(124,886)	-100%
Other Direct Expenses	11,109	21,300	10,191	48%	99,204	(88,095)	-89%
Total Non Salary Expenses	156,452	143,025	(13,428)	-9%	436,059	(279,607)	-64%
Total Expenses	1,388,462	1,647,782	259,321	16%	1,622,094	(233,632)	-14%
Contribution Margin	(210,238)	(239,193)	28,956	-12%	(964,502)	754,264	-78%
FTE's							
Provider Staff	3.47	5.71	2.24	39%	3.34	(0.13)	-4%
Clinic Staff	8.68	9.95	1.27	13%	6.72	(1.96)	-29%
Contracted	-	1.66	1.66	100%	0.00	0.00	100%
Total	12.15	17.32	5.17	30%	10.06	(2.09)	-21%
Employed							
Hours Paid	26,244	33,826	7,582	22%	20,930	(5,313)	-25%
Hours Worked	22,304	27,061	4,757	18%	18,851	(3,453)	-18%
Contracted							
Hours	-	3,586	3,586	100%	8	8	100%
Total Worked Hours	22,304	30,646	8,342	27%	18,859	(3,445)	-18%
Unit of Service (UOS) Total Visits	7,084	7,417	333	4%	6,812	(272)	-4%
Productivity (Worked Hours / UOS)	3.15	4.13	0.98	24%	2.77	(0.38)	-14%
Clinic Providers' PMH Gross Revenue	\$ 2,342,809						



Revenue By Financial Class

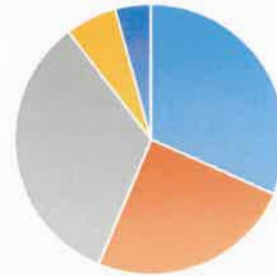
Benton City Clinic



- Commercial
- Medicaid
- Medicare
- Other
- Self-Pay

Revenue by Financial Class		
Commercial	875,996	38%
Medicaid	756,922	33%
Medicare	568,588	25%
Other	32,660	1%
Self-Pay	67,527	3%
Grand Total	2,301,693	

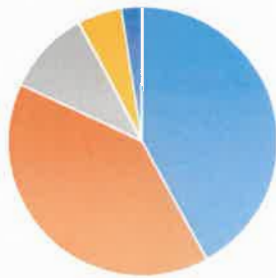
Specialty Clinic



- Commercial
- Medicaid
- Medicare
- Other
- Self-Pay

Revenue by Financial Class		
Commercial	1,643,297	32%
Medicaid	1,278,619	25%
Medicare	1,731,025	33%
Other	317,197	6%
Self-Pay	220,117	4%
Grand Total	5,190,255	

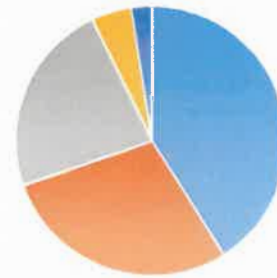
Prosser Clinic



- Commercial
- Medicaid
- Medicare
- Other
- Self-Pay

Revenue by Financial Class		
Commercial	2,586,478	42%
Medicaid	2,459,215	40%
Medicare	622,441	10%
Other	331,102	5%
Self-Pay	156,069	3%
Grand Total	6,155,305	

Grandview Clinic



- Commercial
- Medicaid
- Medicare
- Other
- Self-Pay

Revenue by Financial Class		
Commercial	645,200	41%
Medicaid	448,470	29%
Medicare	363,873	23%
Other	74,430	5%
Self-Pay	38,326	2%
Grand Total	1,570,299	



Prosser

Memorial Health

CLINICAL PROVIDER VISITS BY MONTH

Benton City Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
CARL	178	177	135	100	84	107	117	104	160	178	151	90	1,581
JOHANSING	239	238	235	173	172	174	144	-	-	-	-	-	1,375
STUADINGER	201	105	146	116	130	149	200	183	200	174	140	81	1,825
LUTHER	117	154	129	75	119	155	139	123	225	183	118	145	1,682
ZIRKER	214	153	206	61	101	138	185	229	162	184	204	92	1,929
MICROULIS	127	107	107	103	111	133	121	97	129	91	83	92	1,301
GRONER	86	83	81	62	58	68	35	42	60	30	56	48	709
ZHMUROUSKI	-	-	-	-	-	-	-	-	-	-	140	26	166
MORSE	7	-	-	-	-	-	-	-	-	-	-	-	7

Prosser Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
OCONNOR	295	243	215	187	228	352	336	322	269	318	286	227	3,278
MIN	188	164	159	106	105	191	156	168	200	171	190	135	1,933
ZHMUROUSKI	209	159	135	109	153	151	157	231	168	181	101	114	1,868
MORRIS	99	173	191	159	300	235	168	136	227	258	255	105	2,306
MORSE	150	99	172	203	98	190	207	184	192	152	122	176	1,945
GARZA	-	2	-	-	-	-	-	-	-	-	-	-	2
DUNHAM	-	-	-	-	-	-	-	153	225	260	274	306	1,218
SOLLERS	288	301	321	227	219	262	205	209	219	142	215	265	2,873
WEAVER	215	188	201	168	92	185	173	186	170	238	160	177	2,153
CHARVET	122	125	105	41	62	79	77	147	146	218	265	205	1,592
GARZA	33	12	4	-	23	-	-	-	-	-	-	-	72
PADILLA	-	-	-	-	46	90	174	193	221	189	188	246	1,347

Specialty Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
CLIFFORD	245	205	210	162	181	190	205	172	246	231	118	230	2,395
HALVORSON	137	155	162	109	81	145	114	137	117	123	136	125	1,541
STREBEL	138	119	100	69	79	92	89	134	96	110	94	86	1,206
HUANG	70	72	71	31	37	56	90	104	118	138	97	87	971
CHEW	88	76	71	43	61	57	39	45	21	-	-	-	501
COMBS	196	189	146	7	72	146	106	112	-	-	-	-	974
BHATTI	147	84	101	89	109	121	133	161	159	180	173	81	1,538
C. TIEU	-	-	-	-	-	-	-	-	78	170	145	162	555
T. TIEU	-	-	-	-	-	-	-	-	67	88	87	97	339

Grandview Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
SANTA-CRUZ	168	179	150	132	135	116	119	132	148	171	159	181	1,790
GARZA	141	143	112	83	88	70	126	104	151	112	138	102	1,370
WARNICK	111	73	51	38	38	67	66	55	92	46	-	-	637
ZIRKER	113	145	125	38	100	67	115	82	-	-	-	-	785
ZHMUROUSKI	22	35	45	15	21	37	40	44	43	25	45	51	423
HANKS	125	134	151	163	173	193	161	165	127	149	110	101	1,752
CHARVET	-	3	-	-	12	14	-	-	-	-	-	-	29
MORRIS	-	-	-	-	-	-	-	-	1	10	18	20	49

Attachment U



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 month's 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 forgivable based upon maintaining Payroll expenses at historical levels. Debt to be forgiven by the end of the year. Repaid in 2021
HHS	CARES Provider Relief Fund - Rural Allocation	\$ 4,170,732	5/6/2020	\$ 162,978	\$ 4,007,754	\$ -	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, OPG (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 addtl funds	\$ 29,382	5/22/2020	\$ 29,382	\$ 0	\$ -	The SRDSH amount that is funded by the HSNA fund, is set by RCW at \$1,900,000, 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
WSHA	HCA CARES COVID Funding	\$ 370,982	12/31/2021	\$ 370,982	\$ -	\$ -	
HHS	RHC COVID-19 Testing Program	\$ 49,461	12/7/2020	\$ 49,461	\$ 0	\$ -	HHS - Rural Health Clinic COVID-19 Testing Program
				\$ (80,816)			fun is categorize on income Statement in categories other than COVID Relief
Totals		\$ 20,392,198		\$ 3,361,412	\$ 10,357,990	\$ 6,591,980	



