



**Prosser**  
Memorial Health

**Prosser Memorial Health  
Board of Commissioners**

**Board Packet  
July 30, 2020**

## 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, July 28, 2020**  
**6:00 PM - WHITEHEAD CONFERENCE ROOM**  
**AGENDA**

**COMMISSIONERS:**

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

**STAFF:**

Craig Marks, CEO  
Merry Fuller, CNO/COO  
David Rollins, CFO  
Shannon Hitchcock, CCO  
Kevin Hardiek, CIO  
Kristi Mellema, CQO  
Ro Kmetz, CHRO  
Dr. Brian Sollers, CMO  
Aurora Weddle, Director, D.I.  
Alana Pumphrey, Director, Clinic  
Operations  
Sara Dawson, Director, Surgical  
Services

**I. CALL TO ORDER**

A. Pledge of Allegiance

**II. PUBLIC COMMENT**

**III. SERVICES**

- A. Nuclear Medicine Project (**Attachment H**)
- B. ENT/Urology Equipment Acquisition (**Attachment F**) (**Attachment G**)
- C. Replacement Facility Update (**Attachment C**) (**Attachment D**)
- D. YVFWC Update
- E. Strategic Plan Update (**Attachment A**)

**Merry/Aurora**  
**Merry/Alana/Sara**  
**Craig**  
**Craig**  
**All**

**IV. EXECUTIVE SESSION**

**Merry/Craig**

- A. RCW 42.30.110 (d) – Contract – To review negotiations on the performance of publicly bid contracts when public knowledge regarding such consideration would cause a likelihood of increased costs.
- B. RCW 42.30.110 (g) – Personnel – To evaluate the qualifications of an applicant for public employment or to review the performance of a public employee.

**V. ADJOURN**

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Patients  
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Medical Staff  
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Memorial Health

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Respect  
Excellence

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

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

**COMMISSIONERS:**

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

**STAFF:**

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

**I. CALL TO ORDER**

- A. Pledge of Allegiance

**II. PUBLIC COMMENT**

**III. APPROVE AGENDA**

**Action Requested – Agenda**

**IV. CONSENT AGENDA**

- A. Board of Commissioners Meeting Minutes for June 25, 2020.  
B. Payroll and AP Vouchers #152308 through #152790 in the amount of \$4,139,956.46.

**Action Requested – Consent Agenda**

**V. MEDICAL STAFF DEVELOPMENT**

- A. Medical Staff Report and Credentialing

**1. Advancement from Provisional**

**Action Requested – Advancement from Provisional Status**

**Lindsey Burton, MD** – Advancement from provisional Locum Tenens with requested privileges in Pediatrics effective July 31, 2020 through January 30, 2022.

**Joji Kohjima, MD** – Advancement from provisional Courtesy Staff with requested privileges in Family Medicine/OB effective July 31, 2020 through September 26, 2021

**Dr. Terry Murphy**

## 2. New Appointment

### Action Requested – New Appointment

**Coral Tieu, MD** – Provisional/Active staff with requested privileges in Otolaryngology effective July 31, 2020 through January 30, 2021.

**Thomas Tieu, MD** – Provisional/Active staff with requested privileges in Urology effective July 31, 2020 through January 30, 2021.

**Judith Harvey, MD** – Provisional/Active staff with requested privileges in Family Medicine effective July 31, 2020 through January 30, 2021.

**Spencer Soffe, CRNA** – Provisional/Allied Health Professional staff with requested privileges in Anesthesia effective July 31, 2020 through January 30, 2021.

**Afton Dunham, ARNP** – Provisional/Allied Health Professional staff with requested privileges in Family Medicine effective July 31, 2020 through January 30, 2021.

**Rebecca Morris, CNM** – Provisional/Allied Health Professional staff with requested privileges in Midwifery effective July 31, 2020 through January 30, 2021.

**James Wang, MD** – Provisional/Telemedicine staff with requested privileges in Neurology effective July 31, 2020 through January 30, 2021.

**Madeline Nguyen, MD** – Provisional/Telemedicine staff with requested privileges in Neurology effective July 31, 2020 through January 30, 2021.

**Jarret Kuo, MD** – Provisional/Telemedicine staff with requested privileges in Diagnostic Radiology effective July 31, 2020 through January 30, 2021.

**Karen Phillips, MD** – Provisional/Telemedicine staff with requested privileges in Diagnostic Radiology effective July 31, 2020 through January 30, 2021.

**Shannon St. Clair, MD** – Provisional/Telemedicine staff with requested privileges in Diagnostic Radiology effective July 31, 2020 through January 30, 2021.

**Frank Welte, MD** – Provisional/Telemedicine staff with requested privileges in Diagnostic Radiology effective July 31, 2020 through January 30, 2021.

## 3. Reappointment

### Action Requested – Reappointment and Requested Clinical Privileges

**Patrick Johansing, DO** – Reappointment to Active staff with requested clinical privileges in Family Medicine from July 31, 2020 through July 30, 2022.

**Sarah Min, MD** – Reappointment to Active staff with requested clinical privileges in Pediatrics from July 31, 2020 through July 30, 2022.

**Jose Santa-Cruz, MD** – Reappointment to Active staff with requested clinical privileges in Family Medicine from July 31, 2020 through July 30, 2022.

**Robert Wenger, DO** – Reappointment to Active staff with requested clinical privileges in Emergency Medicine from July 31, 2020 through July 30, 2022.



**Dzmitry Zhmurovski, MD** – Reappointment to Active staff with requested clinical privileges in Internal Medicine from July 31, 2020 through July 30, 2022.

**Jennifer Rathe, MD** – Reappointment to Locum Tenens staff with requested clinical privileges in Pediatrics from July 31, 2020 through July 30, 2022.

**Brian Staley, MD** – Reappointment to Consulting staff with requested clinical privileges in Pathology from July 31, 2020 through July 30, 2022.

**Pamela Morris, ARNP** – Reappointment to Allied Health Professional staff with requested clinical privileges in Family Medicine from July 31, 2020 through July 30, 2022.

#### 4. Category Change Request

##### **Action Requested – Category Change Request**

**Susan Whitaker, DO** – Privileged in Emergency Medicine, requesting to change category from Active Staff to Locum Tenens, effective August 1, 2020.

**Ridhima Gupta, MD** – Privileged in Obstetrics/Gynecology, requesting to change category from Courtesy Staff to Active Staff, effective August 1, 2020.

**Joji Kohjima, MD** – Privileged in Family Medicine/Obstetrics, requesting to change category from Courtesy Staff to Active Staff, effective August 1, 2020.

**Tamera Schille, MD** – Privileged in Pediatrics, requesting to change category from Courtesy Staff to Active Staff, effective September 1, 2020.

#### VI. FINANCIAL STEWARDSHIP

##### A. Review Financial Reports for June 2020 (Attachment O)

David

##### **Action Requested – Financial Reports**

##### B. COVID-19 Financial Plan (Attachment PP) (Attachment Q) (Attachment R)

David/Craig

##### C. Financial Performance Report for PMH Clinics (Attachment P)

David

##### D. Review HR/Payroll Software (IT) (Attachment J)

David

#### VII. EMPLOYEE DEVELOPMENT

##### A. Employee Health Update (Attachment N)

Kristi

#### VIII. SERVICES

##### A. Review Nuclear Medicine Services (Attachment H)

Merry

##### **Action Requested – Approve Nuclear Medicine Renovation**

- A. Acquisition of ENT Equipment (**Attachment F**)  
**Action Requested**-Acquisition of ENT Equipment Merry/Craig
  
- B. Acquisition of Urology Equipment (**Attachment G**)  
**Action Requested** –Acquisition of Urology Equipment Merry/Craig

**IX. QUALITY**

- A. COVID-19 Update Merry/Dr. Murphy
  
- B. Quality Committee Report (**Attachment S**) Kristi
  
- C. Strategic & Patient Care Scorecards (**Attachment V**) (**Attachment W**) Kristi
  
- D. Legislative and Political Updates Commissioner Bestebreur
  
- E. CEO/Operations Report Craig

**X. ADJOURN**

DRAFT



## 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
<b>Patient Loyalty</b>																
IP - "Would Recommend"	> 85.1%	84.4%	85.7%	97.2%	95.7%	84.4%	88.9%							8670.0%	85.1%	83.8%
ED - "Would Recommend"	> 80.7%	73.8%	80.0%	85.0%	77.4%	85.3%	91.3%							8150.0%	80.3%	80.7%
Acute Care - "Would Recommend"	> 79.7%	80.9%	80.0%	94.4%	90.0%	82.6%	81.3%							85.2%	78.6%	79.7%
OB - "Would Recommend"	> 92.2%	93.3%	92.3%	100.0%	100.0%	86.4%	92.9%							92.8%	92.2%	88.6%
Outpatient Surgery - "Would Recommend"	> 91%	86.4%	83.3%	94.3%	85.0%	96.3%	95.2%							91.3%	91.0%	84.9%
Swing Bed - "Would Recommend"	> 94.1%	100.0%	90.0%	100.0%	0.0%	100.0%	100.0%							75.0%	85.3%	94.1%
Clinic - "Would Recommend"	> 87.1%	92.9%	91.1%	87.9%	85.2%	87.0%	83.3%							87.9%	87.1%	85.2%
Outpatient - "Would Recommend"	> 88.4%	88.5%	88.5%	85.0%	85.0%	97.3%	91.7%							89.5%	88.4%	84.7%
<b>Medical Staff Development</b>																
Medical Staff Turnover	< 0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%							0.0%	0.2%	0.6%
Specialty Clinic Visits	> 1063	1,257	1,101	1,021	588	686	807							900	950	872
Benton City Clinic Visits	> 1005	1,118	950	984	643	723	856							879	958	857
Prosser RHC Clinic Visits	> 1052	1,030	1,011	988	842	903	1,152							988	960	821
Grandview Clinic Visits	> 618	702	724	650	474	570	564							614	568	N/A
Women's Health Center	> 709	673	605	633	455	442	583							565	469	N/A
Comprehensive Pain Clinic	> 91	86	83	81	28	58	68							67	80	55
*# of Active Medical Staff	> 51	43	43	43	43	43	43							43	41	40
<b>Employee Development</b>																
Average Recruitment Time (days)	< 28	19	28	50	41	23	37							33	28	N/A
# of Open Positions (Vacancies)	< 23	35.0	27.0	27.0	24.0	22.0	21.0							26.0	23	8.8
Hours of Overtime - Overtime/Total Hours Worked	< 4.5%	7.9%	5.4%	6.0%	4.0%	4.2%	5.5%							5.5%	5.7%	4.5%
Agency - Cost/Total Labor	< 8.7%	7.7%	9.0%	10.3%	8.1%	4.5%	5.6%							7.6%	14.5%	10.5%
Turnover Rate	< 0.7%	0.4%	0.4%	0.7%	1.1%	0.4%	0.9%							0.5%	0.7%	0.7%
Timely Evaluations	> 79.6%	89.0%	84.0%	91.0%	81.0%	84.0%	78.0%							74.5%	79.6%	60.5%
Education Hours/FTE	> 2.15	1.57	0.01	1.93	0.98	0.55	0.86							0.98	1.55	2.15
New Hire (Tenure) < 1 year	< 10%	3%	0%	0%	0%	0%	0%							0%	0%	N/A
* Lost Workdays due to On-the-Job Injuries	< 167	8.00	3.00	3.00	16.00	8.00	15.00							10.50	167	163
<b>Quality</b>																
ED Encounters - Left Without Being Seen	< 1.0%	1.2%	0.9%	1.03%	0.2%	0.9%	0.4%							0.8%	1%	1.0%
* Falls with Injury	< 3	0	1	0	0	0	0							0.166667	3	3
Healthcare Associated Infection Rate per 100 Inpatient Days	< 0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%							0.0%	0.1%	0.1%
All-Cause Unplanned Readmissions within 30 Days	< 2.7%	2.3%	6.9%	10.5%	8.8%	2.9%	0.0%							5.2%	5.4%	2.7%
Diabetes Management - Outpatient A1C>9 or missing result	< 30.3%	37%	30%	33%	28%	32%	33%							32%	30.3%	34.50%
<b>Services</b>																
ED Visits	> 1,023	1,131	1,000	874	526	700	773							826	1,016	930
Inpatient Admissions	> 86	83	77	72	70	79	91							79	83	75
OB Deliveries	> 38	38	26	38	36	39	38							36	37	31
Surgeries and Endoscopies	> 126	109	100	90	32	44	110							81	118	117
Diagnostic Imaging Procedures	> 2,116	2,466	2,308	2,078	1,358	1,784	2,159							2,026	1,957	1,649
Lab Procedures	> 12,262	12,098	11,587	9,776	7,900	10,591	12,119							10,679	11,051	9,671
Adjusted Patient Days	> 1,769	1,603	1,490	1,355	871	1,250	1,376							1,324	1,624	1,373
Therapy Visits	> 1,706	1,692	1,792	1,374	324	959	1,131							1,212	1,145	1,084
Outpatient Special Procedures Visits	> 225	268	226	319	222	211	189							239	224	225
<b>Financial Performance</b>																
Net Days in Accounts Receivable	< 48.62	59.97	64.28	61.84	48.35	48.00	53.15							50.15	63.79	50.96
*Total Margin	> 7.06%	4.50%	1.20%	-0.20%	16.40%	18.90%	32.62%							12.60%	5.30%	1.8%
Net Operating Revenue/FTE	> \$16,753	\$ 16,075	\$ 14,867	\$ 15,320	\$ 19,583	\$ 19,245	\$ 22,112							\$ 17,688	\$15,794	\$16,094
Labor as % of net Revenue	< 60.2%	60.3%	65.0%	63.8%	53.8%	53.5%	43.2%							55.9%	59.6%	62.6%
Operating Expense/FTE	< \$15,760	\$ 15,554	\$ 15,443	\$ 15,969	\$ 16,562	\$ 15,823	\$ 14,066							\$ 15,610	\$15,190	\$16,190
*Days Cash on Hand	> 120.39	96.39	93.02	97.86	152.33	221.00	228.66							228.66	120.39	108.23
Commercial %	> 28.7%	27.1%	27.4%	28.8%	28.9%	28.8%	30.0%							29.0%	28.7%	28.2%
Total Labor Expense/Total Expense	< 62%	62.4%	62.6%	61.2%	63.7%	65.1%	64.3%							63.4%	62%	63%

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



## 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
<b>Quality</b>																
Left Without Being Seen (ED & iVantage)	<1.0%	1.24%	0.90%	1.03%	0.19%	0.86%	0.41%							0.85%	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%							4.92%	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%	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%							85.71%	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%	0.07%	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%							32.57%	30.25%	34.50%
Medication Reconciliation Completed	>90%	89.26%	99.38%	44.72%	89.90%	55.76%	42.31%							60.71%	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							35.5	30	30
Median Time to ECG (CP & iVantage)	< 7 Minutes	6	7	6	3.5	8	9							6.5	7	NA
Surgical Site Infection (OR)	<2.0%	0.00%	0.00%	0.00%	0.00%	2.27%	0.91%							0.41%	0.3%	0.3%
Colonoscopy Follow-up (OR/Clinic & iVantage)	>90%	100.00%	100.00%	100.00%	100.00%	N/A	N/A							100.00%	90.0%	NA
Safe Medication Scanning	>90%	88.80%	91.30%	93.82%	90.55%	94.48%	93.70%							92.11%	90.0%	NA
*Overall Quality Performance Benchmark (iVantage)	>48	48	48	48	58	58	58							48	48	0
*Inductions <39 Weeks without Clinical Indications (OB & iVantage)	<1	0	0	0	0	0	0							0	1	3
*Falls with Injury	<3	0	1	0	0	0	1							2	3	3

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



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

BOARD WORK SESSION		June 23, 2020		WHITEHEAD CONFERENCE ROOM			
COMMISSIONERS		STAFF		GUESTS			
				COMMUNITY MEMBERS			
<ul style="list-style-type: none"> <li>• Dr. Steve Kenny</li> <li>• Dr. Sharon Dietrich</li> <li>• Keith Sattler</li> <li>• Glenn Bestebreur</li> <li>• Susan Reams</li> <li>• Kit Watson</li> <li>• Brandon Bowden</li> </ul>		<ul style="list-style-type: none"> <li>• Craig Marks, CEO</li> <li>• Merry Fuller, CNO/COO</li> <li>• David Rollins, CFO</li> <li>• Shannon Hitchcock, CCO</li> <li>• Kevin Hardiek, CIO</li> <li>• Kristi Mellema, CCO</li> <li>• Dr. Brian Sollers</li> </ul>		<ul style="list-style-type: none"> <li>• Cassie Sauer, President &amp; CEO (WSHA)</li> <li>• Jacqueline Barton True, VP, Rural Health Programs</li> <li>• Adam Zoller, Chief Information Security Officer, Providence</li> <li>• Lisa Johnson, VP Community Technologies, Providence</li> </ul>		<ul style="list-style-type: none"> <li>• None</li> </ul>	
AGENDA		DISCUSSION		ACTION		FOLLOW-UP	
I. CALL TO ORDER		Meeting was called to order by Commissioner Bestebreur at 6:02 p.m.					
II. PUBLIC COMMENT		There was no public Comment		None		None	
III. QUALITY							
A. Washington State Hospital Association (WSHA) Update (Attachment R)		Cassie Sauer, WSHA President & CEO (WSHA) presented an overview on COVID and the financial impact to hospitals, what will be necessary to exit and increasing engagement with WH PAC.		None		None	
IV. SERVICES							
A. Providence IT Security Update (Attachment H)		Adam Zoller, & Lisa Johnson gave an overview of the security measures that have been put in place at PMH & Providence since January 2020 and those		None		None	

	enhancements lined up for the remainder of the year.		
<b>B. Replacement Facility Feasibility Discussion (Attachment J) (Attachment J-1) (Attachment B)</b>	Craig introduced to the Board, the Decision Tree for the PMH Replacement Facility. The Board discussed pushing the project forward along with pursuing USDA financing due to the projection of lower-than-normal Federal interest rates for the next two years.	None	None
<b>C. YVFWC Update</b>	Craig updated the Board on the status of the PMH Memorandum of Understanding with YVFWC. This relationship includes assisting with their family practice residency program, the active participation of several of their providers in our call programs (OB, Peds, C-Section) and on our Medical Staff Committees. We are expecting the contract to be final in a very short time.	None	None
<b>V. MEDICAL STAFF DEVELOPMENT</b>			
<b>A. Medical Staff Model (Attachment V) (Attachment W)</b>	Craig and Dr. Sollers shared a snapshot of provider recruitment to date and the goal for the remainder of FY 2020.	None	None
At 6:35p.m. the Board announced that they would go into Executive Session which was expected to last 60 minutes.			
<b>VI. EXECUTIVE SESSION</b>			
<b>A. RCW 42.30.110 (g) – Personnel – To evaluate the qualifications of an applicant for public employment or to review the performance of a public employee.</b>			
The Board resumed their regular business meeting at 6:50 p.m.			
<b>VII. ADJOURN</b>			
There being no further regular business to attend to, Commissioner Kenny adjourned the meeting at 7:05 p.m.			

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BOARD MEETING		June 25, 2020		WHITEHEAD CONFERENCE ROOM			
COMMISSIONERS		STAFF		MEDICAL STAFF		GUESTS	
<ul style="list-style-type: none"><li>• Dr. Steve Kenny</li><li>• Glenn Bestebreur</li><li>• Susan Reams</li><li>• Brandon Bowden</li><li>• Sharon Dietrich, M.D.</li><li>• Kit Watson</li><li>• Keith Sattler</li></ul>		<ul style="list-style-type: none"><li>• Craig Marks, CEO</li><li>• Merry Fuller, CNO/COO</li><li>• David Rollins, CFO</li><li>• Ro Kmetz, CHRO</li><li>• Kevin Hardiek, CIO</li><li>• Kristi Mellema, CQO</li><li>• Shannon Hitchcock, CCO</li></ul>		<ul style="list-style-type: none"><li>• Dr. Brian Sollers, CMO</li></ul>		None	
AGENDA		DISCUSSION		ACTION		FOLLOW-UP	
I. Call to Order		Meeting was called to order by Commissioner Kenny at 6:03 p.m.		None		None	
II. Public Comment		None		None		None	
III. APPROVE AGENDA		None		Commissioner Besterbreur made a motion to approve the Agenda. The Motion was seconded by Commissioner Watson and passed with 7 in favor, 0 opposed, and 0 abstained.		None	
IV. APPROVE CONSENT AGENDA		None		Commissioner Besterbreur made a motion to approve the Consent Agenda. The Motion was seconded by Commissioner Dietrich and passed with 7 in favor, 0 opposed, and 0 abstained.		None	

AGENDA	DISCUSSION	ACTION	FOLLOW-UP
<b>V. MEDICAL STAFF DEVELOPMENT</b>			
<b>A. Medical Staff Report and Credentialing</b>	<p>Dr. Sollers presented the following <b>New Appointment:</b></p> <p><b>Lindsey J. Smith, DO</b> – Provisional/Active staff with requested privileges in Emergency Medicine effective June 25, 2020 through December 24, 2020.</p> <p><b>Brandon Peterson, MD</b> – Provisional/Consulting staff with requested privileges in Pathology effective June 25, 2020 through December 24, 2020.</p> <p><b>James Giles, MD</b> – Provisional/Telemedicine staff with requested privileges in Neurology effective June 25, 2020 through December 24, 2020.</p> <p><b>Elizabeth Walz, MD</b> – Provisional/Telemedicine staff with requested privileges in Neurology effective June 25, 2020 through December 24, 2020.</p>	<p>A motion to approve the New Appointment and requested Clinical Privileges that have been reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee for the following providers was made by Commissioner Reams and seconded by Commissioner Bowden. The Motion passed with 7 in favor, 0 opposed, and 0 abstained.</p> <ul style="list-style-type: none"> <li>• Lindsey J. Smith, DO</li> <li>• Brandon Peterson, MD</li> <li>• James Giles, MD</li> <li>• Elizabeth Walz, MD</li> </ul>	None
	<b>Advancement from Provisional Status: None</b>	None	None
	<p>Dr. Sollers presented the following <b>Reappointments and Requested Clinical Privileges:</b></p> <p><b>Jeffrey Zuckerman, MD</b> – Reappointment to Active staff with requested clinical privileges in Diagnostic Radiology from June 25, 2020 through June 24, 2022.</p> <p><b>Ryan McDonald, CRNA</b> – Reappointment to Allied Health Professional staff with requested clinical privileges in Anesthesia from June 25, 2020 through June 24, 2022.</p> <p><b>Steven Zirker, PA-C</b> – Reappointment to Allied Health Professional staff with requested clinical</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 by Commissioner Bowden. The Motion passed with 7 in favor, 0 opposed and 0 abstained.</p> <ul style="list-style-type: none"> <li>• Jeffrey Zuckerman, MD</li> <li>• Ryan McDonald, CRNA</li> <li>• Steven Zirker, PA-C</li> <li>• Shannon Calhoun, DO</li> <li>• Kathryn Cambron, MD</li> </ul>	None



privileges in Family Medicine from June 25, 2020 through June 24, 2022.

**Shannon Calhoun, DO** – Reappointment to Telemedicine staff with requested clinical privileges in Diagnostic Radiology from June 25, 2020 through June 24, 2022.

**Kathryn Cambron, MD** – Reappointment to Telemedicine staff with requested clinical privileges in Diagnostic Radiology from June 25, 2020 through June 24, 2022.

**Jason Grennan, MD** – Reappointment to Telemedicine staff with requested clinical privileges in Diagnostic Radiology from June 25, 2020 through June 24, 2022.

**David Henley, MD** – Reappointment to Telemedicine staff with requested clinical privileges in Diagnostic Radiology from June 25, 2020 through June 24, 2022.

**Jonathan Jaksha, MD** – Reappointment to Telemedicine staff with requested clinical privileges in Diagnostic Radiology from June 25, 2020 through June 24, 2022.

**Steven McCormack, MD** – Reappointment to Telemedicine staff with requested clinical privileges in Diagnostic Radiology from June 25, 2020 through June 24, 2022.

**Matthew Mendlick, MD** – Reappointment to Telemedicine staff with requested clinical privileges in Diagnostic Radiology from June 25, 2020 through June 24, 2022.

- Jason Grennan, MD
- David Henley, MD
- Jonathan Jaksha, MD
- Steven McCormack, MD
- Matthew Mendlick, MD
- Gregory Peters, MC
- Mohammed Quaraishi, MD
- Alexander Serra, MD

	<p><b>Gregory Peters, MD</b> – Reappointment to Telemedicine staff with requested clinical privileges in Diagnostic Radiology from June 25, 2020 through June 24, 2022.</p> <p><b>Mohammed Quraishi, MD</b> – Reappointment to Telemedicine staff with requested clinical privileges in Diagnostic Radiology from June 25, 2020 through June 24, 2022.</p> <p><b>Alexander Serra, MD</b> – Reappointment to Telemedicine staff with requested clinical privileges in Diagnostic Radiology from June 25, 2020 through June 24, 2022.</p>		
<b>VI. FINANCIAL STEWARDSHIP</b>			
<b>A. Review Financial Reports for May 2020 (Attachment BB)</b>	David Rollins presented the May 2020 Financial Reports.	Commissioner Bestebreur made a motion to approve the Financial Report for May 2020 which was seconded by Commissioner Dietrich. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None
<b>B. COVID-19 Financial Plan (Attachment I) (Attachment J) (Attachment J-1) and (Attachment K)</b>	David Rollins presented the COVID-19 Financial Operations Forecast through December 2020.	None	None
<b>C. PMH Foundation Bylaws (Attachment CC)</b>	Shannon Hitchcock presented the PMH Foundation Bylaws for Board approval, following prior review by committee.	Commissioner Bestebreur made a motion to approve the PMH Foundation Bylaws which was seconded by Commissioner Watson. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None
<b>D. PMH Foundation Scope of Service Agreement between PMH &amp; PMH Foundation (Attachment DD)</b>	Shannon Hitchcock presented the PMH Foundation Scope of Service Agreement between PMH and PMH Foundation, mandated by the State auditor, for Board approval, following prior review by committee.	Commissioner Bestebreur made a motion to approve the PMH Foundation Scope of Service Agreement between PMH and PMH Foundation which was seconded by	None

		Commissioner Dietrich. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	
<b>VII. EMPLOYEE DEVELOPMENT</b>			
<b>A. CEO Evaluation</b>	Commissioner Kenny gave a brief summary on the results of the CEO Evaluation based upon earlier criteria and completed in April 2020 by the Board.	Commissioner Bowden made a motion to approve the 2019 Incentive Compensation Program which was seconded by Commissioner Watson. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None
<b>B. Review New Employee Orientation Program</b>	Ro Kmetz presented an overview of the New Employee Orientation Program.	None	None
<b>VIII. SERVICES</b>			
<b>A. Replacement Hospital – USDA Application</b>	Craig shared a brief overview of the process for submitting an application for funding to the USDA. Gary Hicks, Financial Advisor with G.L. Hicks Financial, LLC will be assisting in this effort.	Commissioner Watson made a motion to approve moving forward to submit a full application to the USDA which was seconded by Commissioner Bowden. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None
<b>B. Marketing Update</b>	Shannon Hitchcock gave a Marketing update for the first six months of 2020 from outreach efforts related to COVID, to postings on Facebook, Google, Instagram accounts, TV, radio, theatre, billboard and print ads.	None	None
<b>IX. QUALITY</b>			
<b>A. COVID-19 Update</b>	Merry Fuller and Dr. Sollers gave an update on COVID-19 testing, PPE supplies and the impact on PMH. Craig and Dr. Sollers continue send informational email updates weekly to providers, staff and the Board.	None	None
<b>B. 2019 CAH Annual Review (Attachment L)</b>	Kristi Mellema presented a summary of the 2019 CAH Annual Review, which documents PMH's compliance with Federal regulations and Critical Access Hospital (CAH) Condition of Participation for CAH. She highlighted the PMH Community Outreach Benefit.	Commissioner Dietrich made a motion to approve the 2019 CAH Annual Review which was seconded by Commissioner Reams. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	
<b>C. Contract Review Process (Attachment Q)</b>	Kristi Mellema gave a brief overview of Policy Tech, software used to automate the workflow process		

	for direct delivery of policies to read, approve and file. Contracts are securely stored with built-in tracking capabilities of termination/renewal dates.	Craig requested that policies reviewed annually for 2019 & 2020 by the Board be included in the total policies reviewed.	None
<b>C. Legislative and Political Updates</b>	Commissioner Bestebreur gave a brief update on the political fronts both Federally and State-wide.	None	None
<b>D. CEO Report</b>	<p>YVFWC has signed the Memorandum of Understanding (MOU) with PMH for OB/GYN on-call coverage. Craig reported that we are still looking at a call contract.</p> <p>Craig reported that the Water2Wine Dinner Cruise has been rescheduled from July 10 to September 25, 2020.</p> <p>The Leadership Team will be holding their annual car wash and serving a BBQ lunch to day and night shift staff on July 2.</p>	None	None
<b>E. Other Business</b>	Commissioner Watson reported that he will soon be moving to Odessa, WA and will be resigning from the PMH Board of Commissioners.	None	None
<b>X. ADJOURN</b>			
There being no further business to attend to, Commissioner Kenny adjourned the meeting at 7:31 p.m.			

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Integrity  
Respect  
Excellence

JOINT CONFERENCE COMMITTEE		JUNE 23, 2020		WHITEHEAD CONFERENCE ROOM	
COMMITTEE MEMBERS PRESENT			NON-MEMBERS PRESENT		
<ul style="list-style-type: none"><li>• Commissioner S. Reams</li><li>• Commissioner S. Kenny</li><li>• Dr. S. Dietrich</li><li>• C. Marks, CEO</li><li>• Dr. B. Sollers</li><li>• Dr. T. Murphy</li></ul>			<ul style="list-style-type: none"><li>• Kristi Mellema, CQO, CCO</li><li>• Merry Fuller, CNO, COO</li><li>• Dr. S. Hashmi</li></ul>		
AGENDA ITEM		DISCUSSION		RECOMMENDATION	FOLLOW-UP
<b>CALL TO ORDER</b>		Meeting was called to order by Commissioner S. Reams at 0701 .			
<b>APPROVAL OF MINUTES</b>		Minutes for February were reviewed and approved.		S. Kenny made a motion to approve the minutes as presented. The motion was seconded by Dr. Sollers and passed with 6 in favor, 0 opposed, and 0 abstained.	Standing agenda item.
QUALITY					
<b>COVID-19 Update</b>		Dr. Sollers reported that the hospital is seeing a rise in positive COVID-19 cases which may be attributed to Yakima County. There is one positive COVID-19 patient in the hospital today. We have had up to five at one time. Some of the current rise is more prevalent in the Spanish population.  M. Fuller reported that we now have the ability to do in-house testing. We have the Abbott test which results in 10-15 minutes and the Bio Fire respiratory panel which takes 45 minutes and has		For informational purposes only.	No follow up necessary.



	22 viral targets including COVID-19. The BioFire is used mainly in the ED or for in-patients. The Abbott is used for pre-surgical patients, all inpatients (if cohorted) including labor patients, first responders and our staff.		
<b>2019 CAH Annual Review</b>	K. Mellema presented the 2019 CAH Annual Review. This document is in compliance with Federal regulations and Critical Access Hospital Conditions of Participation. The report includes review of the utilization of CAH services, including the number of patients served and the volume of services; a representative sample of both active and closed clinical records; and the CAH's health care policies.	For informational purposes only.	No follow up necessary.
<b>Contract Review Process</b>	K. Mellema reported that vendor contracts will be managed electronically through PolicyTech. In the past, this was a manual process to update and review on an annual basis. Now this is all tracked electronically, and the contract owner is automatically emailed a reminder when the contract is up for annual review.	For informational purposes only.	No follow up necessary.
<b>PATIENT LOYALTY</b>			
<b>Patient Experience Results</b>	M. Fuller reported that we are doing well despite still having a No Visitor policy. We have been looking at high risk groups through the Practice Transformation work that is being done. Some of the high-risk groups would be frequent ED usage, readmission for CHF and pneumonia, and swing bed population to ensure rigorous post discharge process. Social services and the Care Transitions team is responsible for the post discharge follow up. Postpartum depression assessments are being done in L&D now.	For informational purposes only.	Standing agenda item.
<b>Studer MBS Update</b>	K. Mellema reported that the MBS personality test will be rolled out to all employees one department at a time. This test has previously only been given to leaders. K. Mellema and S. Hitchcock will lead the roll out to each individual department starting in July 2020.	For informational purposes only.	No follow up necessary.
<b>MEDICAL STAFF DEVELOPMENT</b>			
<b>Medical Staff Model</b>	C. Marks presented the Medical Staff Recruitment and Succession Plan by Location and Fiscal Year. With Dr. Chew having given his resignation, we will move towards a model of one (1) General Surgeon and one (1) Gastroenterologist.	For informational purposes only.	No follow up necessary.
<b>Medical Staff Recruitment</b>	C. Marks reported that we have signed Dr. Garcia who is a pediatrician and Becky Morris who is a certified nurse mid-wife.	For informational purposes only.	No follow up necessary.

	<p>Dr. Hashmi reported that a Family Practice/Sleep Medicine physician is interested in joining PMH. A draft contract will be sent to him for review and a business plan for a Sleep Lab will need to be completed. We are considering the use of the two rooms in the hospital next to the Vineyard Conference Room as sleep rooms.</p> <p>For Emergency Medicine we will be entering into a permanent contract with Dr. Rode and we are still looking for a Mental Health Counselor.</p>		
<b>EMPLOYEE DEVELOPMENT</b>			
<b>Employee Engagement</b>	<p>C. Marks reported that July 2<sup>nd</sup> will be the Leadership Car Wash where we wash employee cars and serve lunch to the staff. The annual dinner cruise for the Board, Medical Staff and Leadership has been rescheduled to September 25<sup>th</sup>. The golf tournament is scheduled for September 19<sup>th</sup> and the annual Pool Party may be cancelled.</p>	For informational purposes only.	Standing agenda item.
<b>SERVICES</b>			
<b>Nuclear Medicine Renovation</b>	<p>M. Fuller reported final documents have been submitted to the DOH for approval. Once approved, the project will go up for bid. Will take current cafeteria space and use as the surgery waiting area. Cafeteria will go into the room next door which is currently a storage room as well as reserving the vineyard from 11-1 to be used as a cafeteria.</p>	For informational purposes only.	No follow up necessary.
<b>YVFWC Update</b>	<p>C. Marks reported that we have a MOU that both parties have agreed to and has been reviewed by legal counsel. This is a non-binding agreement of which we plan on moving forward with. A call contract is being worked on with YVFW clinic rather than individual doctors.</p> <p>Dr. Hashmi reported Dr. Marx is the liaison for the residency program and their Internal Medicine will return to us. Dr. Bhatti has agreed to work with the residents as well. There is a possibility that the residents may be able to do a radiology rotation.</p> <p>Dr. Sollers reported that a mock call schedule was created.</p>	For informational purposes only.	No follow up necessary.

**FINANCIAL STEWARDSHIP**

<b>Financial Performance – May 2020</b>	C. Marks presented the May Financial Income Statement. In May, we had a \$1 million profit with YTD of \$2 million due to COVID-19 assistance. In the month of May, we used \$1.3 million of the assistance money. YTD, we have used \$3 million of the assistance money. The Cash Flow Projection is updated each month based on actual. In June, we budgeted 75% of revenue to be back, however, we actually have 88% of budgeted revenue. The Board packet shows how much we have used of the funds and we still have plenty to get us through the year. Our cash position is very strong.	For informational purposes only.	Standing agenda item.
<b>COVID-19 Financial Plan</b>	This agenda item was not discussed separately.		
<b>ADJOURNMENT &amp; NEXT SCHEDULED MEETING</b>			
Meeting adjourned at 0922.			
Next scheduled meeting is July 15, 2020			

Km 6/23/2020



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### FINANCE COMMITTEE MEETING

WEDNESDAY, July 29, 2020

12:00 p.m. - VINEYARD CONFERENCE ROOM

### AGENDA

#### MEMBERS:

Keith Sattler  
Glenn Bestebreur  
Brandon Bowden

#### STAFF:

Craig Marks  
David Rollins  
Stephanie Titus

#### CALL TO ORDER

#### I. APPROVE MINUTES

**Action Requested** – June 24, 2020 Minutes

#### II. FINANCIAL STEWARDSHIP

- |  |                 |
|--|-----------------|
| A. Review Financials - June ( <b>Attachment O</b> )  | David           |
| <b>Action Requested</b> – May 2020 Financial Statements  |                 |
| B. COVID-19 Financial Projection Plan ( <b>Attachment PP</b> ) ( <b>Attachment Q</b> ) ( <b>Attachment R</b> ) | David           |
| C. Review Accounts Receivable and Cash Goal  | David/Stephanie |
| D. Voucher Lists   | David           |
| <b>Action Requested</b> - Voucher List (#152308 - #152790 for \$4,139,956.46)                                  |                 |
| E. Clinic Semi-Annual Financial Report ( <b>Attachment P</b> )   | David           |
| F. Nuclear Medicine Project ( <b>Attachment H</b> )  | David           |
| G. ENT/Urology Equipment Requisition ( <b>Attachment F</b> ) ( <b>Attachment G</b> )                           | David           |
| H. Kronos Update   | David           |

#### III. ADJOURN

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**FINANCE COMMITTEE MEETING MINUTES  
WEDNESDAY, June 24, 2020  
NOON - VINEYARD CONFERENCE ROOM**

**MEMBERS:**

Keith Sattler  
Glenn Bestebreur  
Brandon Bowden

**STAFF:**

Craig Marks  
David Rollins  
Stephanie Titus

**CALL TO ORDER**

Glenn Bestebreur called the meeting to order at 12:17 p.m.

**I. APPROVE MINUTES**

**ACTION ITEM**

A motion to approve the Finance Committee Meeting minutes for May 26, 2020 as presented was made by Glenn Bestebreur. The Motion was seconded by Brandon Bowden and approved.

**II. FINANCIAL STEWARDSHIP**

**A.** David Rollins reviewed the Financial Statements for May (Attachment BB).

**ACTION ITEM**

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

**B.** COVID-19 Financial Projection Plan (Attachment I) (Attachment J) (Attachment K)

The current forecast is \$4.7 million net income by the end of the year. We are projecting an increase in charity and bad debt in the latter part of 2020. All self-pay COVID testing is being billed to Medicare. We are currently projecting to use 100% of the Federal Funding.

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

We are doing well overall. Stephanie presented the monthly plan updates.

**D.** Voucher List

**ACTION ITEM**

A motion to recommend approval of the Voucher List (##151772 - #152307 for \$4,150,292.24) as presented to the PMH Board of Commissioners was made by Glenn Besterbreur and seconded by Brandon Bowden and approved.

E. Surplus Items Resolution

**ACTION ITEM**

A motion to recommend approval of the surplus Item Resolutions #00429 & #001191 as presented to the PMH Board of Commissioners was made by Glenn Besterbreur and seconded by Brandon Bowdon and approved.

**III. ADJOURN**

Having declared no further business, the meeting was adjourned at 1:15 p.m.

DRAFT

## MEMORANDUM

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

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

**DATE: JULY 2020**

**RE: CEO REPORT**

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### **SERVICES**

#### **1. 2020 PMH Strategic Plan: Semi-Annual Report**

It is hard to believe that we are already halfway through 2020, especially with all the focus on the COVID-19 pandemic. Despite the disruption the pandemic has caused here at PMH, we have continued to pursue the objectives identified in our 2020 Strategic Plan. This Plan serves as our roadmap for the year as we pursue our Mission and Vision to become a top 100 Critical Access Hospital (CAH) in the country. As you recall, this Plan was developed based on input from our entire PMH Team (Staff, Board, Medical Staff) and approved by the Board in December 2019. In many organizations these plans sit on shelves and are rarely reviewed, however, at PMH we review them frequently and are working on the objectives because this will assist us in achieving our Mission and Vision.

This report gives insight into the numerous activities being worked on at PMH including work on a replacement hospital; the re-establishment of a working relationship with the Yakima Valley Farm Workers Clinic; the addition of several new Medical Staff members; the addition of several new services including urology, certified nurse midwifery and nuclear medicine (**Attachment A**). The work involved in achieving our Strategic Plan objectives has assisted us in improving our Pillar Goal scores for the past four years (**Attachment B**). These are significant enhancements for PMH and will position us well to compete in our competitive environment and thrive so that we can and will improve the health of the communities we serve. This report will be reviewed at the Board Work Session (Tuesday, July 28<sup>th</sup>) by our Pillar Champions (members of the Administrative Team) and will give the Board an opportunity to ask questions regarding our progress.

#### **2. Replacement Facility Update**

With Board approval in June to pursue United States Department of Agriculture (USDA) financing for a replacement hospital (including specialty clinics), we have begun to aggressively pursue our ability to submit a final application to the USDA by the end of April 2021. In order for this to happen, our architect, BcDg has developed a schedule for all the activities that must be completed and when, in order to submit our application (**Attachment C**). It should be noted

that we plan to submit our application when at least 50% of our construction documents are complete. Throughout the schedule there are milestones (e.g. schematic design; design development) that will require Board approval before we proceed. Several significant activities that we will be working on in addition to the design of the facility include the selection of a construction management company (CM) and an owner's representative. We plan to complete these selections processes by the first week of October 2020.

Next week we will be spending several days with our architectural team on programming for the new facility. This involves looking at historical volumes by department and projecting volumes for the next ten years. This process will be completed with our department leaders and will also involve obtaining information from each of them regarding how their department currently operates, and will operate in the future (to determine square footage, patient room, OR suite, etc. needs). We completed this process in 2017 when we completed our due diligence process for the acquisition of our new campus, which means we will only have to update the information previously gathered. We will also be discussing the potential addition of new services (e.g. cancer center, heart center) and the space they will require. In all cases, we are planning a facility that can easily be expanded without disrupting the services we provide. We must do this because of our current growth, the population growth in our service areas, and our inability to predict the future.

In addition to this project schedule, our architect also developed cash flow projections for the services they provide (**Attachment D**). These projections will assist us in planning our cash needs for architectural services (includes engineering, interior design, etc.) throughout the project. It also demonstrates the amount that will be paid through each phase of the project, such that, if the project needed to be put on hold, we will know approximately how much money will be spent up to that point. We are also working with our Financial Advisor, Gary Hicks, on the actual completion of the USDA application. We have a meeting scheduled this week with USDA representatives to update them on our progress on the project and discuss next steps. I plan to update the Board on this meeting and our progress on this significant project at our July Board Work Session. Finally, I have begun to explore ideas for repurposing our current facility. I recently discussed ideas with Cassie Sauer, President of the Washington Hospital Association, and she put me in contact with several individuals familiar with this type of project. The first individual was Josh Martin, CEO of Summit Pacific Medical Center in Elma, Washington. Summit replaced their hospital several years ago and left their old hospital empty (and it was almost burned down by vagrants that started living in the facility) until they were able to reach a deal with their local mental health agency to use the facility for involuntary holds for emergency mental health stabilization. While this idea was initially resisted, it has worked out well for both organizations and the community. I also spoke with Paul Aigner, VP of Real Estate Development for Transforming Gage, (formerly Presbyterian Homes) a national senior housing company. Paul did a brief analysis (**Attachment E**) and determined that his company would not be interested because of our small senior population size. He also indicated that there is little interest in developing skilled nursing facilities (SNF) in the country

because of low reimbursement. While we are just getting started, the feasibility of converting our facility and property into a senior housing community (SNF, independent and assisted living) is not looking positive. We will continue to investigate options and welcome any ideas that you may have.

### **3. Yakima Valley Farm Workers Clinic (YVFWC) Update**

Last month I announced that after approximately eight years, PMH and YVFWC reached an agreement to once again work together starting on September 1, 2020. The relationship includes assisting with the YVFWC family practice residency program, the active participation of several of their providers in our call programs (OB, Peds, C-section) and on our Medical Staff Committees. We are currently finalizing a call contract for the YVFWC providers and hope to have it signed by the end of the month. Our providers are also working with the YVFWC providers on the development of call and OR schedules starting in September. We are excited to be working closely with the YVFWC and look forward to enhancing the health of the communities we serve through this renewed relationship.

### **4. ENT/Urology Equipment**

We began recruiting for Dr. Combs', ENT replacement when he indicated to us that he was planning to retire in the near future. Fortunately for us and our patients, he agreed to continue working until we found his replacement. During the past year we met with several excellent candidates, but in March we met the candidate Dr. Coral Tieu, that we knew was perfect for our opportunity. We also met her husband, Dr. Thomas Tieu, a urologist. We liked both of them and since urology was on our Medical Staff Model and Recruitment Plan for 2021, we aggressively moved forward in their recruitment. In April they signed contracts with us to begin working at PMH on August 28<sup>th</sup>. Since then we have been busy preparing for their arrival including getting them privileges to practice at PMH, setting up their clinics, preparing marketing material, etc. The final step is the acquisition of the equipment they will need in their clinics and the OR.