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%	33,917,983	(646,836) -2%
Outpatient	88,786,759	109,767,804	125,833,980	16,066,176	14.6%	110,206,599	(15,627,381) -12%
Total Gross Patient Services Revenue	118,391,481	142,067,791	160,398,799	18,331,008	12.9%	144,124,582	(16,274,217) -10%
Contractual Allowances							
Medicare	20,525,466	27,928,741	32,236,053	4,307,311	15.4%	26,583,561	(5,652,492) -18%
Medicaid	26,511,175	31,140,292	35,645,007	4,504,715	14.5%	32,115,594	(3,529,413) -10%
Negotiated Rates	14,177,999	16,817,667	20,591,779	3,774,112	22.4%	18,444,733	(2,147,046) -10%
Other Adjustments	1,230,238	1,343,734	2,251,696	907,962	67.6%	1,621,985	(629,711) -28%
Gross Contractual Allowances	62,444,878	77,230,435	90,724,536	13,494,100	17.5%	78,765,873	(11,958,663) -13%
Charity Care	2,108,996	1,671,832	2,001,181	329,350	19.7%	1,782,001	(219,180) -11%
Bad Debt	2,325,567	4,031,596	4,220,415	188,818	4.7%	3,323,931	(896,484) -21%
Total Deductions From Revenue	66,879,441	82,933,863	96,946,132	14,012,269	16.9%	83,871,805	(13,074,327) -13%
Net Patient Services Revenue	51,512,040	59,133,929	63,452,668	4,318,739	7.3%	60,252,777	(3,199,891) -5%
HHS Federal Funds						3,341,411	3,341,411
Other Grants related to COVID19						6,000	6,000
Paycheck Protection Program (Net of Medicare)						10,000	10,000
Other Operating Revenue	704,674	1,680,884	1,140,583	(540,301)	-32.1%	1,212,016	71,433 6%
Net Revenue	52,216,714	60,814,813	64,593,251	3,778,438	6.2%	64,822,204	228,953 0%
Operating Expenses							
Salaries	23,106,905	27,475,682	28,602,691	1,127,009	4.1%	29,101,400	498,709 2%
Benefits	6,299,128	6,260,014	6,623,166	363,152	5.8%	6,478,226	(144,940) -2%
Purchased Labor	3,345,598	2,843,126	2,359,009	(484,117)	-17.0%	2,713,853	354,844 15%
Sub-Total Labor Costs	32,751,631	36,578,823	37,584,866	1,006,044	2.8%	38,293,479	708,613 2%
Professional Fees - Physicians	3,477,937	4,047,076	3,799,311	(247,765)	-6.1%	4,214,448	415,137 11%
Professional Fees - Other	741,499	509,434	542,457	33,023	6.5%	422,020	(120,437) -22%
Supplies	5,194,133	7,040,429	7,749,096	708,667	10.1%	8,721,716	972,620 13%
Purchased Services - Utilities	480,365	491,784	536,197	44,413	9.0%	545,900	9,703 2%
Purchased Services - Other	4,093,714	3,320,394	3,364,521	44,127	1.3%	3,483,814	119,293 4%
Rentals & Leases	1,888,737	2,132,297	2,262,944	130,648	6.1%	2,075,215	(187,729) -8%
Insurance License & Taxes	584,572	738,376	733,737	(4,639)	-0.6%	903,124	169,387 23%
Depreciation & Amortization	1,988,410	2,443,594	2,720,000	276,406	11.3%	2,754,872	34,872 1%
Other Operating Expenses	1,292,044	1,259,784	1,470,060	210,276	16.7%	1,104,786	(365,274) -25%
Sub-Total Non-Labor Expenses	19,741,411	21,983,167	23,178,324	1,195,157	5.4%	24,225,895	1,047,572 5%
Total Operating Expenses	52,493,042	58,561,990	60,763,190	2,201,200	3.8%	62,519,374	1,756,184 3%
Operating Income (Loss)	(276,328)	2,252,823	3,830,061	1,577,238	70.0%	2,302,830	(1,527,231) -40%
Non Operating Income							
Tax Revenue	821,456	846,680	833,589	-13,091	-1.5%	856,577	22,988 3%
Investment Income	215,615	335,335	272,476	(62,859)	-18.7%	171,621	(100,855) -37%
Interest (Expense)	(171,572)	(355,362)	(403,586)	(48,225)	13.6%	(390,505)	13,081 -3%
Other Non Operating (Expense)	(161,830)	71,875	25,870	(46,005)	-64.0%	(28,922)	(54,792) -212%
Total Non Operating Income	703,669	898,528	728,349	(170,179)	-18.9%	608,771	(119,578) -16%
Net Income (Loss)	\$ 427,341	\$ 3,151,351	\$ 4,558,410	\$ 1,407,059	44.6%	2,911,601	(1,646,809) -36%
Operating Margin	-0.54%	3.81%	6.04%			3.82%	
Total Margin	0.82%	5.18%	7.06%			4.49%	

	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	3,151,704	33,917,983
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	10,468,554	110,206,599
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	13,620,258	144,124,582
	5%	16%	7%	-24%	17%	0%	15%	-5%	7%	-12%	11%	9%	-2%
	1%	1%	-14%	-19%	-49%	-15%	-7%	-5%	-7%	-5%	-2%	-1%	-12%
	2%	4%	-13%	-44%	-35%	-14%	-3%	-5%	-7%	-7%	1%	1%	-10%
Contractual Allowances													
Medicare	2,632,393	2,720,808	1,872,267	995,183	1,611,449	2,019,352	2,123,486	2,764,334	1,817,288	2,609,904	2,496,898	2,920,199	26,583,561
Medicaid	2,462,158	2,881,363	2,564,561	2,088,300	1,938,730	2,427,413	3,115,446	2,843,908	2,528,387	3,138,526	3,231,634	2,895,168	32,115,594
Negotiated Rates	1,970,832	1,535,802	1,259,890	363,732	1,146,693	1,738,176	1,625,968	1,471,853	1,799,267	1,722,466	1,865,577	1,944,477	18,444,733
Other Adjustments	152,100	143,288	395,710	40,602	(68,462)	265,524	291,657	496,025	(362,398)	161,413	109,178	(2,652)	1,621,985
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	7,757,192	78,765,873
Charity Care	70,465	207,726	147,685	40,927	49,448	149,222	337,712	77,110	79,533	208,648	141,999	271,526	1,782,001
Bad Debt	366,493	154,253	325,725	268,555	255,700	326,276	138,652	256,521	836,019	(270,517)	537,735	128,519	3,323,931
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	8,157,237	83,871,805
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	5,463,021	60,252,777
	59%	61%	57%	50%	54%	57%	60%	62%	54%	57%	63%	60%	
HHS Federal Funds				2,200,384			144,553	1,450,518	1,300,000		(3,369,462)	1,615,418	3,341,411
Other Grants related to COVID19				6,000									6,000
Paycheck Protection Program (Net of Medicare)					1,325,149	1,481,428	61,029	(2,857,606)					10,000
Other Operating Revenue	54,446	48,156	79,111	53,953	64,385	58,859	61,424	125,401	132,732	55,526	124,915	353,108	1,212,016
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	7,431,547	64,822,204
	106%	101%	93%	113%	101%	118%	102%	68%	131%	102%	33%	135%	101%
Lost Net Patient Revenue	(770,050)	(1,531,643)	(1,311,105)	(330,633)	(99,010)	(403,520)	414,152	126,246	(697,774)	132,997	(1,540,833)		
Operating Expenses													
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	2,493,857	29,101,400
Benefits	577,012	555,392	440,583	739,833	604,325	419,678	578,549	396,087	632,020	426,890	653,867	453,990	6,478,226
Purchased Labor	249,096	283,557	329,407	261,699	135,882	166,436	169,347	176,412	277,138	208,521	221,005	235,353	2,713,853
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	3,183,200	38,293,479
	6%	8%	3%	3%	6%	5%	5%	8%	18%	5%	6%	3%	2%
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	501,285	4,214,448
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	67,851	422,020
Supplies	619,449	675,545	762,215	527,615	481,223	516,166	689,329	720,675	901,242	774,372	689,856	1,364,029	8,721,716
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	46,473	545,900
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	405,316	3,483,814
Rentals & Leases	194,404	170,987	167,981	152,417	153,829	180,783	176,162	168,937	172,722	180,140	154,333	202,520	2,075,215
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	75,758	903,124
Depreciation & Amortization	222,577	227,538	224,010	228,367	229,348	231,347	232,391	232,273	232,977	232,435	232,571	229,038	2,754,872
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	76,335	1,104,786
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	2,968,605	24,225,895
	1%	0%	4%	-4%	-17%	3%	1%	1%	10%	5%	14%	54%	8%
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	6,151,805	62,519,374
	104%	105%	103%	101%	90%	88%	103%	97%	115%	98%	109%	121%	
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)	1,279,742	2,302,830
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	71,484	856,577
Investment Income	22,527	22,036	19,425	18,000	12,391	12,242	3,385	2,600	2,542	55,157	687	629	171,621
Interest (Expense)	(32,996)	(19,892)	(33,218)	(35,420)	(32,897)	(35,496)	(37,969)	(42,518)	(22,420)	(43,094)	(32,052)	(22,203)	(390,505)
Other Non Operating (Expense)	(222)	-	-	500	13,684	(57,915)	-	4,200	-	-	-	10,831	(28,922)
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	60,741	608,771
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)	1,340,483	2,911,601
Operating Margin	3.40%	-3.91%	-4.31%	24.69%	23.55%	42.33%	2.86%	-25.43%	22.90%	11.43%	-76.03%	23.43%	3.82%
Total Margin	4.51%	-2.48%	-2.98%	16.37%	18.89%	32.62%	3.43%	-33.40%	18.99%	12.70%	-216.18%	18.04%	4.49%

PMH
Board of Commissioners
Work Plan – FY2021

Vision

Patients
Employees
Medical Staff
Quality
Services
Financial



Prosser
Memorial Health

Values

Accountability
Service
Promote Teamwork
Integrity
Respect
Excellence

Mission: To improve the health of our community.