For the past several months Tricia Hawley, Specialty Clinic Director, and Sara Dawson, OR Director, have been working with the Tieu's and several equipment companies to identify the equipment they will need. In the case of ENT, we will be replacing old, outdated equipment that Dr. Combs has graciously continued to use; and in the case of urology, we have to purchase all new equipment because we have never offered urology services at PMH. To support the acquisition of this equipment, we have prepared an ENT Business Plan (**Attachment F**) and a Urology Service Line Business Plan (**Attachment G**). These documents contain a competitive analysis, financial projections, service analysis and the capital expenditures for each specialty; ENT is \$582,155 and Urology is \$762,758. While this is a significant investment, the return on the investments is also significant. These Business Plans will be reviewed at the July Board Work Session and The Board will be asked to approve the capital expenditures at the July Board Meeting.

## **5. Nuclear Medicine Update**

We have been working on bringing nuclear medicine services back to PMH after a 10+ year hiatus, and we can now see a light at the end of the tunnel, and it is not a train! The Board approved the purchase of a nuclear medicine camera in June of 2019, to support Dr. Bhatti and our new cardiology line of business and to support our overall growth in all areas of diagnostic imaging services. Since then we have been working with our architects, KDA, and the Washington State Department of Health (DOH) on the renovation of the space that will house the equipment (across from Administration in the seldom used Pediatric Physical Therapy gym). The DOH gave us preliminary approval so that we could put the project out for bid, which we did, and are now waiting for final DOH approval. The good news is that the bidding process was very competitive, and the low bid was submitted by Booth and Sons Construction (they completed the recent renovation of the Specialty Clinic) for \$186,000. We budgeted \$300,000 for the renovation, so we will see a significant savings. I have included the bid sheet, functional program and floor plan of the renovation for your review (**Attachment H**). This project will be reviewed with the Board at the July Board Work Session and the Board will be asked to approve the project at the July Board Meeting. Once we have Board and DOH approval, the renovation will begin, and we plan to be open for business before the end of the year.

## **6. Sleep Lab**

We continue to work on the concept of opening a sleep lab at PMH and are in the process of developing a comprehensive business plan that will detail the potential of adding this service line at PMH. Dr. Muhammad Riaz, a board-certified sleep study physician that used to work at Astria Sunnyside, has indicated that he would like to work at PMH. (**Attachment I**). However, because of the time it takes to get a lab certified (6-12 months) and the current COVID-19 situation in the area, he has accepted a temporary position in Western Washington. His plan is to help PMH obtain certification and return when we are certified and can bill for services. It should be noted that his family is staying in the Tri-Cities until he returns. If the business plan for this service line is positive, we will present it to the Board for approval. We do not anticipate a large capital outlay for this service line as we will not need to make physical renovations to our building, we will just need to purchase two beds, furniture and sleep lab equipment (<\$125,000). Once we have this, we will begin pursuing certification of our sleep lab and enter into a contract with Dr. Riaz to begin once we are certified. Stay tuned.....

## **7. HR/Payroll Software Upgrade**

After considerable effort by both of our vendors (ADP and Kronos), our staff and our leadership team, PMH has selected to move forward with KRONOS (**Attachment J**) as our new information system for Human Resources / Payroll / Time & Attendance. PMH has used Lawson's modules for Human Resources / Payroll and KRONOS Time & Attendance since 2016, when it migrated from ADP for Human Resources and Payroll to Lawson for its Accounting / Human Resources / Payroll / Materials Management functions. PMH migrated its EHR platform (Electronic Health Record) from CPSI to EPIC which was hosted by Providence in 2016 and it

migrated its ERP (Enterprise Resource Planning) platform from CPSI / ADP / KRONOS to Lawson also hosted by Providence. Whereas the EPIC platform has been a solid performer for our clinical areas, the Lawson platform has proven to be a very dated platform that has not met the needs and expectations of our organization and it has proven to be problematic with respect to performance, cumbersome to use, inconsistent support and difficult for employees, staff and leadership to learn how to use efficiently and effectively. KRONOS and ADP currently have over 90% of the hospital market for their products and they both presented very mature and feature-rich platforms. Ultimately the decision to move forward with KRONOS was driven by a few key differentiations: KRONOS was slightly cheaper per year (\$95k/yr. versus \$103k/yr.), KRONOS possessed one totally integrated platform for all three primary functions whereas ADP utilized a best-of-breed approach that interfaced ADP Human Resources / Payroll, KRONOS Time & Attendance software and Makeshift Scheduling, and finally ADP required employees to use 2 mobile apps to enjoy the full functionality of the platform whereas KRONOS had just 1 mobile app for all of its functions. The current plan is to GO-LIVE on January 11, 2021 or earlier if possible. It should be noted that this is in the Board approved Capital Budget for 2020. PMH is still negotiating with KRONOS over some minor contract terms and scheduling but the entire team is very excited to be moving forward with this project. David Rollins will discuss this topic at the July Board Meeting.

## **PATIENT LOYALTY**

### **1. Patient Satisfaction**

Our number one priority at PMH has always been, and will always be, our patients. Despite all of the distractions with the current pandemic, I am proud to say that everyone at PMH has maintained their commitment to our patients. This is reflected in our patient engagement scores for the first 6 months of 2020 where our overall patient satisfaction score has increased to 87.4% compared to 86.6% in 2019 (**Attachment K**). Outstanding! Not only have we improved, but every department (except swing bed patients where the number of returned surveys is so low that the data is not statistically meaningful) has improved from the 2019 year-end results. Attachment K details many of the actions taken by various departments to help improve their scores. A big thank you goes out to Merry Fuller who is helping to lead our improvement efforts and to every PMH Team member that consistently exceeds the expectations of those we serve!

### **2. Studer Update**

Last July, we used the Studer Management By Strengths system to analyze everyone on the Leadership Team. The system identifies a primary and secondary personality trait for an individual and assigns them a color (red, green, blue, yellow). The Leadership Team represents all colors in the system and found that the system helped them to communicate more effectively with other leaders. Because of this success and our ongoing challenge to communicate more effectively throughout PMH, we are planning to have all staff, Board and



Medical Staff members take the MBS survey. This effort is being led by Shannon Hitchcock and Kristi Mellema, who will be assisted by Studer MBS experts. Starting July 1, Shannon and Kristi began working with every department leader to have their team take the MBS survey and interpret what the results mean for this individual and their team. It is our belief that if we understand each other better, it will strengthen the effectiveness of our communication.

For the past three years, we have conducted quarterly Leadership Development Institutes (LDIs) with our Leadership Team in an effort to make them the very best leaders that they can be. Unfortunately, the current pandemic will not allow us to conduct our usual LDI this summer. Instead, working with Studer, we are planning to have every leader attend the Annual Studer "What's Right in Health Care" Conference (**Attachment L**) Typically this conference is held in Las Vegas but this year, due to the pandemic, it will be conducted virtually, enabling every PMH Leader to attend. This conference has a great reputation, has outstanding presenters and will be very cost effective for our team to participate. The conference will be held August 11<sup>th</sup> and 12<sup>th</sup> and we plan to use several PMH classrooms (maintaining social distancing) so that our team can interact with each other regarding the presentations. This is another example of how we are trying to make the most out of a difficult time.

## **MEDICAL STAFF DEVELOPMENT**

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

Last month I reported that the cost of using recruitment firms to assist us in Medical Staff recruitment was \$40,000 - \$50,000 per placement. While that money was well spent, we now have fewer recruitment targets and we discovered a less expensive way to recruit using a program called Practice Match. The references for Practice Match were very positive and we have decided to begin using them immediately at a cost of <\$48,000 per year. Christi Doornink has done an outstanding job leading our recruitment efforts and will continue to do so. She is currently learning the Practice Match system and is excited to get started. We have remained aggressive in our recruitment efforts throughout the pandemic and have experienced much success. For example, we recently signed Dr. Shem Rode to a full-time emergency medicine position. Dr. Rode has been providing excellent EM services at PMH the last year under a locum tenens contract and has now entered into a three-year contract. We have now filled all our open emergency medicine positions and will no longer need to use expensive agency providers. Please join me in officially welcoming Dr. Rode to the PMH Team! I would also like to congratulate Dr. Rob Wenger for being named Medical Director of Emergency Services and thank Dr. Susan Whitaker for her visionary leadership over the past four years! Also, we continue to discuss the possibility of providing trauma hand surgery through an agreement with Dr. Travis Peterson. Dr. Peterson, formerly worked at Tri-City Orthopedics, and is moving back to the area to pursue a new career in construction. However, he would like to keep his skills up and would like to help cover emergency hand trauma cases at PMH, which we currently send

out. Our preliminary discussions have been very positive, and we hope to reach an agreement in the next couple of months.

While most of our recruitment/retention efforts have been positive, I'm sad to report that Dr. Johansing, family medicine physician in the Benton City Clinic, has received an offer to join a classmate in Hermiston and will be leaving us August 1<sup>st</sup>. Please join me in wishing Dr. Johansing much success in his new opportunity. Also, we recently learned that Dr. Ana Garcia, a Pediatrician in Sunnyside, will not be joining us for at least a year. She learned that Astria was going to fight her departure and decided to stay in Sunnyside until her contract officially expires. These developments now put family medicine and pediatrics back on our recruitment list along with general surgery and gastroenterology. We hope to have good news to report on general surgery in the near future and we look forward to using Practice Match on our family medicine, pediatrician and gastroenterology searches.

## **EMPLOYEE DEVELOPMENT**

### **1. Employee Engagement**

On July 2<sup>nd</sup> we celebrated the Fourth of July throughout Prosser Memorial Health with a catered barbecue lunch, Italian iced sodas and a car wash where staff, Board Members and Medical Staff had their cars washed by the Leadership Team who were wearing the colors of their favorite teams and schools. Celebrations were had at the Benton City Clinic and hospital, and a good time was enjoyed by all. Our next scheduled employee engagement activity is our Annual Pool Party. Unfortunately, we were recently notified that the Prosser Aquatic Center will not be opening this summer due to the pandemic. As a result, the Employee Engagement Team is attempting to come up with an idea to replace this event that will be fun for the PMH families while meeting all social gathering and social distancing requirements. Stay tuned for more information as the committee works on this challenging activity. Good luck! The Employee Engagement Team is also working on future activities including Patriot Day, Halloween and our Holiday events. We will participate in our 2<sup>nd</sup> annual Red Cross Blood Drive on Patriot Day (September 11). It will only be open for PMH employees to donate. I have included our July employee newsletter, Th Pulse, which showcases some of the activities at PMH this past month (**Attachment M**). I would also like to thank Annie Tiemersma, for all her hard work on this excellent publication!

### **2. Employee Health**

This past year, a lot of work went into enhancing our employee health program and it is now being put to the test with the COVID-19 pandemic. Most of the attention has now turned to COVID-19 issues as evidenced in the recent Employee Health Update I received from Kristi Mellema (**Attachment N**). I commend the employee health team (Kristi Mellema and Karla Greene) for their efforts to help keep us all safe during these challenging times. Kristi will make a presentation to the Board about Employee Health at the July Board Meeting.

### **3. Verlaine Schneider Retirement**

After approximately 20 years of providing outstanding mammography services to the patients of PMH, Verlaine Schneider decided to retire. Because of the pandemic, we were not able to give her an appropriate send-off, but I would like to thank Verlaine for all her years of dedicated service and wish her much enjoyment in her retirement! Verlaine plans to spend as much time as possible traveling with her husband during retirement.

## **FINANCIAL STEWARDSHIP**

### **1. Financial Performance – June 2020**

In the month of June, we continued our strong recovery from April and May when our volumes and revenue were half of our expectations (budget). Our gross revenue in June was 86% of our budget expectations and helped contribute to a strong financial performance (**Attachment O**). The increased gross revenue is a reflection of increased volumes throughout PMH. It is also important to note that our gross revenue in June was only 4% below last June. As a result of our reduced revenue, our deductions from revenue are better than our budget expectations, and with the addition of \$1.5 million of COVID-19 Relief Funds, our net revenue was 18% (\$1.0 million) better than our budget. We also experienced a significant reduction in expenses in June totaling \$610,484 or a 12% reduction from our budget. We experienced reductions in expenses in almost every category, including labor, supplies and other operating costs. As a result of our increased volumes, COVID-19 relief funds and reduced expenses, we experienced an operating income of \$2.2 million and a bottom line (net income) of \$2.2 million, which were both significantly better than budget and last June.

Year-to-date our gross revenue is 17% below budget as a result of the pandemic. However, that variance has been offset by reduced contractual allowances/deductions from revenue and COVID-19 Relief Funds of \$5.0 million. As a result, our net revenue is 5% (\$1.57 million) better than budget and 10% (\$3.1 million) better than last year at this time. Our expenses are 2% (\$612,845) better than budget resulting in a year-to-date operating income of \$3.95 million (11.7%) and a total net income of \$4.25 million (14.9%). Our financial performance throughout the pandemic has been strong and shows no sign of changing. This strong financial performance has also resulted in strengthening our balance sheet. We experienced a positive cash flow of \$735,334 in June, increased our days of cash on hand to 229 days and reduced our net days in accounts receivable to 52.15 days. This strong financial performance positions well for the future, including the construction of a replacement hospital.

### **2. PMH Clinic Financial Performance**

Our quarterly PMH Clinic Financial Performance Report (**Attachment P**) demonstrates the impact of the COVID-19 pandemic without the financial assistance we have received from the

federal government. We did not allocate any of the COVID-19 funds (e.g. HHS, PPP) in these financial statements. As a result, our bottom-line contribution margin for the clinics was \$888,799 below our budget expectations. If we had allocated some of the COVID-19 relief funds on these statements, the clinics would be meeting our budget expectations. Across the board, we have experienced a reduction of revenue of approximately 21% as a result of the pandemic. It should be noted that the Prosser Clinic experienced a smaller reduction in volumes and revenue due to the opening of the PMH COVID Clinic. The good news is that all of the clinics are seeing daily increases in their volumes and are beginning to function in a more normal manner. We are planning to continue the operation of our COVID Clinic as long as the pandemic has a strong presence in our area, which could continue for several months. Finally, it is important to recognize the significant contribution that our clinics make to our organization. Without our clinics, PMH would not be in our current strong financial position.

### **3. PMH Audit Update**

As identified in the 2020 PMH Strategic Plan, the PMH Accounting Department has asked five major audit firms to submit proposals for the upcoming fiscal years (2021-2023) and they include DZA, Eide Bailly, WIPFLI, BKD and Moss Adams. All of these firms are considered regional or national audit firms that have the ability to perform all of our audit needs including preparation of the various cost reports and other financial reporting as required by the state and federal regulators. It is anticipated that these proposals would be submitted to the Finance Committee in August for review and then to the Board of Commissioners in September. DZA has been our audit firm since 2012.

### **4. PMH Foundation Update**

Prosser Memorial Health Foundation sent out a request for proposal asking for proposals to partner with the Foundation to manage a capital campaign for our replacement facility. Foundation President Julie Sollers, Treasurer Evan Tidball, Executive Director Shannon Hitchcock, Foundation CFO Stephanie Titus and Craig Marks interviewed all three organizations. From those interviews they presented the pros and cons of each proposal to the Foundation Board for recommendations on how to proceed. The Foundation Board agreed on hiring one of the three organizations, Convergent Non-Profit Solutions to conduct the feasibility study and data mining to create a strong donor list. They also recommended consultant Michael Moore, who is originally from Harrah, Washington and returned to the Yakima Valley after many years in Manhattan to create the Development Department at Heritage University and most recently helped raise \$30 million for the YMCA Aquatic Center in Yakima, to help the Foundation manage the second half of the capital campaign which includes building relationships and formally asking for the donations. Both organizations will be at the August Foundation Board meeting to give the Board of Directors a formal, in-person presentation and to go into detail on their approach and recommendations for our campaign.

## QUALITY

### 1. COVID-19 Update

In an attempt to keep COVID-19 communication lines open with our staff, I continue to put out an update every Monday. Unfortunately, I believe that just about everyone is tired of all of the COVID-19 discussions, despite the importance of continuing our fight against this terrible illness. As I have written in my reports, the number of positive COVID-19 cases in Yakima and Benton Counties continue to be high as well as in many states across the country. At PMH we are seeing approximately 20+ patients per day in our COVID Clinic, and of those patients tested, approximately 20-25% are positive for COVID-19. While our positive cases remain high, our inpatient admissions for the virus have declined, which is a sign that most patients are recovering at home. In fact, of the 15 PMH employees that have had the virus, all have recovered at home.

One of the challenges that has emerged over the last couple of weeks has been the slow turn-around time (TAT) on samples we send out for testing. At PMH and across the country, TATs have increased to over a week. As a result, we have begun using our Abbott testing (takes 5 minutes) for all patients including COVID Clinic patients. We will continue to do this as long as we have an adequate supply of reagents, which we currently do. We also have an adequate supply of personal protective equipment (PPE) to meet current and future surge demands. We continue to treat our inpatients with Remdesivir, which appears to have reduced the deaths from COVID-19 across the country. We were getting our Remdesivir from WSHA for free but in the future we will get it from WSHA but will have to purchase it.

While there is a lot of work being done on various treatments, the key will be the development of an effective vaccine. At the present time there are several vaccines that show promise and there is speculation that we could have a vaccine before the end of 2020. I hope so! Besides the horrible direct health issues caused by the virus including death, there are also many other negative consequences of the pandemic including increases in suicides, mental health illnesses, drug overdoses, etc. I remain optimistic that if we continue to work together like we have, PMH will emerge from this pandemic a much stronger organization that will be able to handle any challenge we face in the future.

### 2. COVID-19 Financial Plan

Throughout this pandemic, PMH has been very blessed to have a strong financial foundation and financial plan to deal with the financial challenges presented by the pandemic for hospitals. Across the country, hospitals are struggling financially. The latest report from the American Hospital Association (AHA) indicates that the average U.S. hospital will experience a total margin of -3% in the second quarter of 2020 and -7% in the second half of 2020. They are predicting that over half of all hospitals in the U.S. will operate in the red (at a loss) in 2020, even with the COVID Relief Funds (e.g. HHS, SBA, PPP) they have received (**Attachment PP**). Fortunately, Prosser Memorial Health is not one of those hospitals. In fact, we are projecting a

total margin in the second half of 2020 of approximately 6.7% and total margin at year end of 9.7% (**Attachment Q**). Our revenue has recovered much faster than we projected and through the first 22 days of July, our gross revenue is 2% better than budget! Our conservative projections indicated that we would not be back to budgeted revenues until January of 2020. While it is possible that this could change, we do not see any indications of a future slow down.

One reason for our strong financial performance has been the receipt of COVID Relief Funds to make up for our lost revenue and increased expenses (**Attachment R**). To date we have received just under \$20 million (gross) and have used \$5.1 million (net), leaving approximately \$4.8 million to be used in the future if needed. At the present time, we are planning to give the \$6.59 million back for the Medicare Advanced Payment, which is currently a loan. There is, however, a lot of pressure being placed on Congress by the AHA and others to convert the Medicare Advance Payment Program to a full forgiveness program and also to increase other forms of COVID Relief Funds. As I previously stated, we are in good financial condition and do not anticipate needing more assistance. In fact, this week we were surprised when we received \$1.3 million from Health and Human Services (HHS). We were one of just over 1,000 (out of 5,000) hospitals to receive this for having a disproportionately high percentage of COVID-19 admissions. According to WSHA, PMH has had a higher percentage of COVID-19 admissions (COVID-19 admissions divided by our license beds) than most critical access hospitals (CAH) in the country. Because of this we were paid \$50,000 per admission (26). We definitely were not expecting to receive these funds and may end up giving them back if we do not need them for their stated purpose.

Because of the large amount of federal funds that we have received, we will be required to have an audit of how the funds were used. This audit will be performed by DZA when they conduct our 2019 Financial Audit. While it would be nice to use these funds as we desire, we can only use them for their designated purpose, which DZA must confirm. In other words, we are not allowed to use the funds to pay bonuses, build a new hospital, etc. We were also recently contacted about COVID Relief Funds (grants) being given out (to businesses) by Benton and Yakima Counties. While we were ineligible, we have enough relief funds and wanted to save those dollars for local business that are also struggling with this pandemic. Our financial position remains very strong and positions well for our exciting future.

### **3. PMH Board of Commissioners Opening**

With the announcement last month by Commissioner Kit Watson that he and his family were moving outside of our District and he was resigning from the Board, the Board now has the duty to fill his position. The Board of Commissioners have 90 days to fill the position per Washington State Statute. The individual selected to fill the vacant seat will fill the vacancy until next fall when that position will be up for election. The Board will begin their process to select a replacement in the near future. I would like to thank Kit for his service to PMH and our community and wish him much success in his new home in Odessa, Washington!

#### **4. Quality Committee Report**

Early in 2019 we created a PMH Quality Committee under the leadership of Kristi Mellema (**Attachment S**). This Committee has taken right off and been very successful as all PMH departments strive to continuously improve their performance. This Committee has given us a format to learn from each other and encourage one another to improve. Kristi will share a Quality Committee Update at the July Board Meeting.

#### **5. Association of Washington Public Hospital Districts (AWPHD)**

Merry, David and I recently met with the new Executive Director of the AWPHD, Matthew Ellsworth. Matthew replaced Ben Lindekugel last year after his unexpected death. Ben led the Association for the past nine years, with much success. Matthew is excited to carry on the success of the Association and strengthen their relationship with all member hospitals. Matthew briefly discussed the make-up of the Association and shared the AWPHD 2019 Annual Report (**Attachment T**). Matthew is looking forward to meeting members of our Board at the Annual Lake Chelan Rural Conference in 2021.

#### **6. Washington Rural Health Collaborative (WRHC)**

The Washington Rural Health Collaborative, which PMH has been a member for many years, is a group of 19 rural hospitals scattered across the state that have come together to enable them to better serve their communities; overcome the challenges of rural healthcare; take advantage of opportunities (e.g. cost savings) that a collaborative provides; and speak with one voice regarding rural healthcare issues. I have included the 202 WRHC Annual Report which highlights some of the activities of the Collaborative in 2019 (**Attachment U**). PMH has a positive financial return from our membership in the WRHC and looks forward to continuing our relationship with them, in 2020 (**Attachment X**).

#### **7. July Board Meetings**

At the July Board Work Session (July 28<sup>th</sup>) we plan to review and discuss several exciting service enhancements to PMH including: the acquisition of urology equipment; the acquisition of new ENT equipment; the renovation project for our new nuclear medicine equipment; a replacement facility update; an update on the YVFWC; and a brief 2020 Strategic Plan update. At the July Board Meeting, the Board will be asked to approve the acquisition of ENT and urology equipment and approve the renovation of the space for the nuclear medicine equipment. The Board will also hear reports on our: HR/Payroll Software upgrade; financial performance of the PMH Clinics; Employee Health Program; and Quality Committee Update. That is a lot of information to share, but the reports will generally be brief, with opportunities for questions to be asked.

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.

Stay well!



Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Semi-Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
<b>Patient Loyalty - Merry Fuller, Champion</b>						
<p>Provide outstanding customer service, aspiring to treat those we serve the way they want to be treated.</p> <p><b>Achieve an overall organizational patient satisfaction rate ("would recommend") of 95% or higher.</b></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"> <li>Query PMH providers and healthcare staff on the activities/actions they believe demonstrate compassionate care in their practice (2/20).</li> <li>Identify the obstacles that limit the delivery of compassionate care and work to eliminate or minimize these obstacles (2/20).</li> <li>Connect the practice of AIDET with the delivery of compassionate care (6/20).</li> <li>Exceed the 2019 Patient Satisfaction survey scores related to the quality of physician communication.</li> <li>Exceed the 2019 Patient Satisfaction survey scores related to the quality of nurse/staff/therapist communication.</li> </ul>	<p>1. Query on compassionate care deferred due to resources and focus being re-directed to COVID-19 response. We will revisit in Q3.</p> <p>2. Rapidly changing information and guidance created obstacles to compassionate care during our pandemic response. Staff across the organization stepped up to assist and comfort patients during hospitalizations and visits with no family able to be in attendance. Overall Satisfaction across the organization speaks to the delivery of compassionate care during this critical time. (HCAHPS YTD: 88.9% (2019 85.1%) Overall: YTD: 88.9% (2019: 85.01%).</p> <p>3. Physician Communication YTD is 90.86 (2019-92.38).</p> <p>4. Nurse/Staff Communication YTD: 88.16 (2019: 88.95).</p>	25%		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"> <li>Identify pre-registration and self-check in options available in EPIC not currently being utilized, and establish and implementation time line (3/20).</li> <li>Determine current utilization of self-check in, appointment type, and frequency of utilization (1/20).</li> <li>Increase current utilization of self-check in, by 50% (12/20).</li> <li>Implement at least two additional self-check in options in 2020.</li> </ul>	<p>1. Epic has a self-check in option via My-Chart. This option can be completed from a smart phone or a Kiosk in the hospital or clinic lobby. A new feature also allows patients to verify or update their medication list. Timing for activating these Epic features (along with bill pay options) is currently being determined by Finance.</p> <p>2. A My-Chart patient coach has been identified and will be trained to assist inpatients with setting up my-chart access by the end of July. The coach will train all support staff on FBP and AC to assist patients/families as well. Handheld tablets are already available for this use.</p>	20%		Patient Registration Manager: Donna Williams
	<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"> <li>Update Med Rec Policy and Procedure across the organization (1/20).</li> <li>Create Health Stream education specific to PMH Med Rec (1/20).</li> <li>100% stakeholders to complete Med Rec education (3/20).</li> <li>Exceed the 2019 the Patient Satisfaction Survey results for the question: "I understood how to take my medications."</li> <li>Medication Reconciliation organizational compliance <math>\geq</math> 90%.</li> </ul>	<p>1. Organization-wide policy is still in development. 2. Departmental specific education provided to FBP and AC staff in Q1.</p> <p>3. AC/Swing staff have initiated a new process for educating patients/family on new medications and medication side effects.</p> <p>4. Medication explained 2020 YTD: 90.82% (89.8% in 2019). New Medications 2020 YTD: 75.26% (67.2% in 2019). Medication Reconciliation Completion YTD: 67.01% (85.16% in 2019).</p>	25%		CNO/COO: Merry Fuller

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Semi-Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
<b>Patient Loyalty - Merry Fuller, Champion</b>						
<p>Provide outstanding customer service, aspiring to treat those we serve the way they want to be treated.</p> <p><b>Achieve an overall organizational patient satisfaction rate ("would recommend") of 95% or higher.</b></p>	<p>4. Improve the efficacy of post encounter follow-up across the organization.</p>	<ul style="list-style-type: none"> <li>• Provide effective discharge phone call education to all stakeholders (3/20).</li> <li>• Establish a monthly task force for assessment &amp; management of post discharge follow-up of high risk patients (1/20).</li> <li>• 100% of staff participating in post-discharge follow-up to receive education and a competency assessment (12/20).</li> <li>• 90% of inpatient admissions (Inpatient &amp; Observation) will receive a post discharge follow-up call (12/20).</li> <li>• 100% of AMA patients will receive a follow up call (12/20).</li> <li>• 100% of LWBS patients will receive a follow-up call/attempt (12/20).</li> <li>• 100% of patients with EDIE management will receive a follow-up call.</li> <li>• 50% of ED visits will receive a follow up call, with 75% of ED discharges at least attempted.</li> </ul>	<ol style="list-style-type: none"> <li>1. Taskforce implemented to address post-discharge phone calls. Patients have been risk stratified and a champion has been assigned to each risk group.</li> <li>2. 100% of staff participating in post-discharge phone calls have been educated.</li> <li>3. YTD ED follow up 1519/3252= 47%.</li> <li>4. EDIE follow-up 989/989=100%.</li> <li>5. Inpatient units 62%.</li> <li>6. Tracking specific to LWOT and AMA not yet reliably established.</li> </ol>	25%		CNO/COO: Merry Fuller Director of Emergency Services and Physician Recruiting: Christie Doornink
	<p>5. Improve the quality and efficiency of the hospital discharge process.</p>	<ul style="list-style-type: none"> <li>• Assess the current discharge process on Acute Care/Swing and develop a plan for improvement (7/20).</li> <li>• Assess the current discharge process on Family Birth Place and develop a plan for improvement (7/20).</li> <li>• Create a collaboration with Acute Care, the Surgery Center, and the Specialty Clinic to ensure an effective pre and post-surgical experience (5/20).</li> <li>• Exceed FY2019 Transition of Care Patient Satisfaction Survey metrics (FY2019-TBA)</li> </ul>	<ol style="list-style-type: none"> <li>1. Discharge process evaluation deferred due to reallocation of resources to COVID-19. We will resume this initiative Q3.</li> <li>2. An Interdisciplinary surgery flow task force meeting to regularly address surgical flow issues. Out-patient surgery patient satisfaction YTD: 92% (88.4% in 2019).</li> </ol>	25%		Director of Acute Care: Marla Davis Family Birthplace Director: Cindy Raymond

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Semi-Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
<b>Patient Loyalty - Merry Fuller, Champion</b>						
<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>	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"> <li>Identify and implement 3 self-management tools for the clinic patient population (1/20).</li> <li>Identify and implement 3 self-management tools for the hospital patient population (1/20).</li> <li>Identify and implement opportunities for patients/families to participate as members of their care team (3/20).</li> <li>Self-management tools to be introduced to 50% of hospital patient with specified diagnosis.</li> <li>Self-management tool to be introduced to 50% clinic patients with specified diagnosis.</li> </ul>	<ol style="list-style-type: none"> <li>A Mako total joint self-management application is being utilized for all total joint patients.</li> <li>The Edinburgh Post-partum depression tool is introduced to all OB discharges after birth.</li> <li>A COVID-19 self-management tool was added to the PMH website and has been utilized by patients 2,044 times.</li> </ol>	25%		CNO/COO: Merry Fuller Director of PMH Clinics: Alana Pumphrey
	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"> <li>Update MyChart education pamphlets for new patient portal platform (8/20).</li> <li>Identify MyChart champions for each department/Clinic (4/20).</li> <li>Provide hand held/portable computers for patient enrollment (8/20).</li> <li>Increase MyChart enrollment to 50% of inpatients and 20% of clinic patients (12/20).</li> </ul>	Deferred due to reallocation of resources. A my-chart patient coach has been identified and will be trained to assist in-patients with setting up my-chart access by the end of July. The coach will train all support staff on FBP and AC to assist patients/families as well. Handheld tablets are already available for this use.	25%		Donna Williams Alana Pumphrey
	8. Assess the availability of existing patient transportation options and the feasibility of implementing additional options.	<ul style="list-style-type: none"> <li>Create a current list of area transportation services (4/20).</li> <li>Meet with each transportation service to help understand and streamline access.</li> <li>Identify <math>\geq 1</math> new transportation option not currently in use and implement if appropriate (9/20).</li> </ul>	<ol style="list-style-type: none"> <li>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.</li> <li>Have begun reaching out to services to get specifications and developing service contracts where indicated.</li> </ol>	20%		CNO/COO: Merry Fuller
	9. Access 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"> <li>Develop a cost effective plan for expanding RN patient educators across the organization over the next 3 years (8/20).</li> <li>Identify current RN staff desiring to be part-time educators in a specialty area (10/20).</li> <li>Identify and support current RN educators working at PMH (4/20).</li> <li>Add <math>\geq 1</math> RN educator (part-time or full time) added to current group of educators (12/20).</li> </ul>	<ol style="list-style-type: none"> <li>Nurse educator job description and vision have been developed that can be modified to any specialty area.</li> <li>Mary Ella Clark, RNC has obtained debridement training/certification.</li> <li>A RN diabetic educator remains a high priority.</li> </ol>	25%		CNO/COO: Merry Fuller Director of PMH Clinics: Alana Pumphrey
	10. Improve patient satisfaction with dietary services in the hospital.	<ul style="list-style-type: none"> <li>Explore the feasibility of electronic food ordering (5/20).</li> <li>Implement room service (6/20).</li> <li>Exceed 2019 Patient Satisfaction food service survey results.</li> </ul>	A plan for room service developed. YTD food satisfaction: 53.1% (58.2 in 2019).	25%		Director of Nutrition Services: Victor Huyke

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Semi-Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
<b>Patient Loyalty - Merry Fuller, Champion</b>						
<p>Provide outstanding customer service, aspiring to treat those we serve the way they want to be treated.</p> <p><b>Achieve an overall organizational patient satisfaction rate ("would recommend") of 95% or higher.</b></p>	11. Identify and implement opportunities to increase patient comfort within the hospital environment.	<ul style="list-style-type: none"> <li>Complete a comprehensive assessment of patient care rooms and furniture for each department, and develop a 3 year improvement/replacement plan (4/20).</li> <li>Install new flooring in the main hospital and therapy clinic (5/20).</li> <li>Exceed 2019 hospital cleanliness Patient Satisfaction survey results (12/20).</li> <li>Exceed 2019 hospital quietness Patient Satisfaction survey results (12/20).</li> </ul>	<ol style="list-style-type: none"> <li>New beds have been chosen for AC/Swing, which will alleviate pressure points and allow staff to rotate patients without waking or lifting them.</li> <li>A carpet replacement proposal was developed, but a new cleaning company is being given the opportunity to clean the carpets to see if replacement can be delayed.</li> <li>Patient Satisfaction for cleanliness YTD: 79.24 (77.27% in 2019).</li> <li>Patient Satisfaction for quietness YTD: 84.19 (80.96 in 2019).</li> </ol>	50%		CNO/COO: Merry Fuller
	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"> <li>Access current language support services (to include sign language) across the organization, and address deficits. (1/20)</li> <li>Review/revise current interpreter P&amp;P and reconcile with community need and regulatory requirements. (2/20)</li> <li>Implement identification process for bilingual staff providing language support services. (2/20)</li> <li>Identify and implement at least 2 language support tools for non-bilingual staff: (Picture boards, interpreter apps, interpreter headsets, &amp;/or on-demand interpreter phones) (6/20).</li> <li>100% of bilingual staff providing language support services will complete an ALTA competency assessment (if not already completed) (12/20).</li> </ul>	<ol style="list-style-type: none"> <li>ALTA competency testing has been renewed and expanded.</li> <li>A comprehensive assessment and plan was deferred due to re-allocation of time to our COVID-19 response. Work on this initiative to resume Q3.</li> </ol>	10%		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"> <li>Assess current communication tools and identify priority improvement areas (4/20). Implement two messaging improvement strategies identified by the assessment (7/20).</li> </ul>	My Chart features are 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%		CIO: Kevin Hardiek
	14. Exceed patient satisfaction survey results on all domains and in each area of service.	<ul style="list-style-type: none"> <li>Each department leader to analyze the 2019 patient satisfaction survey results for their department and work with their team to develop an action plan (3/20).</li> <li>2020 Patient Satisfaction survey results to exceed 2019 results (12/20).</li> </ul>	All department leaders are working on key patient satisfaction initiatives. YTD Organizational performance is 87.4% (86.6% in 2019); ED YTD: 81.5 (80.7% in 2019). AC YTD: 85.2% (79.7% in 2019). FBP YTD 92.8% (92.2% in 2019). Surgery YTD 91.3% (88.4% in 2019). Swing YTD 75% (94.1% in 2019). Clinic Network 87.9% (87% in 2019). Out Patient Services YTD 89.5% (88.4% in 2019).	50%		CNO/COO: Merry Fuller



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<b>Patient Loyalty - Merry Fuller, Champion</b>						
<p>Provide outstanding customer service, aspiring to treat those we serve the way they want to be treated.</p> <p><b>Achieve an overall organizational patient satisfaction rate ("would recommend") of 95% or higher.</b></p>	15. Explore changing to a new Patient Satisfaction Survey Vendor.	<ul style="list-style-type: none"> <li>Submit meet cost/value analysis for review (4/20) and transition if indicated.</li> </ul>	<ol style="list-style-type: none"> <li>Notice given to current vendor, PRC.</li> <li>Provided Press Ganey organizational data and preliminary contract reviewed. Expanded survey process and support for less than current cost to be implemented 1/1/2021.</li> </ol>	50%		CNO/COO: Merry Fuller
	16. Hardwire rounding for purpose with patients.	<ul style="list-style-type: none"> <li>Establish and implement a senior leader rounding schedule to achieve rounding no less than monthly (1/20).</li> <li>Department leaders to track patient rounding activities and lessons learned.</li> <li>Rounding to be completed on 75% of inpatients and 40 ED patients a month (12/20).</li> </ul>	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%		CNO/COO: Merry Fuller
	17. Develop a "patient-friendly" billing system.	<ul style="list-style-type: none"> <li>Develop a prioritized action plan for developing a "patient-friendly" billing system which includes a thank you letter for choosing PMH (3/19).</li> <li>Implement all elements of the action plan (6/19).</li> </ul>	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.	20%		Director of Patient Financial Services: Linda Bouchard
	18. Identify and remove obstacles for optimal patient flow through the Emergency Department.	<ul style="list-style-type: none"> <li>Continue to Identify and implement innovate staffing solutions during periods of increased census (2/20).</li> <li>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).</li> </ul>	<ol style="list-style-type: none"> <li>Studer consultant will be onsite in August to do a complete ED flow assessment.</li> <li>100% of delays in admission are being reviewed to identify opportunities for improvement.</li> <li>Staff cross-training has been successful and is ongoing.</li> <li>ED patient satisfaction YTD: 81.5 (80.6% in 2019).</li> </ol>	30%		Director of the Emergency Department: Christi Doornink-Osborn

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<b>Patient Loyalty - Merry Fuller, Champion</b>						
<p>Provide outstanding customer service, aspiring to treat those we serve the way they want to be treated.</p> <p><b>Achieve an overall organizational patient satisfaction rate ("would recommend") of 95% or higher.</b></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"> <li>Leverage the Nurse Staffing Committee and Professional Nurse Practice Council to provide oversight and momentum for this NSC/PNPC goal (1/20).</li> <li>Identify obstacles and problems currently encountered in each patient care area and prioritize based on a failure mode Assessment Evaluation (3/20).</li> <li>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).</li> <li>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).</li> </ul>	<p>Staffing analysis delayed due to COVID-19 response. Staff education provided for PPE and care of the COVID-19 patient. Spotters were initially assigned to areas with COVID-19 positive patients to assist with donning and doffing of PPE and running for supplies to minimize entries in and out of isolation rooms. Staffing assignments modified when needed to 3 COVID-19 positive patients to 1 nurse. Mandatory masking at all times in public and clinical areas implemented and remains in place.</p>	0%		CNO/COO: Merry Fuller

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Semi-Annual Progress	% Complete		Champion
				2nd QTR	4th QTR	
<b>Medical Staff Development - Dr. Brian Sollers, Champion</b>						
<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><b>Achieve an annual Medical Staff satisfaction rate of 90% or higher.</b></p>	<p>1. Initiate recruitment efforts based on the PMH Medical Staff Model:</p> <ul style="list-style-type: none"> <li>Implement FY 2020 Provider Recruitment Plan and support infrastructure for ongoing recruitment.</li> </ul>	<ul style="list-style-type: none"> <li>Implement the Provider Recruitment Plan as identified in the Medical Staff Model for FY 2020, with goals including: <ul style="list-style-type: none"> <li>PA/NP (Prosser Clinic - Urgent/After Hours Clinic)</li> <li>Family Practice/Pediatrician/OB (Grandview Clinic)</li> <li>PA/NP (Mabton Clinic)</li> <li>ENT (PMH Specialty Clinic)</li> <li>Emergency Medicine (PMH)</li> <li>Women's Health (Grandview Clinic)</li> <li>Women's Health (Benton City Clinic)</li> <li>Mental Health Counselor (Prosser Clinic)</li> </ul> </li> </ul>	<p>Through the first six months of 2020, we have successfully recruited the following providers:</p> <ul style="list-style-type: none"> <li>Emergency Medicine - Dr. Steve Rode</li> <li>ENT - Dr. Coral Tieu</li> <li>Urology - Dr. Thomas Tieu</li> <li>CNM - Bailey Padilla</li> <li>CNM - Becky Morris</li> <li>PN/NP - Afton Dunham</li> </ul>	67%		<p>ACMO: Dr. Hashmi ACMO: Dr. Sollers Director of Emergency Services/Provider Recruitment &amp; Retention: Christi Doornink</p>
	<p>2. Conduct an annual Medical Staff engagement survey.</p>	<ul style="list-style-type: none"> <li>Create a 2020 Satisfaction Survey for the Medical Staff.</li> <li>Achieve a &gt; 80% participation rate.</li> <li>Obtain a 90% or better satisfaction rating on the Medical Staff Engagement Survey.</li> </ul>	<p>The Medical Staff Engagement Survey will be conducted in October/November.</p>	0%		CMO: Dr. Sollers
	<p>3. Maintain a physician retention plan. Include the following:</p> <ul style="list-style-type: none"> <li>On-boarding process;</li> <li>Include providers in new employee orientation/and/or develop a provider specific orientation;</li> <li>Epic Optimized Training Plan;</li> <li>Mentoring; and</li> <li>Rounding</li> </ul>	<ul style="list-style-type: none"> <li>Maintain a Medical Staff retention rate of 90% or better (annual).</li> </ul>	<p>We have retained 100% of our Medical Staff in the first half of 2020. We anticipate losing three providers in the second half of 2020, however, we have plans to replace each provider that is leaving/retiring.</p>	50%		<p>ACMO: Dr. Rivero ACMO: Dr. Sollers Director of Emergency Services/Provider Recruitment &amp; Retention: Christi Doornink Chief Human Resource Officer: Ro Kmetz</p>
	<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"> <li>Develop an annual physician performance and feedback model for Prosser Memorial Health employed Providers (6/20).</li> </ul>	<p>The Provider Annual Performance Review form has been developed. The form will be reviewed with HR in July, and we plan on testing the new process in August.</p>	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"> <li>Develop and implement a Medical Staff Marketing Plan in support of the overall 2020 Prosser Memorial Health Strategic Plan (3/20).</li> <li>Feature new and current Medical Staff members in the PMH Employee Newsletter, <u>The Pulse</u> (1/20).</li> </ul>	<p>In the first quarter of 2020, our marketing efforts focused on Cardiology - Dr. Bhatti, our Joint Replacement Program - Dr. Strebels and COVID-19.</p> <p>The second quarter focused on dermatology - Dr. Santa Cruz, Pediatrics - Drs. Carl and Min and our COVID Clinic. Our entire Medical Staff was also highlighted in our Annual Providers' Day thank you advertisement in various publications.</p>	50%		CCO: Shannon Hitchcock Director of PMH Clinics: Alana Pumphrey
	<p>6. Continue to optimize recognition and appreciation of the Medical Staff:</p> <ul style="list-style-type: none"> <li>Include Medical Staff in PMH Activities (e.g. Hospital Holiday Party, Hospital Week, etc.);</li> <li>Special recognition on Doctor's Day;</li> <li>Highlight Achievements;</li> <li>Actively engage physicians on key issues &amp; organizational items;</li> <li>Develop and implement a formal recognition program;</li> <li>Conduct Medical Staff socials; and</li> <li>Continue proactive communications between the Leadership Team and Medical Staff.</li> </ul>	<ul style="list-style-type: none"> <li>Create and implement a line item in the FY 2020 Budget to fund Medical Staff recognition and appreciation activities (1/20).</li> <li>Develop a schedule (calendar) of Medical Staff events and coordinate activities with Administration for FY2020 (2/20).</li> </ul>	<p>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.</p>	50%		ACMO: Dr. Rivero ACMO: Dr. Sollers Director of Emergency Services/Provider Recruitment & Retention: Christi Doornink



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<b>Medical Staff Development - Dr. Brian Sollers, Champion</b>						
<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><b>Achieve an annual Medical Staff satisfaction rate of 90% or higher.</b></p>	7. Continue to generate and maintain Epic specific training tailored for Medical Staff.	<ul style="list-style-type: none"> <li>Maintain one Super User / Credentialed Trainer in each hospital department in 2020 which will allow for better Epic support and training (6/20).</li> <li>Develop and implement a mechanism to get regular feedback from the Medical Staff regarding Epic (6/20).</li> </ul>	<p>IT began rounding on Medical Staff in June, 2020 during the Epic Upgrade. IT will continue to round on two (2) providers monthly and log each meeting going forward to increase Epic communication and awareness along with receiving continual Epic feedback. Additionally, providers will be communicated to on a regular basis going forward that scheduled Epic Support is always available to them.</p> <p>The Super User program (or something similar) will be redesigned in the second half of 2020 to help providers and staff going forward.</p> <p>We are also adding a Credentialed Trainer (CT) in Admitting in Q4 of this year.</p>	40%		Chief Information Officer: Kevin Hardiek
	8. Enhance and expand the Tele-Health Program within Prosser Memorial Health facilities.	<ul style="list-style-type: none"> <li>Develop and implement a strategy for expanding the Tele-Health program at Prosser Memorial Health owned/leased facilities (9/20).</li> <li>Explore the various e-consult and telehealth options to expedite the patient experience for minor illness. (9/20).</li> </ul>	Crisis Virtual visits for specialty and primary care clinics were implemented in April (due to COVID). In Q3, we will begin to look at our options for specialty coverage via telehealth.	25%		Director of PMH Clinics: Alana Pumphrey Clinic Information Officer: Kevin Hardiek
	9. Enhance & grow <b>Medical Staff-led educational</b> seminars/lunch-and-learns for PMH staff and the community.	<ul style="list-style-type: none"> <li>Research topics of interest for educational seminars (4/20).</li> <li>Create a calendar and promote educational seminars for staff and the community (4/20).</li> </ul>	<p>2020 started off with a Lunch &amp; Learn Go Red For Women Luncheon with Dr. Bhatti focused on women's cardiac health. We followed that up with a Facebook Live event with Dr. Bhatti live for viewers to ask questions of Dr. Bhatti live.</p> <p>Dr. Strelbel hosted a Lunch &amp; Learn in Yakima on our Joint Replacement Program. It was sold out and resulted in two confirmed surgeries and five new patients (pre-COVID).</p> <p>In April, Heather Morse and Pam Morris hosted a Facebook Live event on staying mentally and physically health during the pandemic and lock down.</p> <p>As healthcare "hot topics" continue to evolve and change rapidly, so does our response with virtual lunch and learns, social media programing and having our provider record education videos that can be referenced by the public at their leisure.</p>	75%		CCO: Shannon Hitchcock
	10. Continue to grow and expand the Comprehensive Pain Management Program.	<ul style="list-style-type: none"> <li>Actively recruit additional staff (as needed) and resources to make the pain management clinic a comprehensive pain management program (12/20).</li> <li>Increase pain management visits by 75% in FY2020.</li> </ul>	No additional staff has been recruited. We have seen a very large drop in referrals since COVID hit. This is due to decreased primary care volumes. January-March volumes were at a 30% increase. We will be launching a marketing campaign for Dr. Groner beginning in August.	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"> <li>Implement a secure texting policy and program for Medical Staff (4/20).</li> </ul>	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.	10%		Chief Information Officer: Kevin Hardiek

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<b>Medical Staff Development - Dr. Brian Sollers, Champion</b>						
<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><b>Achieve an annual Medical Staff satisfaction rate of 90% or higher.</b></p>	12. Enhance and expand cardiopulmonary services at PMH.	<ul style="list-style-type: none"> <li>Sleep Lab (3/20).</li> <li>Cardiac Services (9/20).</li> <li>Pulmonology Services (4/20).</li> <li>Implement Nuclear Medicine Services (7/20).</li> </ul>	We are currently working with a sleep lab specialists interested in opening a comprehensive sleep lab service at PMH in early 2021. We plan to complete a business plan in the third quarter of 2020 and implement the plan if appropriate. Nuclear Medicine services are currently scheduled to be fully operational by the end of 2020, which will significantly enhance our cardiology services. We are also exploring the addition of trans esophageal echos and cardiac pacemaker insertions in early 2021. No expansion of pulmonology services has been pursued to date.	25%		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"> <li>Develop a Joint Program of comprehensive orthopedics (5/20) including the use of the MAKO Joint Replacement System.</li> <li>Increase orthopedic visits by 50% and surgeries by 25% (12/20). Expand and provide orthopedic services to local high schools.</li> <li>Perform &gt; 90 Mako Procedures (12/20).</li> </ul>	<p>The Joint Program workflow, education model, and education material have all been completed.</p> <p>Due to COVID, we have not begun our planned formal 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 at the onset of COVID. We have not yet seen an increase in volumes due to cancellation of elective surgeries.</p>	25%		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"> <li>Educate staff about the current CMO Model in 2020.</li> <li>Focus on attendance at the Administrative Team meetings, attending at least 80% of all meetings in 2020, and 50% of all Leadership Team meetings.</li> </ul>	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. 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%		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"> <li>Provide mental health counselor services in the Prosser clinic (6/20).</li> <li>Explore the feasibility of providing psychiatric services at PMH and implement as appropriate (6/20).</li> </ul>	Due to COVID, we have not introduced mental health counseling in our clinics. We are working with Comprehensive Mental Health on a potential partnership for providing counseling services in our primary care clinics.	0%		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"> <li>include YVFWC and community providers in PMH Medical Staff activities.</li> <li>Invite YVFWC and community providers to participate on the PMH Community Clinic Committee (1/20).</li> </ul>	In June 2020, PMH entered into a Memorandum of Understanding with YVFWC to once again have their providers participate on our Medical Staff and refer their patients to PMH. We are working on plans to fully re-introduce YVFWC providers to PMH and the services we provide. YVFWC providers will participate on several PMH Medical Staff Committees and participate in our provider call rosters.	75%		Dr. Santa Cruz Medical Staff Coordinator: Lynn Smith
	17. Implement a coding education program for providers.	<ul style="list-style-type: none"> <li>Hold a twice yearly coding class for providers (3/20).</li> </ul>	Brown Consulting has been sought out as the consulting firm to perform the coding audit and coding education. The roll out of the coding education program has been pushed back to September due to discrepancies in patient reports and COVID-19. Currently, patient reports have been abstracted from EPIC and sent to Brown's Consulting to begin audit. A virtual meeting with the providers is scheduled to begin September 29 - October 1, 2020. A provider group training will be conducted to present audit and coding results. Then individual clinician training sessions will be conducted to provide coding education.	0%		CMO: Dr. Sollers Director HIM: Andrea Valle
	18. Develop a Medical Staff Mentorship Program.	<ul style="list-style-type: none"> <li>Develop and implement a Medical Staff Mentorship Program (3/20).</li> <li>Assign all new Medical Staff members to a mentor in 2020.</li> </ul>	This plan is currently still being developed in conjunction with Dr. Rivero and Christi Doornink, who are leading the Medical Staff Engagement Committee efforts.	25%		ACMO: Dr. Sollers Director of PMH Clinics: Alana Pumphrey

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<b>Medical Staff Development - Dr. Brian Sollers, Champion</b>						
<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>	19. Enhance the PMH Provider Rounding Program.	<ul style="list-style-type: none"> <li>Develop and implement a plan for Department Directors, Administration and CMOs to round on our providers on a regular basis (3/20).</li> </ul>	The Director of Clinics has been rounding on two 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.	25%		ACMO: Dr. Rivero Director of PMH Clinics: Alana Pumphrey CEO: Craig Marks
	20. Enhance the visibility of the PMH Specialty Providers.	<ul style="list-style-type: none"> <li>Develop and implement a program for PMH Specialists to visit primary care providers (clinics) in the area (2/20).</li> <li>Conduct lunch/breakfast and learns for residents in the communities we serve (1/20).</li> </ul>	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. We will be reaching out in July to discuss any options we may have with low number gatherings or virtual educational opportunities.	10%		Director of Prosser Specialty Clinics: Tricia Hawley CCO: Shannon Hitchcock
	21. Explore the provision of holistic/aesthetic services in the PMH Clinics.	<ul style="list-style-type: none"> <li>Enhance existing (e.g. Botox) and develop new (e.g. laser hair removal, acupuncture, massage) aesthetic/holistic health services (9/20).</li> </ul>	Postponed due to COVID and cancelling of elective procedures and treatment.	10%		Director of PMH Clinics: Alana Pumphrey
	22. Develop a PMH Medical Staff clinic space expansion plan.	<ul style="list-style-type: none"> <li>Develop a clinic space expansion plan to accommodate recruitment targets over the next three years, including the possibility of securing additional buildings (9/20).</li> </ul>	We have been working with the recently updated medical staff model to develop a plan for space over the next three years. The business plans and proposals for space will be completed by end of September.	25%		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"> <li>Invite area providers (Kadlec, Trios, Astria) to PMH Medical Staff Socials (1/20).</li> </ul>	Due to the COVID-19 pandemic, no formal action has been taken to date.	0%		ACMO: Dr. Rivero Director of Emergency Services/Provider Recruitment & Retention: Christi Doornink

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Semi-Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
<b>Employee Development - Ro Kmetz, Champion</b>						
<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"> <li>-Open Communications;</li> <li>-Competitive wages and benefits;</li> <li>-Selection and retention of effective, caring personnel;</li> <li>-Utilization and development of talent throughout the organization;</li> <li>-On-going education;</li> <li>-Employee recognition.</li> </ul> <p>Achieve and maintain an annual employee satisfaction rate of 90% or higher.</p>	1. Obtain input from all employees utilizing an Employee and Medical Staff Satisfaction Survey designed for Prosser Memorial Health.	<ul style="list-style-type: none"> <li>• Annual Employee Engagement Survey launch in November, 2020.</li> <li>• 75% Survey Participation Goal for 2020.</li> <li>• Improve Employee Satisfaction as compared to previous year (11/20).</li> </ul>	No action taken to date.	0%		Chief Human Resources Officer: Ro Kmetz
	2. Achieve an annual employee turnover rate of 10% or less by the end of FY 2020.	<ul style="list-style-type: none"> <li>• Turnover report to be distributed to Leaders on a quarterly basis (4/20).</li> <li>• Develop and implement strategies to keep turnover at 10% or less in 2020 (2/20).</li> </ul>	Turnover percentage provided on the Strategic Plan Scorecard on a monthly basis. Turnover through June, 2020 is 0.6%.	50%		HR Generalist Recruitment: Rocky Snider
	3. Assess wage and benefit structure to ensure Prosser Memorial Health remains competitive.	<ul style="list-style-type: none"> <li>• Participate in a State of Washington wage survey (4/20).</li> <li>• Receive results and review with the Administrative Team. Adjust wages as needed (7/20).</li> <li>• Participate in a State of Washington benefits survey (8/20). Receive results and share with the Administrative Team.</li> <li>• Recommend benefit adjustments as needed for Open Enrollment (10/20).</li> </ul>	Washington State Healthcare Milliman Wage Survey data received in June, 2020. Data will be reviewed by the Administrative Team.	50%		Chief Human Resources Officer: Ro Kmetz
	4. Continue to enhance communication during 2020 with all Prosser Memorial Health staff.	<ul style="list-style-type: none"> <li>• Publish a calendar/schedule of employee engagement events (1/20).</li> <li>• Conduct Rounding on staff.</li> <li>• Provide open forums for staff to provide input on key initiatives at least three (3) times in 2020.</li> <li>• Increase the use of electronic media, (i.e. SharePoint, Prosser Memorial Health Web Homepage and Facebook, and Twitter) (1/20).</li> <li>• Continue to distribute monthly CEO Report to all staff and Provider Update to Medical Staff (1/20).</li> <li>• Continue to publish an Employee Newsletter on a monthly basis (1/20).</li> <li>• Leadership Team will support and maintain an Open Door Policy (1/20).</li> <li>• Continue to promote utilization of the tuition reimbursement policy for staff seeking to move forward in their educational goals.</li> </ul>	Calendar of Employee Engagement Events published in January, 2020 and is updated as needed. Leaders are expected to conduct rounding on their staff. Staff Forums were paused in 2020 due to COVID 19. SharePoint has been updated with current information. PMH main website updated along with other social media outlets such as Facebook, Instagram, Twitter and You-Tube. A CEO Report is published monthly, as well as, a weekly COVID 19 CEO Report for all staff along with Dr. Soller's Weekly COVID 19 Update for Providers. The Employee Newsletter and The Pulse is published monthly. Leadership maintains an open door policy. Educational Assistance Policy promoted in the Employee Newsletter.	75%		CCO: Shannon Hitchcock



Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Semi-Annual Progress	% Complete		Objective Lead
Employee Development - Ro Kmetz, 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"> <li>-Open Communications;</li> <li>-Competitive wages and benefits;</li> <li>-Selection and retention of effective, caring personnel;</li> <li>-Utilization and development of talent throughout the organization;</li> <li>-On-going education;</li> <li>-Employee recognition.</li> </ul> <p>Achieve and maintain an annual employee satisfaction rate of 90% or higher.</p>	<p>5. Provide for in-house Education opportunities for staff during 2020. Develop and implement a comprehensive Education Plan for 2020.</p>	<ul style="list-style-type: none"> <li>• Increase staff education to 18 or more hours per FTE per year (12/20).</li> <li>• Work with managers to develop an in-house education plan including Kronos training and creating job shadowing opportunities. (6/20)</li> </ul>	<p>Education opportunities made available to staff during COVID 19 to enhance their professional certification status. Reported Education Hours are tracked on the Strategic Plan Scorecard. Virtual and on-line learning opportunities offered for the 2020 EPIC Upgrade.</p> <p>Kronos training paused due to researching new HRIS/Payroll vendor for 2021. Individualized training on Kronos is offered throughout the year by the Payroll Technician. Periodic Kronos instructional emails are sent to leaders by the Director of Finance Operations to assist with FAQs (Frequently Asked Questions) about Kronos. PMH Educational Assistance Policy is promoted through the monthly Employee Newsletter.</p>	50%		<p>HR Assistant: Crystal Blanco Chief Quality Officer: Kristi Mellema</p>
	<p>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.</p>	<ul style="list-style-type: none"> <li>• 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).</li> </ul>	<p>Job descriptions are updated and approved personnel requisitions are posted. All updated job descriptions include the ASPIRE Values. Incentive bonuses distributed in April, 2020 to Leadership and Exempt staff based on LEM scores.</p>	50%		<p>Chief Human Resources Officer: Ro Kmetz</p>
	<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.</p>	<ul style="list-style-type: none"> <li>• 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).</li> </ul>	<p>No action taken to date.</p>	0%		<p>CCO: Shannon Hitchcock Chief Executive Officer: Craig Marks</p>
	<p>8. Enhance relationships, trust, and teamwork among the Leadership Team in FY 2020.</p>	<ul style="list-style-type: none"> <li>• Conduct three (3) Leadership Development Institutes (LDI) in 2020.</li> <li>• Continue Administrative Rounding (2/20).</li> <li>• CEO will round twice annually with all Leadership Team members. (12/20).</li> </ul>	<p>The first LDI was held on March 11, 2020. The second LDI will be held virtually on August 11th &amp; 12th (2 half days). Administrative Rounding has been paused due to COVID 19. The CEO rounds with Leadership Team members on a monthly basis.</p>	50%		<p>LDI Committee CEO: Craig Marks Administrative Team</p>

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Semi-Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
<b>Employee Development - Ro Kmetz, Champion</b>						
<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"> <li>-Open Communications;</li> <li>-Competitive wages and benefits;</li> <li>-Selection and retention of effective, caring personnel;</li> <li>-Utilization and development of talent throughout the organization;</li> <li>-On-going education;</li> <li>-Employee recognition.</li> </ul> <p>Achieve and maintain an annual employee satisfaction rate of 90% or higher.</p>	9. Enhance the onboarding/orientation of new employees and Medical Staff to Prosser Memorial Health.	<ul style="list-style-type: none"> <li>Continue to enhance the PMH New Employee Orientation (NEO) for all levels of staff (1/20).</li> <li>Reintroduce and implement a coaching/mentoring program in 2020 that identifies leaders of the future and supports their continued development (4/20).</li> <li>Create and implement a Medical Staff and Leadership Orientation Program (6/20).</li> </ul>	There have been 27 new hires that have participated in New Employee Orientation through June, 2020. Clinical Administration has floated/reassigned identified staff to other clinical areas for enhanced training and development. Staff can meet with CHRO for one-on-one training in Fierce Conversations - a relationship building program. The Medical Staff Engagement Committee has drafted a Provider Orientation Model.	67%		Chief Human Resources Officer: Ro Kmetz HR Generalist Recruitment: Rocky Snider
	10. Involve staff in the hiring process for new employees.	<ul style="list-style-type: none"> <li>Utilizing best practices, create a peer interview template that can be shared and implemented by department leaders (3/20).</li> </ul>	No action taken to date.	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"> <li>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).</li> <li>Continue to embrace ASPIRE Program with monthly and year-end awards (12/20).</li> </ul>	Employee Rewards and Recognition Team members review ASPIRE Program nominees on a monthly basis. The CEO and committee members recognize Gold, Silver and Bronze awardees monthly. A new Platinum category added for 2020 spurred by efforts to combat COVID 19.	50%		Rewards & Recognition Committee Aurora Weddle
	12. Enhance the exit interview process to identify opportunities for improvement.	<ul style="list-style-type: none"> <li>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).</li> </ul>	Due to very low staff turnover, the report still being developed.	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"> <li>Work with PDP Works to create employment models to use for pre-employment assessments including specific tie-ins to our ASPIRE Values (2/20).</li> <li>Launch PDP Works (3/20).</li> </ul>	PDP Training completed. Launching PDP Works has been paused due to 2020 hiring trends for affected positions.	50%		Chief Human Resources Officer: Ro Kmetz
	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"> <li>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).</li> <li>Develop direct contracts with area primary and specialty care providers (7/20).</li> <li>Audit self-insured health plan (6/20).</li> <li>Continue to promote healthy lifestyles and a positive work-life balance for 2020.</li> </ul>	Finalizing paperwork for a July/August audit. Employee Engagement activities scheduled through December, 2020. Activities modified for compliance with Governor's orders as related to COVID 19.	50%		HR Generalist Benefits: Nora Newhouse Chief Human Resources Officer: Ro Kmetz Chief Financial Officer: David Rollins



Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Semi-Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
<b>Employee Development - Ro Kmetz, Champion</b>						
<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"> <li>-Open Communications;</li> <li>-Competitive wages and benefits;</li> </ul> <p>-Selection and retention of effective, caring personnel;</p> <ul style="list-style-type: none"> <li>-Utilization and development of talent throughout the organization;</li> <li>-On-going education;</li> <li>-Employee recognition.</li> </ul> <p>Achieve and maintain an annual employee satisfaction rate of 90% or higher.</p>	<p>15. Review and propose revisions to benefit plans offered at Prosser Memorial Health to be competitive with the current market.</p>	<ul style="list-style-type: none"> <li>Using the PTO Committee, assess consolidating benefit buckets and transition to a PTO platform for exempt staff in 2020 (3/20).</li> <li>Assess health and wellness program in support of healthy lifestyles for 2020 (7/20). Reduce employee lost work days by 25%.</li> </ul>	<p>PTO Committee work paused due to competing priorities related to COVID 19 and the integration of the new Washington State Sick Leave Law. There has been no action to date on assessing the health and wellness program. New metric for 2020. Through June, 63 lost work days reported. Annual goal is less than 167 days.</p>	60%		<p>Chief Human Resources Officer: Ro Kmetz HR Generalist Benefits: Nora Newhouse</p>
	<p>15. Review and redefine the Employee Health Program to improve efficiency and employee satisfaction.</p>	<ul style="list-style-type: none"> <li>Establish a comprehensive Employee Health Tracking process for 2020 (6/20).</li> <li>Review MRO contract and seek better accountability for drug screens (3/20).</li> <li>Achieve 90% compliance of annual employee health requirements by year end (12/20).</li> <li>Reduce employee lost workdays by 25% from previous year (12/20).</li> </ul>	<p>Comprehensive tracking document created and used for employees for COVID 19. MRO contract enhanced for an additional \$200 for each expanded drug screen required. Compliance of annual employee health requirements and employee lost workdays will be available at the end of the year.</p>	50%		<p>RN: Karla Greene HR Generalist Benefits: Nora Newhouse</p>
	<p>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.</p>	<ul style="list-style-type: none"> <li>Continue to generate and implement ideas that support a variety of employee engagement activities and events including a "Spirit Day" for 2020 (3/20).</li> <li>Create and distribute a calendar of planned employee events for 2020 (1/20).</li> <li>Involve Leadership to promote and host activities and events (1/20).</li> <li>Develop and use a tool whereby employees can provide real-time feedback on activities and events to assist with the planning process (4/20).</li> <li>Continue to include all Prosser Memorial Employees and staff working at partner clinics in activities and events where possible (1/20).</li> </ul>	<p>The Employee Engagement Team meets monthly. The Leadership Car Wash in July offered staff the opportunity to show their PMH Spirit! A Calendar of Events was published in January, 2020. Monthly reminders of events are published in advance of event through email, SharePoint and ASPIRE Boards. Real-time feedback tool is being developed. Staff at partner clinics are included in all major employee activities events such as: Valentine's Day, St. Patrick's Day celebration, Easter Basket distribution, National Hospital Week and Leadership Car Wash Picnic lunch.</p>	80%		<p>Chief Human Resources Officer: Ro Kmetz Employee Engagement Team</p>
	<p>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.</p>	<ul style="list-style-type: none"> <li>Analyze current compensation and benefit structures of both organizations (4/20).</li> <li>Review current service contract agreement and develop a cost analysis of the transition (5/20).</li> <li>Establish a communication timeline and meet with stakeholders (6/20).</li> <li>Create a transition plan and prepare for Day 1 requirements (7/20).</li> </ul>	<p>Feasibility work suspended due to rehabilitation staff workforce reductions in response to COVID 19. Current staffing, as of June, 2020, remains at diminished levels. Analysis will restart when staffing returns to normal levels.</p>	0%		<p>Chief Human Resources Officer: Ro Kmetz CNO/COD: Merry Fuller</p>

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Semi-Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
<b>Employee Development - Ro Kmetz, Champion</b>						
<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"> <li>-Open Communications;</li> <li>-Competitive wages and benefits;</li> <li>-Selection and retention of effective, caring personnel;</li> <li>-Utilization and development of talent throughout the organization;</li> <li>-On-going education;</li> <li>-Employee recognition.</li> </ul> <p><b>Achieve and maintain an annual employee satisfaction rate of 90% or higher.</b></p>	<p>19. Implement a consistent Uniform Policy for PMH to enhance professional appearance and increase customer satisfaction.</p>	<ul style="list-style-type: none"> <li>• Finalize research healthcare facilities best practices and make recommendations (1/20).</li> <li>• Meet with Leadership and obtain feedback on best practice research (2/20).</li> <li>• Determine the timeline for implementation and development of policies and procedures (6/20 ).</li> <li>• Implement the policy as appropriate (8/20).</li> </ul>	<p>Research of healthcare facilities best practices and recommendations have been completed. Meeting with Leadership and obtaining feedback on best practice research has also been completed. The Administration Team and the Board of Commissioners were presented with a draft Uniform Policy, potential budget and implementation timeline in May, 2020. However, it was decided later that this project would be paused until 2021.</p>	50%		<p>Chief Human Resources Officer: Ro Kmetz Uniform Committee</p>
	<p>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.</p>	<ul style="list-style-type: none"> <li>• Successfully negotiate new AFSCME Collective Bargaining Agreement in 2020 (7/20).</li> <li>• Hold IAC (Insurance Advisory Committee) meetings per contracts (10/20).</li> </ul>	<p>Basic prep work for negotiations will begin in July, 2020. Current CBA expires 12/31/20. No scheduled IAC meetings have been held to date.</p>	25%		<p>Chief Human Resources Officer: Ro Kmetz</p>
	<p>21. Create accessible computer kiosk areas for staff so that those without direct computer access have a centralized access point.</p>	<ul style="list-style-type: none"> <li>• Create a work team to study need and make recommendations to Administrative Team and implement as appropriate (4/20).</li> </ul>	<p>No action taken to date.</p>	0%		<p>Chief Human Resources Officer: Ro Kmetz Chief Information Officer: Kevin Hardiek</p>
	<p>22. Offer Leader training opportunities for non-leadership staff to promote personal and professional growth.</p>	<ul style="list-style-type: none"> <li>• Solicit employees for input and develop continuous learning agendas and source trainers (3/30).</li> </ul>	<p>CHRO meets with identified staff one-on-one for mentoring on relationship building through the conversational model, Fierce Conversations. MBS (Management by Strengths) leadership tool offered to all staff in July, 2020. CCO and CQO will coordinate a virtual MBS training with the Studer Group's certified trainer in August, 2020.</p>	50%		<p>Leadership Team</p>
	<p>23. Assess the organizational structure utilized in the PMH Clinics.</p>	<ul style="list-style-type: none"> <li>• Evaluate the current organizational structure in the PMH Clinics and implement changes as appropriate (3/20).</li> </ul>	<p>The Director of Physician Practices is developing a Dyad Leadership Model for the clinics creating a partnership between a physician leader and administrative leader for each clinic. Work initially paused between March and June due to COVID 19.</p>	25%		<p>Director of PMH Clinics - Alana Pumphrey</p>

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Semi-Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
<b>Quality - Kristi Mellema, Champion</b>						
<p>Continue to support the systematic organization-wide approach to plan, design, measure, assess and improve organizational performance. Objectives are designed to:</p> <ul style="list-style-type: none"> <li>• Attain optimal patient outcomes and patient and family experience</li> <li>• Support an engaged and safe workforce</li> <li>• Enhance appropriate utilization</li> <li>• Minimize risks and hazards of care</li> <li>• Develop and share best practices</li> </ul>	<p>1. Maintain an organization-wide Strategic Plan Scorecard of key performance indicators for FY 2020.</p>	<ul style="list-style-type: none"> <li>• Track and trend FY2020 Strategic Plan Scorecard monthly based on the Pillars of Excellence (12/20)</li> <li>• Assist departments in achieving 2020 quality goals. (12/20)</li> <li>• All indicators will meet goal by end of 2020 (12/20).</li> </ul>	<ul style="list-style-type: none"> <li>• The Strategic Plan Scorecard is tracked and trended on a monthly basis.</li> <li>• Departments are assisted in reviewing and moving towards meeting the 2020 quality goals.</li> <li>• As of June 2020, 20 out of 47 of the metrics were meeting goal (42.6%), eight were within 10% of goal and 19 were 10% below goal.</li> </ul>	50%		Chief Quality Officer: Kristi Mellema
	<p>2. Maintain Patient Care Scorecard to measure and trend selected Quality Measures.</p>	<ul style="list-style-type: none"> <li>• Achieve an overall Patient Care Scorecard improvement 5% above FY2020 across the selected Quality measures (12/20).</li> </ul>	<ul style="list-style-type: none"> <li>• As of June 2020, nine out of 15 metrics were meeting goal (60%), one was within 10% of goal and five were 10% below goal.</li> </ul>	50%		Chief Quality Officer: Kristi Mellema
	<p>3. Implement a Clinic Patient Care Scorecard to measure and trend selected Quality Measures.</p>	<ul style="list-style-type: none"> <li>• Choose clinic specific quality measures to include on the Clinic Patient Care Scorecard (2/20).</li> <li>• FY2020 to establish a baseline across the selected Quality measures (12/20).</li> <li>• Break out metrics by individual Clinic and present at each Clinic Medical Staff meetings. (5/20)</li> </ul>	<ul style="list-style-type: none"> <li>• Clinic specific quality metrics have been established and a Clinic Patient Care Scorecard has been created.</li> <li>• Baselines have been selected for each clinic specific quality metric.</li> <li>• Metrics have been separated by individual clinic, however, this information has yet to be presented to the Medical Staff. Originally, there were issues with pulling the data. Target for presentation is at the July Quality Committee Meeting.</li> </ul>	67%		Director of PMH Clinics: Alana Pumphrey
	<p>4. Be in compliance with regulatory standards of applicable agencies (State of Washington, CMS, etc.)</p>	<ul style="list-style-type: none"> <li>• Create department specific quality reporting calendar including items to go to Joint Conference Committee (1/20).</li> <li>• Submit 2020 Quality Improvement Plan to the Board for Approval (3/20).</li> <li>• Identify and implement survey readiness activities in preparation for the spring 2020 DOH unannounced survey (1/20).</li> </ul>	<ul style="list-style-type: none"> <li>• A calendar of department specific quality presentations has been developed and distributed to all Leaders.</li> <li>• The 2020 Quality Assurance Plan was reviewed and approved by the Board in January 2020.</li> <li>• Departmental Tracers were sent and reviewed to 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 when necessary.</li> </ul>	100%		Chief Quality Officer: Kristi Mellema
	<p>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.</p>	<ul style="list-style-type: none"> <li>• Identify education opportunities (3/20).</li> <li>• Create education offerings (3/20).</li> <li>• Develop training for the education opportunities that were identified (6/20).</li> <li>• Provide education and competency assessments to 100% of appropriate staff (12/20).</li> </ul>	<ul style="list-style-type: none"> <li>• Educational opportunities have been identified. Additionally a training calendar has been created.</li> <li>• All educators have agreed to teach (majority of offerings will be Pam Morris, NP).</li> <li>• Schedule was completed and sent to staff, cancelled due to group number restrictions. We are hopeful this will begin in September 2020.</li> <li>• Competency checklist created. All staff will be checked off by 12/2020.</li> </ul>	50%		Director of PMH Clinics: Alana Pumphrey
	<p>6. Bar code scanning for medication</p>	<ul style="list-style-type: none"> <li>• Achieve an overall medication bar code scanning compliance rate of 95% for the hospital (12/20).</li> <li>• Report medication bar code scanning compliance at each monthly Quality meeting (1/20-12/20).</li> </ul>	<ul style="list-style-type: none"> <li>• As of June 2020, overall Medication Scanning was at 94.48%. This metric has improved month over month. We are not quite to goal but will continue monitoring this metric.</li> <li>• This metric is a standing agenda item and is reported at each monthly Quality Committee meeting.</li> </ul>	75%		Director of Pharmacy: Lindsay McKie
	<p>7. Enhance Infection Prevention Program compliance with standards of applicable agencies, as well as, adherence to the PMH Infection Control Plan.</p>	<ul style="list-style-type: none"> <li>• Implement, educate &amp; communicate an enhanced PMH Infection Control Program Plan which meets all regulatory agency requirements (3/20).</li> <li>• Implement programs to promote compliance. Quarterly communications and/or education (3/20).</li> <li>• Complete Risk Assessment and Infection Control plan for 2020 (3/20).</li> </ul>	<ul style="list-style-type: none"> <li>• The 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.</li> <li>• Since February, communication and education to all staff has been focused on infection control to prevent COVID-19. This is an ongoing project.</li> <li>• Risk Assessment and Infection Control plan for 2020 were reviewed and approved by the Board in February 2020.</li> </ul>	80%		Laboratory Director/Infection Preventionist: Susan Mikias

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Semi-Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
<p><b>Quality - Kristi Mellema, Champion</b></p> <p>Continue to support the systematic organization-wide approach to plan, design, measure, assess and improve organizational performance. Objectives are designed to:</p> <ul style="list-style-type: none"> <li>• Attain optimal patient outcomes and patient and family experience</li> <li>• Support an engaged and safe workforce</li> <li>• Enhance appropriate utilization</li> <li>• Minimize risks and hazards of care</li> <li>• Develop and share best practices</li> </ul>	<p>8. Enhance Prosser Memorial Health's Environment of Care plans, policies and procedures with current standards of all applicable agencies.</p>	<ul style="list-style-type: none"> <li>• 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).</li> </ul>	<ul style="list-style-type: none"> <li>• Revised EOC plans and policies were distributed to all departments on June 10, 2020.</li> </ul>	100%		Director of Support Services: Steve Broussard
	<p>9. Implement a Contract Review Process.</p>	<ul style="list-style-type: none"> <li>• Update contract review policy (2/20).</li> <li>• Complete annual contract evaluation of all contracts (3/20).</li> <li>• Make a final determination on which software to use (3/20).</li> <li>• Input all contracts to the software (5/20).</li> </ul>	<ul style="list-style-type: none"> <li>• Contract review policy is still under revision.</li> <li>• Annual contract evaluation is still in progress.</li> <li>• Determination was made to use PolicyTech for electronic storage of vendor contracts.</li> <li>• As of June 2020, only 50% of the contracts have been inputted into PolicyTech.</li> </ul>	50%		CNO/COO: Merry Fuller Chief Quality Officer: Kristi Mellema
	<p>10. Maintain an effective Corporate Compliance Program.</p>	<ul style="list-style-type: none"> <li>• Establish areas of focus for 2020, including specific metrics impacting the iVantage quality score (4/20).</li> <li>• Develop an audit schedule for areas of focus (4/20).</li> <li>• Assist areas needing help with meeting corporate compliance standards (1/20 - 12/20).</li> <li>• Submit 2020 Corporate Compliance Plan to the Board for approval (7/20).</li> </ul>	<ul style="list-style-type: none"> <li>• Compliance areas of focus has been established with the committee members. Also the metrics on the Patient Care Scorecard have been tied to some of the metrics in the iVantage report.</li> <li>• An audit schedule for areas of focus has been established with committee members.</li> <li>• There is ongoing assistance to all departments to ensure that corporate compliance standards are maintained.</li> <li>• The 2020 Corporate Compliance Plan was presented and approved by the Board in February 2020.</li> </ul>	100%		Chief Compliance Officer: Kristi Mellema
	<p>11. Focused Quality goals based on iVantage.</p>	<ul style="list-style-type: none"> <li>• Report OP22 - Left without being seen - for 2019 (3/20).</li> <li>• Start reporting OP29 - Colonoscopy follow up (4/20).</li> <li>• Achieve 95% compliance rate on IMM2 Flu Vaccine (inpatient) for 2020. (12/20)</li> </ul>	<ul style="list-style-type: none"> <li>• OP22 was reported in May 2020 to NHSN.</li> <li>• OP29 was reported in May 2020 to NHSN.</li> <li>• Flu Vaccine compliance for 2019/2020 is 96.7%.</li> </ul>	100%		Chief Quality Officer: Kristi Mellema
	<p>12. ED scheduling Clinic follow up appointments.</p>	<ul style="list-style-type: none"> <li>• ED will direct schedule follow up appointments for 25% of ED discharges needing a follow up with a PMH care provider (9/20).</li> </ul>	<ul style="list-style-type: none"> <li>• No action taken to date - this project has been put on hold due to COVID-19.</li> </ul>	0%		ED Director: Christi Doornink-Osborn Director of PMH Clinics: Alana Pumphrey
	<p>13. Enhance hand hygiene at PMH.</p>	<ul style="list-style-type: none"> <li>• Report hand hygiene compliance to Leaders at the monthly Quality Committee meeting (1/20 - 12/20).</li> <li>• Educate all employees about the importance of hand hygiene (10/20).</li> <li>• Achieve hand hygiene goals by the end of 2020 (12/20).</li> <li>• Standardize hand gel product across PMH organization (6/20).</li> </ul>	<ul style="list-style-type: none"> <li>• Hand hygiene compliance is a standing agenda item at each monthly Quality Committee meeting.</li> <li>• Hand hygiene education has been distributed and redistributed this year due to COVID-19.</li> <li>• Working on achieving hand hygiene goals is an ongoing task and addressed at each Quality Committee meeting.</li> <li>• Hand gel product has been paused due to shortages and nationwide allocations related to COVID-19.</li> </ul>	75%		Laboratory Director/Infection Preventionist: Susan Miklas



Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Semi-Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
<b>Services - Kevin Hardiek and Shannon Hitchcock, Champions</b>						
<p>Develop appropriate facilities, technology and services to meet the needs of those we serve.</p> <p><b>Achieve 20,065 adjusted patient days for those services we provide.</b></p>	<p>1. Develop and implement a comprehensive, multi-channel marketing plan for PMH inpatient and outpatient services to increase our market share by 5% in our primary service are.</p>	<ul style="list-style-type: none"> <li>Explore and implement an APP for smart devices to access appointments and PMH resources for patients (6/20).</li> <li>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).</li> </ul>	<p>There are some interface obstacles with My Chart / Providence and an interface with a stand alone PMH app. Phillip &amp; Shannon continue to research possible opportunities either with My Chart or creating a one-off app. We have expanded our online information with more interactive options including Facebook Live, a virtual lunch and learn for our joint replacement program and pages of COVID-19 information. We are researching how to add a Pollen Count to the website, and PMH You Tube Channel.</p>	50%		CCO: Shannon Hitchcock
	<p>2. Expand aesthetic services offered such as cool sculpting, tattoo removal, and laser hair removal that are cash pay.</p>	<ul style="list-style-type: none"> <li>Identify training and equipment needed for Jessica Luther, ARNP, to offer these services at the Benton City Clinic (1/20).</li> <li>Write and review a proforma on these services and implement if appropriate (1/20).</li> </ul>	<p>This is on hold for now as elective aesthetic services are not allowed under Governor Inslee's "Phase 1" guidelines.</p>	0%		Director of PMH Clinics: Alana Pumphrey
	<p>3. Explore the feasibility of adding electromyography (EMG) studies to the Comprehensive Pain Clinic.</p>	<ul style="list-style-type: none"> <li>Research and review a proforma for adding EMG studies at the Comprehensive Pain Management Clinic and implement if appropriate (6/20).</li> </ul>	<p>Alana will submit a capital request to the Board of Commissioners for this equipment in June.</p>	25%		Director of PMH Clinics: Alana Pumphrey
	<p>4. Explore new technology / software platform for reporting ER wait times that can be marketed on the PMH website and electronic billboards.</p>	<ul style="list-style-type: none"> <li>Research the software capabilities of reporting ER wait times accurately and if appropriate post them on our website and other marketing venues.</li> <li>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).</li> </ul>	<p>This is on hold through the COVID-19 pandemic / phase 1 lockdown as we are discouraging patients from coming to the ED and directing them to our clinics.</p>	0%		CCO: Shannon Hitchcock
	<p>5. Study the feasibility of adding stereotactic biopsy service line to surgical service line.</p>	<ul style="list-style-type: none"> <li>Research and review a proforma for adding stereotactic biopsy services to Diagnostic Imaging and implement if appropriate (7/20).</li> </ul>	<p>On hold for now. We are having issues getting regular mammogram screenings scheduled right now.</p>	0%		Director of Diagnostic Imaging: Aurora Weddle
	<p>6. Market Prosser Memorial Health as a destination hospital for surgical services.</p>	<ul style="list-style-type: none"> <li>Market the Joint Replacement Program across Central Washington (1/20).</li> <li>Market gynecological surgery services across Central Washington (3/20).</li> <li>PMH Sports Medicine Provider and Therapy Clinic Provider to develop curriculum around concussion education (6/20).</li> <li>Explore the stomach sleeve procedure to the General Surgery service line (9/20).</li> <li>Add vascular surgery to the General Surgery service line (9/20).</li> </ul>	<p>We have a comprehensive marketing campaign running for our Joint Replacement Program. It has been delayed due to the stoppage of non-emergent surgeries until mid- May. We are ramping back up and have finalized the components of the entire Joint Replacement Program. Dr. Strebél has filmed a lunch &amp; learn that we will post on our website in lieu of an in-person event.</p>	25%		CCO: Shannon Hitchcock

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<b>Services - Kevin Hardiek and Shannon Hitchcock, Champions</b>						
Develop appropriate facilities, technology and services to meet the needs of those we serve. <b>Achieve 20,065 adjusted patient days for those services we provide.</b>	7. Explore the feasibility of adding arterial ultrasounds for lower extremities to Diagnostic Imaging's service line.	<ul style="list-style-type: none"> <li>Research and review a proforma for adding arterial ultrasounds to the Diagnostic Imaging service line and implement if appropriate (3/20).</li> </ul>	No action taken to date.	0%		Director of Diagnostic Imaging: Aurora Weddle
	8. Study the feasibility of adding home health services at PMH.	<ul style="list-style-type: none"> <li>Study the feasibility of providing home health services and implement if appropriate (6/20).</li> </ul>	No action taken to date.	0%		CNO/COO: Merry Fuller
	9. Continue to review the feasibility of building a new hospital.	<ul style="list-style-type: none"> <li>Review the feasibility study in early 2020 to determine next steps toward building a new hospital (3/20).</li> <li>Develop an internal and external communication plan on why PMH is pursuing a new hospital (8/20).</li> </ul>	The feasibility study was presented to the Board of Commissioners at the May Board Work Session. We did not ask for any action to be taken at this time on moving forward. However, the auditors did give PMH the green light to pursue the replacement facility when we choose to.	50%		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"> <li>Contact nursing home companies, mental health organizations, long-term acute care companies, etc. that may be interested in our facility (6/20).</li> <li>Determine the cost to raze the current facilities and repurpose for other uses (e.g. housing) (6/20).</li> </ul>	Working with the Washington State Hospital Association (WSHA), PMH has begun to explore possible repurposing options for our current facility (e.g. senior housing, mental health). No action has been taken on the feasibility of razing our current facilities.	25%		CEO: Craig Marks
	11. Study the feasibility of adding cardiac rehab to the cardio/pulmonology service line.	<ul style="list-style-type: none"> <li>Develop a feasibility identifying the resources, space and staffing required for a cardiac rehab service line (9/20).</li> </ul>	Rusti has been working with Dr. Bhatti to develop work flows and processes for current cardiac service line before adding cardiac rehab.	10%		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"> <li>Research and review a proforma on adding a hyperbaric chamber to the Wound Therapy service line (8/20).</li> </ul>	No action taken to date.	0%		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"> <li>Develop a communication plan for tracking and resolving Epic issues as well as identifying resources available for staff to resolve Epic issues (3/20).</li> </ul>	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%		CIO: Kevin Hardiek
	14. Explore feasibility of adding massage therapy services	<ul style="list-style-type: none"> <li>Explore feasibility of adding massage therapy services in 2020 (06/20).</li> </ul>	No action taken to date.	0%		Director of PMH Clinics: Alana Pumphrey
	15. Increase dietician services at PMH.	<ul style="list-style-type: none"> <li>Explore hiring a full-time dietician (5/20).</li> </ul>	No action taken to date.	0%		CFO: David Rollins
16. Increase diabetic education services offered at PMH.	<ul style="list-style-type: none"> <li>Develop a comprehensive diabetic education program and implement as appropriate (7/20).</li> <li>Research the certification required for a PMH RN to obtain a Diabetic Educator certification (1/20).</li> </ul>	We are researching online resources and producing our own online information using PMH providers for enhanced diabetic education.	25%		Director of PMH Clinics: Alana Pumphrey	



Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Semi-Annual Progress	% Complete		Objective Lead
				2nd QTR	4th QTR	
<b>Services - Kevin Hardiek and Shannon Hitchcock, Champions</b>						
Develop appropriate facilities, technology and services to meet the needs of those we serve. <b>Achieve 20,065 adjusted patient days for those services we provide.</b>	17. Develop a consistent process for measuring outpatient volumes.	<ul style="list-style-type: none"> <li>Develop a process of collecting data consistently that will accurately measure our outpatient volumes (1/20).</li> </ul>	Completed.	100%		Director of Finance: Stephanie Titus
	18. Writing an Information Technology Plan.	<ul style="list-style-type: none"> <li>Write an Information Technology Plan to implement in 2021 (12/20).</li> <li>Update 2020 IT Plan with Security Plan Addendum including available Providence Security Plan details (3/20).</li> </ul>	This is complete and was presented to the Board of Commissioners at the April Board Work Session.	100%		CIO: Kevin Hardiek
	19. Market annual Medicare Senior Wellness Exam	<ul style="list-style-type: none"> <li>Market to the community that the primary care clinics at PMH offer annual Medicare Wellness Exams for seniors (3/20).</li> </ul>	We will begin this campaign in July. It was put on hold during the COVID-19 lockdown because we believed seniors would not want to go to clinics for a Wellness Exam.	25%		CCO: Shannon Hitchcock
	20. Increase surgical volumes.	<ul style="list-style-type: none"> <li>Expand services offered by our general surgeons (3/20).</li> <li>Continue to expand services offered by PMH orthopedic surgeons in 2020 (3/20).</li> </ul>	We have just begun to ramp up the marketing of our surgeons now that we are able to perform non-emergent surgeries. This includes patient testimonials and a virtual Lunch and Learn for our Joint Replacement program.	25%		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"> <li>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).</li> </ul>	Alana has a meeting with Steve Broussard June 23 to discuss this.	25%		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"> <li>PMH Sports Medicine Provider and Therapy Clinic Provider to develop curriculum around concussion education (6/20).</li> </ul>	On hold until we have more guidance from the Governor on what Fall sports will look like at the high school level. We have been in contact with Bryan Bailey at Prosser High School about the possibility of our providers hosting virtual seminars on heat stroke, sudden cardiac arrest and concussions for athletes, coaches and athletic directors.	25%		Director of Specialty Clinic: Tricia Hawley
	23. Explore expanding primary care services to Mabton.	<ul style="list-style-type: none"> <li>Develop a business plan for a primary care clinic in Mabton, WA (8/20).</li> <li>If appropriate, open a new Mabton Clinic (12/20).</li> </ul>	No action taken to date.	0%		Director of PMH Clinics: Alana Pumphrey