Month	Goals & Objectives	Education
January	<p>QUALITY:</p> <ul style="list-style-type: none"> • Review/Approve 2021 Strategic Plan and 2021 Patient Care Scorecards • Sign Financial Disclosure and Conflict of Interest Statements • Approve 2021 Risk Management and Quality Assurance Plans • Select and Approve Board Officers <p>SERVICES:</p> <ul style="list-style-type: none"> • Approve acquisition of two replacement ultrasound units • Approve acquisition of Virtual Desktop Infrastructure 	<p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review 2020 Employee Engagement Survey Results • Review 2020 Medical Staff Engagement Survey Results <p>QUALITY:</p> <ul style="list-style-type: none"> • Review Board Self-Evaluation <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Review semi-annual financial performance report for PMH Clinics <p>SERVICES:</p> <p>Replacement Facility Update</p> <ul style="list-style-type: none"> • Design Development • Budget • Vision

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


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

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

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

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

Attachment X

	2021 - Strategic Plan Scorecard															
Major Goal Areas & Indicators	2021 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2021 YTD	2020 Avg	2019 Avg
Patient Loyalty																
IP - "Would Recommend"	>87.9%														87.9%	85.1%
ED - "Would Recommend"	>81.4%														81.4%	80.3%
Acute Care - "Would Recommend"	>84.1%														84.1%	78.6%
OB - "Would Recommend"	>92.3%														92.3%	92.2%
Outpatient Surgery - "Would Recommend"	>91%														89.8%	91.0%
Swing Bed - "Would Recommend"	>94.1%														73.9%	85.3%
Clinic - "Would Recommend"	>87.3%														87.3%	87.1%
Outpatient - "Would Recommend"	>88.4%														88.1%	88.4%
Composite Score	>86.2%														N/A	N/A
Medical Staff Development																
Medical Staff Turnover	<0.2%														0.20%	0.2%
Specialty Clinic Visits	1,062														954	950
Benton City Clinic Visits	1,005														837	958
Prosser RHC Clinic Visits	1,052														1226	960
Grandview Clinic Visits	742														589	568
Women's Health Center	629														601	469
*# of Active Medical Staff	>51														45	41
Employee Development																
403(B) Participation Rate	>55%														46%	N/A
Average Recruitment Time (days)	<28														32	28
# of Open Positions (Vacancies)	<23														29.4	23
Hours of Overtime - Overtime/Total Hours Worked	<4.5%														5.9%	5.7%
Agency - Cost/Total Labor	<8.7%														7.6%	14.5%
Turnover Rate	<0.6%														0.6%	0.7%
Timely Evaluations	>79.6%														70.2%	79.6%
Education Hours/FTE	>2.15														1.22	1.55
New Hire (Tenure) < 1 year	<10%														0.0%	0%
* Lost Workdays due to On-the-Job Injuries	<10.25														10.25	167
Quality																
ED Encounters - Left Without Being Seen	<0.8%														0.8%	1%
*Falls with Injury	<2														2	3
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.07%														0.29%	0.07%
All-Cause Unplanned Readmissions within 30 Days	<2.7%														3.8%	5.4%
Diabetes Management - Outpatient A1C>9 or missing result	<27.61%														27.61%	30.3%
Services																
ED Visits	916														805	1,016
Inpatient Admissions	86														83	83
OB Deliveries	45														41	37
Surgeries and Endoscopies	137														101	118
Diagnostic Imaging Procedures	1,170														2280	1,957
Lab Procedures	12,374														11768	11,051
Adjusted Patient Days	1,453														1393	1,624
Therapy Visits	1,706														1314	1,145
Outpatient Special Procedures Visits	245														247	224
Financial Performance																
Net Days in Accounts Receivable	51														63	63.79
*Total Margin	13.47%														4.5%	5.30%
Net Operating Revenue/FTE	19,448														\$17,191	\$15,794
Labor as % of net Revenue	51.60%														61.3%	59.6%
Operating Expense/FTE	16,894														\$15,891	\$15,190
*Days Cash on Hand	156														183	120.39
Commercial %	29.10%														29.0%	28.7%
Total Labor Expense/Total Expense	59.00%														61.3%	62%

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



2021 - Patient Care Scorecard

Major Goal Areas & Indicators	2021 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2021 YTD	2020	2019
Quality																
Left Without Being Seen	<0.80%														0.80%	1.11%
Median Admit Decision Time to ED Departure Time for Admitted Patients	<44 min														70	N/A
Median Time from ED Arrival to Departure for Discharged ED Patients	<107 min														128	N/A
Venous Thromboembolism Prophylaxis	>93.1%														N/A	N/A
Exclusive Breast Milk Feeding Patients	>44.4%														N/A	N/A
All-Cause Unplanned 30 Day Inpatient Readmissions	<2.7%														3.80%	5.40%
Sepsis - Early Management Bundle	>84.6%														72.73%	84.60%
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.07%														0.29%	0.07%
Diabetes Management - Outpatient A1C>9 or missing result	<27.61%														27.61%	30.25%
Medication Reconciliation Completed	>90%														47.15%	N/A
Turnaround time of 30 minutes or less for STAT testing	<30 min														37.5	30
Median Time to ECG	< 7 min														7	7
Surgical Site Infection	<0.25%														0.25%	0.30%
Safe Medication Scanning	>92.9%														98.90%	90%
*Overall Quality Performance Benchmark (iVantage)	>48														44	48
*Falls with Injury	<2														2	3

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

Attachment AA



Prosser Memorial Health

BOARD OF COMMISSIONERS SELF-EVALUATION QUESTIONNAIRE

Answer Key

- 1 - Strongly Agree 3 - Disagree
2 - Agree 4 - Strongly Disagree

		2016	2017	2018	2019	2020		
1) Board Composition		Average	Average	Average	Average	Average	High	Low
1. Board members are required to disclose possible conflicts of interest before their appointment and periodically throughout their term as Commissioners.		2.5	1.4	1.3	1.29	1	1	1
2. Board members are protected against the potential liabilities of governance through indemnity arrangements, insurance and other measures.	Insurance agent talked to the Board	1.8	1.8	1.3	1.14	1.29	1	2
3. Board members regularly attend Board meetings in order to conduct business and make informed decisions.		1.8	1.6	1.2	1.29	1.14	1	2
4. The legal responsibilities and the potential liabilities of governance are clearly spelled out to the Board.	An Update review might be useful. Insurance agent talked to the Board. With a new Board member, it may be beneficial to have another "refresher".	2.6	2	1.5	1.29	1.71	1	3
2) Support for Commissioner Education		Average	Average	Average	Average	Average	High	Low
5. The Board provides opportunities for development through:								
a. A formally established program for orienting Board Members.		3	2	2.25	1.5	1.33	1	2
b. Continuing education sessions for all Board members, including discussions of local and national hospital issues.		2.2	1.83	1.5	1.57	1.33	1	2
c. Reimbursement of expenses for local, State and National conference and seminar attendance.		2.6	1.4	1.4	1.29	1.67	1	2
d. Subscriptions to periodicals on health care management and trusteeship.		2	1.5	2.33	1.83	1.33	1	3
6. Members are encouraged to identify areas where further Board education is needed or in which additional information would be helpful.	Member may ask questions at any time.	1.8	1.6	1.5	1.33	1.5	1	2
3) Board Committee Procedures								
7. The hospital/system has one or more statements/documents that are periodically reviewed and revised that identify the hospital/systems direction and role (e.g. Mission, Vision, Values, philosophy statements).		1.88	1.33	1	1	1.29	1	2
8. The Board has a written set of bylaws that are periodically reviewed.		1.6	1.33	1.33	1.14	1.29	1	2

	Comments	2016	2017	2018	2019	2020	High	Low
		Average	Average	Average	Average	Average		
9. The roles, responsibilities, functions, relationships, and authorities of the Board members and officers, the CEO, and the Medical Staff are in a written statement (e.g. Bylaws, policy, job descriptions, and procedures).	Bylaws were given when I was first selected.	1.6	1.33	1.33	1.29	1.29	1	2
10. The Board conducts business using formal procedures such as "Roberts Rules of Order".	More or less.	1.8	1.83	1.67	1.43	1.43	1	2
11. Board meetings are scheduled at appropriate intervals.		1.8	1.5	1.67	1.14	1.43	1	2
12. The length of Board meetings is realistic and based on planned agendas.	Certainly since Work Session was added. Greastest improvement since joining the Board	1.8	1.83	1.33	1.29	1.29	1	2
13. The Board has the necessary information to arrive at responsible decisions.	A lot of updates.	2	1.4	1.83	1.29	1.43	1	2
14. The Board conducts its deliberation in a thoughtful and objective manner.	Board has a common vision for the future of the hospital which makes is easy to work towards that goal.	1.8	1.67	1.33	1.29	1.43	1	2
15. The bylaws provide for a committee structure with Board member participation allowing the Board to fulfill its responsibilities.		1.5	1.67	1.67	1.29	1.29	1	2
16. Standing ad hoc committees report regularly to the Board.	If we have one, yes.	2.1	2	1.5	1.4	2	1	3
17. Committees are reviewed annually with regard to composition, goals, responsibilities and performance.	? - not sure if annual review.	3	2	1.6	1.86	1.6	1	2
	Comments							
4) Scope of Responsibility		2016	2017	2018	2019	2020	High	Low
		Average	Average	Average	Average	Average		
18. The Board exercises its authority to make those policy and other decisions that the Board should make.	This Board knows its function and responsibilities. It does not try to get into the weeds of everyday operations.	2.1	1.67	1.67	1.14	1.29	1	2
19. The Board effectively fulfills its responsibility for establishing and maintaining the organization's long-range or strategic plan.		1.6	1.67	1.67	1.14	1.29	1	2
20. The Board reviews the organizations' financial position on a regular basis, using budget reports and other documents in order to ensure long-range financial stability.		1.8	1.5	1.67	1	1.43	1	2
21. A performance evaluation of the CEO is done annually.		1.8	1.66	1.67	1.14	1.17	1	2
22. The Board has policies, a process and guidelines for reviewing contracts for professional services, leases, etc.		3	1.6	2.5	1.43	1.67	1	2
23. The Board makes informed decisions on Medical Staff appointments, reappointments and clinical privileges and fulfills its responsibility for a properly functioning Medical Staff.		2	1.5	1.67	1.14	1.43	1	2
24. The Board effectively monitors and evaluates all areas of performance, including quality of care.		2.1	1.33	1.67	1.29	1.43	1	2
25. The Board refrains from making decisions related to the implementation of policy that should be made by the CEO and Management Staff.		2.1	1.5	1.33	1.43	1.43	1	2