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Semi-Annual Progress	% Complete		Objective Lead
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<b>Financial Stewardship - David Rollins, Champion</b>						
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 FY2020.	<ul style="list-style-type: none"> <li>Earn an operating margin of at least 4.5% and a total margin of 6.0% for FY2020.</li> <li>Publish financial reports every month and distribute to Management Team, all employees, Medical Staff and Board.</li> </ul>	Thanks to federal funding for COVID, PMH has an operating margin of 12.5% and total margin of 12.6%. PMH publishes financial report to every department leader, Management Team, Medical Staff and Board each month.	50%		CFO: David Rollins
	2. Reduce all costs.	<ul style="list-style-type: none"> <li>Reduce total expense per adjusted patient day by 3% versus 2019. Reduce OT utilization by reducing unscheduled sick pay utilization and staffing optimization.</li> <li>Reduce Contract Labor in Nursing by 25% by staffing optimization and retention.</li> <li>Reduce product waste by 25% by tracking and reporting out-dates and improving inventory controls.</li> <li>Review service contracts for opportunities to reduce costs.</li> </ul>	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 management decision to not furlough employees, reduce hours or benefits due to federal funding. Nursing Contract Labor has increased by XX% driven by staffing challenges. Purchasing has begun tracking out-dates and overall inventory is stable despite increasing PPE stock. No actions taken to date on reviewing service contracts not already due for renewal.	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"> <li>Develop and implement a biweekly department productivity report using the resources provided by Brady Company, Inc. (2/20).</li> </ul>	Brady & Associates has received all the requested data from PMH and a report is pending.	25%		CFO: David Rollins
	4. Obtain an unqualified audit opinion for FY2019 with no audit adjustments.	<ul style="list-style-type: none"> <li>Obtain an unqualified audit opinion for FY2019 and share with the Board (3/20).</li> </ul>	PMH received an unqualified audit opinion from its auditors (DZA) at the May board meeting.	100%		Director of Finance: Stephanie Titus
	5. Maintain Net Days in Accounts Receivable below industry standards.	<ul style="list-style-type: none"> <li>Create and publish a "net" unbilled days metric (3/20).</li> <li>Maintain days in Net Accounts Receivable below 47 days and unbilled days under 5 days.</li> </ul>	Net AR Days are at 52 overall driven by staffing challenges as several new staff including leadership have been added in the first half of the year. Results are better than budget and prior year at this time but still trailing targeted benchmark of 47 days.	50%		Revenue Cycle Director: TBD
	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"> <li>Present a semi-annual financial performance report for PMH owned physician practices to the Board (1/20 &amp; 7/20).</li> </ul>	Quarterly Financial Performance Reports for the PMH Clinics are provided to the Board.	50%		Director of Finance: Stephanie Titus
	7. Participate on the HCA Rural Payment Model committee.	<ul style="list-style-type: none"> <li>Ensure that PMH receives all practice transformation funds possible in 2020 (12/20).</li> </ul>	PMH has met all of its obligations so far in 2020 and expects to receive up to \$227,181 for the first six months of 2020 per the grant award from GCACH.	50%		CFO: David Rollins CNO: Merry Fuller Director of Clinics: Alana Pumphrey

Strategic Areas of Focus & Goals	FY2020 Objectives	Measures/Metrics	Semi-Annual Progress	% Complete		Objective Lead
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<b>Financial Stewardship - David Rollins, Champion</b>						
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.	8. Improve Point-of-Service collections.	<ul style="list-style-type: none"> <li>Increase Point-of-Service collections by 50% in FY2020 compared to 2019 (12/20).</li> <li>Implement POS Estimates (6/20).</li> <li>Implement Insurance Verifications (6/20).</li> <li>Restructure Self-Pay policies for discounts and financial assistance (6/20).</li> </ul>	The New Manager of Patient Access has dramatically improved Point-of-Service Collections since her arrival in March 2020. Cash collections have increased from less than \$1,000 in March 2020 to over \$10,000 in June 2020. PMH is working with Providence to implement the Passport Patient Eligibility software already in use by Providence with the goal of being live by the end of the 3rd quarter. PMH has revised its Self-Pay policies to offer all Self-Pay accounts a 25% discount on gross charges. All Self-Pay payments are eligible for a 5% prompt pay discount if paid within 30 days of initial billing. The patient financial assistance program has been modified from a three 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.	50%		Revenue Cycle Director: TBD
	9. Enhance the Anesthesia billing process/structure.	<ul style="list-style-type: none"> <li>Develop and implement an enhanced Anesthesia billing "road-map" (8/20).</li> <li>Increase anesthesia revenue by 10% (12/20).</li> </ul>	Currently in discussions with our anesthesia providers about their contract. Soliciting bids for anesthesia audit and revenue cycle analysis with completion by 09/30.	25%		CFO: David Rollins
	10. Create a culture of Budget accountability down to the department level.	<ul style="list-style-type: none"> <li>Create and implement an education module that focuses on budget creation, analysis, and accountability (4/20).</li> <li>Educate Directors in accordance with the education module and hold them accountable for their financial performance during evaluations (4/20).</li> <li>Educate Directors on Revenue Cycle and further streamline the process and provide advanced education on EPIC (3/20).</li> </ul>	Finance is hosting quarterly meetings for Directors to discuss performance and budget question. Finance created Revenue Cycle Team that meets weekly, and is beginning to invite leaders to discuss process improvement issues (example: Surgery Flow and Authorizations).	35%		CFO: David Rollins
	11. Develop plan to solicit capital donations for new hospital.	<ul style="list-style-type: none"> <li>Conduct a feasibility study for a potential capital drive beginning in 2020 (9/20).</li> <li>Raise \$100,000 in 2020 (12/20).</li> </ul>	Bids for a feasibility study for a capital drive have been received by the Foundation and are being evaluated at this time.	25%		CCO: Shannon Hitchcock
	12. Improve patient value and market competitiveness.	<ul style="list-style-type: none"> <li>Conduct a study of competitor and market pricing to ensure PMH is competitive (02/20).</li> <li>Utilize Cleverly or like service for state and national data comparisons and implement changes as appropriated.</li> </ul>	Engaged Cleverly to conduct a pricing and benchmarking study utilizing our current chargemaster and claims data. Expect final report by 09/30 and will implement the changes before the end of the year.	25%		CFO: David Rollins
	13. Optimize auditing and cost-reporting capabilities.	<ul style="list-style-type: none"> <li>Competitively bid out the PMH audit and cost report services (5/20).</li> <li>Allow the PMH Board to select the auditors for 2019 (7/20).</li> </ul>	RFP to regional and national audit firms specializing in critical access hospitals due to be sent out by 07/31. The Board will be asked to select an auditor in September.	25%		CFO: David Rollins

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<b>Financial Stewardship - David Rollins, Champion</b>						
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.	14. Improve charge accuracy compliance.	<ul style="list-style-type: none"> <li>Conduct annual audits of our billing practices to ensure accurate charge capture (5/20).</li> <li>Work to correct all deficiencies and enhance our current billing practices in 2020 (12/20).</li> </ul>	Engaged Brown Consulting to conduct a coding and charge capture audit with results due by 08/31/2020. 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.	50%		Revenue Cycle Director: TBD
	15. Enhance the financial performance of the PMH Emergency Medicine Services.	<ul style="list-style-type: none"> <li>Explore ways to enhance revenue and reduce costs (4/20).</li> <li>Create plan to potentially transition service to a non-PMH entity if appropriate (6/20).</li> </ul>	Staffing costs reduced by CNO/COO acting as Interim Director while transition planning is ongoing. Engaged in conversations with West Benton Fire District on assuming services.	25%		CNO/COO: Merry Fuller
	16. Improve efficiencies in Accounting and Human Resources through more effective software.	<ul style="list-style-type: none"> <li>Explore options to better meet our software needs for Accounting (GL/AP/MM/Payroll) and HR.</li> <li>Identify options, migration plans and implement as appropriate (12/20).</li> </ul>	Negotiating with Kronos to transition all HR/Payroll/Timekeeping to their platform by 1st quarter of 2021.	50%		CFO: David Rollins CIO: Kevin Hardiek CHRO: Ro Kmetz
	17. Improve inventory controls and cost/charge capture in departments.	<ul style="list-style-type: none"> <li>Identify new software options for Materials Management that will improve labor efficiencies, inventory controls and more effective purchasing tools (12/20).</li> </ul>	Pending transition to new GL/AP/MM software in 2021.	0%		Director of Materials Management: Wendy Clapp
	18. Optimize banking partnerships for greatest value overall.	<ul style="list-style-type: none"> <li>Distribute RFP for banking services that will reduce costs and improve efficiencies and make recommendations to the Board. (9/20).</li> </ul>	Put on hold due to COVID crisis. Expect to complete this selection by 12/31.	0%		Director of Finance: Stephanie Titus

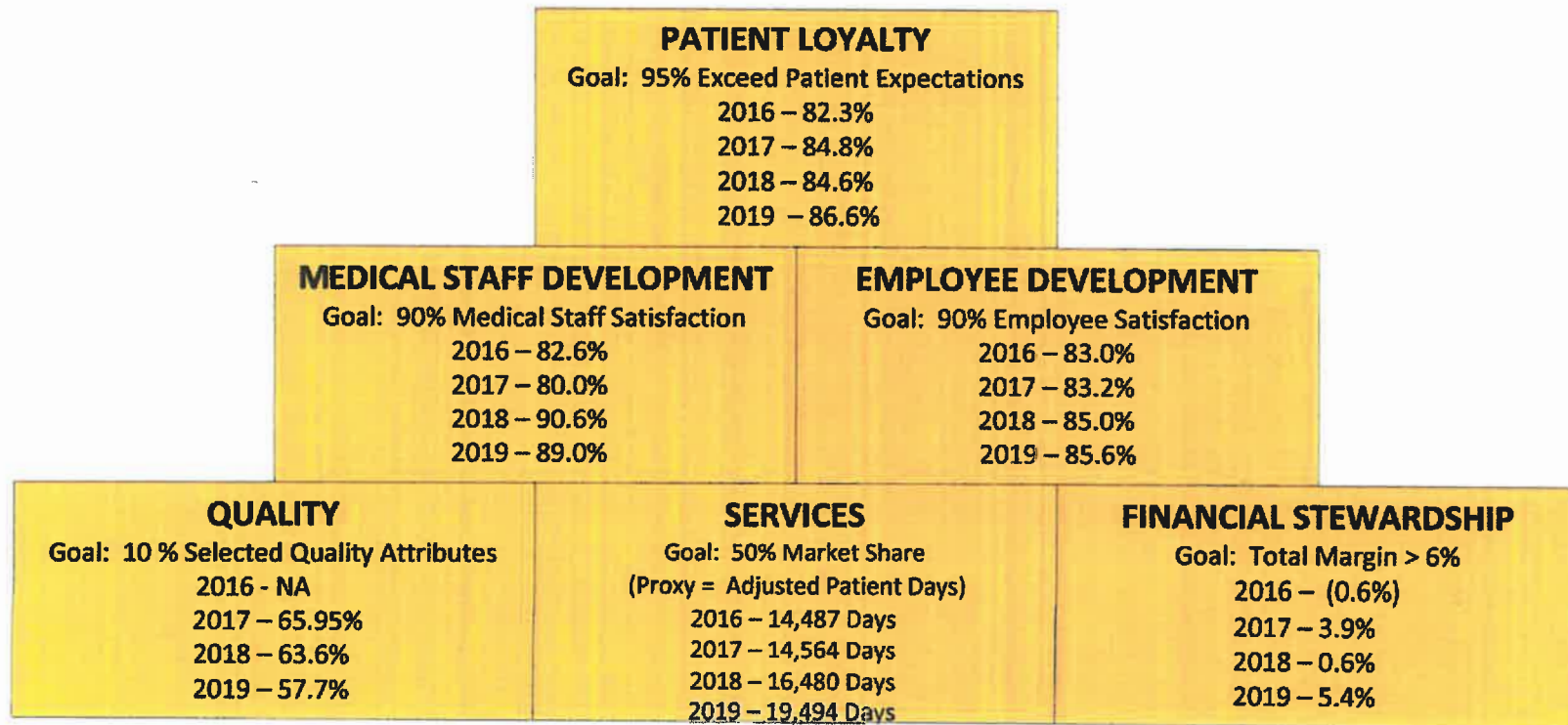


**Mission:**

*PMH will improve the health of our community.*

**Vision of Success FY2017 to 2020**

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



**Our Values**

**- ASPIRE -**

*Accountability    Service    Promote Teamwork    Integrity    Respect    Excellence*



# PMH Schedule

7.7.2020

Task	Resp.	Completion - Week of		Notes
		Early	Late	
Projections / Volumes to Design Team	○	7/10/2020	7/17/2020	Needed to start programming
Programming Meeting 1	A	7/13/2020	7/20/2020	Meeting with Exec. Leadership
Construction Manager Research	O/A	7/15/2020	7/22/2020	Review WA CM Requirements
Programming Meeting 2	A	7/20/2020	7/27/2020	Meeting with Dept. Leadership
Construction Manager RFP - DRAFT	A	7/22/2020	7/29/2020	Draft for Owner Review
Programming Approval Meeting	A	7/27/2020	8/3/2020	Meeting with Exec + Dept. Leadership
Construction Manager RFP - FINAL	A	7/29/2020	8/5/2020	Final Review/Approval by Owner
Construction Manager RFP - Issue	○	8/5/2020	8/12/2020	Advertise / Send to CM's
<b>PROGRAMMING COMPLETE / SCHEMATIC DESIGN BEGINS</b>				
Schematic Design Meeting 1	A	8/10/2020	8/17/2020	Site Usage, Departmental Adjacencies, Visioning
Public Utilities - Bid Opening	AHJ	8/13/2020	8/27/2020	Water + Sewer Mains
Construction Manager RFP - Due	CM	8/19/2020	8/26/2020	Responses Due to Owner/Architect
Schematic Design Meeting 2	A			Departmental Adjacencies / Layouts, Visioning
	MEP	8/24/2020	8/31/2020	Systems Discussions / Options
	CIV			Site Concepts
Public Utilities - Award Contract	AHJ	8/31/2020	9/14/2020	Water + Sewer Mains
Construction Manager - Short List	○	9/2/2020	9/9/2020	Owner to develop short list of 3-5 CM's
Schematic Design Meeting 3	A			Departmental Layouts / Floor plans / Massing
	MEP			Systems Refinement
	CIV	9/7/2020	9/14/2020	Site Layouts
	STR			Structural Systems
Public Utilities - Execute Contract	AHJ	9/14/2020	9/28/2020	Water + Sewer Mains
Construction Manager - Interview	○	9/16/2020	9/23/2020	In-Person Interviews at PMH
Public Utilities - Begin Construction	AHJ	9/21/2020	10/5/2020	Water + Sewer Mains
Schematic Design Meeting 4	A			Floor Plans / Massing / Elevations
	MEP			System Selections
	CIV	9/21/2020	9/28/2020	Site Layout
	STR			Structural System Selection
SCHEMATIC DESIGN PACKAGE	DT	9/28/2020	10/5/2020	Submitted for Owner Review + Estimating
Construction Manager - Hiring	○	9/28/2020	10/5/2020	Selection, Contract and SD Estimate begins
<b>SCHEMATIC DESIGN COMPLETE / BEGIN DESIGN DEVELOPMENT</b>				
Equipment Due to Design Team	○	10/5/2020	10/12/2020	



# PMH Schedule

7.7.2020

Task	Resp.	Completion - Week of		Notes
		Early	Late	
Design Development Meeting 1	A MEP CIV STR	10/12/2020	10/19/2020	Room Design - Surgery, ED, Patient Room Room + HVAC Zones/Controls Site Design - Utilities + Accessibility Structural Design
Schematic Design Estimate	CE/CM	10/15/2020		
Board Review/Approval of SD Package	O	October Board Mtg		Need a Board Calendar from Owner
Design Development Meeting 2	A MEP CIV STR	10/19/2020	10/26/2020	Room Design - Imaging, Womens, Pharm, Lab Room + Plumb Fixtures Site Design - Grading + Pavement Structural Design
Design Development Meeting 3	A MEP CIV STR	10/26/2020	11/2/2020	Room Design - Admin, Support, Rehab, MOB Room + Electrical Fixtures / Special Systems Site Design - Lighting Structural Design
Design Development Meeting 4	A MEP CIV STR	11/2/2020	11/9/2020	Public Spaces + Exterior Design Public Lighting Exterior Bldg Lighting
Design Development Meeting 5	A MEP CIV STR	11/9/2020	11/16/2020	Room Design - Surgery, ED, Patient Room Room Designs Site Design - Utilities + Accessibility Structural Design
Design Development Meeting 6	A MEP CIV STR	11/16/2020	11/30/2020	Room Design - Imaging, Womens, Pharm, Lab Room + Plumb Fixtures Site Design - Grading + Pavement Structural Design
THANKSGIVING HOLIDAY		11/26/2020		
Design Development Meeting 7	A MEP CIV STR	11/30/2020	12/7/2020	Room Design - Admin, Support, Rehab, MOB Room + Electrical Fixtures / Special Systems Site Design - Lighting Structural Design
Design Development Meeting 8	A MEP	12/7/2020	12/14/2020	Public Spaces + Exterior Design Public Lighting

# PMH Schedule

7.7.2020

Task	Resp.	Completion - Week of		Notes
		Early	Late	
	CIV STR	12/17/2020	12/19/2020	Exterior Bldg Lighting
Design Development Meeting 9	A			Catch-All Meeting
	MEP CIV STR	12/14/2020	12/21/2020	
DESIGN DEVELOPMENT PACKAGE CHRISTMAS HOLIDAY	DT	12/21/2020	12/28/2020 12/25/2020	
<b>DESIGN DEVELOPMENT COMPLETE / BEGIN CONSTRUCTION DOCUMENTS</b>				
Design Development Estimate	CM		1/18/2021	
Board Review/Approval of DD Package	O		January Board Meeting	
25% CD Review Set	DT		2/15/2021	
50% CD Review Set	DT		3/29/2021	
50% CD Estimate	CE/CM		4/19/2021	
<b>USDA Application</b>	O		<b>4/30/2021</b>	
90% CD Review Set	DT		7/5/2021	
<b>CONSTRUCTION DOCUMENTS COMPLETE - BID PROJECT</b>				
Issue to WA DOH for Review	A		8/2/2021	Review Period is approx. 25 days
Issue to Prosser for Review	A		8/2/2021	
Issue Set for Bid	DT/CM		8/2/2021	

Legend:	
Owner	O
Entire Design Team	DT
Architect	A
MEP Engineer	MEP
Structural Engineer	STR
Civil Engineer	CIV
Food Service Consultant	FSC
Cost Estimator	CE

# PMH Schedule

7.7.2020

Task	Resp.	Completion - Week of		Notes
		Early	Late	
AHJ - City, State, USDA, etc.	AHJ			
Construction Manager	CM			

# PMH Cash Flow Projections

7.6.2020

Task	Month	Fee	Estimated Reimbursable Expenses	Sub-Totals	Notes
Programming / Schematic Design	7/20	\$155,200	\$8,110	\$163,310	
Schematic Design	8/20	\$152,800	\$8,060	\$160,860	
Schematic Design	9/20	\$178,700	\$18,580	\$197,280	
<b>SCHEMATIC DESIGN SUBTOTAL</b>		<b>\$486,700</b>	<b>\$34,750</b>	<b>\$521,450</b>	Fee billed at 80% of Estimated Cost
Design Development	10/20	\$164,900	\$10,800	\$175,700	
Design Development	11/20	\$164,900	\$10,800	\$175,700	
Design Development	12/20	\$189,150	\$18,790	\$207,940	
<b>DESIGN DEVELOPMENT SUBTOTAL</b>		<b>\$518,950</b>	<b>\$40,390</b>	<b>\$559,340</b>	Fee billed at 80% of Estimated Cost
Construction Documents	1/21	\$109,650	\$1,920	\$111,570	
Construction Documents	2/21	\$109,650	\$1,920	\$111,570	
Construction Documents	3/21	\$109,650	\$4,420	\$114,070	
Construction Documents	4/21	\$109,650	\$1,920	\$111,570	
Construction Documents	5/21	\$109,650	\$1,920	\$111,570	
Construction Documents	6/21	\$109,650	\$4,420	\$114,070	
Construction Documents	7/21	\$169,150	\$2,970	\$172,120	
<b>CONSTRUCTION DOCUMENTS SUBTOTAL</b>		<b>\$827,050</b>	<b>\$9,310</b>	<b>\$836,360</b>	Fee billed at 80% of Estimated Cost
Bidding / Negotiation	8/21	\$49,270	\$125,770	\$175,040	Includes WA DOH + Prosser Review Fees
<b>BIDDING / NEGOTIATION SUBTOTAL</b>		<b>\$49,270</b>	<b>\$138,050</b>	<b>\$187,320</b>	Fee billed at 80% of Estimated Cost
<b>FEE RECONCILIATION</b>	8/21	<b>\$437,000</b>	<b>\$0</b>	<b>\$437,000</b>	Assumes Project is at Budget
Construction Administration	9/21	\$34,800	\$5,700	\$40,500	1 on-site visit for 2 ppl ea month
<b>CONSTRUCTION ADMINISTRATION SUBTOTAL</b>		<b>\$835,200</b>	<b>\$136,800</b>	<b>\$972,000</b>	24 Months CA Time
<b>POST OCCUPANCY SUBTOTAL</b>	10/23	<b>\$61,830</b>	<b>\$11,090</b>	<b>\$72,920</b>	
<b>TOTAL ESTIMATED FEES + REIMBURSABLE EXPENSES</b>				<b>\$3,586,390</b>	

**From:** Paul Aigner <[PAigner@transformingage.org](mailto:PAigner@transformingage.org)>

7/20/2020

**Sent:** Monday, July 20, 2020 3:04 PM

**To:** Craig Marks <[cmarks@prosserhealth.org](mailto:cmarks@prosserhealth.org)>

**Subject:** Senior Living Opportunity

Craig,

Here is a quick look at the market for aged and income qualified:

At a 20-mile radius Age 75+ \$35k+ is 1182.

That's super light.

This would have to pull from a very large market including the Tri-Cities.

It would be a big lift to get a project of decent size for efficiencies and make it work financially.

Transforming Age would not do a project this small.

Thanks for the opportunity and I wish you the best of success with your new and exciting project!

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**Prosser Memorial Health  
ENT and Allergy Service Line  
Business Plan**

# INTRODUCTION

Prosser Memorial Health continues to focus on areas to grow our outpatient and surgical services. Our mission is to “improve the health of our community,” and realize our mission by becoming a top 100 critical access hospital in the country. Through medical staff analysis, and development of our Medical Staff Model, it has been determined there is a need to continue to grow and expand our surgical services to meet the needs of the communities we serve.

Prosser Memorial Health has recently signed a contract with Dr. Coral Tieu, who will replace Dr. William Combs in the ENT and Allergy Clinic. Examination of the hospital and clinic referral patterns reveals, that due to age in equipment and/or lack of equipment, roughly 30% of our outpatient ENT visits are being referred to surrounding areas for services or procedures that we can perform in our hospital facility. With the purchase of new and additional operating room and clinic equipment we will be able to expand both our outpatient clinic and operating volumes by at least 20% in year one.

We have concluded that to meet the health care needs of our greater community and increase referrals to Prosser Memorial Hospital, the strategy most compatible with the Mission and financial obligations would be to move forward with the purchase of clinic and OR equipment. This acquisition will allow Prosser to grow our current ENT service, and allow us to expand our footprint and launch a comprehensive and state-of-the-art ENT Program.

# MARKET ASSESSMENT

## Competitors

The Current Presence of ENT in our service area:

1. Yakima Ear, Nose and Throat- 6 MD
2. Kadlec Clinic ENT- 3 MD, 1PA
3. Three Rivers Ear, Nose and Throat- 1MD

We are currently not operating an ENT Clinic with minimal services offered. full ENT Clinic. With the addition of Dr. Tieu we have the opportunity to increase our services offered, and allow our patients to remain in their community for care.

## OPERATING PLAN

### ENT Services:

Our current ENT Clinic offers minimal services and Procedures for our patients. Currently offered ENT Services and Surgical Procedures:

- Sinus Infections;
- Snoring and Sleep Apnea;
- Dizziness;
- Speech Concerns;
- Larynx Disorders;
- Ear Infections;
- Allergy Testing;
- Allergy Immunotherapy;
- Tonsil and Adenoid removal;
- Septoplasty; and
- Frenulectomy

With the update and addition of new equipment in the clinic and the OR we will be able to expand our services offered to:

### Additional ENT Services to be offered:

- Salivary gland stones and tumor removal;
- Thyroid and parathyroidectomy;
- Inhalant allergy testing and treatment;
- Implantable hearing aids;
- Stroboscopy;
- Cyst/Mass removal;
- Speech Delay Assessment;
- Treatment of congenital anomalies;
- Inhalant allergy testing and treatment; and
- Variety of additional ENT Surgeries

### Staffing

The ENT Clinic will utilize the current staff which includes:

- There will be one full-time ENT Physician;
  - Coral Tieu, MD
- There is one medical assistant who are responsible for the daily flow for the provider. Assisting with paperwork, taking vitals, test result reporting when appropriate, limited lab testing;
- There is one RN in the clinic who assists with allergy mixing, allergy injection, assisting with procedures, and triage; and
- There is one clinical receptionist.

Future staffing will be based on the demand for services. The current staffing model represents staffing levels determined by the current volumes in the ENT Clinic with a 20% increase.

## FINANCIAL PLAN

The financial plan includes a projected hospital five-year financial statement for the ENT and Urology service lines. (Table 1) . The National net revenue projections were used to calculate anticipated hospital net revenue. (Appendix A) for Lease and Purchase options for clinic and operating room equipment were evaluated. (Appendix B) These statements were used to compute the projected revenue and impact on the overall PMH’s financials. The revenue below is shown is based on a purchase price. The following revenue and expense information was utilized in developing the financial statements.

### Revenue

1. Estimated net income:

<b>ENT Service Line</b>						
<b>Olympus Equipment Purchase</b>						
	Year 1	Year 2	Year 3	Year 4	Year 5	
Clinic Encounters	1,890	2,268	2,722	2,994	3,143	
Surgical Procedures	204	265	318	334	351	
<b>Net Revenue</b>	<b>\$ 871,875</b>	<b>\$ 1,162,500</b>	<b>\$ 1,453,125</b>	<b>\$ 1,562,109</b>	<b>\$ 1,679,268</b>	
<b>OR Equipment Expense</b>	<b>\$ 83,245</b>	<b>\$ 144,760</b>	<b>\$ 144,760</b>	<b>\$ 144,760</b>	<b>\$ 144,760</b>	
<b>Net Income</b>	<b>\$ (227,527)</b>	<b>\$ 8,818</b>	<b>\$ 249,310</b>	<b>\$ 287,659</b>	<b>\$ 379,786</b>	

Please see table 1 for full projected financial Revenue and Expenses.

- ENT Monthly revenue was calculated based on 50% of expected
- Urology revenue was calculated based on a 30% capacity of expected volume, raising to 100% in year three with 10% increases in years four and five.

## Clinic Equipment

We consulted with three vendors to evaluate pricing for clinic equipment; Stryker, Olympus, and Karl Storz. (Appendix B) The lease options vary by vendor from a set monthly payment, to a fee per case rate. The Olympus option for purchase is the most inclusive option for the clinic. This option allows purchase from one vendor and the incurrence of only one service plan cost. The Stryker lease and purchase options would require the purchase of multiple pieces of equipment from Olympus which would result in two separate service plans. After multiple discussions and demonstrations with Dr. Tieu, based on the clinic need and her experience with various equipment types, the Olympus purchase option below best aligns with the clinic and provider need.

ENT		
<b>OLYMPUS</b>		
ITEMS	PURCHASE	60 Month LEASE
Tower / Video Equip	136,606	136,606
Cart	included	Included
Rigid Scopes	included	Included
Flex Fiberscopes	included	Included
Flex Rhino Scope	included	Included
Stroboscopy	included	Included
Software	11,688	11,688
Interest	-	15,907
Freight	595	595
subtotal	148,889	164,796
Tax	11,748	14,172
	160,637	178,969
<b>Extras that cannot be included in lease, or separate purchase</b>		
Software	included above	included in lease
Epic Optimization	Not Included	Not Included
Rigid Scope	included above	included above
Flex Fiberscope	included above	included above
Flex Rhino Scope	included above	included above
Stroboscopy	included above	included above
Hand Held Tymp	3,635	3,635
Loupe Lights	1,240	1,240
subtotal	4,875	4,875
Tax	419	419
Total Capital Cost	165,931	184,263
Service Plan (60 month)	62,859	62,859
Total 5 Year Costs	228,791	247,123
Combined Uro and ENT	443,952	479,255



## Operating Room Equipment

There were four quotes obtained for a surgical microscope (Appendix C). The one preferred by our ENT was the lowest quote and will potentially be used by other surgeons. The NIMS nerve monitoring system is proprietary, and a similar product vendor is not available. This equipment is used to ensure nerve damage does not occur during more invasive cases. Stryker and Olympus quotes were obtained for the Sinus Navigation System. Stryker equipment is currently used in the OR, so we investigated potentially adding this equipment to our existing contract. Olympus is the preferred vendor of the ENT provider and the clinic equipment will likely be from this vendor. The Olympus product line is far superior to the Stryker option for ENT services. There are multiple other pieces of equipment quoted with Karl Storz being the only available vendor for this specialized surgical equipment.

Ear, Nose and Throat Equipment description	Quote 1	Quote 2	Quote 3	Quote 4
Microscope	<i>Zeiss Extaro 300</i> <i>*New</i> 50,046	OH3 Leica *refurbished 58,490	Zeiss Opmi Vario *refurbished 52,463	Leica M530 *New 138,918
NIMS System	Medtronic (proprietary)			
	39,100			
Sinus Navigation System	Stryker	Olympus		
	84,700	101,600		
Sinus Shaver	Stryker	Olympus	Karl Storz	
	10,595	12,196		
Rigid Ent scopes /Tray		30,807		
Clear Vision Irrigation			9,362	
Sinus Scopes	24,705		18,049	
Sinus Instrument sets (2)	42,170		34,067	
Ear Instrument Set (2)			3,897	
Laryngeal Instrumentation			41,180	
Adult Bronch and Esophageal scopes			42,381	
Pediatric Bronch and Esoph scope			33,539	
Totals	Low 397,722	High 510,491	Dr. Tieu 416,224	
Annual Service Plans Estimate	10,698	28,921	21,897	61,515

### Initial and ongoing Expenses- Year 1

1. Capitol Equipment purchase of \$582,155
2. One Professional salary in the amount to \$41,666 monthly.
3. Support Staff salary amounts to \$3,574 monthly.
4. Service Contract amount of \$2,073 monthly

The capital spend for the ENT project will run approximately \$582,155.

### Conclusion

Our Mission at Prosser Memorial Health is to “improve the health of our community”, in alignment with our Mission and current Medical Staff Model, the purchase of new ENT equipment would support the hospital’s mission by expanding the services we are able to offer in our community. Although the service line is budgeted for a loss in the first year of operation; the future net hospital contribution margin proves that from a financial perspective, this equipment and service line is profitable, and Prosser Memorial Health should move forward with the proposed purchase (Appendix D) Prosser Memorial Health Administration recommends that the ENT Capitol equipment request to not exceed \$582,155 be approved.

Table 1



# Prosser

Memorial Health

## ENT Service Line Olympus Equipment Purchase

	Year 1	Year 2	Year 3	Year 4	Year 5
Clinic Encounters	1,890	2,268	2,722	2,994	3,143
Surgical Procedures	204	265	318	334	351
<b>Net Revenue</b>	<b>\$ 871,875</b>	<b>\$ 1,162,500</b>	<b>\$ 1,453,125</b>	<b>\$ 1,562,109</b>	<b>\$ 1,679,268</b>
<b>Total Salaries and Benefits</b>	<b>\$ 796,586</b>	<b>\$ 811,164</b>	<b>\$ 826,422</b>	<b>\$ 883,979</b>	<b>\$ 894,951</b>
Supplies - Chargeable	43,594	58,125	72,656	78,105	83,963
Supplies - General	26,156	34,875	43,594	46,863	50,378
Supplies - Reference Books	500	500	500	500	500
Supplies - Drugs	34,875	46,500	58,125	62,484	67,171
Minor Equipment	50,000	5,000	5,000	5,000	5,000
Purchased Services	24,260	12,572	12,572	12,572	12,572
Equipment Depreciation	33,186	33,186	33,186	33,186	33,186
Dues and Fees	1,000	1,000	1,000	1,000	1,000
Travel and Education	1,000	1,000	1,000	1,000	1,000
Professional CME	5,000	5,000	5,000	5,000	5,000
<b>Total Non Salary Expenses</b>	<b>\$ 219,571</b>	<b>\$ 197,758</b>	<b>\$ 232,633</b>	<b>\$ 245,711</b>	<b>\$ 259,770</b>
<b>Total Expenses</b>	<b>\$ 1,016,157</b>	<b>\$ 1,008,922</b>	<b>\$ 1,059,055</b>	<b>\$ 1,129,690</b>	<b>\$ 1,154,721</b>
<b>Contribution Margin</b>	<b>\$ (144,282)</b>	<b>\$ 153,578</b>	<b>\$ 394,070</b>	<b>\$ 432,419</b>	<b>\$ 524,546</b>
<b>OR Equipment Expense</b>	<b>\$ 144,760</b>	<b>\$ 144,760</b>	<b>\$ 144,760</b>	<b>\$ 144,760</b>	<b>\$ 144,760</b>
<b>Net Income</b>	<b>\$ (289,042)</b>	<b>\$ 8,818</b>	<b>\$ 249,310</b>	<b>\$ 287,659</b>	<b>\$ 379,786</b>

APPENDIX A



## Revenue by Specialty

### UNITES STATES NET REVENUE BY PHYSICIAN SPECIALTY

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

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

### AVERAGE ANNUAL REVENUE BY SPECIALTY

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

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

APPENDIX B

ENT	Option 1		Option 2		Option 3
	Olympus	Olympus	Styker	Styker	Storz
ITEMS	PURCHASE	LEASE	Purchase	LEASE	LEASE
Tower / Video Equip	136,606	136,606	65,782.45	65,782.45	75,000.87
Cart	included	Included	9,400.00	9,400.00	not included
Rigid Scopes	included	Included	not included	not included	not included
Flex Fiberscopes	included	Included	not included	not included	included
Flex Rhino Scope	included	Included	not included	not included	included
Stroboscopy	included	Included	not included	not included	not included
Software	11,688	11,688	Included	Included	75,381.00
Interest	-	15,907	flexible (FPC 23)	flexible (FPC 23)	-
Freight	595	595	-	-	595
subtotal	148,889	164,796	75,182.45	75,182.45	150,976.87
Tax	11,748	14,172	6,465.69	6,465.69	\$ 12,984.01
	\$ 160,637.08	\$ 178,968.91	\$ 81,648.14	\$ 81,648.14	\$ 163,960.88
<b>Extras that cannot be included in lease, or separate purchase</b>					
Software	included above	included in lease	included in lease	included in lease	included in lease
Epic Optimization	Not Included	Not Included	Not Included	Not Included	Not Included
Rigid Scope	included above	included above	10,810.88	10,810.88	included above
Flex Fiberscope	included above	included above	16,445.33	16,445.33	included above
Flex Rhino Scope	included above	included above	10,000.00	10,000.00	included above
Stroboscopy	included above	included above	12,000.00	12,000.00	12,000.00
Hand Held Tymp	3,635	3,635	3,635.00	3,635.00	3635
Loupe Lights	1,240	1,240	1,240.00	1,240.00	1240
subtotal	4,875	4,875	54,131.21	54,131.21	16,875.00
Tax	419	419	4,655.28	4,655.28	419
Total Capital Cost	\$ 165,931.33	\$ 184,263.16	\$ 136,533.03	\$ 136,533.03	\$ 181,254.88
Service Plan (60 month)	62,859	62,859	77,175.00	113,483.86	59,025.00
Total 5 Year Costs	\$ 228,790.69	\$ 247,122.52	\$ 213,708.03	\$ 250,016.89	\$ 240,279.88

APPENDIX C

Ear, Nose and Throat  
Equipment description

	Quote 1	Quote 2	Quote 3	Quote 4
Microscope	<i>Zeiss Extaro 300</i> <i>*New</i> 50,046	<b>OH3 Leica</b> *refurbished 58,490	<b>Zeiss Opmi Vario</b> *refurbished 52,463	<b>Leica M530</b> *New 138,918
NIMS System	<b>Medtronic (proprietary)</b>			
	39,100			
Sinus Navigation System	<b>Stryker</b>	<b>Olympus</b>		
	84,700	101,600		
Sinus Shaver	<b>Stryker</b> 10,595	<b>Olympus</b> 12,196	<b>Karl Storz</b>	
Rigid Ent scopes /Tray		30,807		
Clear Vision Irrigation			9,362	
Sinus Scopes	24,705		18,049	
Sinus Instrument sets (2)	42,170		34,067	
Ear Instrument Set (2)			3,897	
Laryngeal Instrumentation			41,180	
Adult Bronch and Esophageal scopes			42,381	
Pediatric Bronch and Esoph scope			33,539	
Totals	Low 397,722	High 510,491	<b>Dr. Tieu</b> 416,224	
<b>Annual Service Plans Estimate</b>	10,698	28,921	21,897	61,515



APPENDIX D

Ear, Nose and Throat  
Equipment description

	Quote 1	Quote 2	Quote 3	Quote 4
Microscope	<i>Zeiss Extaro 300</i> *New 50,046	<b>OH3 Leica</b> *refurbished 58,490	<b>Zeiss Opmi Vario</b> *refurbished 52,463	<b>Leica M530</b> *New 138,918
NIMS System	<b>Medtronic (proprietary)</b> 39,100			
Sinus Navigation System	<b>Stryker</b> 84,700	<b>Olympus</b> 101,600		
Sinus Shaver	<b>Stryker</b> 10,595	<b>Olympus</b> 12,196	<b>Karl Storz</b> 30,807	
Rigid Ent scopes /Tray				
Clear Vision Irrigation			9,362	
Sinus Scopes	24,705		18,049	
Sinus Instrument sets (2)	42,170		34,067	
Ear Instrument Set (2)			3,897	
Laryngeal Instrumentation			41,180	
Adult Branch and Esophageal scopes			42,381	
Pediatric Branch and Esoph scope			33,539	
Totals	Low 397,722	High 510,491	<b>Dr. Tieu</b> 416,224	
Annual Service Plans Estimate	10,698	28,921	21,897	61,515

**OLYMPUS**

ITEMS	60 Month	
	PURCHASE	LEASE
Tower / Video Equip	136,606	136,606
Cart		
Rigid Scopes	included	Included
Flex Fiberscopes	included	Included
Flex Rhino Scope	included	Included
Stroboscopy	included	Included
Software	11,688	11,688
Interest	-	15,907
Freight	595	595
subtotal	148,889	164,796
Tax	11,748	14,172
	<u>160,637</u>	<u>178,969</u>

**Extras that cannot be included in lease, or separate purchase**

Software	included above	included in lease
Epic Optimization	Not Included	Not Included
Rigid Scope	included above	included above
Flex Fiberscope	included above	included above
Flex Rhino Scope	included above	included above
Stroboscopy	included above	included above
Hand Held Tymp	3,635	3,635
Loupe Lights	1,240	1,240
subtotal	4,875	4,875
Tax	419	419
Total Capital Cost	165,931	184,263

Total Capital Hospital	416,224
Total Capital Clinic	165,931
Total Capital- Service Line	582,155

**Prosser Memorial Health  
Urology Service Line  
Business Plan**

# INTRODUCTION

Prosser Memorial Health continues to focus on areas to grow our outpatient and surgical services. Our mission is to “improve the health of our community,” and realize our mission by becoming a top 100 critical access hospital in the country. Through medical staff analysis, and development of our Medical Staff Model, it has been determined there is a need to continue to grow and expand our surgical services to meet the needs of the communities we serve.

Prosser Memorial Health has recently signed Dr. Tom Tieu, who will help Prosser Memorial Health start a new service line of Urology. We currently refer all Urology services outside of our network, as we have not historically offered this service line. Based on our financial analysis, this service line will prove to be profitable for Prosser Memorial Health and create an avenue for our primary care providers to keep more patients within our system and community. In addition, the continuity of care for our patients is imperative so that their needs are met without waiting weeks for access at other facilities.

The launch a successful Urology service line is necessary to meet the health care needs of our community, and increase referrals to Prosser Memorial Hospital. The strategy most compatible with the Mission and financial obligations would be to move forward with the purchase of Urology clinic and OR equipment. This will allow Prosser to fill a gap in our service area and, and launch a comprehensive, and state-of-the-art Urology program.

# MARKET ASSESSMENT

## Competitors

The current presence of Urology in our service area:

1. Astria Healthcare- Sunnyside, WA- 1 MD
2. Yakima Urology Associates- Yakima, WA- 6 MD, 3APC
3. Kadlec Urology Clinic- 4 MD

With the future state of Astria unknown, the timing is ideal for adding a Urology practice to Prosser. Upon further assessment it was found that all Urology practices in our service area are consistently experiencing a 3 week to 2 months wait for appointments. We have the opportunity to commit same day/ next day access to our community.

## OPERATING PLAN

The launch of the Urology service line will allow Prosser Memorial Health to offer a variety of services that our patients are currently required to travel outside of our community for. This will create a referral pathway for our primary care base and create continuity of care for our patients.

### **Urology Services and Surgical Procedures.**

- Bladder Stones
- Enlarged Prostate
- Bladder Cancer
- Kidney Cancer
- Prostate Cancer
- Testicular Cancer
- Overactive Bladder
- Incontinence
- Hematuria
- Kidney Stone Removal
- Prostate Surgery for Urinary Symptoms



- Minimally Invasive Surgery
- Vasectomy
- Urethral Reconstruction
- Bladder Botox
- Circumcision
- Endoscopy

### Staffing

The ENT Clinic will utilize the current staff which includes:

- There is one full-time ENT Physician:
  - Tom Tieu, MD
- There is one medical assistant who are responsible for the daily flow for the provider. Assisting with paperwork, taking vitals, test result reporting when appropriate, limited lab testing,
- There is one RN in the clinic who assists with allergy mixing, allergy injection, assisting with procedures, and triage
- There is one clinical receptionist.

Future staffing will be based on the demand for services. The current staffing model represents staffing levels determined by the current volumes in the ENT Clinic.

The Urology Clinic will utilize the current Specialty Clinic reception, nursing and referral staff.

- There will be one additional medical assistant hired. They will be responsible for the daily flow for the provider. Assisting with paperwork, taking vitals, test result reporting, assisting with procedures.

## FINANCIAL PLAN

The financial plan includes a projected hospital five-year financial statement for the Urology service line. (Table 1) The national net revenue projections were used to calculate anticipated hospital net revenue. (Appendix A) Lease and Purchase options for clinic and operating room equipment were evaluated. (Appendix B) These statements were used to compute the projected revenue and impact on the overall PMH's financials. The revenue below is shown is based on a purchase price. The following revenue and expense information was utilized in developing the financial statements.

### Revenue

1. Estimated net income:

<b>Urology Service Line</b>						
<b>Olympus Equipment Purchase</b>						
	Year 1	Year 2	Year 3	Year 4	Year 5	
Clinic Procedures	340	425	446	469	492	
Surgical Procedures	282	353	370	381	393	
<b>Net Revenue</b>	<b>\$ 810,547</b>	<b>\$ 1,296,875</b>	<b>\$ 1,621,094</b>	<b>\$ 1,742,676</b>	<b>\$ 1,873,376</b>	
<b>OR Equipment Expense</b>	<b>211,003</b>	<b>211,003</b>	<b>211,003</b>	<b>211,003</b>	<b>211,003</b>	
<b>Net Income</b>	<b>\$ (252,533)</b>	<b>\$ 222,579</b>	<b>\$ 499,738</b>	<b>\$ 584,693</b>	<b>\$ 692,992</b>	

Please see table 1 for full projected financial Revenue and Expenses.

- Urology revenue was calculated based on a 30% capacity of expected volume, raising to 100% in year three.

## Clinic Equipment

We consulted with three vendors to evaluate pricing for the clinic equipment; Stryker, Olympus, and Karl Storz. (Appendix B) With the need for all new equipment for Urology, we believe the Olympus option for purchase is the most inclusive. This option will incur only one service plan cost for the organization and allow us to only work with one vendor. Dr. Tieu has reviewed all proposed options and had demonstrations from each vendor. Based on feedback from Dr. Tieu, we believe the Olympus purchase option below best aligns with the clinic and provider need.

### UROLOGY

<b>OLYMPUS</b>		<b>60 Month</b>	
<b>ITEMS</b>	<b>PURCHASE</b>	<b>LEASE</b>	
Tower / Video Equip	106,487	106,487	
Cystoscope	9,383	9,383	
Cart	4,540	4,540	
Software	11,688	11,688	
Interest	-	16,971	
Freight	595	595	
subtotal	132,693	149,664	
Tax	10,355	10,355	
<b>Total</b>	<b>143,048</b>	<b>160,019</b>	
<b>Extras that cannot be included in lease, or separate purchase</b>			
Bladder Scanner	11,596	11,596	
Tax	997	997	
<b>Total Capital Cost</b>	<b>155,641</b>	<b>172,612</b>	
Service Plan (60 month)	59,520	59,520	
<b>Total 5 Year Costs</b>	<b>215,161</b>	<b>232,132</b>	
<b>Combined Uro and ENT</b>	<b>215,161</b>	<b>232,132</b>	

**Operating Room Equipment:**

With the exception of Stryker attachments, the majority of Urology equipment is only available through Olympus. Given the superiority of the Olympus equipment, their quote reduction, and the ability to bundle the costs with the Specialty Clinic and ENT OR equipment, Olympus is the preferred vendor for this Capital Expense. A Con-Med insufflation device is noted on the quote below, but this can be delayed until 2021 if necessary.

Urology			
Equipment Description	Quote 1	Quote 2	
	Stryker	Olympus	
Soltive Laser		106,986	*proprietary*
Shockpulse Lithotripsy		42,828	
Bipolar / Lap Generator		16,999	
Biplolar resection Sets		22,872	
Nephroscope		19,718	
Digital Uteroscope		42,728	
Fiber Uteroscope		17,089	
Fiber Cystoscope		17,631	
Digital Flex Cystoscope		20,493	
Portable Light Source for Flex Cystoscope		2,268	
Long Resection Set		22,365	
Forceps and Graspers for ureterroscopy		5,823	
<b>Total</b>		<b>337,800</b>	
	Stryker	Olympus	
Cysto Sets	52,651	95,974	
Urology camera head	65,303	60,989	
Semi Rigid Ureteroscope	24,580	25,874	
Trays and accessories	8,668	20,510	
<b>Total</b>	<b>151,203</b>	<b>203,348</b>	
	Boston Scientific		
Rezum (Water Vapor Therapy)	29,000		*proprietary
Rezum Delivery Device (disposeables)	6,000		
<b>Total</b>	<b>35,000</b>		
	Stryker	Con-Med	
Insufflation Device	Already Own	36,970	
<b>Totals</b>	<b>High</b>	<b>Low</b>	<b>Dr. Tieu</b>
	670,313	516,399	613,118
<b>Annual Service Plans</b>	3,480	84,900	88,380

### Initial and ongoing Expenses- Year 1

1. Capital Equipment purchase of \$768,759
2. One Professional salary in the amount of \$41,666 monthly.
3. Support Staff salary amounts to \$3,574 monthly.
4. Service Contract amount of \$2,039 monthly

The capital startup cost of the project will run approximately \$768,759.

### Conclusion

Our Mission at Prosser Memorial Health is to “improve the health of our community”, in alignment with our Mission and current Medical Staff Model, the purchase of new Urology equipment would support the hospital’s mission by expanding the services we are able to offer in our community.. Although the clinic is budgeted for a loss for the first year of operation; the net hospital contribution margin proves that from a financial perspective, this equipment is profitable, and Prosser Memorial Health should move forward with the proposed equipment purchases (Appendix C). Prosser Memorial Health Administration recommends that the Urology Capitol equipment request to not exceed \$768,759 be approved.



Table 1



# Prosser

Memorial Health

## Urology Service Line Olympus Equipment Purchase

	Year 1	Year 2	Year 3	Year 4	Year 5
Clinic Procedures	340	425	446	469	492
Surgical Procedures	282	353	370	381	393
Net Revenue	<u>\$ 810,547</u>	<u>\$ 1,296,875</u>	<u>\$ 1,621,094</u>	<u>\$ 1,742,676</u>	<u>\$ 1,873,376</u>
Total Salaries and Benefits	<u>\$ 636,823</u>	<u>\$ 641,504</u>	<u>\$ 646,416</u>	<u>\$ 667,238</u>	<u>\$ 672,648</u>
Fees - Physician	-	-	-	-	-
Supplies - Chargeable	40,527	64,844	81,055	87,134	93,669
Supplies - General	24,316	38,906	48,633	52,280	56,201
Supplies - Reference Books	500	500	500	500	500
Supplies - Drugs	40,527	64,844	81,055	87,134	93,669
Minor Equipment	50,000	5,000	5,000	5,000	5,000
Utilities	-	-	-	-	-
Purchased Services	23,592	11,904	11,904	11,904	11,904
Equipment Depreciation	28,791	28,791	28,791	28,791	28,791
Rental Equipment	-	-	-	-	-
Dues and Fees	1,000	1,000	1,000	1,000	1,000
Travel and Education	1,000	1,000	1,000	1,000	1,000
Professional CME	5,000	5,000	5,000	5,000	5,000
Total Non Salary Expenses	<u>\$ 215,254</u>	<u>\$ 221,788</u>	<u>\$ 263,937</u>	<u>\$ 279,742</u>	<u>\$ 296,733</u>
Total Expenses	<u>\$ 852,077</u>	<u>\$ 863,293</u>	<u>\$ 910,352</u>	<u>\$ 946,980</u>	<u>\$ 969,381</u>
Contribution Margin	<u>\$ (41,530)</u>	<u>\$ 433,582</u>	<u>\$ 710,741</u>	<u>\$ 795,696</u>	<u>\$ 903,995</u>
OR Equipment Expense	211,003	211,003	211,003	211,003	211,003
Net Income	<u>\$ (252,533)</u>	<u>\$ 222,579</u>	<u>\$ 499,738</u>	<u>\$ 584,693</u>	<u>\$ 692,992</u>

APPENDIX A

## Revenue by Specialty

### UNITES STATES NET REVENUE BY PHYSICIAN SPECIALTY

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

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

### AVERAGE ANNUAL REVENUE BY SPECIALTY

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

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

APPENDIX B



UROLOGY Option 1			Option 2		Option 3	
<b>OLYMPUS</b>			<b>STRYKER</b>		<b>Storz</b>	
ITEMS	PURCHASE	60 Month LEASE	ITEMS	PURCHASE	ITEMS	PURCHASE
Tower / Video Equip	106,487	106,487	Tower / Video Equip	77,372.66	Tower / Video Equip	70,312.92
Cystoscope	9,383	9,383	Cystoscope	9,383.20	Cystoscope	included
Cart	4,540	4,540	Cart	4,539.61	Cart	included
Software	11,688	11,688	Software		Software	37,690.50
Interest	-	16,971	Interest		Interest	
Freight	595	595	Freight		Freight	595
subtotal	132,693	149,664	subtotal	91,295.51	subtotal	108,598.42
Tax	10,355	10,355	Tax	7,851.41	Tax	9,339.46
<b>Total</b>	<b>\$ 143,047.82</b>	<b>\$ 160,019.07</b>	<b>Total</b>	<b>\$ 99,146.92</b>	<b>Total</b>	<b>\$ 117,937.88</b>
<b>Extras that cannot be included in lease, or separate purchase</b>						
Bladder Scanner	11,596	11,596	Bladder Scanner	11,595.77	Bladder Scanner	11,595.77
Tax	997	997	Tax	997.24	Tax	997.24
<b>Total Capital Cost</b>	<b>\$ 155,640.82</b>	<b>\$ 172,612.07</b>	<b>Total Capital Cost</b>	<b>\$ 111,739.93</b>	<b>Total Capital Cost</b>	<b>\$ 130,530.89</b>
Service Plan (60 month)	59,520	59,520	Service Plan (60 mont	35,350.20	Service Plan (60 month)	46,991.12
<b>Total 5 Year Costs</b>	<b>\$ 215,160.82</b>	<b>\$ 232,132.07</b>	<b>Total 5 Year Costs</b>	<b>\$ 147,090.13</b>	<b>Total 5 Year Costs</b>	<b>\$ 177,522.01</b>

APPENDIX C

	Stryker	Olympus
Soltive Laser		106,986
Shockpulse Lithotripsy		42,828
Bipolar / Lap Generator		16,999
Biplolar resection Sets		22,872
Nephroscope		19,718
Digital Uteroscope		42,728
Fiber Uteroscope		17,089
Fiber Cystoscope		17,631
Digital Flex Cystoscope		20,493
Portable Light Source for Flex Cystoscope		2,268
Long Resection Set		22,365
Forceps and Graspers for ureterroscopy		5,823
<b>Total</b>		<b>337,800</b>

	Stryker	Olympus
Cysto Sets	52,651	95,974
Urology camera head	65,303	60,989
Semi Rigid Ureteroscope	24,580	25,874
Trays and accessories	8,668	20,510
<b>Total</b>	<b>151,203</b>	<b>203,348</b>

	Boston Scientific
Rezum (Water Vapor Therapy)	29,000
Rezum Delivery Device (disposeables)	6,000
<b>Total</b>	<b>35,000</b>

	Stryker	Con-Med
Insufflation Device	Already Own	36,970

Totals	High	Low	Dr. Tieu
	670,313	516,399	613,118

Annual Service Plans	3,480	84,900	88,380
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*proprietary*		OLYMPUS	
	ITEMS		PURCHASE
	Tower / Video Equip		106,487
	Cystoscope		9,383
	Cart		4,540
	Software		11,688
	Interest		.
	Freight		595
	subtotal		132,693
	Tax		10,355
	<b>Total</b>		<b>143,048</b>
	Bladder Scanner		11,596
	Tax		997
	<b>Total Capital Cost-</b>		<b>155,641</b>
	<b>Total Capital Cost- Clinic</b>		<b>155,641</b>
	<b>Total Capital Cost- OR</b>		<b>613,118</b>
	<b>Total Capital Spend</b>		<b>768,759</b>

\*proprietary



## Prosser Memorial Health, Nuclear Medicine TI

### BID TABULATION

Project Number: 201909  
 Bid Date, Time: 20 July 2020, 10:00 A.M.

FIRM NAME, ADDRESS, & PHONE	BID BOND	PROJECT REFERENCES	ADDENDA RECVD	Base Bid	PLUMBING	HVAC	ELECTRICAL
<b>GENERAL CONTRACTOR</b>							
1 <b>Mountain States Construction Co.</b> 803 Scoon Road Sunnyside, WA 98944	X		1) X 2) X	<b>\$225,500.00</b>	GVC Plumbing	Bruce Inc.	Kinter Electric
2 <b>Bouten Construction Company</b> 1060 Jadwin Avenue, Suite 300 Richland, WA 99352	X		1) X 2) X	<b>\$228,750.00</b>	Apollo Mechanical Contractors	Apollo Mechanical Contractors	Pilot Electric Company
3 <b>Tri-Ply Construction, LLC</b> 106 West Pine Street Yakima, WA 98902	X		1) X 2) X	<b>\$207,980.00</b>	Apex Plumbing	T&M Heating & Air	Primary Electric
5 <b>Booth and Sons Construction, Inc.</b> 90611 East Reata Road Kennewick, WA 99338	X		1) X 2) X	<b>\$186,000.00</b>	Apollo Mechanical Contractors	Apollo Mechanical Contractors	Pilot Electric Company

**Functional Program – Nuclear Medicine**

**Department or Unit: Imaging Services – Nuclear Medicine (NM)**

The following functional description is predicted on the completion of the planned installation of a NM 830 Nuclear Imaging System, currently scheduled for October 30, 2020.

The Nuclear Medicine Scanning function area will be located on the first floor of the hospital. In addition to emergency patients, the department also serves inpatients and outpatients who are referred for Nuclear Medicine. Access to this section is provided inside the main entrance of the hospital through the first-floor main public corridor into the Nuclear Medicine waiting area.

The following spaces are provided:

**1. Patient Care Spaces**

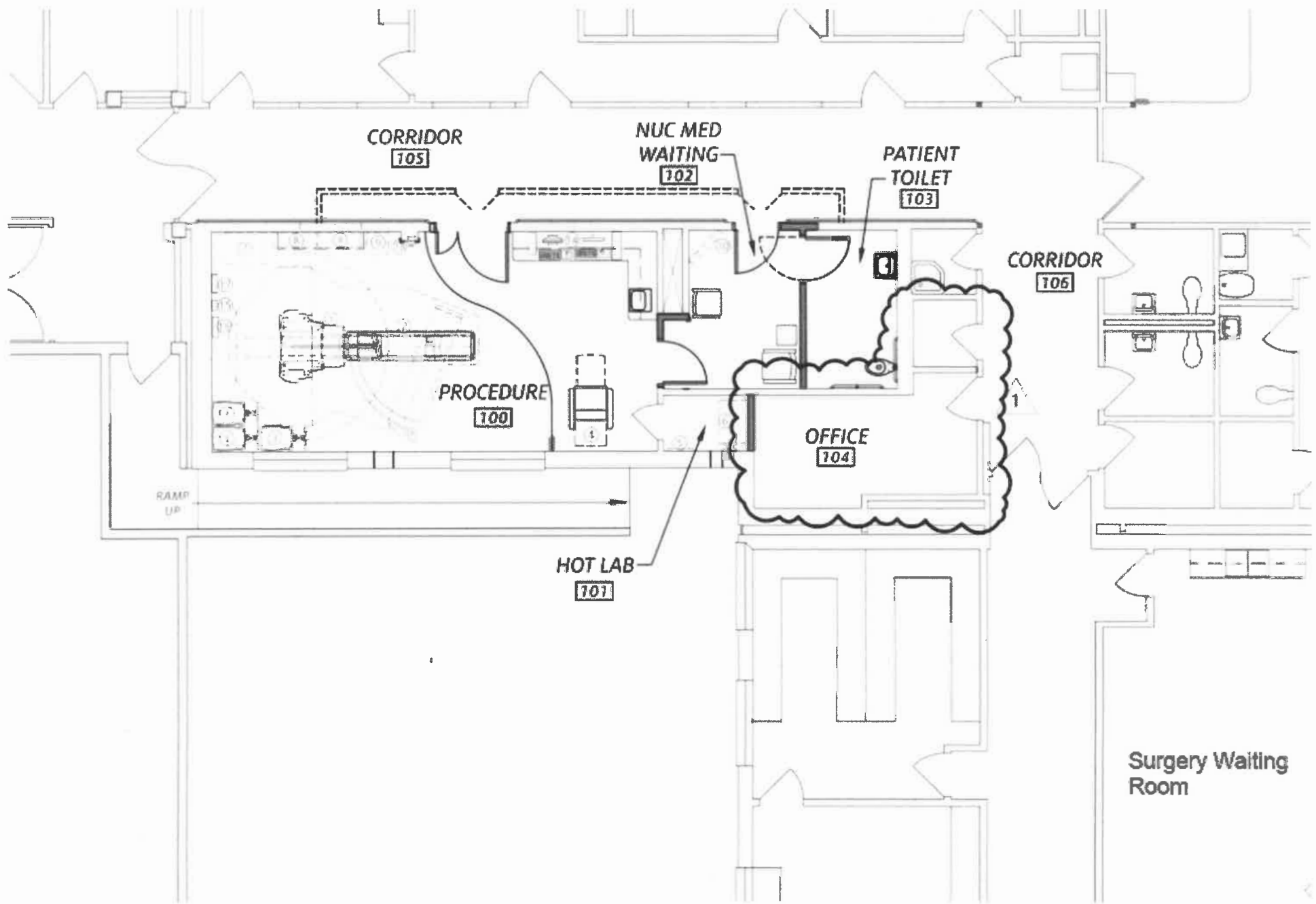
- a. **Outpatient waiting/holding** – This space is located immediately inside the main entrance lobby of the hospital. The patient will be greeted by a registrar in the controlled reception area to begin registration. Once the patient is checked in, the Nuclear Medicine Technologist will retrieve the patient from the lobby and escort them to the Nuclear Medicine room. If additional waiting time is needed, the patient will be escorted to the nuclear medicine waiting room. See Appendix A for room schematic. A dosimeter to measure radiation dose will be placed in the nuclear medicine waiting area. If, after 6 months we are below the public dose limit we will discontinue the monitoring.
- b. **Inpatient waiting/holding** – The patient’s room will be utilized for pre-study directions, consultation, and post study instructions. A door is provided for patient privacy.
- c. **Patient/staff toilet room** is immediately accessible to waiting and procedure room. Please see Appendix A for room schematic.
- d. **Nuclear Medicine room** will contain the NM gantry and/or associated equipment, supplies needed to perform the examinations, personal protective equipment, and emergency equipment. This room is where all NM procedures are performed. A curtain will separate the scan area from the injection area. This would provide privacy for the patient if a gown was required and a designated location for injection. A sink will also be available near the administration area. The door to the Nuclear Medicine room will be secured with a punch code lock.
  - Imaging room size meeting equipment manufacturer’s specifications for operation and service. See Appendix B for GE NM 830 Final Study.
  - A control room is not required, the GE NM 830 is a SPECT imaging device and is neither a Radiographic nor Computed Tomography device, there is no production of X-rays as it is not equipped with an X-ray tube. Please see Appendix C letter from Olympic Health Physics dated August 15, 2019 for documentation of shielding requirements.

- Equipment room meeting manufactures specification are not required by GE. Please see Appendix B for GE NM 830 Final Study.
  - The exams that will be performed in this room are; whole-body bone scan, limited bone scan, multi-area bone scan, SPECT bone scan, 3 phase bone scan, renal scan, renal with Lasix washout, parathyroid, thyroid whole-body, thyroid whole-body post ablation scan, myocardial perfusion, lung VQ scan, lung quantitative, brain death, octreotide scan, sentinel node (breast and melanoma) studies, gastric empty, HIDA scan, MUGA scan, thallium viability study, Meckel's diverticulum, hemangioma study, GI bleed, I-123 MIBG and gallium whole-body scans.
- e. **NM hot lab** – will be used for radiopharmaceutical storage, dose assay, and storage of radioactive waste. The hot lab will be equipped with a dose calibrator and dose draw station with appropriate lead shielding. The hot lab will be located adjacent to the nuclear medicine scan room and is only accessible through the Nuclear Medicine scan room. The door will be secured with a punch code lock to secure radiopharmaceuticals and prevent unauthorized removal of radioactivity. See Appendix A for attached schematic.
- f. **The soiled work room** is located 35 feet from the Nuclear Medicine Department. The soiled holding room includes equipment supply and storage for Environmental Services. The scan room is supplied with a soiled linen container where after each patient linen is checked for radioactive contaminants. If there are no radioactive contaminants, the linen will be emptied by Environmental Services daily. If there are radioactive contaminants, the department will follow our spill procedure in that area. Decontamination supplies are located in the hot lab and the linen is immediately isolated, cleaned, reported and are placed in a red bag in long- term decay storage in a cabinet in the hot lab until adequate time has elapsed where no measurable activity is metered. The soiled linen at that time is placed in one of the soiled linen receptacles.
- g. **Clean linen** is stored in the Nuclear Medicine room.
- h. **Phone access** to outpatients is available in the Nuclear Medicine room.
- i. **A portable suction and oxygen** will be utilized as needed. Patients presenting with chest pain, shortness of breath, fainting episode, abdominal pain and/or vomiting may have oxygen therapy indicated while in the lab. Also, the portable suction and oxygen capability would be adequate should cardiac/respiratory resuscitation need to be initiated in the lab. Two oxygen cylinders will be readily available for patients requiring continual oxygen therapy as well as performance of Ventilation/Perfusion Lung Scans. It will be the responsibility of nuclear medicine technologist to check pressure valves daily.

## 2. Staff/Workspaces

- a. **Staff area and work room** – This space is provided for supply storage, set-up and general staff workspace. This is located adjacent to the hot lab.
- b. **The documentation area** coexists in the tech workstation area. See Appendix A for room schematic.





## Furniture and Equipment Plan

1/8" = 1'-0"

## Craig Marks

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**From:** Muhammad Riaz <hmriazmalik08@gmail.com>  
**Sent:** Thursday, July 09, 2020 11:22 AM  
**To:** Christi Doornink - Osborn  
**Cc:** Craig Marks; Alana Pumphrey  
**Subject:** Re: Draft Contract

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

### External Email: Please Proceed with Caution

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Christi,

I hope you are well. I am sorry for the late reply. I was on vacation and just came back to the town last week. I have looked at the contract and it would work for me. There are few things that I need clarification however that should not be a problem. Nevertheless, most sleep labs remain closed and there is a concern about the second wave of covid-19. That is especially true for Benton and Yakima counties. I am very much interested in joining Prosser Memorial when the situation is favorable. I do not want to start prematurely as there may not be enough business in the beginning due to covid-19. Given my prior experience, I want this partnership to be mutually beneficial. I think we should continue our efforts to move forward with sleep lab credentialing which does not require medical director until late in the process. Meanwhile, I will continue to be available for any help and reviewing the sleep lab policies etc. Therefore, I would suggest reconnecting later this fall regarding signing the contract. For the time being, I will be starting sleep job next month with peace-health in Longview WA but my family will be staying in Richland. I plan to come back as soon as we have some clarity about covid-19. Please let me know if you have any other thoughts.

Regards,

Muhammad Riaz

On Wed, Jul 1, 2020 at 10:25 AM Muhammad Riaz <[hmriazmalik08@gmail.com](mailto:hmriazmalik08@gmail.com)> wrote:  
Christi

Thanks much for offering me the position. Let me look and I will get back to you.

Regards,

Muhammad Riaz

On Tue, Jun 30, 2020 at 9:06 AM Christi Doornink - Osborn <[cdoornink@prosserhealth.org](mailto:cdoornink@prosserhealth.org)> wrote:

Dr. Riaz,



# Kronos for Human Capital Management

Attachment J





Human Resources  
Management



Workforce  
Management



Payroll  
Management

## Solutions for the Modern Workforce



Analytics



Experience



Security



Kronos for HCM

# Human Resource Management



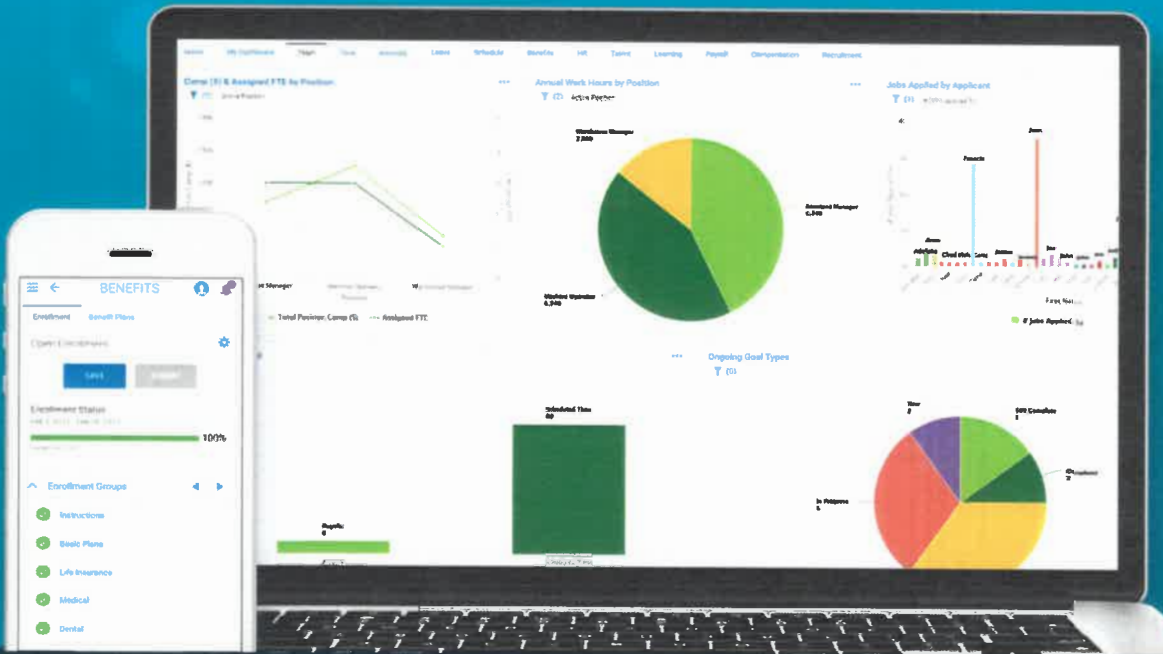
# Engaging the modern workforce

From pre-hire to retire, our solutions are designed to meet the needs of all worker types – salaried, hourly, contract, and beyond



## Human Resources Management

All in a single solution — automate administrative processes to more efficiently manage the moments that matter like hiring, onboarding, benefits administration, and performance. Engage with employees, control costs, and reduce compliance risk.



This all leads to an HR department focused on providing an experience that helps your employees work inspired





# Talent Acquisition

Effectively Source, Track, and Evaluate Talent

Applicant information flows seamlessly into the employee record upon hire for reduced administrative effort.

**Hire This Applicant**

Please select Job Application if you want to hire the applicant to a specific job

Job Application    Executive Applicant: Amy Peterson

Cancel    Hire



Improve the candidate experience with an applicant portal that not only reinforces your employer brand, but makes it fast and easy to search and apply for jobs on the go.



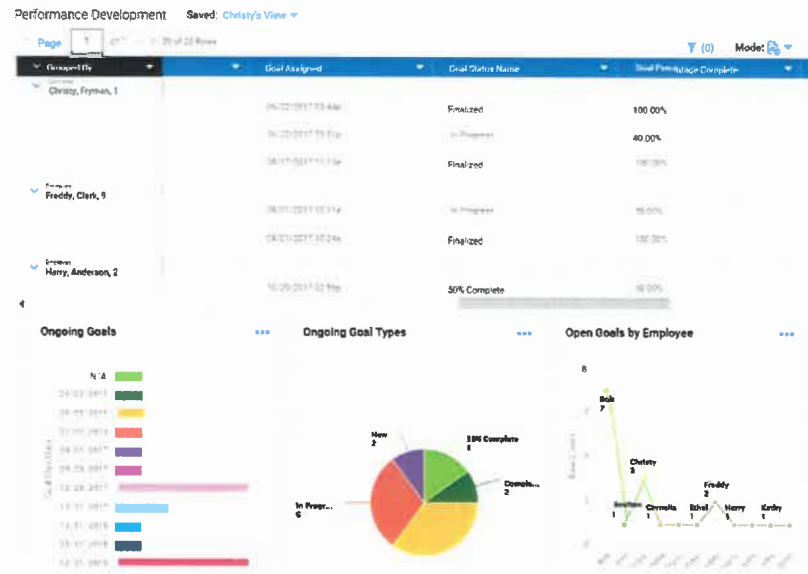
With an easy-to-use experience for candidates and hiring managers, our automated solution helps your teams **recruit, screen, track, hire, and complete employee verification** of best-fit candidates — to build a more engaged and productive workforce.

# Performance Management

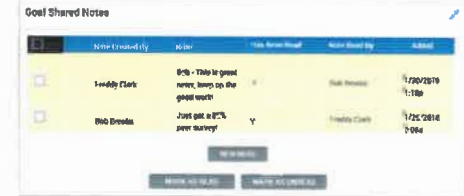
Align Your Entire Organization for Success



Continuous feedback is an essential component of an effective performance management strategy. Provide managers with **real-time feedback tools** to increase employee engagement and performance throughout the year.



Managers gain immediate visibility into their employees' goal status and performance **continually throughout the year** – enabling them to offer real-time feedback, nurture progress, manage specific outcomes, and recognize achievements.

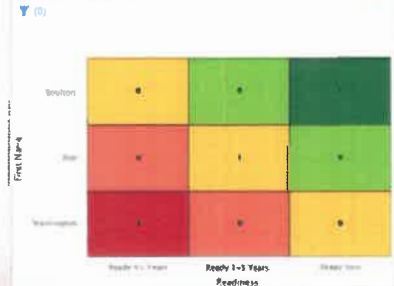


Eliminate paper-based forms, **gain visibility and streamline the performance management** to ensure timely completion and that the development of all employees – both salaried and hourly – is supported.

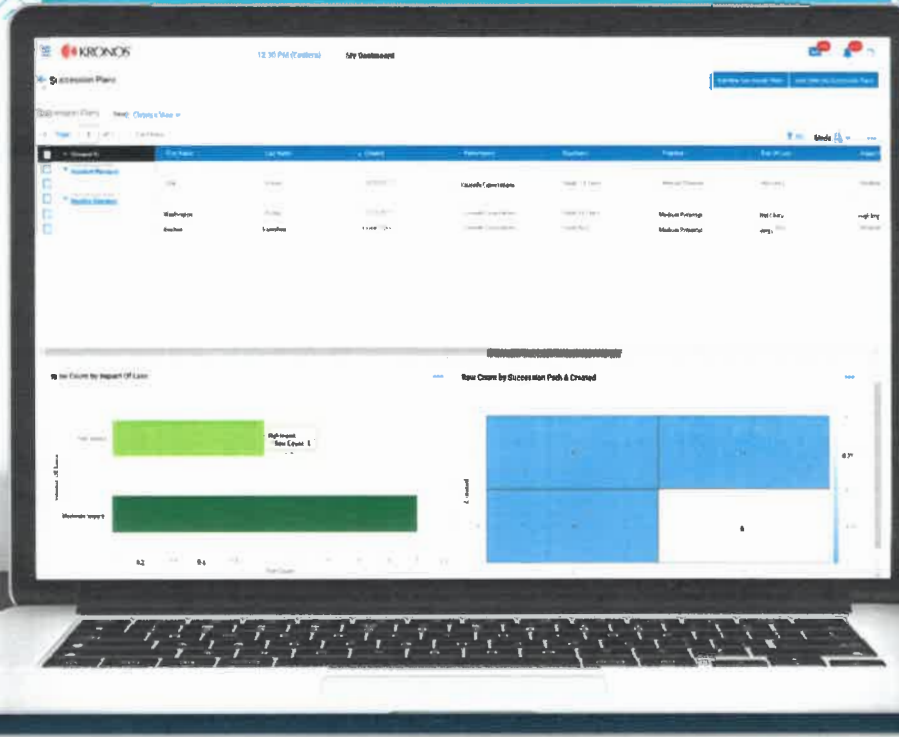
# Succession Planning

Identify and Develop Top Talent

Succession by Readiness

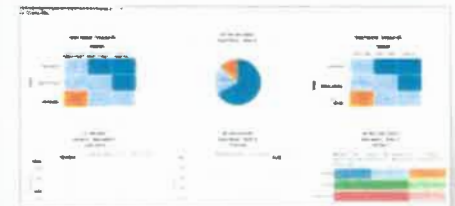


**Easy-to-use, drag and drop talent matrices** ensure succession plans are automatically updated for real-time accuracy – helping you understand your talent, identify high performers, and determine the right development opportunities.



Easily create matrices and talent pools based on key data points such as performance, readiness, potential, risk and impact of loss, as well as custom metrics.

Create up to 100 configurable charts and graphs for at-a-glance visibility into succession plan details.



In today's tight labor market, talent retention and mobility are critical. Our interactive succession planning tools enable organizations to easily develop a pipeline of talent, create career paths, and build bench strength – to **better engage and retain top talent and ensure business continuity.**



# Compensation Management

Automate Compensation Planning for Improved  
Visibility and Governance

## Merit Matrix

Merit Name: 2018 Merit Matrix

Description:

Start	End	Min	Max	% In	% Out
5.00 (3.96 - 5.00) - Outstanding	0.00 %	0.00 %	3.00 %	4.00 %	
4.00 (3.96 - 4.54) - Exceeds Expectations	0.00 %	0.00 %	1.00 %	2.00 %	
3.00 (3.96 - 3.54) - Meets Expectations	0.00 %	0.00 %	0.75 %	1.00 %	
2.00 (1.36 - 2.34) - Needs Improvement	0.00 %	0.00 %	0.25 %	0.55 %	
1.00 (0.00 - 1.00) - Unsatisfactory	0.00 %	0.00 %	0.00 %	0.00 %	

Define compensation cycle budgets using an intuitive, spreadsheet-like interface. The application **supports both top-down and bottom-up budgeting processes** — with appropriate approval workflows — and your choice of salary structure.



Streamline compensation administration and support annual, off-cycle, and year-round compensation cycles for merit and bonus pay, promotional increases, and incentives.

## Compensation Cycle

Name: 2018 Compensation-Performance Merit

Description:

Status: Closed

Active:

Type: Bonus

Cycle Manager: Chelsey Fryman

Pay Change Reason: Merit Increase

Workflow: Compensation Proposal Request

Can Exceed Budget:

PAY CHANGE TYPE:

Field Used Label

1 Merit Increase

2

3

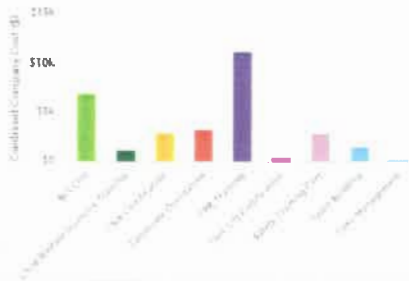
One Time Earning Payment

Achieve greater **insights into every phase of compensation planning**. Streamline and simplify the entire compensation management process from defining guidelines and programs, to modeling and budgeting — even routing your proposals for approval.

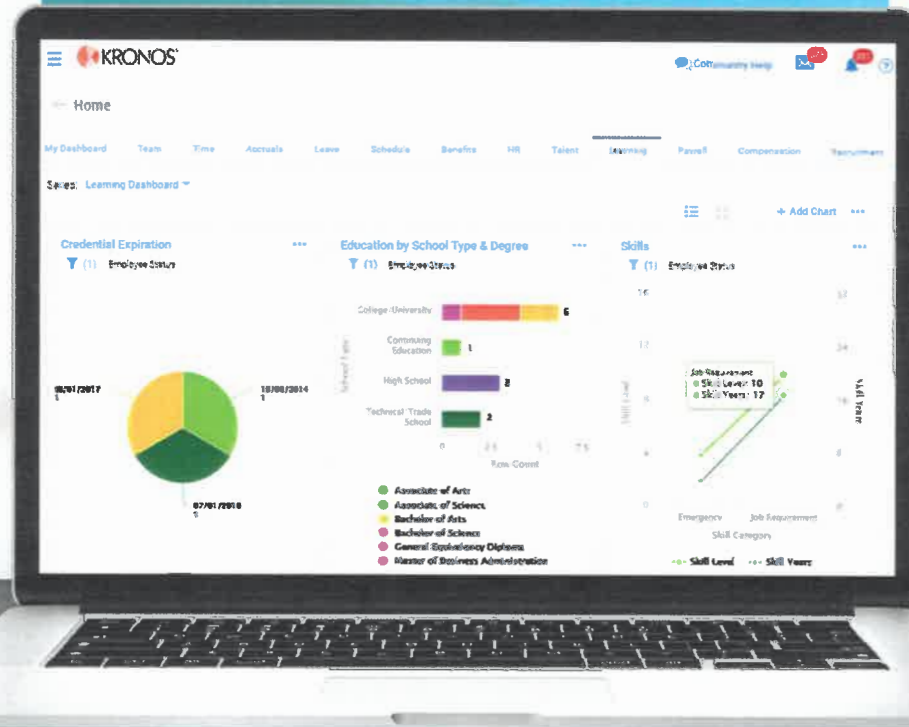
# Learning Tools

Train New Hires and Develop Existing Talent

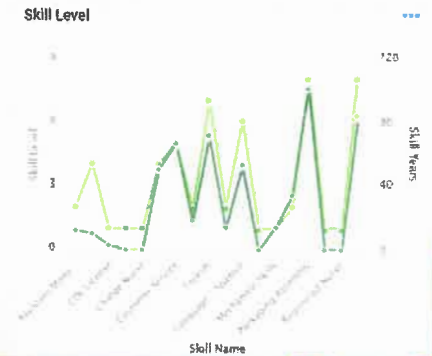
Combined Company Cost (\$) by Course



Manage required certifications and training, track course registration and enrollment, schedule learning activities, and monitor progress – ensuring you have the right employee in the right place at the right time, with the right training.



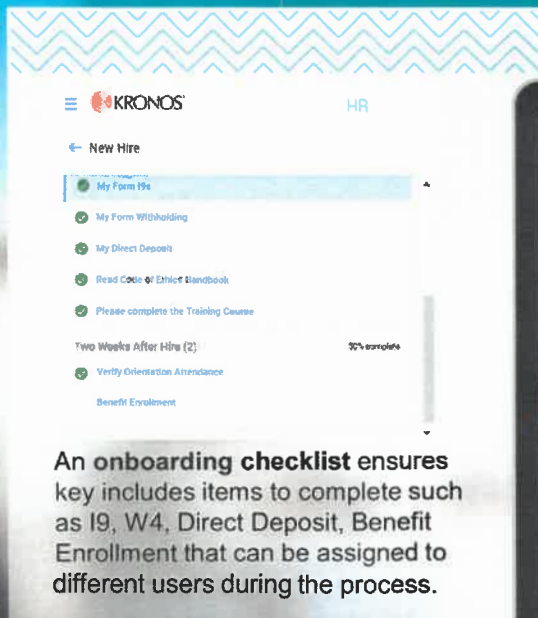
Build a learning plan in the solution by assigning individual employees or work groups to relevant training material. Easily track and analyze outcomes to ensure learning targets are met.



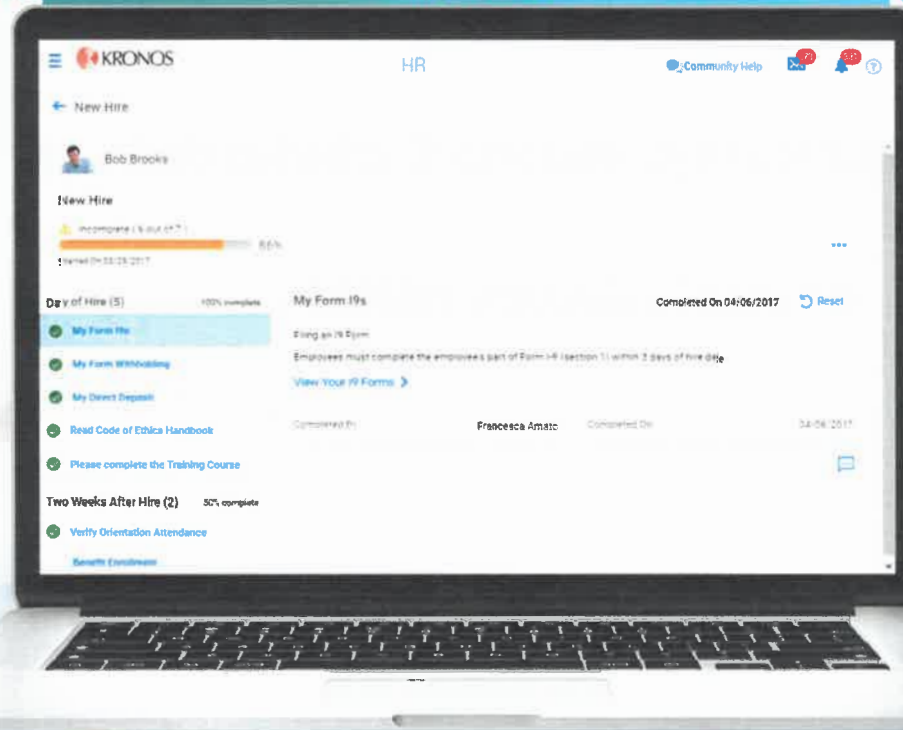
Manage the delivery of employee training, from administration and registration to content delivery and tracking to enhance employee development and maintain productivity.

# Onboarding

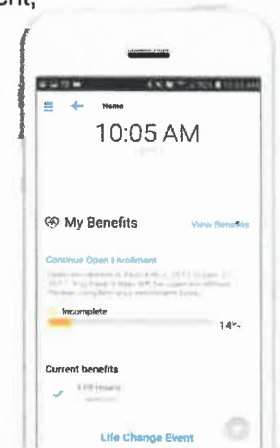
Deliver a Consistent and Engaging Onboarding Experience



An onboarding checklist ensures key includes items to complete such as I9, W4, Direct Deposit, Benefit Enrollment that can be assigned to different users during the process.



Allow new hires the **flexibility to address important items**, such as new hire enrollment, with their family in the comfort of their home or **on the go**.



Don't let confusing, inconsistent processes; stacks of paper forms; and limited resources make your new hire's first day not the best day. An effective approach to onboarding can lead to **better new employee retention, reduced turnover, and faster time to productivity.**



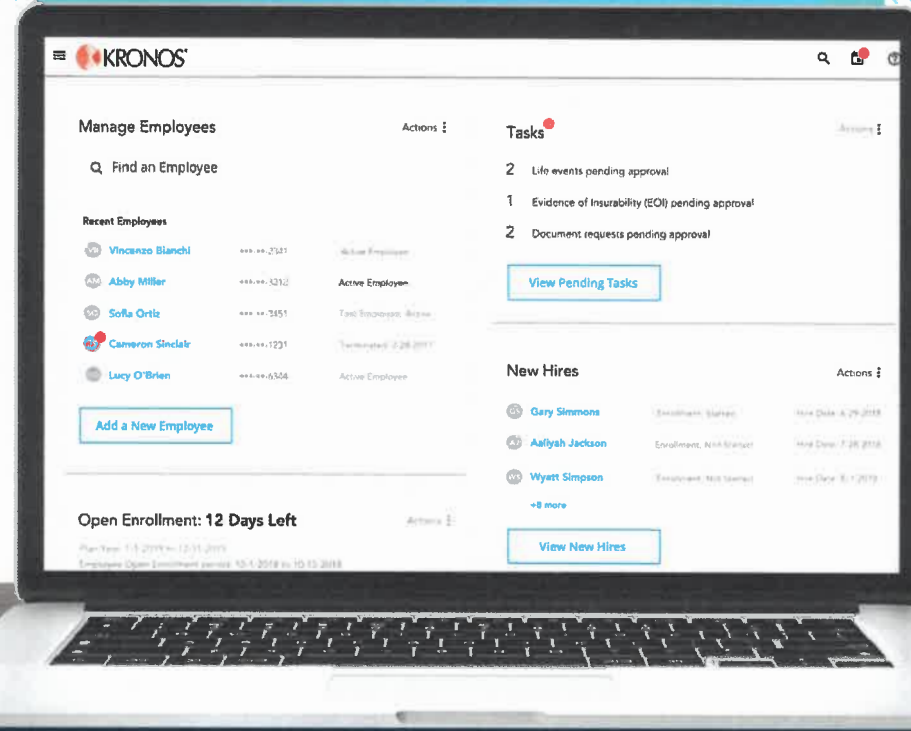


# Benefits Management

Benefits Covered from Start to Finish



An important part of the employee benefits process is connecting the company's benefits data to insurance carriers, payroll providers, and other third-party administrators. **With over 15,000 live data connections**, the Kronos Benefits Center has you covered.



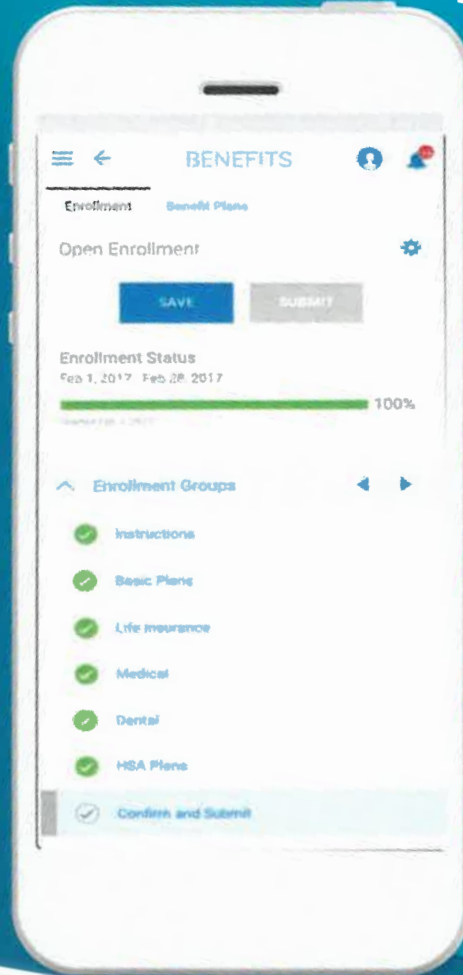
With a modern, mobile-friendly experience and customizable tools and educational content, employees easily understand their options and make the right choices based on their unique needs through comprehensive education and **personalized recommendations.**



Administering benefits can be complicated, and costly for employers when not done right. To facilitate benefits education and communication, manage eligibility, automate enrollment, manage carrier billing, and adhere to Affordable Care Act (ACA) requirements - **organizations need technology.**

# Benefits on Mobile

View and enroll in benefits, see detailed information on benefit plans, and even fill in questionnaires all from a **mobile device**.