	Comments	2016 Average	2017 Average	2018 Average	2019 Average	2020 Average	High	Low
26. The Board seeks opportunities to communicate with the community regarding hospital/system services and programs and to inform and seek input to determine unmet health care needs.		2.6	1.83	2.17	1.71	1.83	1	2
27. The Board effectively represents the hospital/system in the political arena, influencing the decision making process.		3.1	2.6	2.17	2.14	1.67	1	2
28. The Board actively participates in the fund-raising and development programs.	Yes, as participants in Foundation Board.	3	2.33	2.17	1.67	1.67	1	2
29. The Board receives an accurate record of deliberation made during its meetings through the timely distribution of minutes.		1.8	1.33	1.17	1.14	1.14	1	2
30. Board members receive meeting notices, written agendas with appropriate materials well in advance of meetings.	A lot of updates	1.8	1.33	1.17	1.17	1.14	1	2
31. Background material is supplied early enough for study before Board meetings.		2	1.33	1.33	1.43	1.43	1	2
32. Board members routinely receive relevant hospital/system publications, such as magazines, newsletters, bulletins, press releases, brochures and announcements.		2.3	2.17	2.17	1.86	1.71	1	3
33. The Board has adopted a policy and process to manage and reduce risk.		2.3	1.6	2	1.43	1.29	1	2
34. The Board receives sufficient status reports on the implementation of Board actions and decisions.		1.8	1.5	1.5	1.43	1.43	1	2
	Comments	2016 Average	2017 Average	2018 Average	2019 Average	2020 Average	High	Low
35. The Board has established an effective means to promote open communications between the Board, Medical Staff and hospital staff.	JCC is excellent for that.	2.8	1.6	2	1.57	1.29	1	2
36. The Board receives feedback from the elected or appointed head of the Medical Staff on the implementation of Board decisions affecting the Medical Staff, and generally shares information, ideas or concerns with the Board.		1.8	1.67	1.33	1.33	1.43	1	2
37. To facilitate communication among the Board, the administration and the Medical Staff, various means are used such as:								
a. A representative of the Medical Staff attends Board Meetings		1.8	1.5	1.17	1.33	1.29	1	2
b. A Joint Conference Committee		2.1	1.5	1.17	1.17	1.17	1	2
c. Medical Staff membership on Board committees	JCC only	2.1	1.5	1.67	1.67	1.2	1	2
d. Board membership on Board Committees		2.8	1.6	1.2	1.33	1.2	1	2
e. Exchange of Board and Medical Staff activities.		2.5	2.2	2.17	1.6	1.4	1	2
f. Special ad hoc committees formed to deal with issues affecting the Board, Administration and Medical Staff.		2.5	1.75	1.6	1.4	1.8	1	3



**PROSSER MEMORIAL HEALTH
BOARD ACTION PLAN - 2020**

BOARD INPUT	ACTION PLAN/RECOMMENDATION	RESPONSIBLE COMMITTEE	ACTION TAKEN
<p>The Board would like to learn more about their legal responsibilities, conflicts of interest and the potential liabilities of governance.</p>	<p>Conduct a Board Education Session that addresses the Board's legal responsibilities, conflicts of interest and the potential liabilities of governance. Explore using attorneys from the Association of Washington Public Hospital Districts (AWPHD) and/or PMH legal counsel to conduct the session.</p>	<p>Full Board</p>	<p>Due to the COVID-19 pandemic and the restrictions on group meetings, we were unable to identify legal counsel to conduct an education session. We hope to conduct a Board Education Session in 2021 dedicated to the Board's legal responsibilities.</p>
<p>The Board would like a refresher Orientation Program about Prosser Memorial Health.</p>	<p>Utilizing the Board Policy - Trustee Orientation, conduct orientation sessions for all Board members that re-orient them to the services, providers, facilities, etc. at PMH, including tours.</p>	<p>Full Board</p>	<p>While individual Trustee Orientation is in place, we did not conduct a Board Re-Orientation. Our focus in 2020 was on the pandemic and the planning for a replacement facility.</p>
<p>The Board would like to maintain the positive relationship they have with the Medical Staff and Leadership Team.</p>	<p>Conduct a social event for the Board, Medical Staff and Leadership Team to interact and continue to strengthen relationships. Continue to conduct monthly Joint Conference Committee meetings.</p>	<p>Full Board</p>	<p>Our annual Board, Medical Staff and Leadership Team social event (dinner cruise on the Columbia River) was scheduled, but had to be cancelled due to the pandemic. In addition, the annual summer Pool Party and Holiday Party were also cancelled. We were, however, able to continue holding monthly Joint Conference Committee meetings.</p>



**PROSSER MEMORIAL HEALTH
BOARD ACTION PLAN - 2020**

BOARD INPUT	ACTION PLAN/RECOMMENDATION	RESPONSIBLE COMMITTEE	ACTION TAKEN
<p>The Board has not been receiving the electronic monthly <u>Trustee Insights</u> publication. The Board is also interested in receiving the <u>Becker's Hospital Review</u> publication electronically.</p>	<p>Administration will work with the PMH IT Department to ensure that the <u>Trustee Insights</u> and <u>Becker's Hospital Review</u> publications are sent to all Board members on their hospital and/or personal email accounts.</p>	<p>Full Board</p>	<p>The PMH IT Department worked with individual Board members to ensure that they could receive <u>Trustee Insights</u> and <u>Becker's Hospital Review</u>. They also worked with the Administrative Team and we are also now receiving these electronic publications.</p>
<p>The Board would like to see additional modifications made to our current Board Self-Evaluation form and/or a new form used to better represent the operations of a public hospital and PMH specifically.</p>	<p>Continue to revise the current Board Self-Evaluation form (e.g. contract approval, Trustee attendance at Medical Staff meetings, Chief of Staff attendance at Board meetings, Medical Staff minutes in Board Packets) or implement the utilization of a new form. Work with WSHA and/or AWPMD on obtaining examples of forms they would recommend.</p>	<p>Full Board</p>	<p>Our current Board Self-Evaluation form was revised, removing questions that do not apply to our Board. This form will be re-evaluated in January 2021 and modified or replaced if necessary.</p>
<p>The Board was appreciative of the timeliness and quality of the Board Packets (both electronic and paper versions) but would like handouts distributed at Board meetings to be made available electronically.</p>	<p>Handouts at Board meetings will be added to the electronic monthly Board Packet prior to the Board meeting and resent to all Board members whenever possible.</p>	<p>Full Board</p>	<p>We began the year attempting to add handouts at Board meetings to the electronic monthly Board Packet, but with the Administrative Assistant staff change and the distraction of the pandemic, it was not done consistently throughout the year. This will be a priority in 2021.</p>