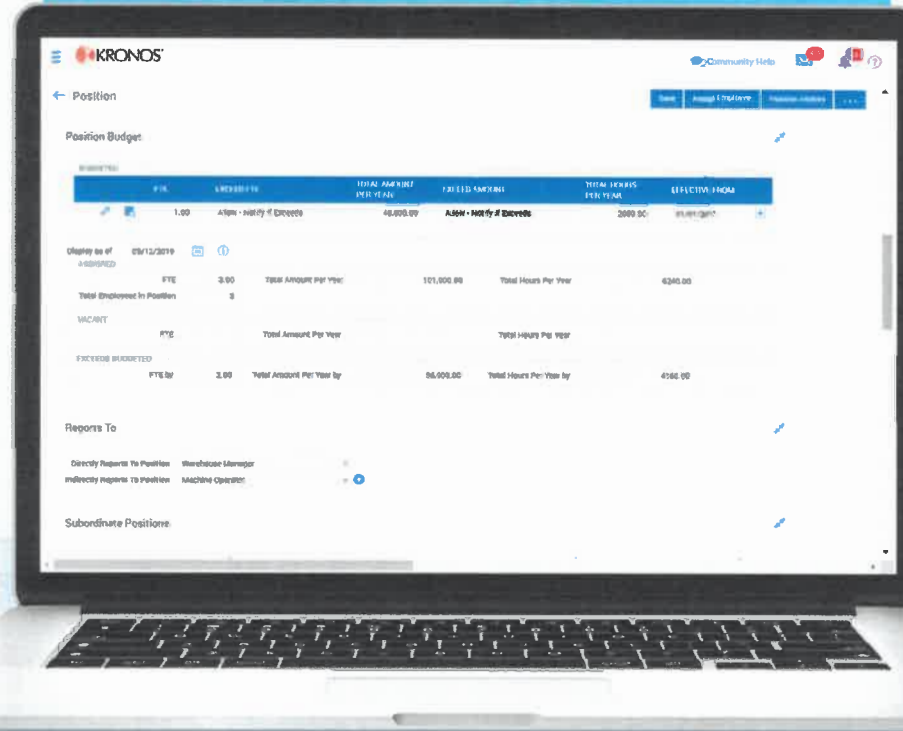
# Position Management

Manage Your Workforce, Your Way

Position Hierarchy Chart



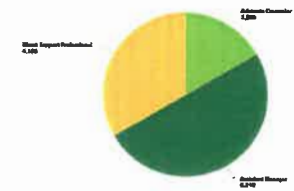
Flexible position hierarchy charts streamline administration and ensure accurate tracking of employees assigned to multiple positions that may require different pay rates, funding sources, allowances, time off, benefits, and deductions for different positions.



Easily accessible, real-time reporting and analytics provide visibility into time allocation, budget forecasts, current staffing levels, and available funding for positions.

Annual Position Work Hours by Position

2019 Hours



Unlike a job-based system, position management tools separate individual employees from their job roles and definitions to give organizations the flexibility to more efficiently and accurately manage their organization's structure, including headcount and labor costs.





Kronos for HCM

# Payroll Management

 KRONOS

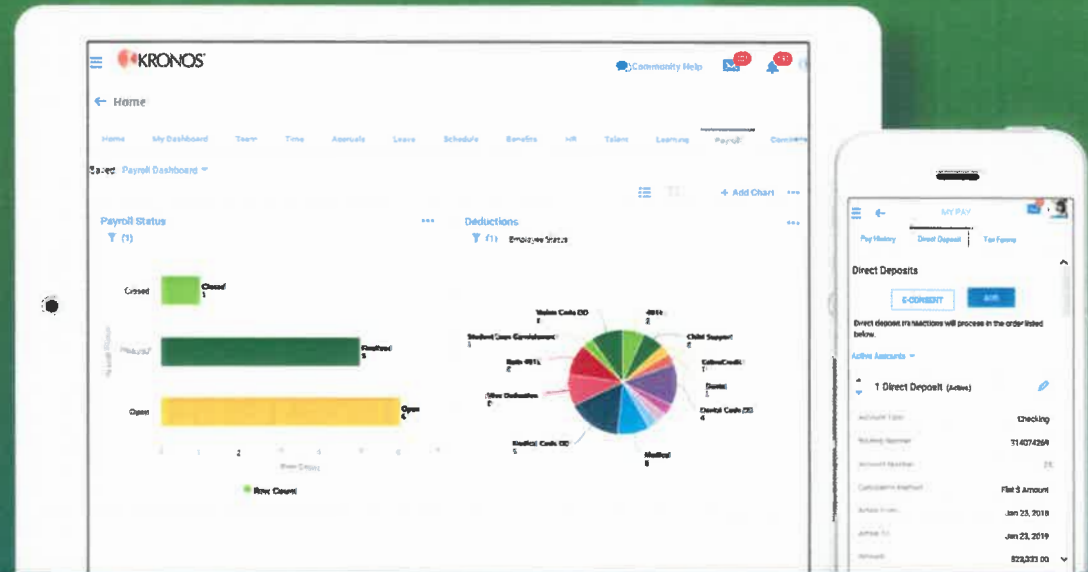
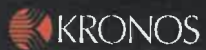
## Deliver the perfect paycheck every time

Automated, accurate processing, end-to-end services, embedded compliance, and transparent employee self-service tools.



### Payroll Management

Simplify your payroll processes, eliminate errors, and provide a best-in-class employee experience with our automated payroll solutions. Reduce processing time, ensure compliance, and create the perfect paycheck by **managing time, tax, and pay in a single, unified solution.**



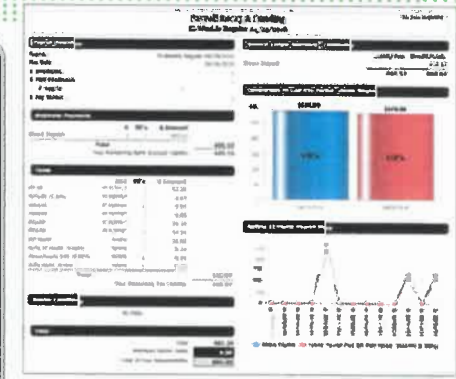
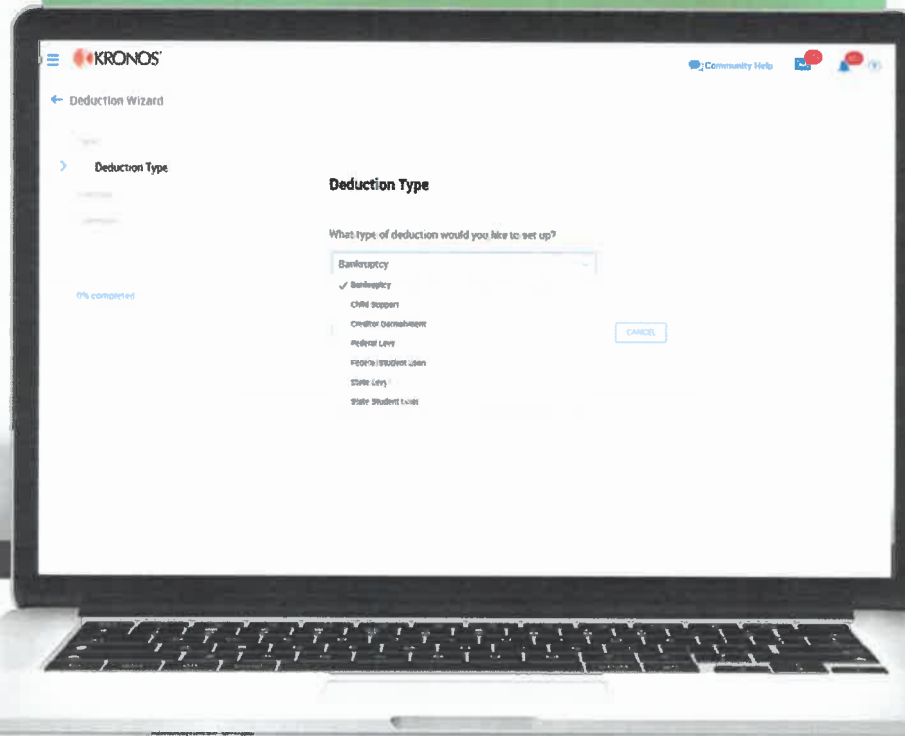
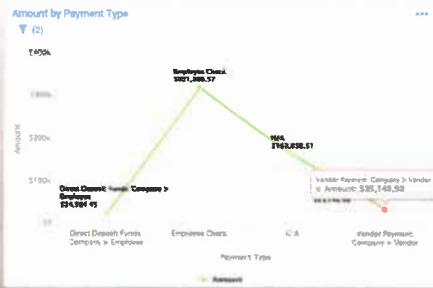
A reliable payroll foundation **builds lasting trust** between you and your employees while also boosting efficiency.



# Payroll

Control Costs and Compliance Risks while  
Improving Efficiency

With unified HR, Time and Attendance, and Payroll you have the power of a single source of truth – allowing your people to make more informed business decisions in the moment. Charts and graphs help make sense of all your data too.



Access comprehensive, real-time reports such as this Payroll Recap and Funding report. Users can run any payroll report in the system with the "to-date" range they choose.

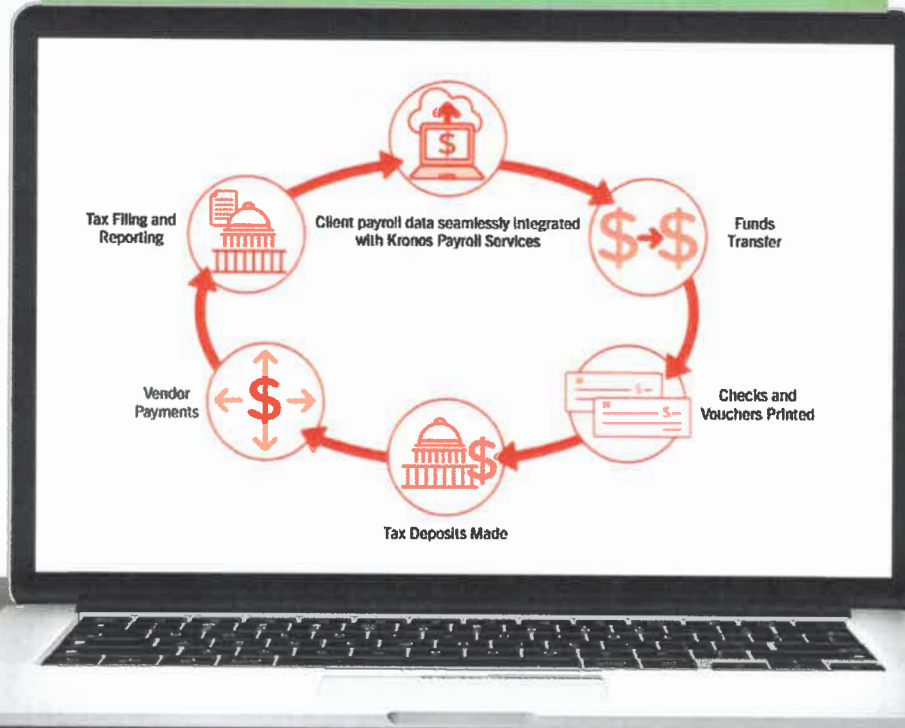
Our automated payroll solutions **simplify your payroll processes**, empower employees with self-service features, and improve paycheck accuracy. Reduce processing time with paperless payroll, minimize risk, and create the perfect paycheck with instant access to reports and real-time data.

# Payroll Services

Streamline Tedious and Complex Post-payroll Processing Tasks

Payroll Services use quarterly updates from thousands of federal, state, and local codes to **manage your compliance across multiple tax types and jurisdictions**. Computation and filing errors are avoided by factoring in requirements for multi-state taxing and reciprocity, taxation wage accumulation, and withholding.

Recap			
Kronos Payroll Services Del	Date	Bank Account #	\$ Amount
Tax Payment	12 12 2011	xxxxxx2906	5,531.02
Empl Dir Dep SPA	12 12 2011	xxxxxx2906	15,603.38
		<b>Total Debits</b>	<b>21,134.40</b>
<b>Cash Requirements: xxxxxx2906</b>			
Tax Payment			\$ Amount
Empl Dir Dep SPA			5,531.02
			15,603.38
		<b>Total</b>	<b>21,134.40</b>

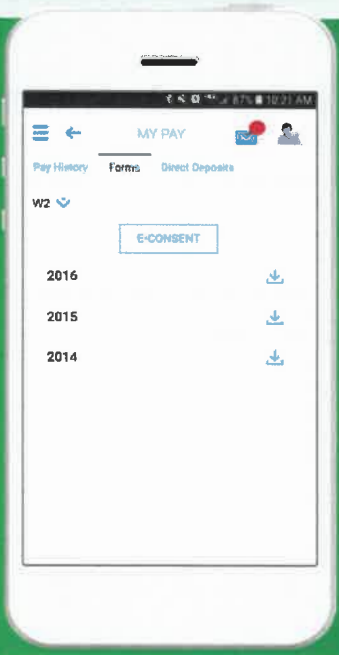
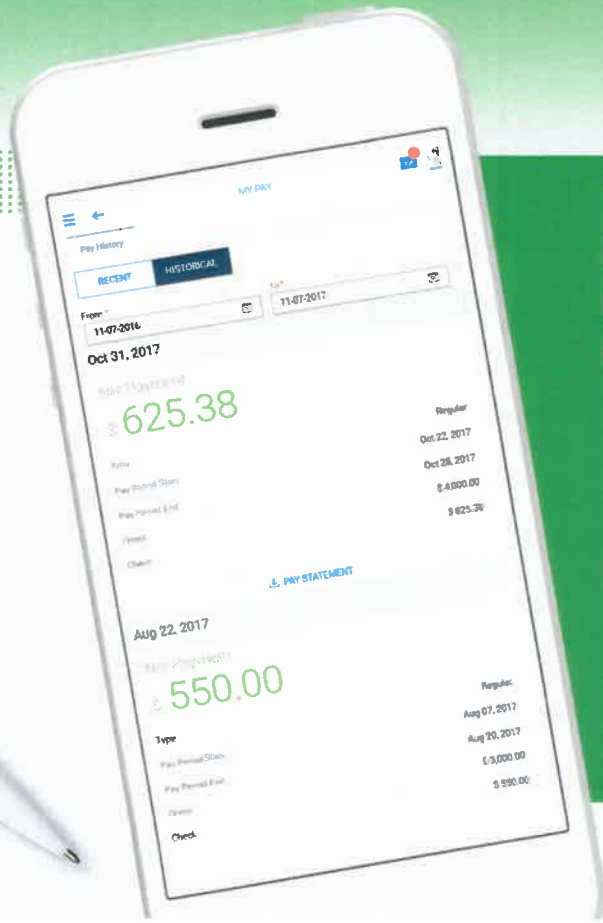


The screenshot shows a complex software interface with multiple columns and rows of data, likely representing a payroll system's data entry or reporting screen. It includes various fields for input and output, organized in a structured layout.

Your entire payroll process needs to run smoothly, even at distribution. This stage is often overlooked — and costly. **Eliminate the labor-intensive work of printing and distributing checks, direct deposit vouchers, and year-end tax forms such as W-2s and 1099s.**

Kronos Payroll Services seamlessly integrated with Kronos Payroll and provides services such as tax filing, garnishment processing, and distribution of checks — while providing the **ease and convenience of working with a single vendor.**

# Payroll on Mobile



Track pay, set up direct deposit and view tax forms (w-2 or 1099) when you need it and at your convenience on a mobile device.



Kronos for HCM

# Workforce Management



# WORKFORCE READY







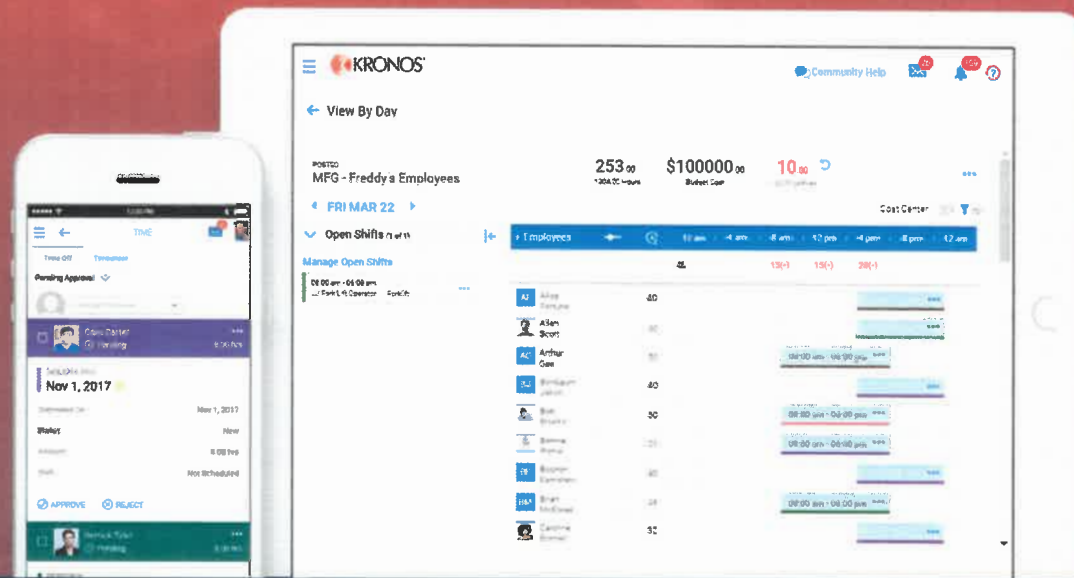
## Workforce Management

An automated, accurate workforce management system that helps boost employee productivity while giving **real-time insight into labor data.**



## Building a strong foundation

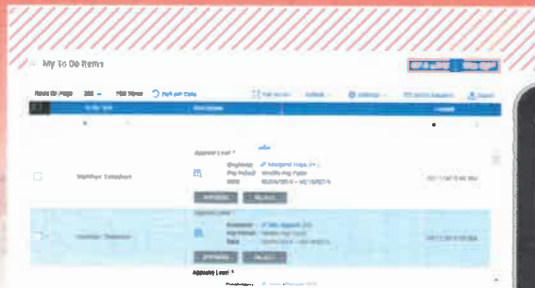
Efficient processes to manage your diverse workforce in an intuitive, engaging way while controlling labor costs and lowering compliance risk



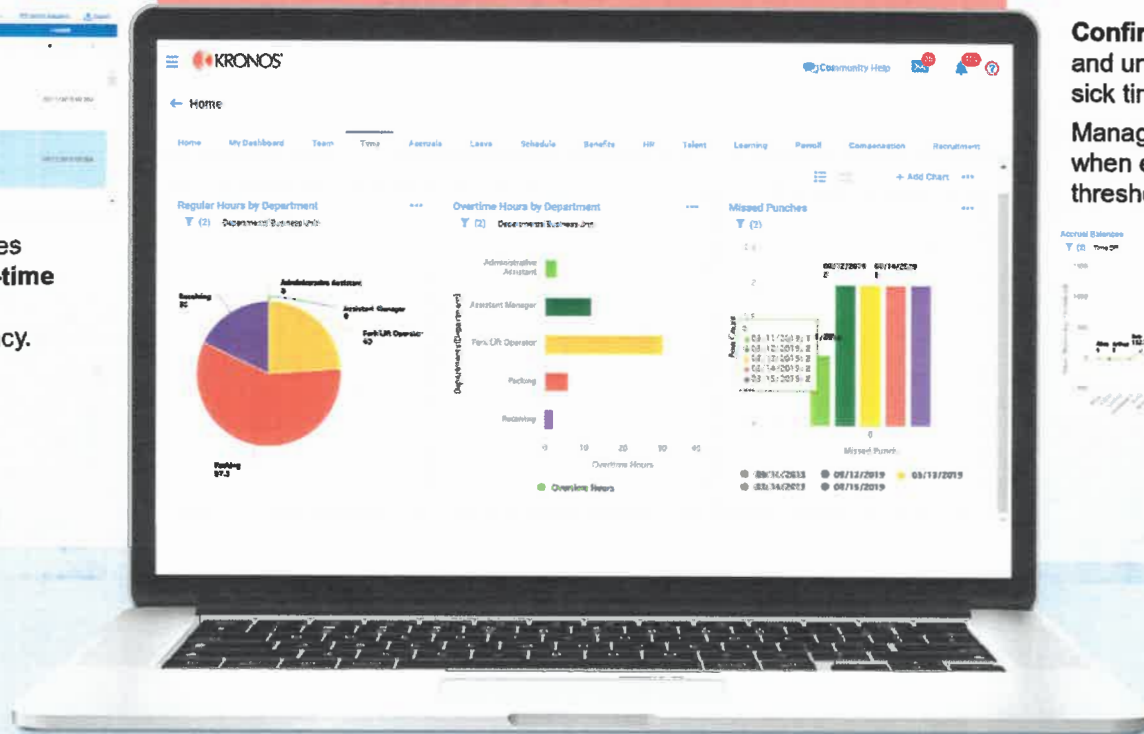
The result? You can now spend your **time engaging with your teams** and achieving business goals instead of just keeping the lights on

# Time and Attendance

Control Labor Costs With Automated,  
Accurate Time and Attendance



Complete automation eliminates timekeeping errors, while **real-time calculations** help maintain compliance and payroll accuracy.



**Confirm employee eligibility** for paid and unpaid leave based on vacation, sick time, and other criteria.

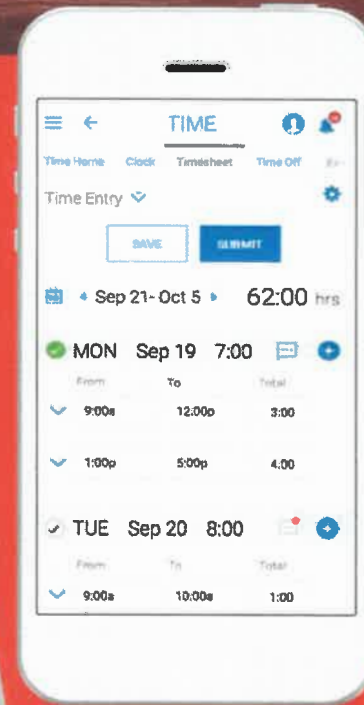
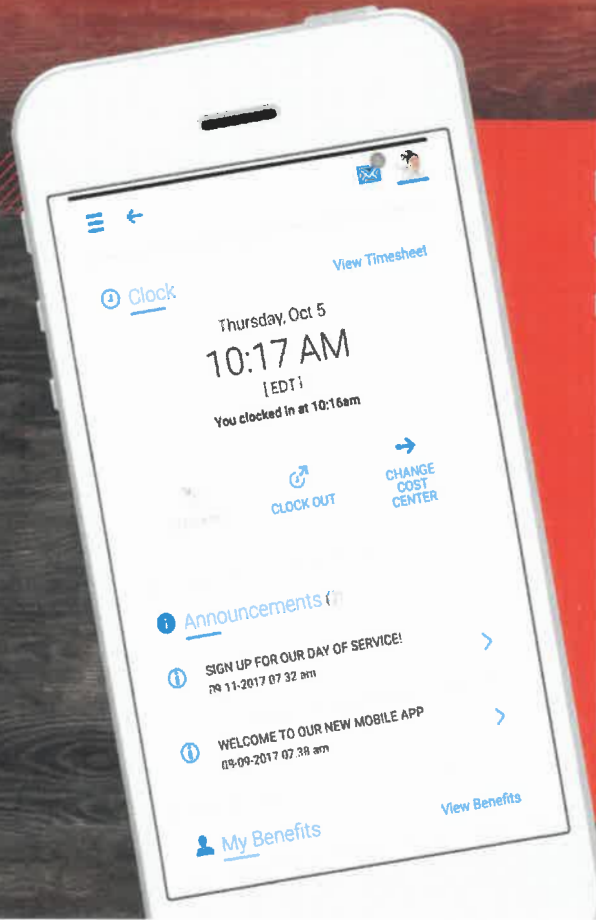
**Managers are automatically notified** when employees exceed established thresholds to help ensure compliance.



Disparate systems and inefficient time and attendance, and data collection processes, can slow growth and frustrate employees. Integrating these processes can **boost employee productivity** while providing **real-time insight into labor data** to help control costs and reduce compliance risk.

# Mobile Time and Attendance

**Mobile accessibility** gives employees immediate access to their HR, schedule, and pay data. Employees can punch in and out with GPS coordinates, change cost centers/labor transfer, submit timesheets, and view their schedules, time-off and leave-of-absence calendars, accrual balances, and pay statements real-time.



Users can easily **complete common tasks** on their mobile device of choice while maintaining productivity and functionality across the entire workforce management spectrum — from time and labor management to HR and payroll — all while incorporating on-the-go access to features ideal for out-of-office use.



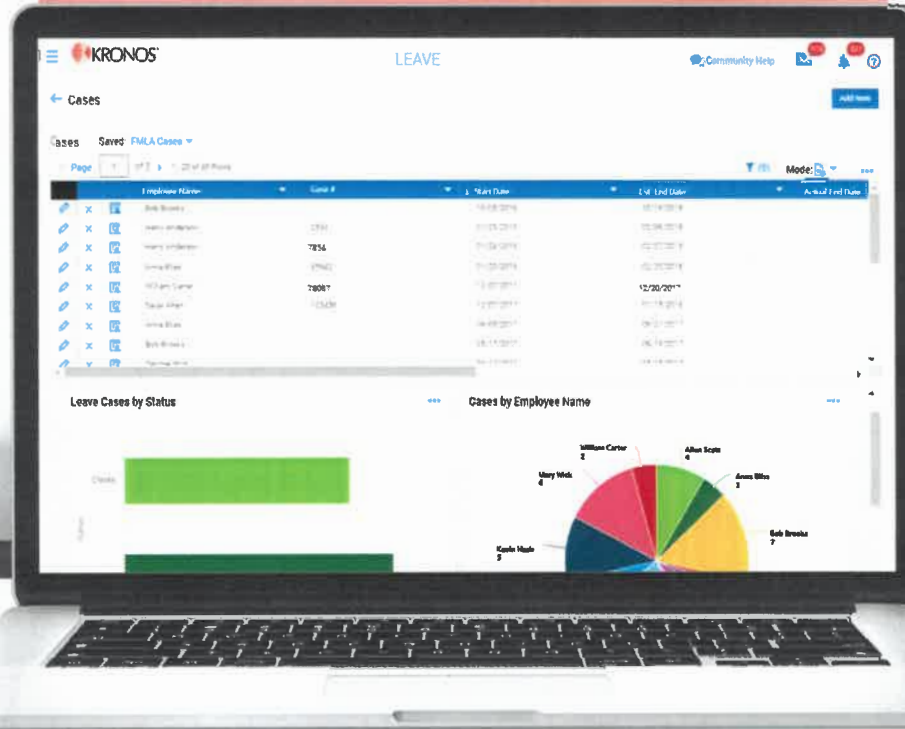
# Absence & Leave

## Control and Mitigate Employee Absenteeism

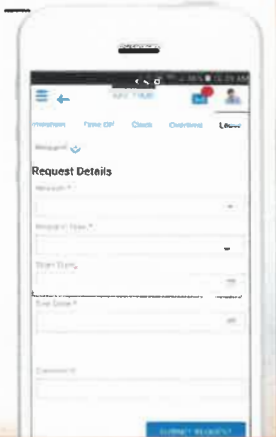
### Entitlement

ENTITLEMENT	AS OF	TAKEN	AS OF	BALANCE	
Military	12.0 weeks	10/31/2018	56.0 weeks	01/31/2014	-44.0 weeks
Medical	480.0 hours	01/26/2017	24.0 hours	11/02/2016	456.0 hours
Non-Medical	0.0 hours	0.0 hours	11/02/2016	0.0 hours	

Prevent ineligible or unauthorized time off. Every leave case is automatically tracked for time and eligibility, with notifications that allow managers to control the potentially high cost of absence.



Employee visibility and self-service capabilities are bolstered through request initiations, leave eligibility, and balance tracking — all available anytime, anywhere with the mobile app.



Employee absence can have an enormous impact on your organization affecting costs, productivity and even morale. Consistent absence and leave policy enforcement **eliminates risk** for litigation and non-compliance with local, state, federal, and organizational policies and regulations.

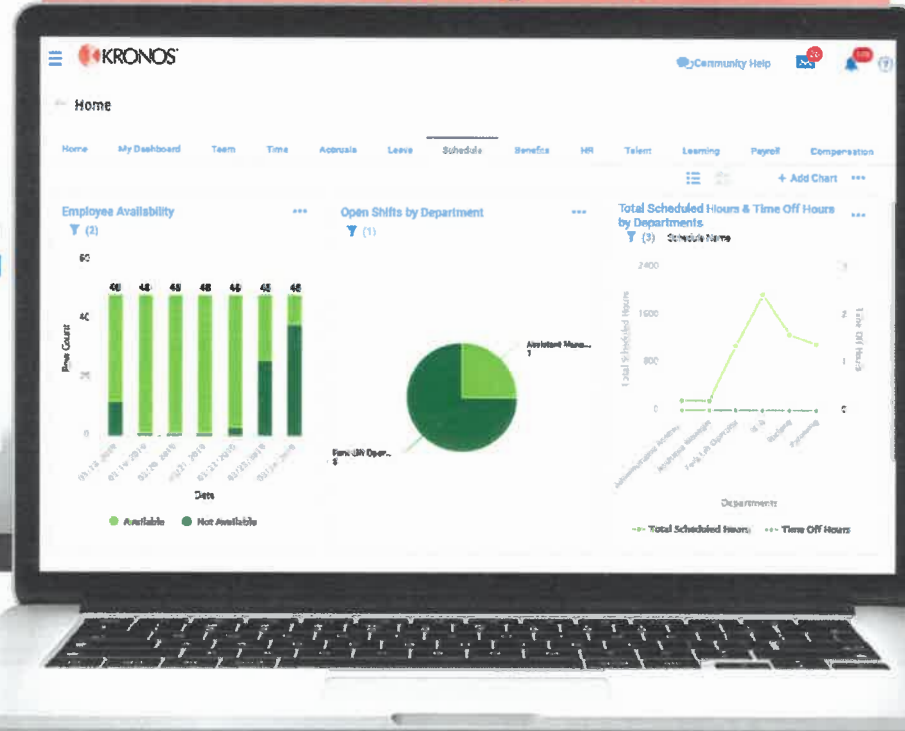
# Scheduler

Put the Right Person in the Right Place  
at the Right Time

Automatically fill open shifts with the right people, based on predefined criteria such as availability, preferences, skills, certifications, union rules, labor laws and more.

Workload Coverage

DEPARTMENT	SHIFT	STATUS	COVERAGE
Nursing Assistant	06:00-14:00	Open	12/12
	14:00-22:00	Open	12/12
	06:00-14:00	Open	12/12
	14:00-22:00	Open	12/12
Spending	06:00-14:00	Open	12/12
	14:00-22:00	Open	12/12
	06:00-14:00	Open	12/12
	14:00-22:00	Open	12/12
Assistant Manager	06:00-14:00	Open	12/12
	14:00-22:00	Open	12/12
	06:00-14:00	Open	12/12
	14:00-22:00	Open	12/12
Security	06:00-14:00	Open	12/12
	14:00-22:00	Open	12/12
	06:00-14:00	Open	12/12
	14:00-22:00	Open	12/12
Health	06:00-14:00	Open	12/12
	14:00-22:00	Open	12/12
	06:00-14:00	Open	12/12
	14:00-22:00	Open	12/12



Run forecasted versus scheduled coverage reports and use historical volume data to better manage workload for future schedule periods.

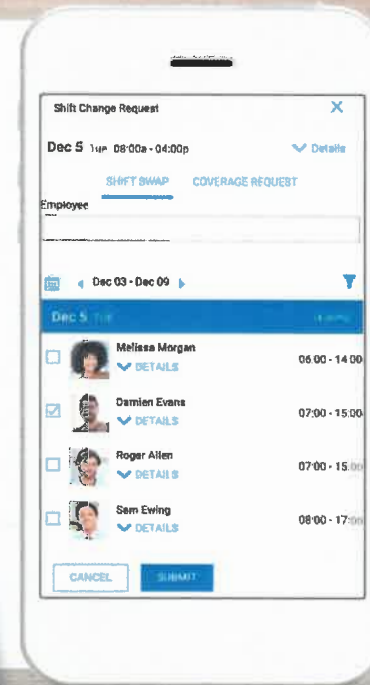


Automatically generate best-fit schedules based on your organization's unique requirements to help control labor costs, minimize compliance risk, improve productivity, and drive employee engagement.



# Self-service Scheduling on Mobile

Self-service scheduling options are available on a mobile device adds a layer of **convenience for employees**. They can swap shifts, request coverage, and even request an open shift for extra hours. All rules and requirements remain enforced by Kronos.

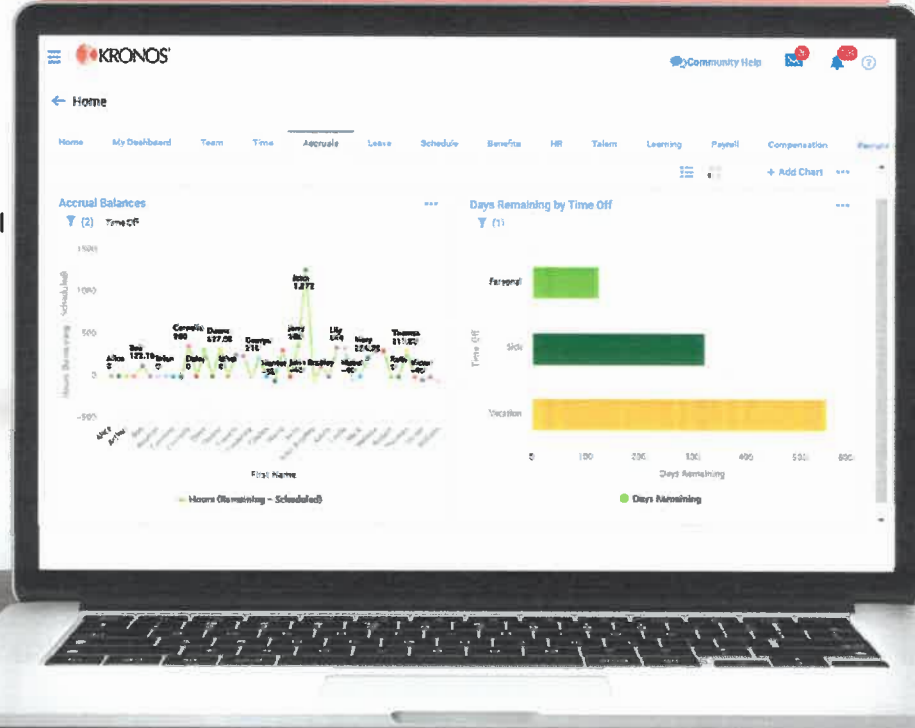


# Accruals

Improve Accuracy and Consistency  
with Automation

PERSONAL	SICK	VACATION
AVAILABLE <b>6.01</b> DAYS	AVAILABLE <b>23.02</b> DAYS	AVAILABLE <b>15.27</b> DAYS
REQUEST	REQUEST	REQUEST

With one-stop access to detailed accrual information **managers can make fast, informed decisions** that effectively balance employee requests with coverage requirements.



Employees can check their accrual balances on various devices to make sure they have earned time off available before making a request.



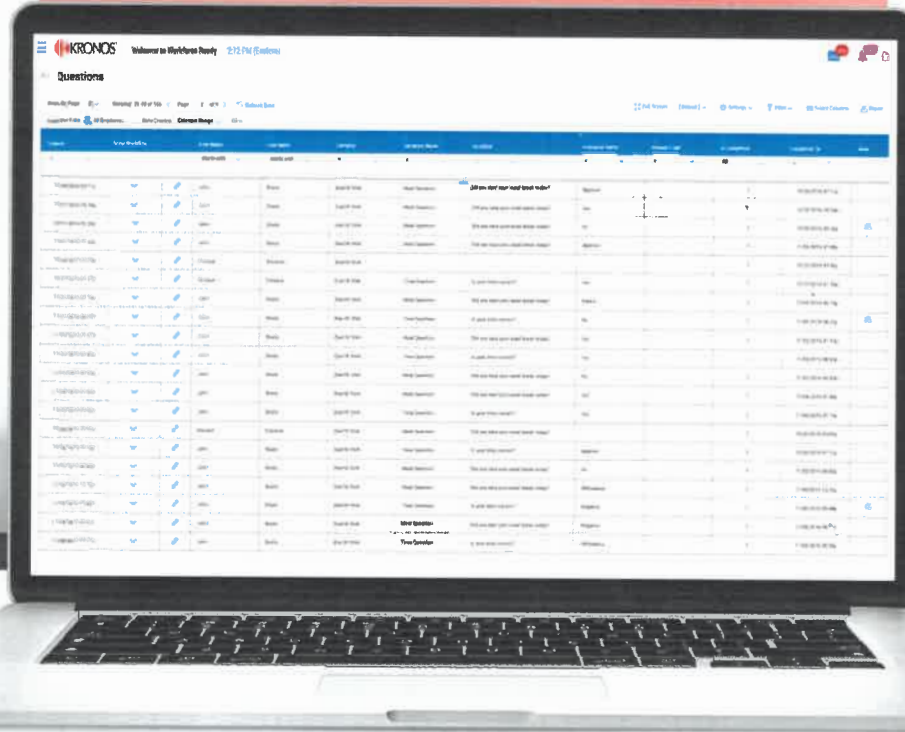
Tracking time-off accruals manually can be a tedious and error-prone process. Automation eliminates manual errors; supports fair policy enforcement; and **gives employees and managers instant visibility** into current status to streamline time-off requests and approvals.

# Attestation

Drive Engagement and Compliance with Flexible Attestation Tools



Easily customize prompts to reflect applicable laws and policies, or to send automated notifications that alert employees of missed attestations.



Hear from your employees by enabling them to enter comments or additional details as needed.



As labor laws become increasingly complex and require documented proof of compliance, accurate time and labor management is more critical than ever. Simplify and streamline adherence with state, local, union, and other policies to **minimize compliance risk.**



# ACA Manager

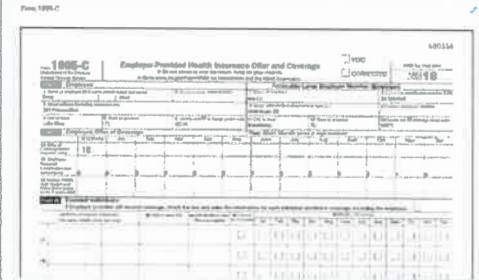
A proactive solution for ACA compliance strategy across the entire workforce



With a **single record for each employee**, you can streamline and automate the benefits enrollment process as they reach eligibility.

	SEP '18	OCT '18	NOV '18	DEC '18	JAN '19	FEB '19	MAR '19
HOURS	3952.00	231.00	144.00	88.00	215.20	0.00	0.00
Month Status	FT	FT	FT	PT	PT		
ACA Status							
Waiting Period Month							
Initial Measurement Month							
Initial Administrative Month							
Initial Stability Month							
Standard Measurement Month	3	6	1	5	3	4	3
Standard Administrative Month			1	2			
Standard Stability Month	3	4	2	5	1	2	3
Affordable Plan Offered	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Minimum Value Plan Offered	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Compliance Alert	NO	NO	Yes	Yes	NO	Yes	NO
Approving ACA FT	Yes	Yes	Yes	Yes	Yes		

Easily populate IRS forms like the **1095-C** and **1094-C** with the appropriate information right within the system.

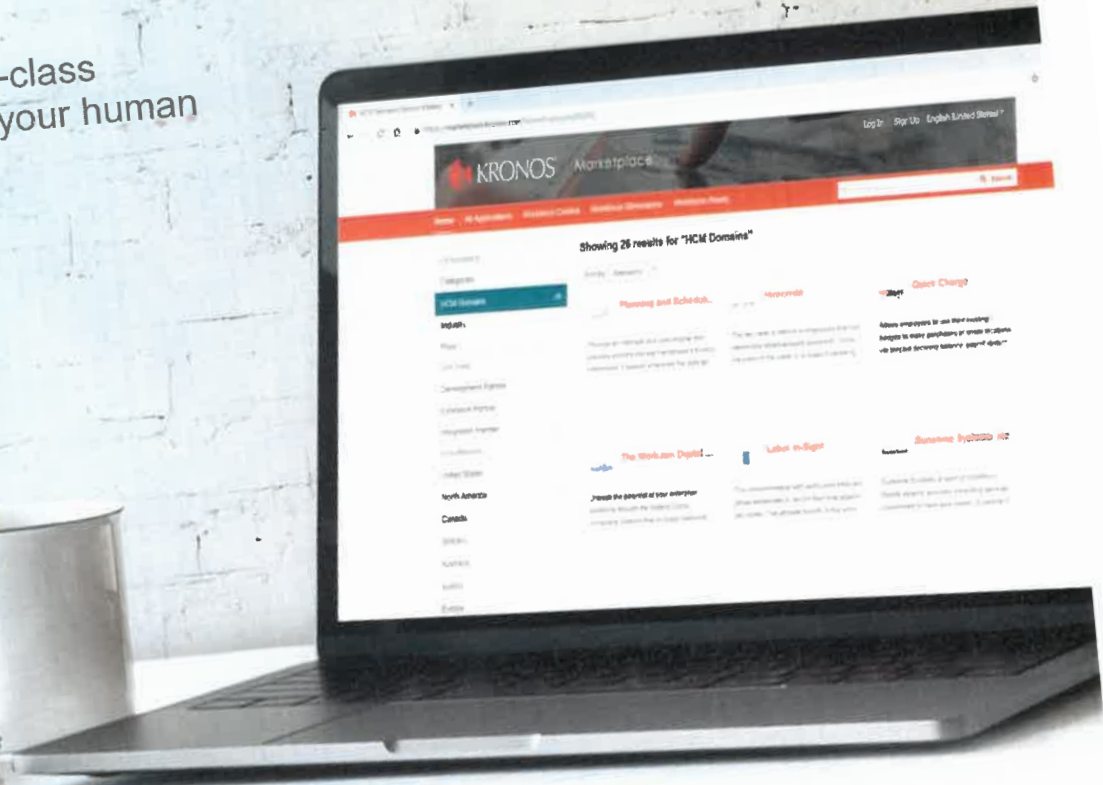


Providing the tools to **effectively manage regular and variable hour employees' benefits to minimize compliance risk**. The ACA manager is equipped with all the applicable reporting capabilities to comply with the IRS requirements.

# Kronos Marketplace

The Kronos Marketplace offers pre-integrated, best-in-class solutions that extend the features and functionality of your human capital management (HCM) solution.

- Cloud-based productivity tools
- Travel and expense report management
- Background checks
- Employment eligibility verification
- Job board integration
- WOTC services
- HR and payroll knowledge base
- Benefits carrier integration\*
- Telephony data collection systems\*





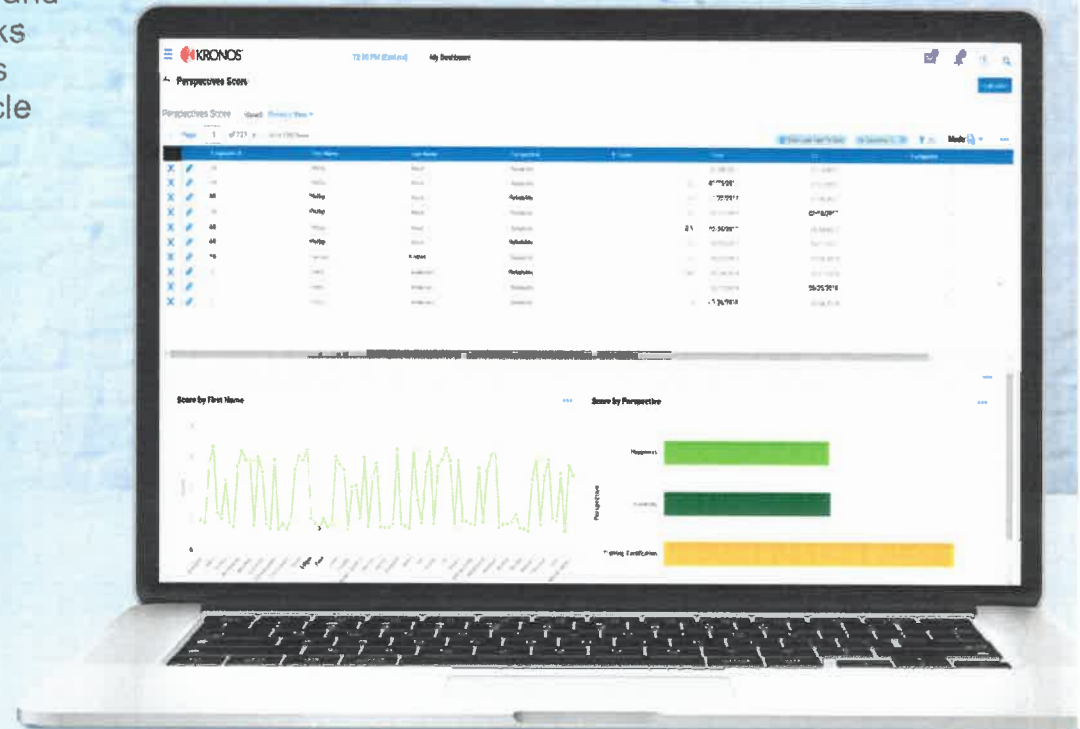
# Employee Perspectives

## Unlock the Predictive Power of People Analytics

Employee Perspectives is a **truly unique people analytics tool** that helps you predict and act on the workforce trends and employee behaviors that matter to your organization. Thanks to Kronos' **unified HCM approach**, Employee Perspectives can access data points from all across the employee lifecycle to build metrics that meet your exact business needs.