Attachment CC

**PROSSER MEMORIAL HEALTH
CONFLICT OF INTEREST DISCLOSURE
BOARD OF COMMISSIONERS**

Name: _____

Occupation: _____

Place of Business: _____

Phone: _____ E-Mail: _____

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

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

() None

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

() None

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

() None

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

Signature of Board Member

Date _____

Attachment DD

<p>PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828</p>	<p>PDC FORM F-1 (1/15)</p>	<p>PERSONAL FINANCIAL AFFAIRS STATEMENT</p>	<p>P M PDC OFFICE USE O A S R T K</p>										
<p>Refer to instruction manual for detailed assistance and examples.</p> <p>Deadlines: Incumbent elected and appointed officials – by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.</p> <p>SEND REPORT TO PUBLIC DISCLOSURE COMMISSION</p>		<p>DOLLAR CODE</p> <table style="margin-left: auto; margin-right: auto;"> <tr><td>A</td><td>\$1 to \$4,499</td></tr> <tr><td>B</td><td>\$4,500 to \$23,999</td></tr> <tr><td>C</td><td>\$24,000 to \$47,999</td></tr> <tr><td>D</td><td>\$48,000 to \$119,999</td></tr> <tr><td>E</td><td>\$120,000 or more</td></tr> </table>	A	\$1 to \$4,499	B	\$4,500 to \$23,999	C	\$24,000 to \$47,999	D	\$48,000 to \$119,999	E	\$120,000 or more	<p>R E C E I V E D</p>
A	\$1 to \$4,499												
B	\$4,500 to \$23,999												
C	\$24,000 to \$47,999												
D	\$48,000 to \$119,999												
E	\$120,000 or more												
<p>Last Name _____ First _____ Middle Initial _____</p>		<p>Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.</p>											
<p>Mailing Address (Use PO Box or Work Address) *</p>													
<p>City _____ County _____ Zip + 4 _____</p>													
<p>Filing Status (Check only one box.)</p> <p><input type="checkbox"/> An elected or state appointed official filing annual report</p> <p><input type="checkbox"/> Final report as an elected official. Term expired: _____ year _____</p> <p><input type="checkbox"/> Candidate running in an election: month _____ year _____</p> <p><input type="checkbox"/> Newly appointed to an elective office</p> <p><input type="checkbox"/> Newly appointed to a state appointive office</p> <p><input type="checkbox"/> Professional staff of the Governor's Office and the Legislature</p>		<p>Office Held or Sought</p> <p>Office title: _____</p> <p>County, city, district or agency of the office, name and number: _____</p> <p>Position number: _____</p> <p>Term begins: _____ ends: _____</p>											
<p>1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3.)</p>													
<p>Show Self (S) Spouse (SP DP) Dependent (D)</p>	<p>Name and Address of Employer or Source of Compensation</p>	<p>Occupation or How Compensation Was Earned</p>	<p>Amount: (Use Code)</p>										
<p>Check Here <input type="checkbox"/> if continued on attached sheet</p>													
<p>2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)</p>													
Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received										
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms										
		Security Given	Mortgage Amount - (Use Code) Original Current										
All Other Property Entirely or Partially Owned													
<p>Check here <input type="checkbox"/> if continued on attached sheet</p>													

CONTINUE ON NEXT PAGE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.

A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$24,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
B. Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$24,000 during the period.			
C. Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account.			

Check here if continued on attached sheet.

4 CREDITORS List each creditor you or a family member, including registered domestic partner, owed \$2,400 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2. **AMOUNT (USE CODE)**

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
Check here <input type="checkbox"/> if continued on attached sheet.				

5 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? ____ If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? ____ If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? ____ If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? ____ If yes, complete Supplement, Part B.
- E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? ____ or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? ____ If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.

I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

***CANDIDATES:** Do not use public agency addresses or telephone numbers for contact information.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Signature _____ Date _____

Contact Telephone: () *

Email: _____ (work) *

Email: _____ (Home) Optional


Regulating Candidates, Campaigns, and Lobbyists

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F-1 Personal Financial Affairs Statement

Purpose

Personal financial information is disclosed by candidates at the start of the campaign and annually by elected officials, state boards and commissions members, state agency directors, and legislative and gubernatorial professional staff. Allows the public to assess whether state officials may have conflicts of interest.

Due Date

- State, local, and judicial candidates file within two weeks of first raising or spending money for the campaign, reserving space or purchasing advertising to promote candidacy, authorizing someone else to do any of these activities, publicly announcing candidacy, or filing the declaration of candidacy. Reporting period = 12 months prior to the start of the campaign.
- **Individuals appointed to finish an unexpired term or appointed to a covered state position file within two weeks of the appointment. Reporting period = 12 months prior to the appointment.**
- Annual reports are due April 15 and cover the previous calendar year.

Note: Only one F-1 report per person per year is required.

Electronic Filing Option

<https://web.pdc.wa.gov/F1/Login.aspx>

Download Forms

 [F1.2015.pdf](#)

 [F1.2015.doc](#)

Public Disclosure Commission

711 Capitol Way #206
PO BOX 40908
Olympia, WA 98504-0908

Toll Free 1(877) 601-2828

Phone (360) 753-1111

Fax (360) 753-1112

Email pdc@pdc.wa.gov

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Vision

Patients
Employees
Medical Staff
Quality
Services
Financial



Prosser
Memorial Health

Mission: To improve the health of our community.

Values

Accountability
Service
Promote Teamwork
Integrity
Respect
Excellence

2021 Quality Assurance Program Plan

A. Purpose

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

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

B. Plan Overview

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

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

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

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

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

C. Objectives

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

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

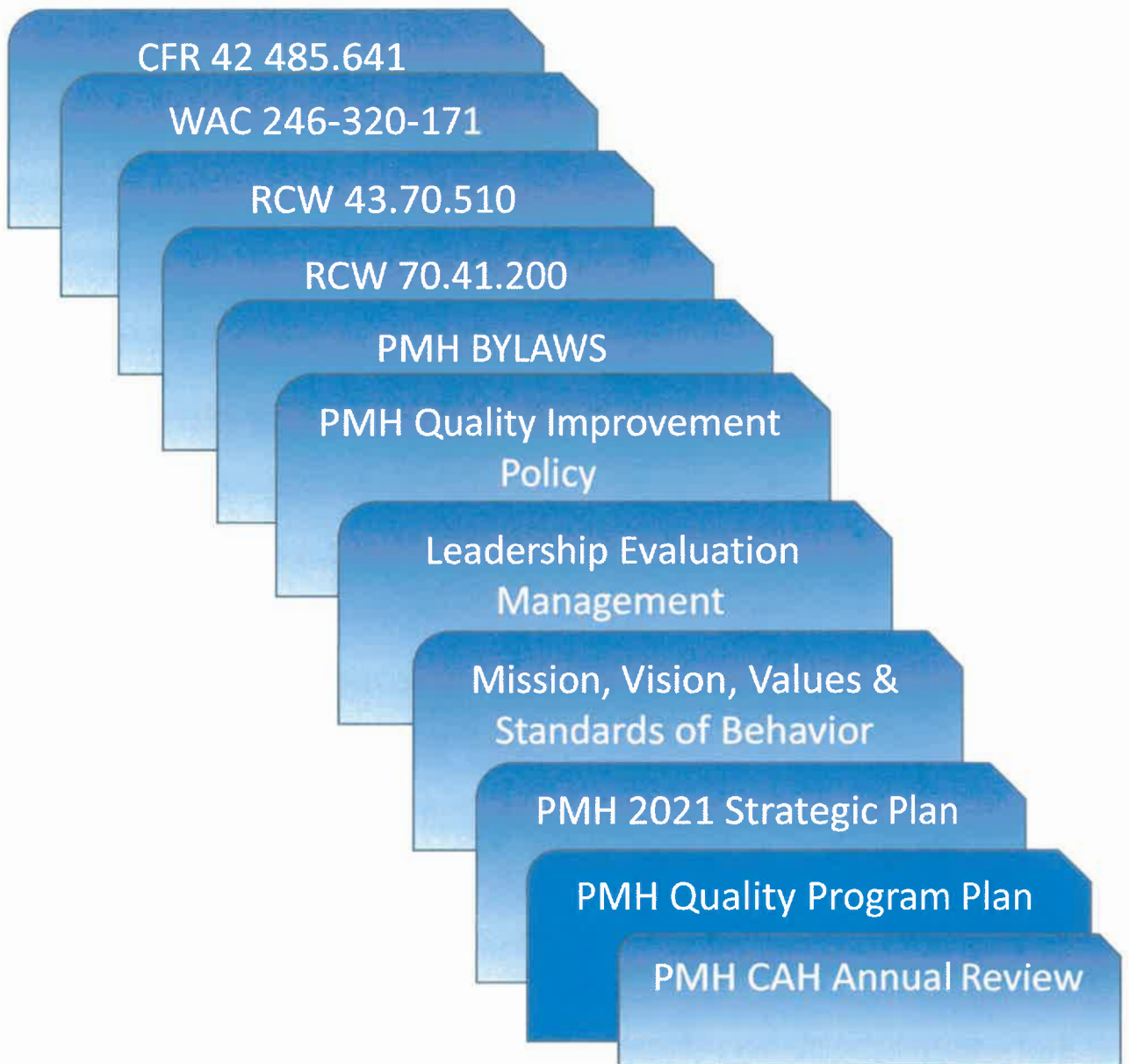
D. Prioritization, Strategic Alignment and Requirements

Annual quality priorities aligned with national and state quality initiatives, regulatory standards, and strategic areas of focus and goals as identified in the Fiscal Year 2021 Strategic Plan. Consideration will be given to how improvement in those areas will impact patient-centered dimensions of quality described by the Institute of Medicine (safe, effective, patient-centered, equitable, timely, and efficient) and the Critical Access Hospital National Patient Safety Goals.

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

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

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



E. Scope and Plan Development

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

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

The Quality Assurance Program Plan is reviewed and revised annually based on the Strategic Plan and the review of the previous year CAH Annual Review Plan. This plan will remain in effect until superseded by the 2022 PMH Quality Assurance Program Plan.

F. Program Goals for 2021

The Joint Conference Committee that has a charter to perform this function, in selecting Quality Assurance Program goals for 2021, give consideration to both national and state patient safety and quality initiatives, as well as the need to build a strong foundation for continued growth of services provided at PMH. In addition, the Quality Assurance Program goals will be in alignment with the following:

- Mission, Vision, Values & Standards of Behavior
- Fiscal Year 2021 Strategic Plan
- Medical Staff Model & Provider Recruitment/Succession Plan FY 2017-2020
- PMH 2021 Operating and Capital Budgets FY2021

Departments will be expected to implement quality goals in accordance with the current Quality Improvement Policy and PMH's Policy, Mission, Vision, Values & Standards of Behavior.

Examples of goal types are as follows:

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

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

- To implement quantitative measurement to assess key processes or outcomes.
- To bring directors, clinicians, and staff together to review quantitative data and major clinical adverse occurrences to identify problems.

- To carefully prioritize identified problems and set goals for their resolution.
- To achieve measurable improvement in the highest priority areas.
- To meet internal and external reporting requirements.
- To educate directors, clinicians, and staff.
- To develop or adopt necessary tools, such as practice guidelines, consumer surveys, and quality indicators.
- To support a continuous learning organization.
- To provide transparent Quality and Process Improvement methodologies.

G. PMH Quality Strategy/Patient Care Scorecard

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

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

H. PMH's Organization

The Board of Commissioners

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

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

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

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

The quality program involves senior leaders in the review of services rendered in the hospital, both retrospectively and prospectively, in order to improve quality of patient's medical care. The Joint Conference Committee that has a charter to perform this function will oversee and coordinate the quality improvement program and shall ensure information gathered is pursuant to continually enhance quality of patient care, service, and experience.

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

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

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

I. PMH High Level Organizational Structure

Vision

Patients
Employees
Medical Staff
Quality
Services
Financial

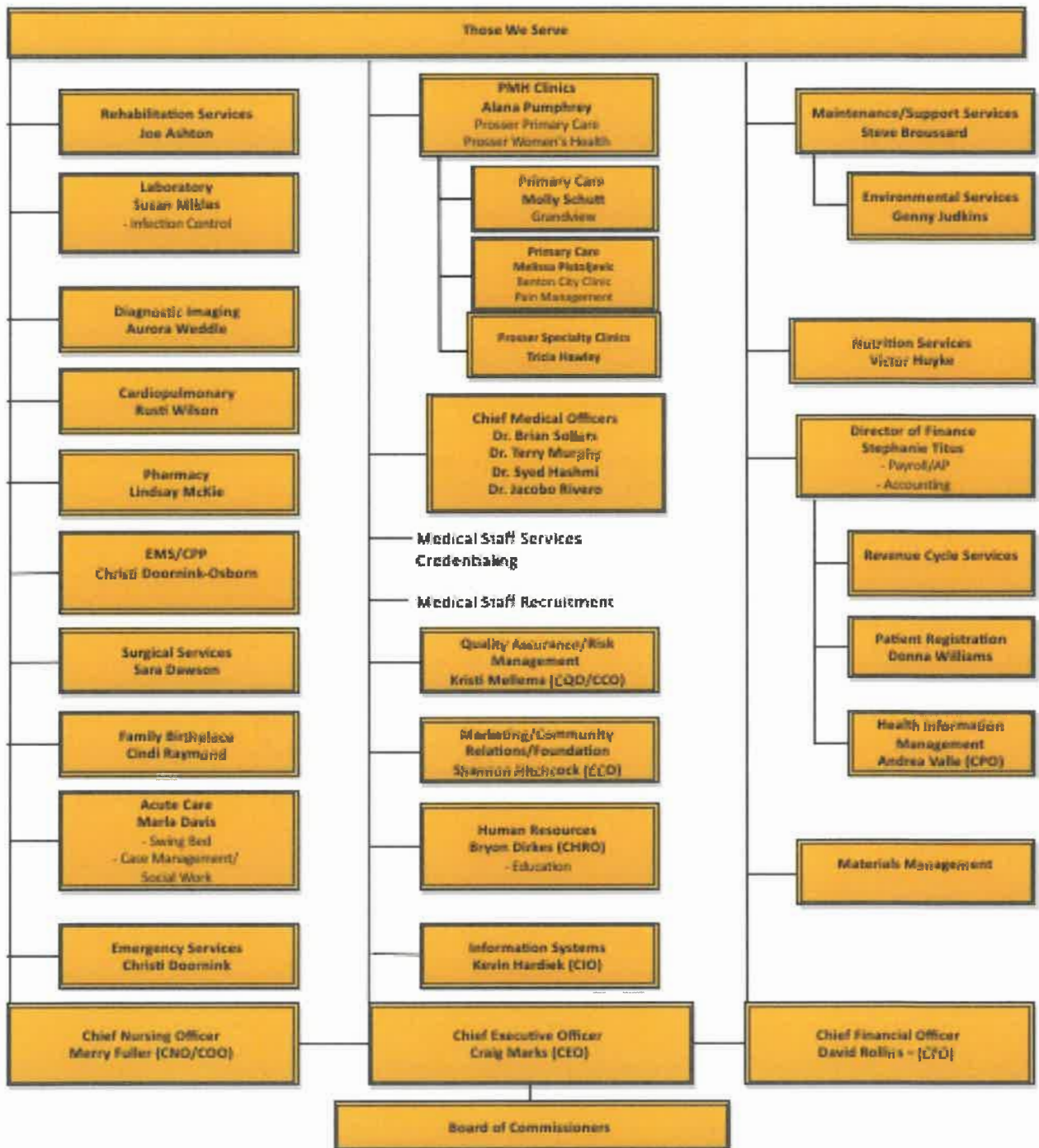


Prosser
Memorial Health

Mission: To improve the health of our community.

Values

Accountability
Service
Promote Teamwork
Integrity
Respect
Excellence



J. Quality Assurance Program Roles and Responsibilities

Quality Assurance

Quality Assurance responsibilities include, but are not limited to:

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

Quality Committee

The Quality Committee (QC) serves as the steward for overall quality improvement for Prosser Memorial Health. The QC shall report to the Joint Conference Committee which is a committee of the Board of Directors and Medical Staff. The QC will assist in overseeing and ensuring the quality of clinical care, patient safety, regulatory preparedness and compliance provided throughout the organization.

The Quality Committee (QC) will introduce patient safety performance improvement projects. The topics or processes chosen for these will be selected according to the priorities established by the Committee with input from the Board of Commissioners, Joint Conference Committee, Medical Staff Committee, PMH Administration and Directors/Managers, and PMH employees as appropriate.

Directors

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

- Allocating adequate time and resources, departmental structure, and workflow to allow for collecting, measuring, and assessing data in support of Quality Improvement activities and projects.

- Seeking out Quality Improvement opportunities under the oversight of the departmental directors/managers and the Chief Quality Officer, taking initiative to improve identified problem areas, and collaborating effectively with other departments to assure improvement activities are consistent with the work of other areas of the organization.
- Collaboratively work with Quality Assurance to implement and keep current the process of continuous quality improvement by departments, a systematic reporting system has been established. Quality Improvement Plans/Goals should be updated annually into the Leadership Evaluation Management (LEM) Database.
- Implementation and oversight of Quality Improvement initiatives.
- Monitor and track Quality and Process Improvement metrics that support the following:
 - PMH's Mission, Vision, Values & Standards of Behavior
 - Fiscal Year 2021 Strategic Plan
 - Medical Staff Model & Provider Recruitment/Succession Plan FY 2017-2020
 - Operating and Capital Budgets FY 2021

K. Approaches and Methodology

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

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

L. Quality Program Evaluation

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

Attachment 1: WAC 246-320-171

WAC 246-320-171

Improving organizational performance.

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

Hospitals must:

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



SUBJECT:		Risk Management Program Plan				NO:	872-3004
POLICY:		PROCEDURE:		GUIDELINE:		OTHER (SPECIFY):	PLAN
Supersedes:		Risk Management Plan – 9/1/2017				Effective Date:	1/31/2020
Development Team/Authors(s):		Merry Fuller, MSN, RN, CNO					
Committee Approval/Review:							
Administrative Approval:							
Audit Review:	Initials:	9/20/17	2/14/18	1/07/19	1/08/2020	1/11/2021	
	Date:	mf	mf	km	km	km	

Purpose:

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

Authority:

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

Scope:

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

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

Program Elements:

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

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

Objectives:

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

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

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

Program Plan:

1. Board of Commissioners

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

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

2. Administration

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

a. Assign accountability for risk management activities as follows:

- Clinical Risk-Patient Safety Officer: quality assurance, utilization review, pharmacy and therapeutics, medical staff credentialing and committees, and clinical practice standards and guidelines.
- Business Risk-Compliance Officer: EMTALA, HIPAA, Compliance Auditing Plan
- Environment of Care Risk-Safety Officer: Safety Management, loss control, employee accidents, department hazard analysis, equipment management, plant safety and management including fire suppression, Safe Medical Center Device Act compliance, and OSHA compliance.
- Risk Program Management-Risk Manager: Claims administration, event reporting system, patient complaints & grievances, contract review, regulatory reporting, risk management data analysis and reporting to all key stakeholders, facilitates integration of all aspects of the Risk Management Program.