Here are a few examples:

- **Predict flight risk** for your different employees and proactively prevent attrition
- **Spot changes in employee engagement** and address them before they have an impact
- **Assess reliability** to staff key shifts
- Anticipate when employees are **fatigued** or burning out
- Present clear, **intuitive performance standards** backed by data



Kronos is a leading provider of workforce management and human capital management cloud solutions. Kronos industry-centric workforce applications are purpose-built for businesses, healthcare providers, educational institutions, nonprofits, and government agencies of all sizes. Tens of thousands of organizations — including half of the Fortune 1000®— and more than 40 million people in over 100 countries use Kronos every day. To learn more about the Workforce Ready HCM experience, visit [kronos.com](https://www.kronos.com).





# Prosser Memorial Health Patient Satisfaction

Progress Report July 2020

# Patient Loyalty YTD Roll-up:

Survey Group	2020 Goal	June 2020	# of Surveys	YTD 2020	# of Surveys		Notes
Emergency Depart.	>80.7%	91.3	23	81.5	243	😊	<ul style="list-style-type: none"> <li>144+56/243=81.5%</li> <li>14+7/23=91.3%</li> </ul>
HCAHPS-Inpatient	>85.1%	86.7	30	88.9	219	😊	<ul style="list-style-type: none"> <li>194/219=88.6%</li> <li>26/30=86.7%</li> </ul>
Acute Care	>79.7%	81.3	16	85.2	122	😊	<ul style="list-style-type: none"> <li>104/122=85.2%</li> <li>13/16=81.3%</li> </ul>
Family Birthplace	>92.2%	92.9	14	92.8	97	😊	<ul style="list-style-type: none"> <li>90/97=92.8%</li> <li>13/14=92.9%</li> </ul>
Out-Patient Surgery	>88.4%	95.2	42	91.3	231	😊	<ul style="list-style-type: none"> <li>211/231=91.3%</li> <li>40/42=95.2%</li> </ul>
Swing Bed	>94.1%	100	3	75	12		<ul style="list-style-type: none"> <li>7+2/12=75%</li> <li>2+1/3=100%</li> </ul>
Clinic Network	>87.1%	83.3	96	87.9	679	😊	<ul style="list-style-type: none"> <li>451+146/679=87.9%</li> <li>56+24/96=83.3%</li> </ul>
Out-Patient Services	>88.4%	91.7	12	89.5	153	😊	<ul style="list-style-type: none"> <li>91+46/153=89.5%</li> <li>6+5/12= 91.7%</li> </ul>
	2020 Goal	YTD Score	Equation				*Composite score based on 2019 departmental revenue contributions
Composite Score	86.61%	87.4%	ED: $0.15 \times 81.5=12.225$ In: $0.209 \times 88.9=18.58$ OR: $0.157 \times 91.3=14.334$ SW: $0.064 \times 75=4.8$ OP: $0.336 \times 89.5=30.072$ Cl: $0.084 \times 87.9=7.384$		87.395	😊	ED: 15% IP: 20.9% OP Surgery: 15.7% Swing: 6.4% Outpatient: 33.6% Clinic: 8.4%

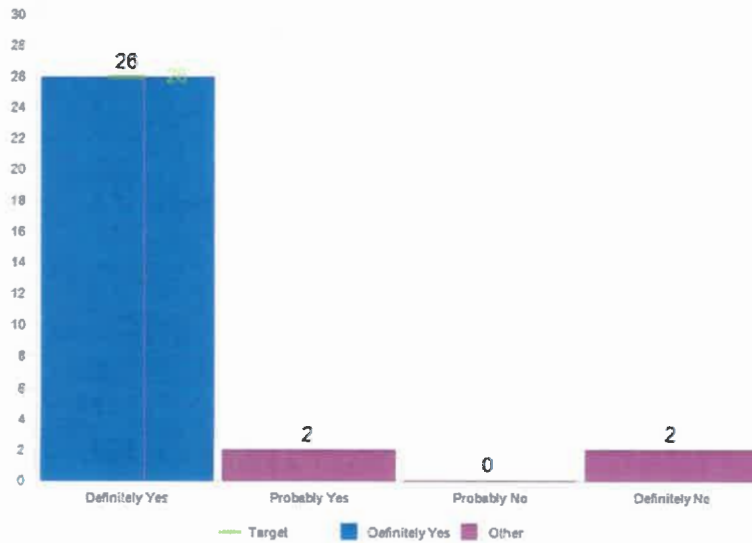


# Inpatient Combined **Goal: 85.1%**

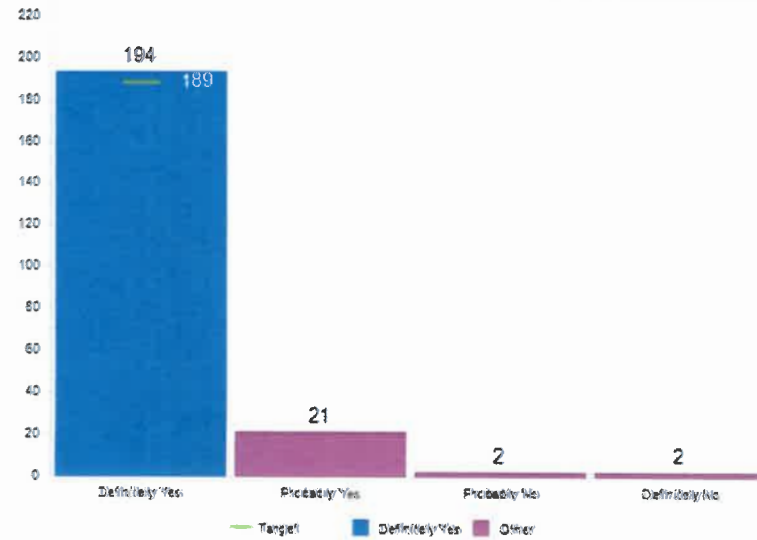
June 2020-86.7%

YTD 2020- 88.6%

Would Recommend



Would Recommend





## Care Transitions Team Goal: Improve the “Care Transition” score on HCHAPS

- Recognizing Patient Preferences for Care Continuum (Improving continuum of care improves clinical outcomes, reduces preventable readmissions and maximizes reimbursement)
- Helping Patients Understand Post-Discharge Responsibility
- Purpose of Medications



# Measures being used to improve Care Transitions

- 1. Interdisciplinary Rounds
- 2. Bedside shift report
- 3. Post visit patient calls on Inpatients, Observation, & Swing bed:
  - Confirm patient is continuing to improve;
  - Answer Questions;
  - Verify access to clinic follow-up;
  - Verify access to medications.



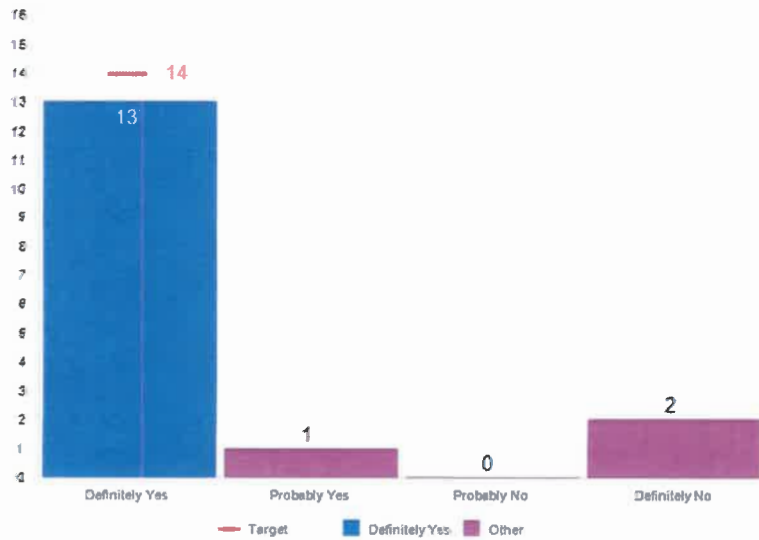


# Acute Care Goal: >79.7%

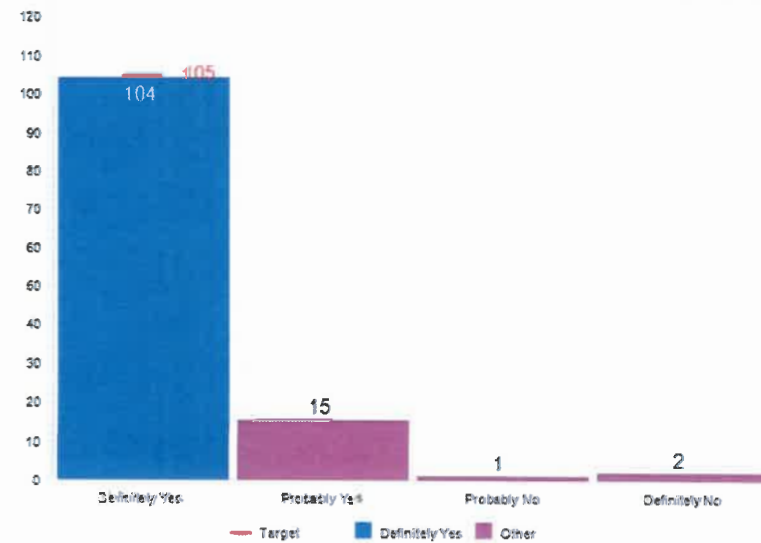
June 2020- 81.3%

YTD 2020-85.2%

Would Recommend



Would Recommend

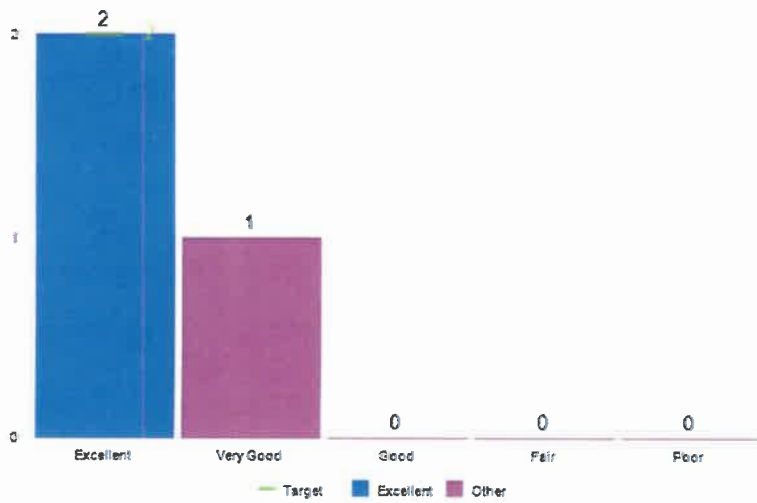




# SWING Bed Program **Goal: >94.1%**

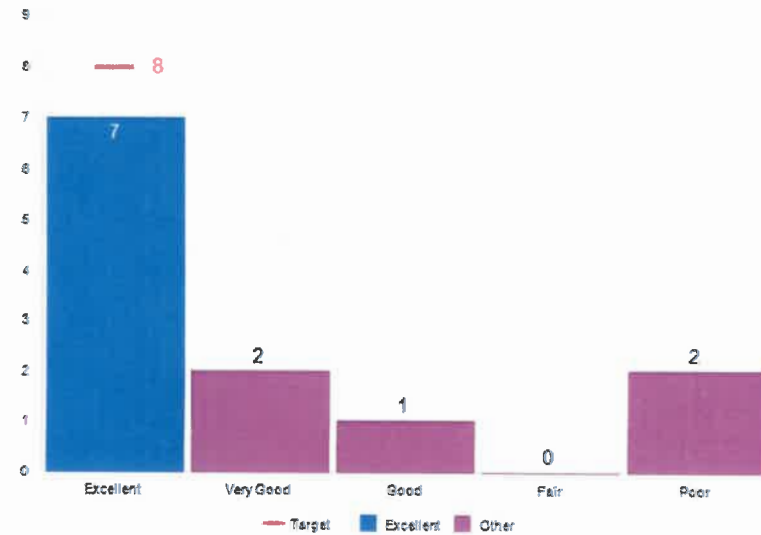
June 2020-100%

Likelihood of Recommending



YTD 2020-75%

Likelihood of Recommending







## Acute Care/Swing

- Patient Education on new medications and side effects.
- Risk Stratified Post-Discharge follow-up phone calls.
- Revised staffing for COVID-19 Isolation patients.
- New Beds being purchased.





# Patients are reporting improved medication education!

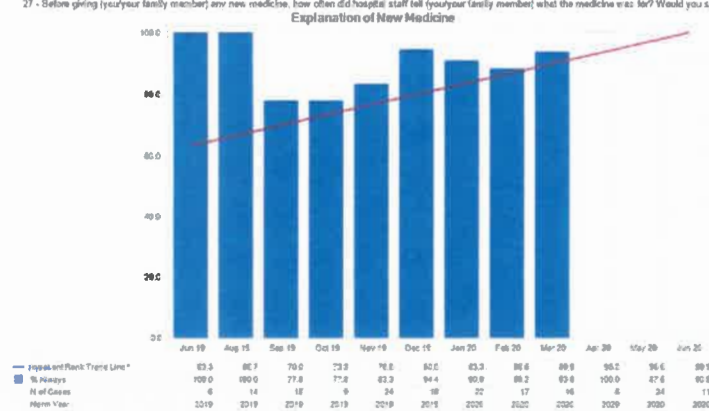
2018-85.0%; 2019-89.8%  
2020 YTD-**90.82%**

2018- 68.7%; 2019-67.2%  
2020 YTD-**75.26%**

Snapshots  
Chart

Page 7

27 - Below giving (your family member) any new medicine, how often did hospital staff tell (your family member) what the medicine was for? Would you say:



\*Rankings are based on PRC items data  
\*Marked items are Statistically Significant

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Snapshots  
Chart

Page 13

28 - Below giving (your family member) any new medicine, how often did hospital staff describe possible side effects in a way (you/they) could understand? Would you say:



\*Rankings are based on PRC items data  
\*Marked items are Statistically Significant

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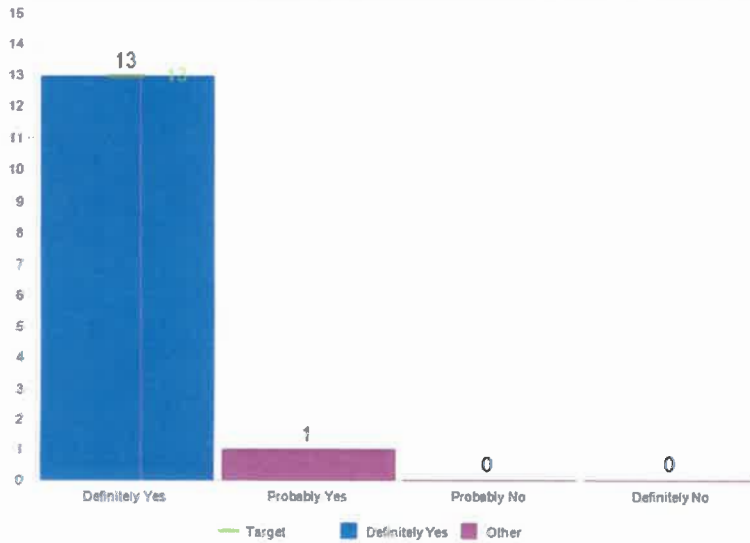


# Family Birthplace **Goal: >92.2%**

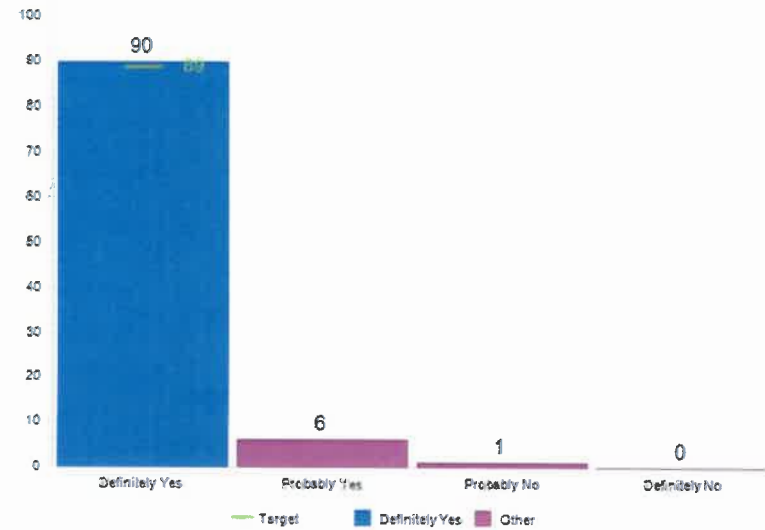
June 2020- 92.9%

YTD 2020-92.8%%

Would Recommend



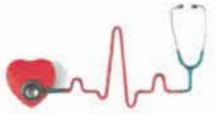
Would Recommend





## Family Birthplace

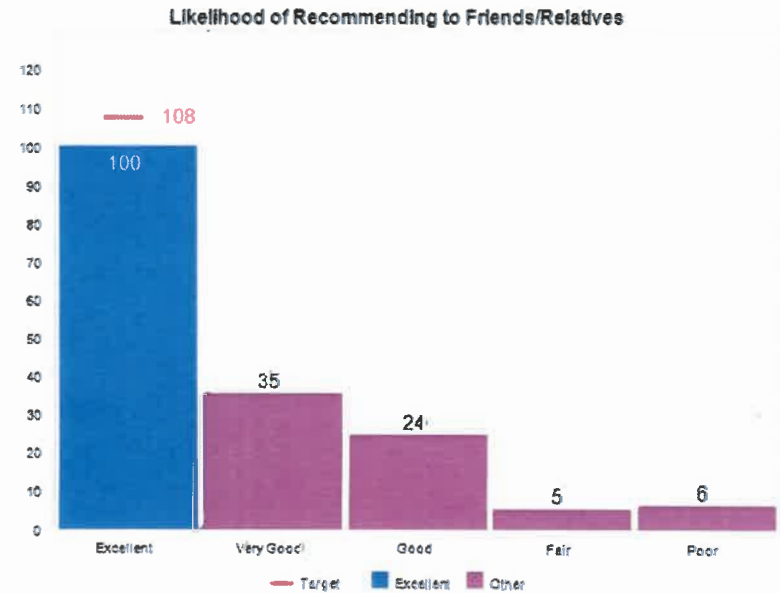
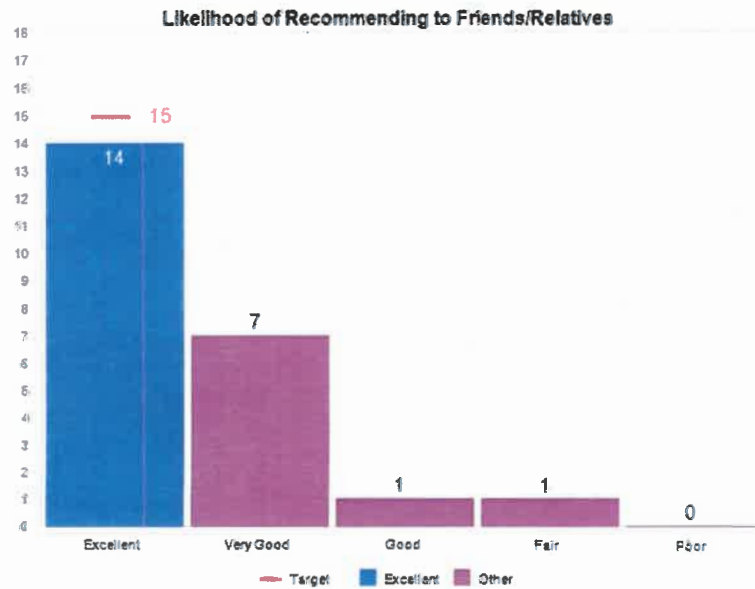
- COVID-19 accommodations for positive moms.
- Rapid cross training of Resource and Acute Care Staff for care of the post-partum patients.
- Our first midwife has been onboarded and doing proctored deliveries and the second starts in August.
- Focus on post-partum depression screening.
- Childbirth Education has been offered on-line with a good reception.

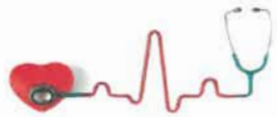


# Emergency Department **Goal: >80.7%**

June 2020- 91.3%

YTD 2020-81.5%





# Emergency Department

May: National Stroke Awareness Month

**F** | **A** | **S** | **T**

<b>FACE</b> DROOPING	<b>ARM</b> WEAKNESS	<b>SPEECH</b> DIFFICULTY	<b>TIME</b> TO CALL 9-1-1
-------------------------	------------------------	-----------------------------	------------------------------

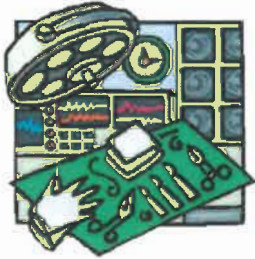
Act **FAST** for Stroke  
Stroke is an emergency and a "brain attack."  
Learn how to act **FAST** and call 9-1-1  
at first sign of stroke.



- Studer will be completing a two day Patient Flow evaluation in August.
- Dr. Wenger has assumed the ED Medical Director role.
- Providers and Staff done an extremely effective job adjusting to the challenges and acuity of COVID-19.
- Stroke Education in May.





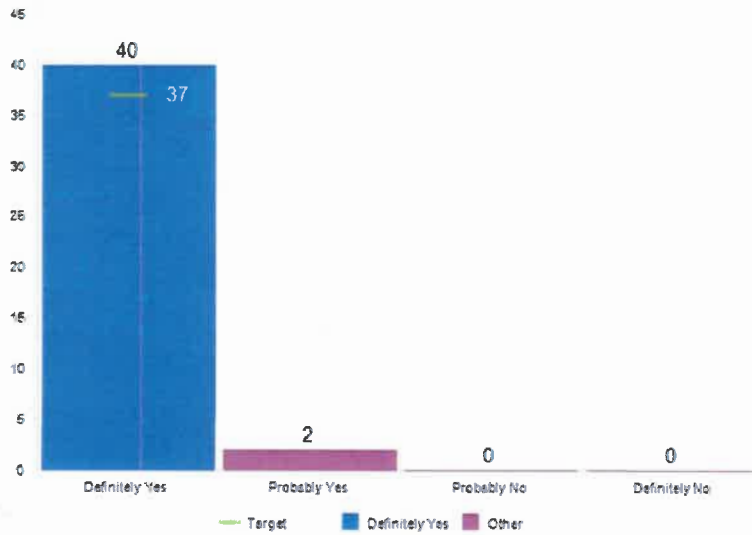


# Surgical Services **Goal: >88.4%**

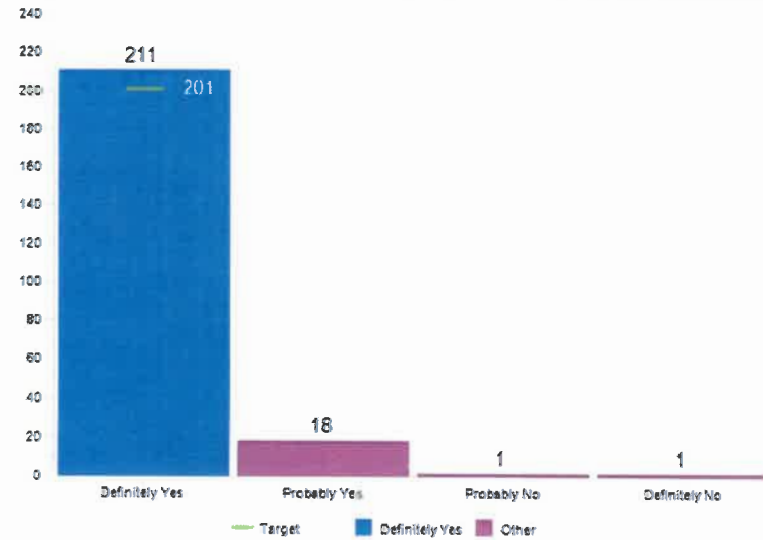
June 2020-95.2%

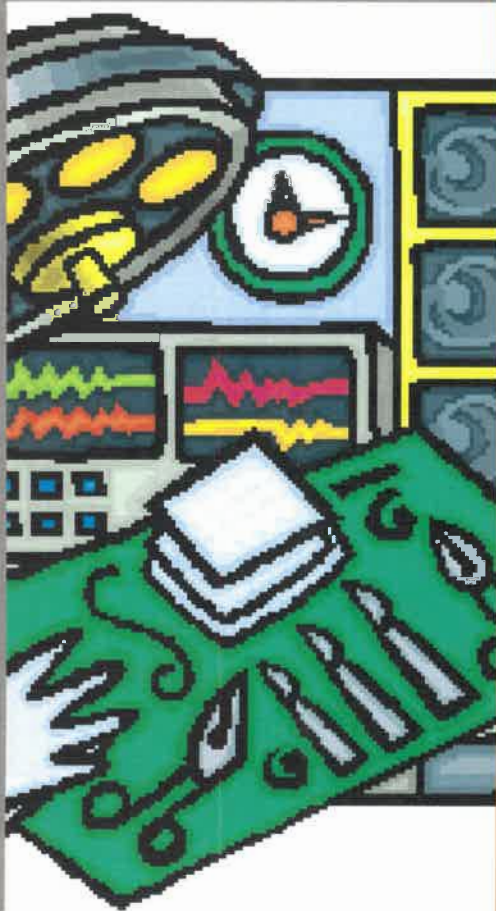
YTD 2020-91.3%

Would Recommend



Would Recommend





## Surgical Services

- While elective case on hold, Surgical Department staff provided PPE training and staffing support.
- Pre-operative phone calls to help alleviate any pre-surgery anxiety or concerns.
- COVID-19 rapid tests completed the day of surgery.



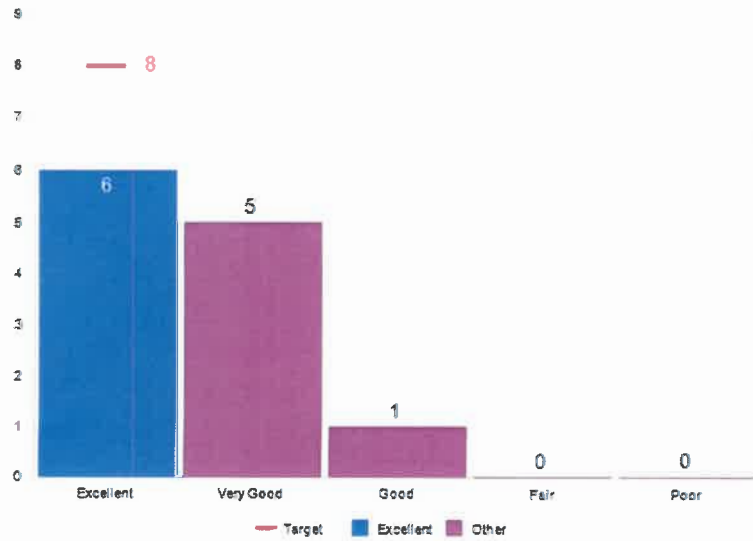


# Out Patient services **Goal: >88.4%**

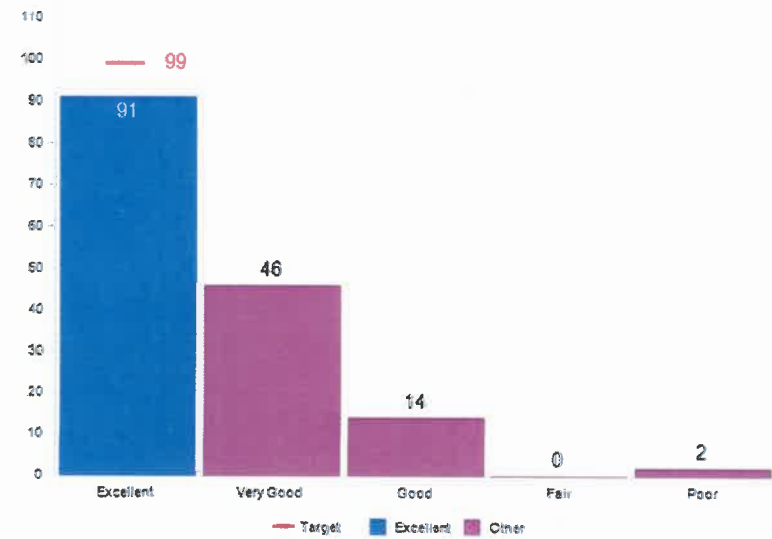
June 2020-91.7 %

YTD 2020-89.5 %

Likelihood of Recommending to Friends/Relatives



Likelihood of Recommending to Friends/Relatives





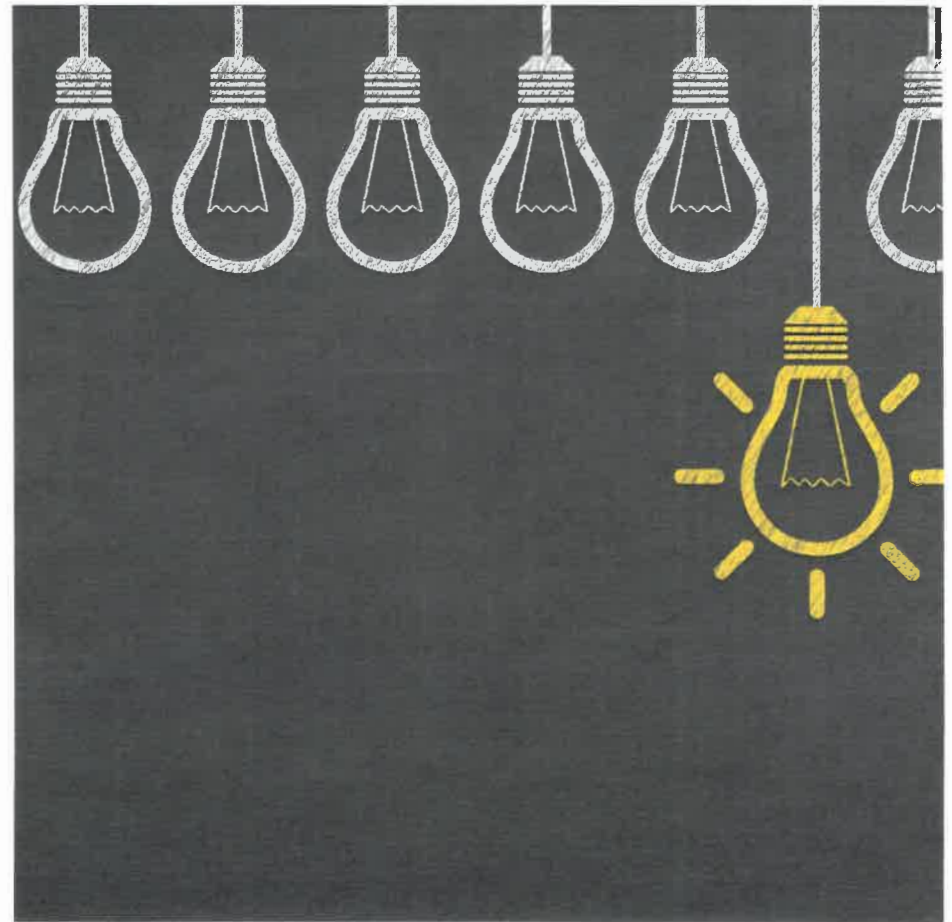
# Measures taken in Outpatient Services Department (OSP)

- Updated the design and layout of the department to create better work flow and comfort for the patient
  - Sent an internal nurse for training to become Wound Care Certified
  - Brought in E.P.I.C. services for PICC line placement (1-2 hr turn around time)
  - Cross trained several nurses from OB and Acute Care to care for OSP patients after hours and as needed
  - Working to extend hours of coverage for patients treatment
  - Met with PMH Medical Providers and visited our clinics to assure the process of getting patients seen in the OSP department.
-



Areas of expanded services  
being reviewed :

1. Hyperbaric Wound Care
2. Home Health Services
3. Oncology Services





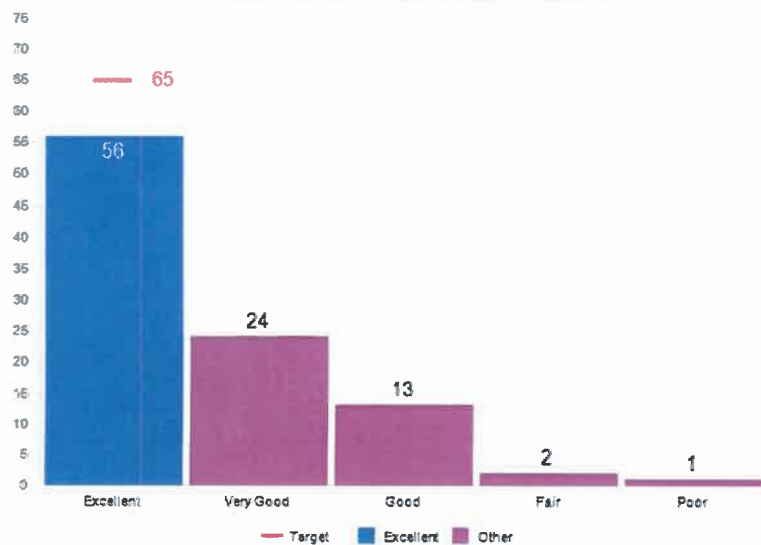


# CLINIC ROLL-UP **Goal: >87.1%**

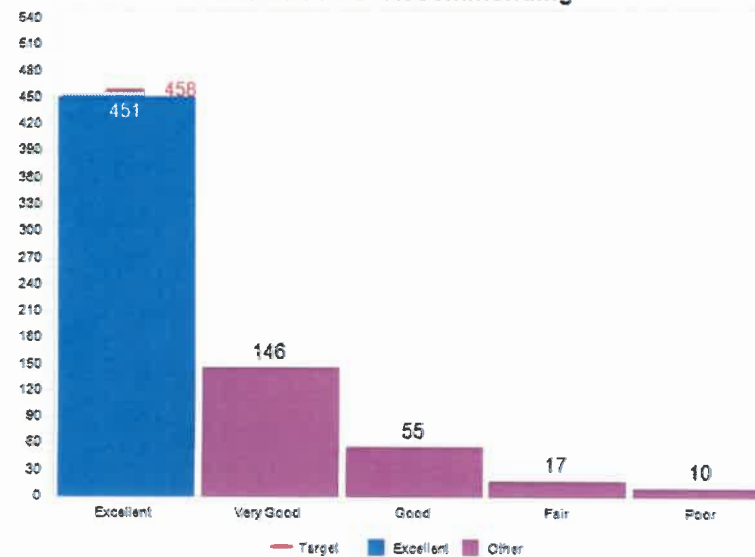
June 2020-83.3%

YTD 2020-87.9%

Likelihood of Recommending



Likelihood of Recommending





## CLINIC ROLL-UP

- COVID-19 Clinic has been well received and utilized.
- Prosser extended hours will begin again in August.
- Benton City extend hours will begin again in September.
- Customer service training for all clinic staff will occur in Q3-4.
- A clinic manager is being hired for Benton City to assist with standardizing the quality of service across the clinic network.



# What's Right in Health Care®

## Virtual Conference Agenda – Live Stream August 11-12, 2020

\*\*All times are in Central Standard time zone      \*\*Eligible for up to 20 CE Credits via Live Stream and On-Demand Program

### DAY 1 – August 11

8:30 AM	Virtual lobby open for early login, testing and technical assistance			
9:00 AM	<b>Welcome and Opening Remarks</b>			
9:15 AM	<b>A Message from Huron   Studer Group Leadership</b> Jim Gallas and Debbie Ritchie			
9:30 AM	<b>Opening Keynote by Craig Deao, MHA</b> <i>Perspective on innovation opportunities that crisis creates and implications for healthcare right now</i>			
10:15 AM	Break and Transition into Breakout Sessions			
10:30 AM	<b>Concurrent Breakouts</b>			
	<b><u>Cultural Transformation</u></b>	<b><u>Care Transformation</u></b>	<b><u>Business Transformation</u></b>	<b><u>Executive Insights</u></b>
	Communication Tools that Help Lead through Change	Bringing Acute Care to the Home	TBD	Change Management & Leadership During Times of Uncertainty
	Presented by UPMC			Presented by Ryan McPherson, Leader, Huron   Studer Group
11:15 AM	Transition back to General Session			
11:20 AM	<b>10 Minutes That Count: The Power of Telehealth</b> Julie O'Shaughnessy and Donna McHale			
11:35 AM	<b>Connect to Purpose: Treating the Homeless</b> Dr. James S. Withers, MD, FACP, Street Medicine			
11:45 AM	Break			
12:00 PM	<b>Leading with Compassion Even During Times of Crisis</b> Dr. Anthony Mazzarelli, MD, JD, MBE, Co-President/CEO, Cooper University Health Care			
1:00 PM	Day One Adjourned			

## DAY 2 – August 12

8:30 AM Virtual lobby open for early login, testing and technical assistance

9:00 AM **Welcome and Opening Remarks**

9:15 AM **10 Minutes That Count: Choosing Resilience through Crisis**  
Wayne Sotile, PhD, Sotile Center for Resilience

9:25 AM Transition into Breakout Sessions

9:30 AM **Concurrent Breakouts**

**Cultural Transformation**

**Improving Engagement & Patient Experience**

Presented by: Faith Regional Health Services

**Care Transformation**

**Patient Safety Discussion**

Panelists:  
Tennessee Valley  
St. Tammany  
Marin Health

**Business Transformation**

**Accelerating Performance with Strategic Planning**

Presented by:  
University of Washington Valley  
Medical Center

**Executive Insights**

**Leading from the Future**

Discussion with Mark Johnson, Innosight

10:15 AM Break and Transition back to General Session

10:30 AM **Panel Discussion: Lessons Learned while Leading Through a Pandemic**

**Keynote by Thom Mayer, MD, FACEP, FAAP, FACHE**

11:30 AM *Dr. Mayer is the Medical Director for the NFL Players Association and currently focused on keeping the players safe from coronavirus. Beyond his current role, he also served the Pentagon through 9/11. Joining us, he will share lessons learned through crisis and how to build resilience along the way.*

12:15 PM **Recognition, Key Takeaways and Closing Remarks**

12:30 PM **Closing Keynote: Is the New Normal Really all that New?**  
Rich Bluni, RN

1:00 PM Conference Adjourned



**On-Demand Sessions:**

*There is tremendous value in peer-to-peer learning, and we're pleased to continue offering our attendees the opportunity to learn from others – virtually. Numerous organizations have provided insight into how they are transforming their business. Each of these sessions is available through an on-demand library for 60 days to enhance your learning and provide CE credits. A sampling of the available sessions is below:*

<u>Cultural Transformation</u>	<u>Care &amp; Consumer Transformation</u>	<u>Business Transformation</u>
<b><u>Building Strong Leadership Across a System</u></b> Baptist Memorial Healthcare (Memphis, TN)	<b><u>Rounding for Outcomes   Panel Discussion</u></b> Dallas Methodist Health System (Dallas, TX) Charlton Medical Center (Dallas, TX) Humber River Hospital (Toronto, ON, Canada)	<b><u>Financial Turnaround &amp; Alignment</u></b> MultiCare Deaconess Hospital (Spokane, WA)
<b><u>Proactive Community Health Outreach</u></b> Cottage Health System (Santa Barbara, CA)	<b><u>Better Employee Engagement Means Better Patient Experience</u></b> TJ Regional Health (Glasgow, KY)	<b><u>CDI, Process Design, Staffing and Technology</u></b> Advocate Aurora Health (IL and WI)
<b><u>Employee Engagement</u></b> Hazelden Betty Ford (Center City, MN)	<b><u>Culture and Process Improvement: A Focus on the Whole System</u></b> Eskenazi Health (Indianapolis, IN)	<b><u>Driving to Revenue Cycle Leading Practice</u></b> TriHealth (Cincinnati, OH)
	<b><u>Period Patient Experience</u></b> Saint Barnabas Medical Center (Livingston, NJ)	<b><u>Technology / Reimbursement Model / Epic</u></b> DaVita (Denver, CO)
	<b><u>ED Excellence</u></b> Mary Greeley Medical Center (Ames, IA)	
	<b><u>HCAHPS Improvement Across System</u></b> Bon Secours Mercy St. Rita's Medical Center (Lima, OH)	

**Additional Resources Available with Registration:**

- Inspiration Resources focused on self-care, resilience, gratitude, and hope
- Online Learning Resources featuring courses on leadership development, communication, patient experience, high reliability and more!

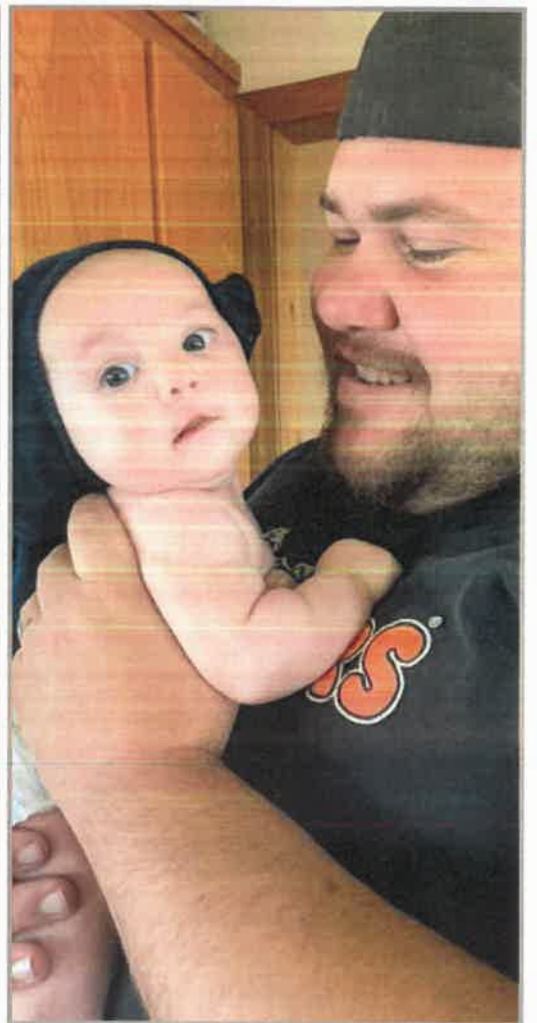


# THE PULSE

PROSSER MEMORIAL HEALTH EMPLOYEE NEWSLETTER

JULY 2020

# Celebrating Fathers!





# ASPIRE Awards



**A**ccountability  
**S**ervice  
**P**romote Teamwork  
**I**ntegrity  
**R**espect  
**E**xcellence

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



**Dr. O'Connor**



**Annabelle Hansen**



**Mara Ripplinger**

Congratulations to Dr. O'Connor for receiving a Bronze ASPIRE Award! While enjoying her weekend off, Dr. O'Connor received word that one of her elderly patients fell ill. Without skipping a beat, Dr. O'Connor made a house visit to assess her patient's symptoms which resulted in multiple tests to be ordered. Through the entire process, the patient's family received updates and rest assured knowing their loved one was taken care of. Thank you, Dr. O'Connor, for demonstrating care in and outside of business hours.

Congratulations to Annabelle Hansen, RN in our Medical/Surgical Department, for receiving a Silver ASPIRE Award! Annabelle went back to school to pursue a Bachelor of Science in Nursing degree! Please join us in congratulating her for this excellent accomplishment!

Congratulations to Mara Ripplinger for receiving a Silver ASPIRE Award! Mara moved heaven and earth to try to get quicker turnaround times with different labs for COVID-19 test results. She never gave up through the procedural obstacles and followed up each day to stay current with the everchanging workflows. Thank you Mara for your part in showing #ThisIsHowWeCare!

# National Donut Day



We celebrated National Donut Day on Friday, June 5th with Blissful Bites Donuts!



## FREE MEET & GREET VISITS FOR EXPECTANT PARENTS

Our Pediatricians, Dr. Sarah Min (Prosser Clinic) and Dr. David Carl (Benton City Clinic), both offer free Meet & Greet visits for expecting parents. This is a great way to visit the clinic, meet the staff, and learn more about your baby's future doctor before the big day arrives. Schedule yours today!



**Prosser Clinic**  
Prosser Memorial Health

509.786.1576  
336 Chardonay Ave., Suite A



**Benton City Clinic**  
Prosser Memorial Health

509.588.4075  
701 Dale Ave.



# Welcome to the Team!



Left to right: Yolanda Montiel Staff Accountant, Holly Ferritto General Surgery Center LPN, Madison Benjert Family Birthplace RN, Ronda Boulds Medical/Surgical RN, Carol Allen Executive Assistant, Courtney Schlee Emergency Department RN

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

**Holly Ferritto, General Surgery Center LPN:**  
"The staff and friendliness!"

**Carol Allen, Executive Assistant:**  
"The friendly staff and fun atmosphere in which to work! I love that employer recognition and engagement is such a priority."