- b. Support the integration of the Risk Management Program into the overall management control system used to evaluate the delivery of quality care and services.
- c. Participate in the review and evaluation of patient care and safety within PMH.
- d. Identify, implement, and support corrective action plans for PMH related to the Risk Management Program; and
- e. Monitor results for effectiveness of techniques employed to manage risks for PMH and make any adjustments necessary to the corrective action plan.

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

Integration of Key Aspects of Operations:

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

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

Confidentiality:

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

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

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

Evaluation of the Risk Management Program:

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

References

- 42 CFR 485.641 (May 5, 2011). Conditions of Participation: Periodic Evaluation and Quality Assurance Review. Retrieved August 23, 2017, from: <https://www.law.cornell.edu/cfr/text/42/485.641>
- RCW 43.70.510 (2007). Health Care Services Coordinated Quality Improvement Program-Rules Retrieved August 23, 2017, from: <http://app.leg.wa.gov/rcw/default.aspx?cite=43.70.510>
- RCW 70.41.200 (2007) Quality Improvement and Medical Malpractice Prevention Program-Quality Improvement Committee-Sanction and Grievance Procedures-Information Collection, Reporting and Sharing. Retrieved August 23, 2017, from: <http://app.leg.wa.gov/rcw/default.aspx?cite=70.41.200>
- RCW 70.56 (2009). Adverse Health Events and Incidents Reporting System. Retrieved August 23, 2017, from: <https://app.leg.wa.gov/rcw/default.aspx?cite=70.56.020>
- WAC 246-320-171. Improving Organizational Performance. Retrieved August 23, 2017, from: <http://apps.leg.wa.gov/wac/default.aspx?cite=246-320-171>
- Carroll, Roberta (2011) *Risk Management Handbook for Healthcare Organizations 6th Edition*. San Francisco, California. John Wiley & Sons, Inc.

Attachment GG



Media Release

For Immediate Release

Contact:

Ashleigh Oswald, Marketing and Communications Coordinator

Astria Health

509.837.1624 W

ashleigh.oswalt@astria.health

Astria Health Exits from Chapter 11 Bankruptcy

Today, January 15, 2021, Astria Health completes the financial restructuring it began in May 2020 with the funding of a \$74,750,000 loan from the MultiCare Health System. The proceeds of the MultiCare loan have been used to pay off various secured loans and revenue bonds. This also renders effective Astria's Bankruptcy Plan of Reorganization, which was approved by the Federal Bankruptcy Court in Yakima on December 23, 2020.

"Astria Health has faced extraordinary circumstances and uncertainty over the last 18 months. I have full confidence in the partnership Astria Health is establishing with MultiCare Health System, and the solid plan that has been developed as the company exits bankruptcy and steps forward into this new chapter," says Mary Ann Bliesner, Board Chair of Astria Health.

"MultiCare's mission calls us to partner with other like-minded organizations to ensure that communities in the Pacific Northwest have appropriate access to health care services and a vibrant and stable system of health," said Bill Robertson, MultiCare's president and CEO. "MultiCare recognizes that health care close to home is crucial to the health and vitality of all Washingtonians. We are pleased to assist Astria Health in their bankruptcy process and support them in their work to build a healthy community in Central Washington."

Astria Health would like to first thank our providers, caregivers, and staff who have shown relentless dedication and hard work during this challenging time, continuing to care for the community members and their healthcare needs as their first priority. Secondly, Astria Health would like to thank the continued support of the Yakima Valley community. In the midst of the uncertain times with the bankruptcy and the ongoing pandemic, your support for Astria Health's success has been remarkable.

Astria Health is committed to ensuring a safe environment for our patients to receive the healthcare they need well into the future.

ABOUT ASTRIA HEALTH

The Astria Health System, headquartered in the heart of the Yakima Valley is the largest non-profit healthcare system based in Eastern Washington state. Astria Health is the parent non-profit organization of Astria Sunnyside Hospital and Astria Toppenish Hospital along with outpatient Astria Health Centers, Ambulatory Surgical Center, Astria Hearing and Speech, and Astria Home Health and Hospice with healthcare sites and providers conveniently located in towns and cities throughout the Region. For more information visit www.astria.health.

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Association of Washington Public Hospital Districts

2020 Annual Report



Rosalinda Kibby
AWPHD Board President
Columbia Basin Hospital

What a year it has been! Throughout 2020 our PHD community has faced challenges to the degree we never thought possible. The COVID-19 pandemic has truly put all of us to the test. Yet, as we close the year we can say with all certainty that PHDs are resilient, our leaders are battle-tested and most importantly our communities have recognized and supported your roles in providing critical health care services.

In this brief report you will see some of the efforts AWPHD has undertaken your behalf and working hard to continue to provide high value to you.



Matthew Ellsworth
AWPHD Executive Director

AWPHD remains financially sound thanks to our members resounding commitment. As a result we have undertaken new initiatives to convene, educate, support and advocate on behalf of our members.

AWPHD staff (Joanna & Tianna) have made a tremendous effort in meeting challenges of 2020. A special THANK YOU to both of them for their extraordinary efforts.

Please let us know if you have any questions, needs or feedback. As always, we welcome your input.

ADVOCACY

In 2020 AWPHD successfully transitioned the Intergovernmental Transfer program (IGT) to the next generation that will serve our members.

To meet the challenges of COVID-19, we have successfully advocated for proclamations to allow our public meetings to continue in a virtual manner while meeting the unique requirements of a PHD. Look for a more permanent solution from us in the 2021 legislative session.



With the loss of our annual CEO Retreat and the Chelan experience AWPHD has adapted to meet its commitment as a convener.

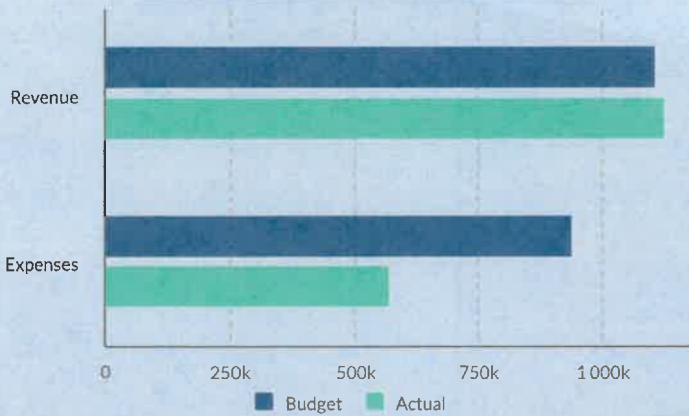
In 2020, we hosted almost all of our PHD CEOs in virtual round tables for an open exchange of ideas. In 2021, we will be launching another round for CEOs as well as expanding to include round tables for PHD Board Chairs and events specific to our Nursing Home and EMS members.

2020 was a year of member visits. Despite circumstances, we successfully visited over half of all AWPHD members either in-person or virtually.



Association of Washington Public Hospital Districts

2021 Annual Report



Revenue 1% Above Budget
Expenses 39% Below Budget

IGT Support

AWPHD has successfully transitioned to the new Intergovernmental Transfer Program (IGT) Program

In 2020 we deployed over \$2.4 million in direct payments to AWPHD members.

Another \$145k has been deployed in programming to the benefit of the entire PHD community. Opioid training, health information exchange and long term care are just some of the areas we are impacting for our members.

Welcome New Board Member



AWPHD has welcomed Shane McGuire, CEO of Columbia County Health Systems in Dayton, WA to the Board of Directors.

Shane has been recognized as a standout leader in rural Washington Healthcare.

Strategic Planning

After a year-long effort the AWPHD Board completed a new, three-year strategic vision for you association. The plan was curated by a professional consultant who undertook hours of interviews and work with staff.

This plan will drive AWPHD into new areas of focus for all of our members. The plan bolsters the focus areas of AWPHD as a convener, educator, supporter and advocate for our members.



Association of Washington Public Hospital Districts

Who We Are

Since 1952 The Association of Washington Public Hospital Districts (AWPHD) has been the voice for Public Hospital Districts (PHD) across the State of Washington. We are solely focused on the unique role that PHDs serve in communities.

At AWPHD we understand the special connection of our members to their communities; that have made the choice and investments to keep care local. We strive to support the PHDs at all levels; the publicly elected commissioners, CEOs and staff. Our value is in our ability to advocate, educate and convene all of the above to create a better environment to deliver publicly owned health care.

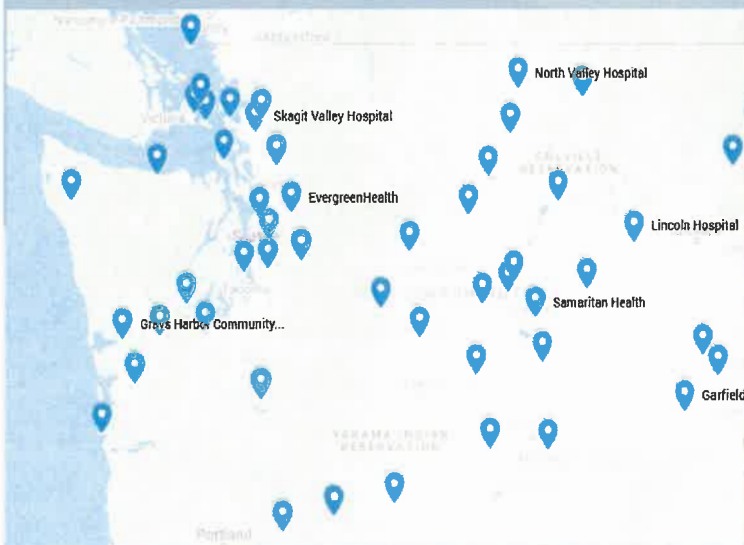
We are led by a professional, full time staff and an all volunteer Board of Directors.



Rosalinda Kibby
Columbia Basin Hospital
Board President



Matthew Ellsworth
Executive Director



56 - Public Hospital Districts

47 - Hospitals

(34 Critical Access)

3 - Clinics

12 - Longterm Care

22 - EMS

206.281.7211
999 3rd Street
Suite 1400
Seattle, WA 98104





Association of Washington
Public Hospital Districts

What We do

We Advocate

When it comes to influencing public policy, AWPHD is the voice of Washington Public Hospital Districts. Together, with our experience and members' collective voices we bring your needs and issues to the Legislature, State and Federal Agencies.

We Educate

At AWPHD we offer tailored governance education to leaders and PHD Commissioners. In addition, we help our members navigate legal questions unique to PHDs.



We Convene

We recognize the value to our members in gathering to learn and share. AWPHD sponsors multiple annual gatherings for PHD leaders. We also have forged strategic partnerships within the healthcare and public policy arenas that add value to our members.

We Support

AWPHD administers Intergovernmental Transfer (IGT) and Nursing Home Pro-Share programs that delivers direct financial benefit to our members. In addition AWPHD provides access to qualified, independent legal support on those issues unique to PHDs.



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Attachment II

Craig Marks

From: Elya Prystowsky <Elya@washingtonruralhealth.org>
Sent: Tuesday, October 27, 2020 12:44 PM
To: Craig Marks; David Rollins
Cc: Paul Kennelly
Subject: Expansion of Collaborative Class B Member Benefits
Attachments: 20201013_Class B Changes One Pager.pdf

External Email: Please Proceed with Caution

Craig and David,

You chose a good year to move to a Class B member because effective January 1, 2021, the Collaborative is expanding the benefits of Class B membership. The attached document summarizes the benefits and dues structure.

Please don't hesitate to call or email me with any questions. I hope this email brightens up your day!

Warm Regards,
Elya

Elya Prystowsky, MS, PhD
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Washington Rural Health Collaborative
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Washington Rural Health Collaborative Expansion of Benefits

Effective January 1, 2021, Washington Rural Health Collaborative plans to expand benefits for Class B members. This increase in benefits can result in significant savings to our Class B Members.

I Class B Member Benefits

A. The table below depicts the expanded Class B Member benefits that will begin January 2021.

Red Unavailable

Green Available

Yellow Under consideration or may not be ready for release at the start of 2021

Member Benefit	New Benefits	Old Benefits
Value-Based Contracting and Revenue Cycle Planning ¹		
Annual Member Meeting		
Participation on Collaborative Committees and Affinity Groups ²		
Volume-Based Contracts ³		
Compliance Line ⁴		
Data-Sharing Platforms ⁵		
Delegated Credentialing ⁶		
Group Purchasing Program ⁷		

1. Formerly called the Public Hospital District Joint Operating Board (PHD-JOB), this group collectively negotiates with public and private health plans under an Interlocal Agreement. This group also collectively reviews and responds to changes in health plan policies that result in against unjust reduction in reimbursement. .

2. Affinity groups are communities of practice that meet informally and share resources, information and best practices via email or other platforms. Committees are also affinity groups; however, they are oriented around a charter and have specific eligibility criteria for participation. These committees are staffed by the Collaborative and work collectively on projects, initiatives and contracts. (See image on next page)

3. Volume Based Contracts: Currently, Class B Members have access to select volume-based contracts. The expanded benefits will include access to all volume-based contracts. Volume-based contracts draw on the WRHC's "Power of Numbers" which allow all members to achieve deeper savings as member participation increases.

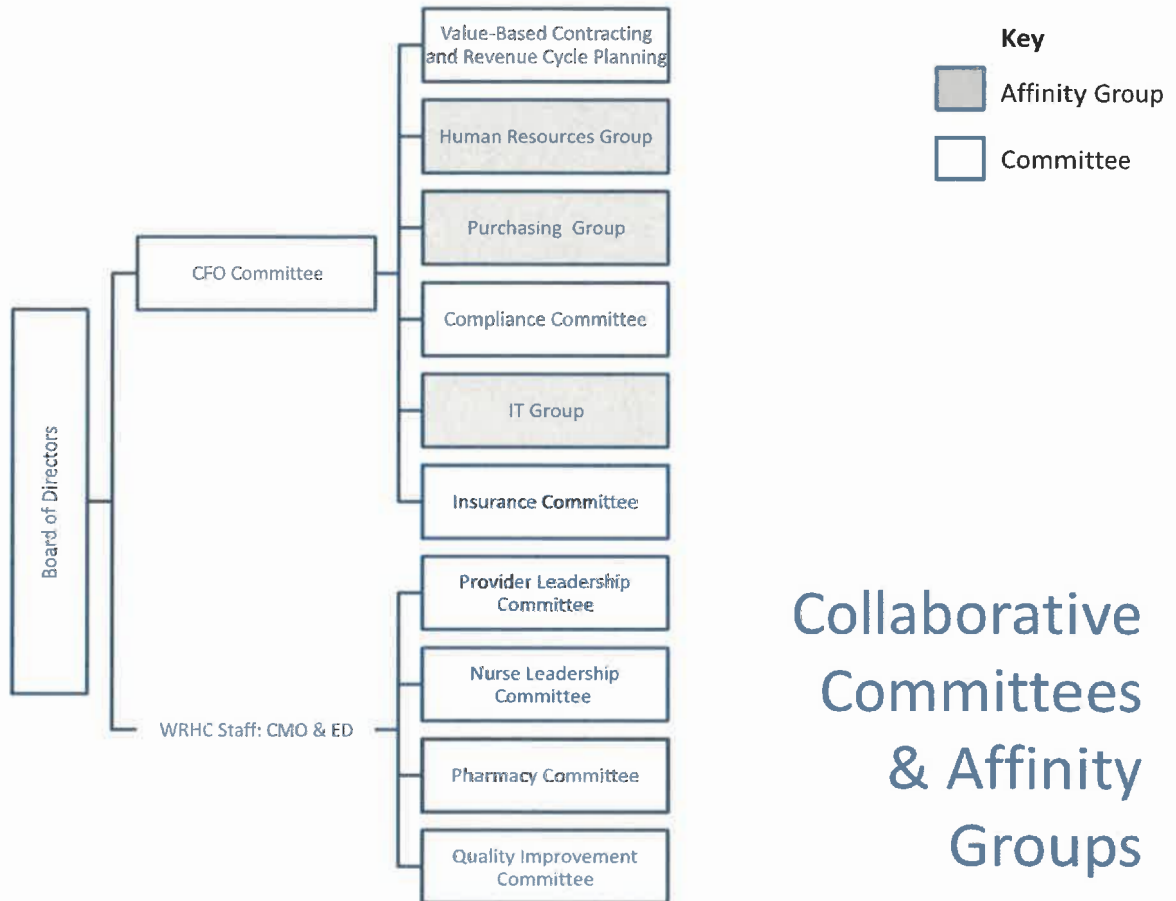
4. Compliance Line provides a dedicated toll-free number for receipt of information from those who have knowledge or concern of illegal or unethical acts, breaches of company policy, or any other information relating to the properties, employees, or operations. This service is provided to all members free of charge through the Collaborative.

5. Data Sharing Platform is used by all Collaborative Members to submit data to share within the Committees as a foundation for sharing best practice and working collecting on projects, initiatives or grants. The negotiated reduced cost of the platform, once decided, may be passed through to the Members.

6. Delegated credentialing program may be offered to Class B Members at cost in 2021.

7. A Group Purchasing Program is currently under development between the Collaborative, Hospital Resource Services (HRS) and Premier for 2021.

B. The image below shows the different committees and groups of the Collaborative.



II Class B Member Dues

The expansion of benefits requires additional staffing and administration expense. To accommodate this, the Board proposes raising Class B dues to be 75% of Class A dues. This will be a phased approach; a \$4,000 increase each year over two consecutive years. WRHC Bylaws require Class B approval of dues increases.

	Current 2020	2021	2022	2023
Class B Member Dues	\$12,000	\$16,000	\$20,000	\$20,000