**Ronda Boulds, Medical/Surgical RN:**  
"My manager, the staff and friendly working environment!"

**Yolanda Montiel, Staff Accountant:**  
"The people!"

**Madison Benjert, Family Birthplace RN:**  
"Everyone has been so welcoming!"

**Courtney Schlee, Emergency Department RN:**  
"Teamwork!"



# Anniversaries

## Happy 1 Year

- **David Rollins**  
CFO
- **Annie Tiemersma**  
Community Outreach  
Assistant
- **Helen Kone**  
Emergency Department RN
- **Anna Atilano**  
Medical/Surgical RN
- **Carling Vaux**  
Surgical Services RN
- **Alfredo Tambanillo**  
Laboratory Medical  
Technologist

## Happy 2 Years

- **Mark Sta Maria**  
Medical/Surgical RN
- **Joseph Fitch**  
Diagnostic Imaging  
Ultrasound Tech
- **Shannon Hitchcock**  
Chief Communications Officer  
Executive Director of the PMH  
Foundation
- **Kayla Coder**  
Laboratory Assistant

## Happy 3 Years

- **Christopher Wells**  
Surgical Services RN
- **Christine Rivero**  
Cardiopulmonary Respiratory  
Therapist
- **Kayla Campbell**  
Grandview Clinic CMA

## Happy 5 Years

- **Cindy Raymond**  
Director of Family Birthplace
- **Ricardo Gonzalez**  
Diagnostic Imaging CT Technologist
- **Nimfa Uizon**  
Laboratory Medical Technologist

## Happy 6 Years

- **Celeste Rodriguez**  
Diagnostic Imaging CT Technologist

## Happy 7 Years

- **Kristie Wood**  
Medical/Surgical RN
- **Ophelia Gonzalez**  
Benton City Clinic CMA

## Happy 9 Years

- **Connie Sandoval**  
Medical/Surgical Tech

## Happy 10 Years

- **Elizabeth Macias**  
Emergency Department Tech

## Happy 11 Years

- **Rosalynn Tedeschi**  
Medical/Surgical RN

## Happy 13 Years

- **Angela Garcia**  
Food Services Cook
- **Christopher Huston**  
Surgical Services RN
- **Jennifer Trevino**  
Specialty Clinic Patient Services  
Representative

## Happy 14 Years

- **Mary Lee Dawsey**  
Accounts Payable

## Happy 25 Years

- **Denise Allen**  
Emergency Department RN

# Birthdays



- **Kathleen Atkinson**  
Family Birthplace RN
- **Tricia Hawley**  
Specialty Clinic and  
ENT/Allergy Clinic Manager
- **Christopher Huston**  
Surgical Services RN
- **Victor Huyke**  
Director of Food Services
- **Tammy Leighty**  
HIM Tech I
- **Suzanne Merk**  
Emergency Department RN
- **Tom Norton**  
IT Help Desk Technician
- **Monique Saenz**  
Specialty Clinic Patient  
Services Representative
- **Tasha Sears**  
Materials Management Inventory  
Control Specialist
- **Amy Shook**  
Surgical Services RN
- **Jennifer Smith**  
Diagnostic Imaging CT Technologist
- **Kathleen Vasquez**  
Medical/Surgical RN
- **Dr. Whitaker**  
Emergency Department
- **Gloria Zuniga**  
Prosser Clinic CMA
- **Brian Brindle**  
Diagnostic Imaging Echo Tech
- **Kristi Mellema**  
Director of Quality Assurance  
and Patient Safety
- **Joseph Fitch**  
Diagnostic Imaging  
Ultrasound Tech
- **Dr. Staudinger**  
Benton City Clinic
- **Dr. Santa-Cruz**  
Grandview Clinic
- **Christopher Murphey**  
Cardiopulmonary Respiratory  
Therapist
- **Diane Hanks**  
Grandview Clinic ARNP
- **Darla Don**  
Courier
- **Dr. Strebels**  
Prosser Orthopedic Center
- **Alex Carballo**  
Diagnostic Imaging MRI Tech
- **Dr. Weaver**  
Prosser Women's Health Center
- **Jill Pagel**  
Care Transitions Team
- **Carol Allen**  
Administration Executive Assistant
- **Jazzmine Cruz**  
Laboratory Assistant II
- **Connor Speights**  
Food Services Cook
- **Cecilia Garcia**  
Diagnostic Imaging Radiologic  
Technologist
- **Sara Parrazal**  
Medical/Surgical Tech
- **Rachel Boyle**  
Laboratory Assistant II
- **Eileen Lai**  
Emergency Medical Services EMT
- **Kara Grady**  
Diagnostic Imaging  
CT Technologist
- **Robert Johnson**  
Respiratory Therapist

Free 20oz  
Busy Bean Coffee  
on your birthday!

# Congrats 2020 Class Graduates!



Although the Health Occupations Class was cut short due to the COVID-19 pandemic, the students enjoyed their experiences at PMH.



## Life Possible Podcast

Watch the Life Possible Podcast that features an interview with Kristal Oswalt and one of her Ideal Protein clients, Mauricio Bueno who has lost nearly 400 pounds.

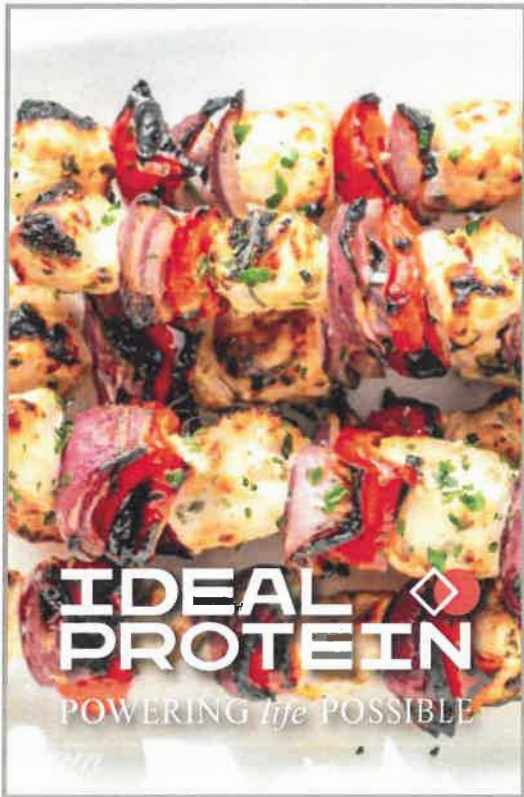


**Like us on Facebook and follow us on Instagram!**

In June we launched Laura Montanaro and Liliana Rangel's Year of the Nurse videos! You can view their videos on our website and Facebook page!



# Grilled Greek Chicken



Marinate the chicken for at least 4 hours and up to 24 hours before grilling. Servings: 4

Prep Time: 20 mins  
Cook Time: 10 mins  
Total Time: 30 mins

## INGREDIENTS

### Marinade

- 1/2 cup plain Greek yogurt (use full fat yogurt for best results)
- 1/4 cup extra-virgin olive oil
- 1/4 cup fresh lemon juice
- zest of 1 lemon
- 1 tablespoon white balsamic vinegar
- 2 tablespoons fresh oregano leaves, chopped (or 2 teaspoons dried)
- 1 tablespoons fresh thyme leaves, or 1 teaspoons dried
- 6 medium garlic cloves, minced
- 1 teaspoon Kosher salt
- 1 teaspoon fresh ground black pepper
- 1/4 teaspoon red pepper flakes

### For Skewers

- 3-4 boneless, skinless chicken breasts, cut into 2-inch pieces for skewers
- 1 large red bell pepper, seeded and cut into 1 1/2-inch cubes
- 1 medium red onion, cut into 1 1/2-inch cubes
- 6-8 skewers (if using wooden skewers soak in water for 30-minutes before grilling)

### Instructions:

1. Combine all the marinade ingredients in a large ziplock bag. Seal and massage the bag to combine all the ingredients.
2. Add the chicken to the bag turning to coat. Marinate for 4-24 hours. Turn the bag a few times while marinating.
3. Preheat gas grill to 400F.
4. Pour the marinated chicken pieces into a large strainer to remove the excess marinade. Thread chicken pieces onto the skewers alternating with peppers and onions. Grill until the chicken is cooked through, about 4 minutes on each side or until juices run clear.



**Prosser**  
Memorial Health



## Employee Health Update

Employee Health has been busy so far this year keeping up with all the ongoing changes from the CDC regarding COVID-19 employee exposures, tracking all patients that have been tested, contact tracings on positive COVID-19 patients, check-in calls with positive COVID-19 employees, determining return to work, etc. So far this year we have had a total of 15 employees that have tested positive. Not one of the 15 was definitively exposed/affected by a positive patient in the hospital or in the clinic. A majority already had known COVID-19 positive family members which were exposed. Four had an unknown exposure somewhere but cannot definitively narrow the exposure down to a positive PMH patient. All 15 employees have either recovered at home or are currently recovering at home. There have been 35 employees with a confirmed occupational exposure to a positive PMH patient, however, not one of the 35 have tested positive for COVID-19.

We are currently working on a guideline for employees with an occupational exposure and a guideline for employees that have a house member that is COVID-19 positive. These guidelines are based on the most recent CDC guidelines for what an exposure is and for healthcare workers returning to work. Both documents will go before the COVID Task Force this week on Thursday for review and approval. Once approved, these guidelines will be sent out to all staff and providers with education to ensure that everyone has a full understanding of the most recent CDC guidelines.

It is the expectation of PMH that all health care personnel will wear proper PPE when caring for patients. The CDC has updated the guidelines and definition of what a COVID-19 Exposure is as it relates to Health Care Personnel (HCP). Caring for a COVID-19 positive patient while wearing proper PPE is not an exposure. An exposure occurs when you have prolonged, close contact AND proper PPE is not worn or is interrupted.

- The CDC defines prolonged as more than 15 minutes OR **any length of time** during an aerosol generating procedure.
- The CDC defines close contact as within 6 feet or any direct unprotected contact with secretions.

**Exposure** definition: "A HCP who had prolonged, close contact with a patient, visitor, or HCP with confirmed COVID-19 AND:

- HCP not wearing a N95 or facemask; OR
- HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask; OR
- HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, N95) while performing an aerosol-generating procedure.

# COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

## Preferred PPE – Use N95 or Higher Respirator



## Acceptable Alternative PPE – Use Facemask



[cdc.gov/COVID19](https://www.cdc.gov/COVID19)



**Balance Sheet**  
**June 30, 2020**

<b>Assets</b>				<b>Liabilities &amp; Fund Balance</b>			
	<u>6/30/2020</u>	<u>5/31/2020</u>	<u>6/30/2019</u>		<u>6/30/2020</u>	<u>5/31/2020</u>	<u>6/30/2019</u>
Cash & Temporary Investments	17,809,526	18,073,296	2,808,790	Current Portion of Bonds Payable	767,446	812,005	781,597
Gross Patient Accounts Receivable	25,278,637	23,421,572	21,223,053	Current Portion Capital Leases	537,245	556,872	342,633
Less Allowances for Uncollectible	(15,645,000)	(14,832,000)	(11,892,552)	Accounts Payable	1,028,896	1,116,803	1,192,034
Net Patient Receivables	9,633,637	8,589,572	9,330,501	Payroll & Related Liabilities	3,322,800	3,091,916	2,843,570
Taxes Receivable	395,535	402,930	386,308	Cost Report Payable	10,874,411	9,014,242	932,668
Receivable from 3rd Party Payor	1,463,005	1,798,244	798,040	Other Payables to 3rd Parties	465,709	465,709	830,700
Inventory	413,723	416,904	365,173	Deferred Tax Revenue	416,795	486,261	416,573
Prepaid Expenses	1,114,892	1,194,144	1,193,167	Deferred EHR Medicare Revenue	165,100	192,617	495,300
Other Current Assets	331,978	464,504	191,362	Deferred COVID Revenue	3,468,600	6,457,266	-
Total Current Assets	31,162,296	30,939,594	15,073,341	Accrued Interest Payable	19,670	118,019	20,307
Whitehead Fund - LGIP	1,212,282	1,211,914	1,190,723	Other Current Liabilities	-	-	-
Funded Depreciation - Cash	1,044,149	812,868	2,192,525	Total Current Liabilities	21,066,672	22,311,710	7,855,382
Funded Depreciation - TVI	13,728,889	13,728,889	11,053,793	Non Current Liabilities			
Bond Obligation Cash Reserve	767,446	-	-	Bonds Payable net of CP	10,967,694	10,968,037	11,783,571
Tax Exempt Lease Funds	1,002,094	1,002,085	1,628,594	Capital Leases net of CP	1,096,379	1,096,379	169,056
Board Designated Assets	17,754,860	16,755,756	16,065,635	Total Non Current Liabilities	12,064,073	12,064,416	11,952,627
Land	478,396	478,396	478,396	Total Liabilities	33,130,745	34,376,126	19,808,009
Property Plant & Equipment	42,066,781	42,094,107	39,270,633	Fund Balance			
Accumulated Depreciation	(27,250,774)	(27,036,533)	(24,763,087)	Unrestricted Fund Balance	33,878,691	31,654,662	29,133,874
Net Property Plant & Equipment	15,294,403	15,535,970	14,985,942	Restricted Fund Balance	-	-	-
Investment & Other Non Current Assets	1,052,437	1,054,028	1,071,525	Total Fund Balance	33,878,691	31,654,662	29,133,874
Land - Gap Road	1,745,440	1,745,440	1,745,440				
Net Investments & Other Non Current Asset:	2,797,877	2,799,468	2,816,965				
<b>Total Assets</b>	<b><u>\$ 67,009,436</u></b>	<b><u>\$ 66,030,788</u></b>	<b><u>\$ 48,941,883</u></b>	<b>Total Liabilities &amp; Fund Balance</b>	<b><u>\$ 67,009,436</u></b>	<b><u>\$ 66,030,788</u></b>	<b><u>\$ 48,941,883</u></b>



# Prosser

Memorial Health

## Balance Sheet June 30, 2020

	Assets			Liabilities & Fund Balance		
	6/30/2020	5/31/2020	12/31/2019	6/30/2020	5/31/2020	12/31/2019
Cash & Temporary Investments	17,809,526	18,073,296	790,127	Current Portion of Bonds Payable	767,446	812,005
	-	-		Current Portion Capital Leases	537,245	556,872
Gross Patient Accounts Receivable	25,278,637	23,421,572	26,420,075	Accounts Payable	1,028,896	1,116,803
Less Allowances for Uncollectible	(15,645,000)	(14,832,000)	(15,682,980)	Payroll & Related Liabilities	3,322,800	3,091,916
Net Patient Receivables	9,633,637	8,589,572	10,737,095	Cost Report Payable	10,874,411	9,014,242
	-	-		Other Payables to 3rd Parties	465,709	465,709
Taxes Receivable	395,535	402,930	26,908	Deferred Tax Revenue	416,795	486,261
Receivable from 3rd Party Payor	1,463,005	1,798,244	832,383	Deferred EHR Medicare Revenue	165,100	192,617
Inventory	413,723	416,904	401,623	Deferred COVID Revenue	3,468,600	6,457,266
Prepaid Expenses	1,114,892	1,194,144	1,608,293	Accrued Interest Payable	19,670	118,019
Other Current Assets	331,978	464,504	204,486	Other Current Liabilities	-	-
Total Current Assets	31,162,296	30,939,594	14,600,915	Total Current Liabilities	21,066,672	22,311,710
	-	-			-	-
Whitehead Fund - LGIP	1,212,282	1,211,914	1,205,889	Non Current Liabilities	-	-
Funded Depreciation - Cash	1,044,149	812,868	44,372	Bonds Payable net of CP	10,967,694	10,968,037
Funded Depreciation - TVI	13,728,889	13,728,889	13,880,674	Capital Leases net of CP	1,096,379	1,096,379
Bond Obligation Cash Reserve	767,446	-	-	Total Non Current Liabilities	12,064,073	12,064,416
Tax Exempt Lease Funds	1,002,094	1,002,085	346,920		0	0
Board Designated Assets	17,754,860	16,755,756	15,477,855		-	-
	-	-		Total Liabilities	33,130,745	34,376,126
Land	478,396	478,396	478,396		-	-
Property Plant & Equipment	42,066,781	42,094,107	41,059,108	Fund Balance	-	-
Accumulated Depreciation	(27,250,774)	(27,036,533)	(26,030,986)	Unrestricted Fund Balance	33,878,691	31,654,662
Net Property Plant & Equipment	15,294,403	15,535,970	15,506,518	Restricted Fund Balance	-	-
	-	-		Total Fund Balance	33,878,691	31,654,662
Investment & Other Non Current Assets	1,052,437	1,054,028	1,061,981		-	-
Land - Gap Road	1,745,440	1,745,440	1,745,440	Total Liabilities & Fund Balance	\$ 67,009,436	\$ 66,030,788
Net Investments & Other Non Current Asset:	2,797,877	2,799,468	2,807,421		\$ 67,009,436	\$ 66,030,788
					\$ 48,392,709	\$ 48,392,709
<b>Total Assets</b>	<b>\$ 67,009,436</b>	<b>\$ 66,030,788</b>	<b>\$ 48,392,709</b>	<b>Total Liabilities &amp; Fund Balance</b>	<b>\$ 67,009,436</b>	<b>\$ 66,030,788</b>
					<b>\$ 48,392,709</b>	<b>\$ 48,392,709</b>





# Prosser Memorial Health


## Statement of Operations June 30, 2020

Month Ending						Year to Date					
Actual	Budget	Variance	%	Prior Year	%	Actual	Budget	Variance	%	Prior Year	%
<b>Gross Patient Services Revenue</b>											
\$ 3,042,365	\$ 3,055,530	\$ (13,165)	0%	\$ 2,911,854	4%	\$ 16,279,336	\$ 17,144,149	\$ (864,813)	-5%	\$ 16,294,628	0%
9,162,181	11,123,724	(1,961,543)	-18%	9,755,418	-6%	49,610,543	62,413,654	(12,803,111)	-21%	55,438,005	-11%
12,204,546	14,179,254	(1,974,708)	-14%	12,667,272	-4%	65,889,879	79,557,803	(13,667,924)	-17%	71,732,633	-8%
<b>Deductions from Revenue</b>											
<b>Contractual Allowances</b>											
2,019,352	2,849,667	830,315	29%	2,734,096	-26%	11,751,450	15,989,082	4,237,632	27%	12,674,185	-7%
2,427,413	3,151,019	723,606	23%	2,730,768	-11%	14,162,525	17,679,924	3,517,399	20%	16,397,624	-14%
1,738,176	1,820,313	82,137	5%	1,611,274	8%	8,315,124	10,213,523	1,898,399	19%	8,757,295	-5%
265,524	199,050	(66,474)	-33%	178,721	49%	1,047,348	1,116,841	69,493	6%	912,932	15%
6,450,465	8,020,049	1,569,584	20%	7,254,859	-11%	35,276,447	44,999,370	9,722,923	22%	38,742,036	-9%
6,450,465	8,020,049	1,569,584	20%	7,254,859	-11%	35,276,447	44,999,370	9,722,923	22%	38,742,036	-9%
149,222	176,904	27,682	16%	174,075	-14%	665,473	992,586	327,113	33%	832,359	-20%
326,276	373,085	46,809	13%	350,421	-7%	1,697,002	2,093,326	396,324	19%	2,273,372	-25%
6,925,963	8,570,038	1,644,075	19%	7,779,355	-11%	37,638,922	48,085,282	10,446,360	22%	41,847,767	-10%
5,278,583	5,609,216	(330,633)	-6%	4,887,917	8%	28,250,957	31,472,521	(3,221,564)	-10%	29,884,866	-5%
1,481,428	-	(1,481,428)	0%	-	0%	5,016,961	-	-	-	-	-
58,859	171,395	(112,536)	-66%	59,968	-2%	353,219	580,007	(226,788)	-39%	703,845	-50%
6,818,870	5,780,611	1,038,259	18%	4,947,885	38%	33,621,137	32,052,528	1,568,609	5%	30,588,711	10%
<b>Operating Expenses</b>											
2,362,460	2,470,390	107,930	4%	2,219,872	6%	14,043,072	14,211,532	168,460	1%	13,255,931	6%
419,678	562,761	143,083	25%	348,108	21%	3,339,381	3,303,033	(36,348)	-1%	3,121,144	7%
166,436	208,536	42,100	20%	(147,171)	-213%	1,426,077	1,170,069	(256,008)	-22%	1,343,095	6%
2,948,574	3,241,687	293,113	9%	2,420,809	22%	18,808,530	18,684,634	(123,896)	-1%	17,720,170	6%
326,140	316,609	(9,531)	-3%	695,166	-53%	1,971,329	1,899,655	(71,674)	-4%	1,973,541	0%
64,682	45,205	(19,477)	-43%	4,280	1411%	329,574	271,228	(58,346)	-22%	278,935	18%
516,166	667,485	151,319	23%	527,249	-2%	3,477,901	3,884,417	406,516	10%	3,150,707	10%
46,325	44,683	(1,642)	-4%	44,875	3%	251,951	268,098	16,147	6%	236,910	6%
255,449	280,078	24,629	9%	264,637	-3%	1,557,553	1,684,054	126,501	8%	1,720,749	-9%
180,783	188,579	7,796	4%	199,712	-9%	1,020,400	1,131,472	111,072	10%	1,151,098	-11%
36,853	61,442	24,589	40%	67,273	-45%	417,394	365,087	(52,307)	-14%	346,894	20%
231,347	226,667	(4,680)	-2%	204,612	13%	1,363,187	1,360,000	(3,187)	0%	1,146,147	19%
(21,863)	122,505	144,368	118%	117,661	-119%	473,010	735,029	262,019	36%	643,201	-26%
1,635,882	1,953,253	317,371	16%	2,125,465	-23%	10,862,299	11,599,040	736,741	6%	10,648,182	2%
4,584,456	5,194,940	610,484	12%	4,546,274	1%	29,670,829	30,283,674	612,845	2%	28,368,352	5%
2,234,414	585,671	1,648,743	282%	401,611	456%	3,950,308	1,768,854	2,181,454	123%	2,220,359	78%
<b>Non Operating Income</b>											
70,784	69,466	1,318	2%	69,231	2%	428,654	416,794	11,860	3%	425,467	1%
12,242	22,706	(10,464)	-46%	25,933	-53%	106,973	136,238	(29,265)	-21%	138,548	-23%
(35,496)	(33,632)	(1,864)	6%	(20,307)	75%	(190,471)	(201,793)	11,322	-6%	(121,844)	56%
(57,915)	537	(58,452)	-10885%	1,200	-4926%	(43,731)	3,220	(46,951)	-1458%	(4,263)	926%
(10,385)	59,077	(69,462)	-118%	76,057	-114%	301,425	354,459	(53,034)	-15%	437,908	-31%
\$ 2,224,029	\$ 644,748	\$ 1,579,281	245%	\$ 477,668	366%	\$ 4,251,733	\$ 2,123,313	\$ 2,128,420	100%	\$ 2,658,267	60%



**Prosser**  
Memorial Health  
**Statement of Cash Flows**  
June 30, 2020

<b>CURRENT MONTH</b>		<b>YEAR TO DATE</b>
<b>Actual</b>		<b>Actual</b>
	<b>NET INCOME TO NET CASH BY OPERATIONS</b>	
2,224,029	<b>NET INCOME (LOSS)</b>	4,251,733
231,347	Depreciation Expense	1,363,187
-	Amortization	-
57,915	Loss (Gain) on Sale of Assets	43,731
<b>2,513,291</b>	<b>TOTAL</b>	<b>5,658,651</b>
	<b>WORKING CAPITAL</b>	
(486,472)	Decrease (Increase) in Assets	(458,018)
(1,245,038)	Increase (Decrease) in Liabilities	13,812,368
<b>781,781</b>	<b>NET CASH PROVIDED BY OPERATIONS</b>	<b>19,013,001</b>
	<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>	
(44,273)	Capital Purchasing	(2,614,425)
13,684	Proceeds on Capital Assets Sold	14,184
(15,858)	Investment Activity	2,883,644
<b>(46,447)</b>	<b>NET CASH USED BY INVESTING ACTIVITIES</b>	<b>283,403</b>
<b>735,334</b>	<b>NET CHANGE IN CASH</b>	<b>19,296,404</b>
	<b>CASH BALANCE</b>	
34,829,052	<b>BEGINNING</b>	16,267,982
35,564,386	<b>ENDING</b>	35,564,386
<b>735,334</b>	<b>NET CASH FLOW</b>	<b>19,296,404</b>



**Prosser**  
Memorial Health  
Statement of Cash Flows - 12 Month Trend  
June 30, 2020

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	CURRENT Jun-20
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
<b>NET INCOME TO NET CASH BY OPERATIONS</b>												
<b>NET INCOME (LOSS)</b>	(345,192)	69,889	203,716	281,784	(360,709)	369,020	240,864	(120,425)	(149,776)	986,436	1,070,603	2,224,029
Depreciation Expense	207,114	207,017	214,609	222,284	222,109	224,314	222,577	227,538	224,010	228,367	229,348	231,347
Amortization	-	-	-	-	-	-	-	-	-	-	-	-
Loss (Gain) on Sale of Assets	-	-	-	-	-	-	-	-	-	(500)	(13,684)	57,915
<b>TOTAL</b>	<b>(138,078)</b>	<b>276,906</b>	<b>418,325</b>	<b>504,068</b>	<b>(138,600)</b>	<b>593,334</b>	<b>463,441</b>	<b>107,113</b>	<b>74,234</b>	<b>1,214,303</b>	<b>1,286,267</b>	<b>2,513,291</b>
<b>WORKING CAPITAL</b>												
Decrease (Increase) in Assets	1,045,324	28,438	(1,351,916)	(492,108)	14,884	(645,214)	(518,949)	(469,109)	555,768	(2,528,363)	3,723,881	(486,472)
Increase (Decrease) in Liabilities	241,723	(731,841)	666,840	109,671	83,018	(772,023)	(648,957)	83,249	262,126	9,360,425	6,000,562	(1,245,038)
<b>NET CASH PROVIDED BY OPERATIONS</b>	<b>1,148,969</b>	<b>(426,497)</b>	<b>(266,751)</b>	<b>121,631</b>	<b>(40,698)</b>	<b>(823,903)</b>	<b>(704,465)</b>	<b>(278,747)</b>	<b>892,128</b>	<b>8,046,365</b>	<b>11,010,710</b>	<b>781,781</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>												
Capital Purchasing	(429,262)	(151,396)	(842,075)	(193,078)	(380,203)	207,539	(292,919)	(35,283)	(124,590)	(350,621)	(231,586)	(44,273)
Proceeds on Capital Assets Sold	-	-	-	-	-	-	-	-	-	500	13,684	13,684
Investment Activity	(354)	(355)	(354)	(20,139)	248,949	(758,465)	69,190	95,603	(343)	993,481	(542,037)	(15,858)
<b>NET CASH USED BY INVESTING ACTIVITIES</b>	<b>(432,850)</b>	<b>(151,751)</b>	<b>(842,429)</b>	<b>(213,217)</b>	<b>(131,254)</b>	<b>(550,926)</b>	<b>(223,729)</b>	<b>60,320</b>	<b>(124,933)</b>	<b>643,360</b>	<b>(759,939)</b>	<b>(46,447)</b>
<b>NET CHANGE IN CASH</b>	<b>719,352</b>	<b>(578,248)</b>	<b>(1,109,180)</b>	<b>(91,586)</b>	<b>(171,952)</b>	<b>(1,374,829)</b>	<b>(928,194)</b>	<b>(218,427)</b>	<b>767,195</b>	<b>8,689,725</b>	<b>10,250,771</b>	<b>735,334</b>
<b>CASH BALANCE</b>												
<b>BEGINNING</b>	<b>18,874,425</b>	<b>19,593,777</b>	<b>19,015,529</b>	<b>17,906,349</b>	<b>17,814,763</b>	<b>17,642,811</b>	<b>16,267,982</b>	<b>15,339,788</b>	<b>15,121,361</b>	<b>15,888,556</b>	<b>24,578,281</b>	<b>34,829,052</b>
<b>ENDING</b>	<b>19,593,777</b>	<b>19,015,529</b>	<b>17,906,349</b>	<b>17,814,763</b>	<b>17,642,811</b>	<b>16,267,982</b>	<b>15,339,788</b>	<b>15,121,361</b>	<b>15,888,556</b>	<b>24,578,281</b>	<b>34,829,052</b>	<b>35,564,386</b>
<b>NET CASH FLOW</b>	<b>719,352</b>	<b>(578,248)</b>	<b>(1,109,180)</b>	<b>(91,586)</b>	<b>(171,952)</b>	<b>(1,374,829)</b>	<b>(928,194)</b>	<b>(218,427)</b>	<b>767,195</b>	<b>8,689,725</b>	<b>10,250,771</b>	<b>735,334</b>



# Prosser

Memorial Health

## Direct Cash Flow Statement

June 30, 2020

	<u>August</u> <u>2019</u>	<u>September</u> <u>2019</u>	<u>October</u> <u>2019</u>	<u>November</u> <u>2019</u>	<u>December</u> <u>2019</u>	<u>January</u> <u>2020</u>	<u>February</u> <u>2020</u>	<u>March</u> <u>2020</u>	<u>April</u> <u>2020</u>	<u>May</u> <u>2020</u>
<b>CASH FLOWS FROM OPERATING</b>										
<b>PAYMENTS RECEIVED</b>										
Commercial		1,425,376	1,658,587	1,712,336	2,110,960	2,164,596	1,790,819	2,042,936	2,163,134	1,479,262
Medicaid		974,783	1,332,291	1,150,609	1,223,633	1,287,731	1,116,011	1,207,273	1,200,088	1,130,387
Medicare		501,236	1,299,895	1,316,188	1,730,631	1,555,473	597,037	1,403,309	1,326,305	808,729
VA		41,311	10,616	28,210	26,049	24,261	82,909	34,277	86,268	45,965
Worker's Comp		74,716	98,824	126,432	66,062	396,141	180,120	165,706	151,215	95,669
Self Pay		263,000	265,218	630,997	265,490	37,674	182,202	162,759	149,324	131,139
Other Non Patient Payments		497,206	364,841	287,781	660,275	212,931	210,958	475,782	8,941,682	10,681,077
Cash Received (Patients, Insurance, Other)	<b>5,118,733</b>	<b>3,777,628</b>	<b>5,030,272</b>	<b>5,252,553</b>	<b>6,083,101</b>	<b>5,678,807</b>	<b>4,160,056</b>	<b>5,492,042</b>	<b>14,018,016</b>	<b>14,372,228</b>
Patient Refunds	(14,770)	(5,755)	(106,029)	(7,988)	(6,268)	(4,845)	(4,203)	(4,127)	(1,869)	(4,541)
AP Expenses	(2,054,652)	(1,764,710)	(2,578,749)	(2,649,740)	(3,762,411)	(2,627,585)	(2,059,339)	(2,101,189)	(2,556,196)	(1,809,389)
Settlement LumpSum Payments					(1,187,000)	-	-	-	-	-
Payroll Expenses	(3,418,696)	(2,216,802)	(2,186,535)	(2,329,107)	(2,652,323)	(3,566,717)	(2,279,658)	(2,437,474)	(2,362,138)	(2,148,321)
Loan/Interest Expense	(57,467)	(57,467)	(57,467)	(57,467)	(57,467)	(114,934)	-	(57,467)	(57,467)	(114,934)
<b>NET CASH PROVIDED BY OPERATING</b>	<b>(426,852)</b>	<b>(267,105)</b>	<b>101,492</b>	<b>208,251</b>	<b>(1,582,368)</b>	<b>(635,275)</b>	<b>(183,144)</b>	<b>891,785</b>	<b>9,040,346</b>	<b>10,295,044</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>										
Capital Purchasing	(151,396)	(842,075)	(193,078)	(380,203)	207,539	(292,919)	(35,283)	(124,590)	(350,621)	(44,273)
<b>NET CASH USED BY INVESTING ACTIVITIES</b>	<b>(151,396)</b>	<b>(842,075)</b>	<b>(193,078)</b>	<b>(380,203)</b>	<b>207,539</b>	<b>(292,919)</b>	<b>(35,283)</b>	<b>(124,590)</b>	<b>(350,621)</b>	<b>(44,273)</b>
<b>NET CHANGE IN CASH</b>	<b>(578,248)</b>	<b>(1,109,180)</b>	<b>(91,586)</b>	<b>(171,952)</b>	<b>(1,374,829)</b>	<b>(928,194)</b>	<b>(218,427)</b>	<b>767,195</b>	<b>8,689,725</b>	<b>10,250,771</b>
<b>CASH BALANCE</b>										
<b>BEGINNING</b>	<b>19,593,777</b>	<b>19,015,529</b>	<b>17,906,349</b>	<b>17,814,763</b>	<b>17,642,811</b>	<b>16,267,982</b>	<b>15,339,788</b>	<b>15,121,361</b>	<b>15,888,556</b>	<b>24,578,281</b>
<b>ENDING</b>	<b>19,015,529</b>	<b>17,906,349</b>	<b>17,814,763</b>	<b>17,642,811</b>	<b>16,267,982</b>	<b>15,339,788</b>	<b>15,121,361</b>	<b>15,888,556</b>	<b>24,578,281</b>	<b>34,829,052</b>
<b>NET CASH FLOW</b>	<b>(578,248)</b>	<b>(1,109,180)</b>	<b>(91,586)</b>	<b>(171,952)</b>	<b>(1,374,829)</b>	<b>(928,194)</b>	<b>(218,427)</b>	<b>767,195</b>	<b>8,689,725</b>	<b>10,250,771</b>



# Prosser

Memorial Health

## Key Operating Statistics June 30, 2020

Month Ending				Key Volumes	Year to Date				Prior Year	Change
Actual	Budget	Variance	%		Actual	Budget	Variance	%		
195	204	(9)	-4%	Inpatient Acute Days	1,151	1,237	(86)	-7%	1,295	-11%
148	172	(24)	-14%	Inpatient Swing Days	813	1,044	(231)	-22%	914	-11%
343	376	(33)	-9%	<b>Total Inpatient Days</b>	1,964	2,281	(317)	-14%	2,209	-11%
91	82	9	11%	Inpatient Admissions	472	497	(25)	-5%	505	-7%
103	82	21	26%	Inpatient Discharges	487	497	(10)	-2%	515	-5%
9	12	(3)	-28%	Swing Bed Discharges	58	76	(18)	-23%	68	-15%
1,376	1,745	(369)	-21%	Adjusted Patient Days	7,949	10,584	(2,635)	-25%	9,725	-18%
11.43	12.53	(1.10)	-9%	Average Daily Census	10.79	12.53	(1.74)	-14%	14.34	-25%
413	380	33	9%	Adjusted Discharges	1,971	2,305	(334)	-14%	2,267	-13%
1.89	2.49	(0.60)	-24%	Average Length of Stay - Hospital	2.36	2.49	(0.13)	-5%	2.51	-6%
16.44	13.77	2.67	19%	Average Length of Stay - Swing Bed	14.02	13.77	0.25	2%	13.44	4%
46%	50%	-4%	-9%	Acute Care Occupancy (25)	43%	50%	-7%	-14%	57%	-25%
38	37	1	3%	Deliveries	215	224	(9)	-4%	215	0%
110	124	(14)	-11%	Surgical Procedures	485	753	(268)	-36%	746	-35%
723	1,008	(285)	-28%	Emergency Dept Visits	4,954	6,118	(1,164)	-19%	5,913	-16%
12,119	12,094	25	0%	Laboratory Tests	64,071	73,368	(9,297)	-13%	70,102	-9%
2,159	2,087	72	3%	Radiology Exams	12,153	12,660	(507)	-4%	11,315	7%
961	1,048	(87)	-8%	PMH Specialty Clinic	5,554	6,360	(806)	-13%	5,707	-3%
889	991	(102)	-10%	PMH - Benton City Clinic Visits	5,307	6,014	(707)	-12%	5,637	-6%
1,265	1,038	227	22%	PMH - Prosser Clinic Visits	6,038	6,296	(258)	-4%	5,882	3%
582	610	(28)	-5%	PMH - Grandview Clinic Visits	3,702	3,698	4	0%	2,908	27%
604	699	(95)	-14%	PMH - Women's Health Clinic Visits	3,412	4,240	(828)	-20%	1,948	75%
<b>LABOR FULL-TIME EQUIVALENT</b>										
260.47	290.82	30.35	10%	Employed Staff FTE's	262.24	290.82	28.58	10%	280.47	-6%
28.78	30.48	1.70	6%	Employed Provider FTE	29.38	30.48	1.10	4%	25.10	17%
289.25	321.30	32.05	10%	All Employee FTE's	291.62	321.30	29.68	9%	305.57	-5%
251.80	273.11	21.31	8%	Productive FTE's	256.04	273.11	17.07	6%	278.37	-8%
11.00	20.86	9.86	47%	Outsourced Therapy FTE's	13.94	20.86	6.92	33%	16.09	-13%
2.06	1.56	(0.50)	-32%	Contracted Staff FTE's	4.74	4.07	(0.67)	-16%	3.71	28%
13.06	22.42	9.36		All Purchased Staff FTE's	18.68	22.42	6.25	28%	19.80	-6%
6.07	4.58	(1.49)	-33%	Contracted Provider FTE's	6.49	4.58	(1.91)	-42%	5.54	17%
308.38	348.30	39.92	11%	All Labor FTE's	316.79	348.30	34.02	10%	330.91	-4%

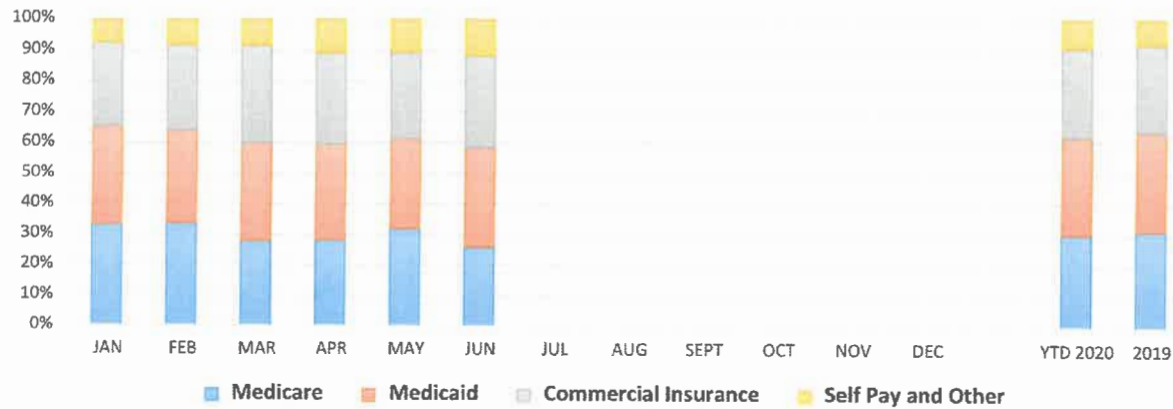




**Revenue by Financial Class**  
**June 30, 2020**

Month	Medicare	Medicaid	Commercial Insurance	Self Pay and Other	Total
JAN	33.3%	32.3%	27.1%	7.4%	100.0%
FEB	33.6%	30.5%	27.7%	8.1%	100.0%
MAR	27.9%	32.0%	31.7%	8.4%	100.0%
APR	28.1%	31.3%	29.7%	10.8%	100.0%
MAY	31.9%	29.3%	28.1%	10.6%	100.0%
JUN	26.0%	32.3%	30.0%	11.7%	100.0%
JUL					
AUG					
SEPT					
OCT					
NOV					
DEC					
YTD 2020	30.3%	31.4%	29.0%	9.3%	100.0%
2019	31.5%	31.8%	28.6%	8.1%	100.0%

**2020 Gross Revenue by Financial Class**

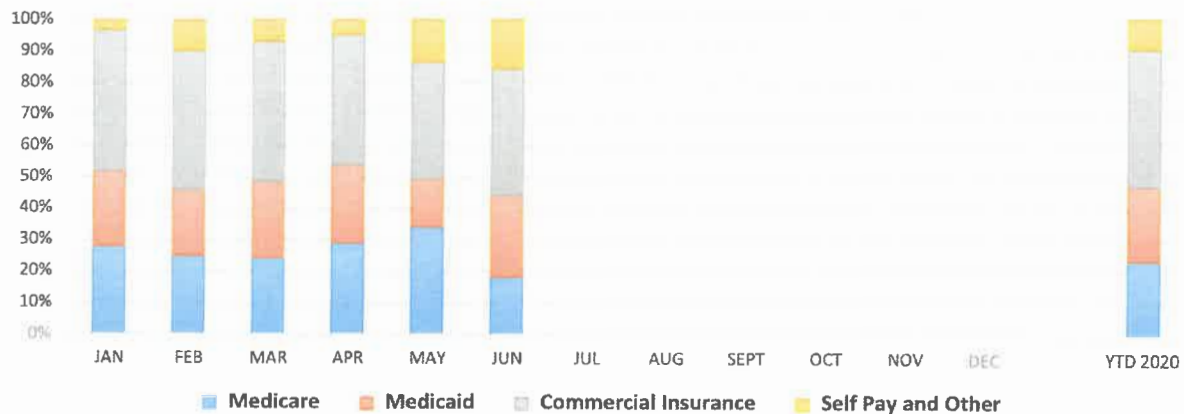




**Net Revenue by Financial Class  
June 30, 2020**

Month	Medicare	Medicaid	Commercial Insurance	Self Pay and Other	Total
JAN	28.2%	23.9%	44.7%	3.2%	100.0%
FEB	25.2%	20.8%	44.1%	9.8%	100.0%
MAR	24.4%	24.3%	44.6%	6.8%	100.0%
APR	29.2%	24.9%	41.2%	4.7%	100.0%
MAY	34.2%	15.3%	36.9%	13.5%	100.0%
JUN	18.4%	25.8%	40.0%	15.8%	100.0%
JUL					
AUG					
SEPT					
OCT					
NOV					
DEC					
YTD 2020	23.7%	23.6%	43.0%	9.7%	100.0%
2019	29.4%	21.7%	38.8%	10.2%	100.0%

**2020 Net Revenue by Financial Class**





**Prosser**  
Memorial Health  
Financial Operations  
June 30, 2020

	YTD 2019	YTD 2020	YTD Budget 2020
<b>Utilization</b>			
Admissions	505	472	497
Adjusted Admissions	2,223	1,910	2,305
Average Daily Census	7.1	6.3	6.8
Adjusted Occupied Beds	31.3	25.6	31.5
Average Length of Stay (days)	2.6	2.4	2.5
Outpatient Revenue %	77.3%	75.3%	78.5%
Total Yield (net patient revenue)	5.0%	-0.8%	10.0%
Hospital Case Mix Index	TBD	0.99	1.00
<b>Financial Performance (\$000)</b>			
Net Patient Revenue	29,885	28,251	31,473
Total Operating Revenue	30,589	33,621	32,053
Total Operating Expense	28,368	29,671	30,284
Income (Loss) from Operations	2,220	3,950	1,769
Excess of Revenue Over Expenses	2,658	4,252	2,123
EBIDA (Operating Cash Flow)	3,367	5,313	3,129
Additions to Property, Plant, and Equipment	4,386	2,614	371
<b>Balance Sheet (\$000)</b>			
Unrestricted Cash and Investments	2,809	17,810	3,915
Accounts Receivable (gross)	21,223	25,279	17,104
Net Fixed Assets	14,986	15,294	12,758
Current and Long-Term Liabilities (excluding LT debt)	7,855	21,067	5,413
Long-Term Debt	11,784	10,968	6,441
Total Liabilities	19,639	32,035	11,854
Net Worth	29,134	33,879	29,769
<b>Key Ratios</b>			
Operating Margin (%)	7.3%	11.7%	5.5%
Excess Margin (%)	8.7%	14.9%	6.6%
Operating EBIDA Margin (Operating Cash Flow)	11.0%	15.8%	9.8%
Net Accounts Receivable (days)	55.52	52.15	52.98
Current Ratio (x)	1.92	1.48	1.55
Cash on Hand (days)	126.19	228.66	120.39
Cushion Ratio (x)	154.91	186.72	53.80
Return on Equity (%)	9.12%	12.55%	13.33%
Capital Spending Ratio	2.28	2.15	5.13
Average Age of Plant (Years)	10.80	10.00	10.84
Debt Service	2.36	3.26	4.58
Debt-to-Capitalization (%)	31%	29%	27.07%
<b>Patient Revenue Sources by Gross Revenue (%)</b>			
Medicare	31.5%	30.3%	31.5%
Medicaid	31.8%	31.4%	31.7%
Commercial Insurance	28.6%	29.0%	28.7%
Self-pay and Other	8.1%	9.3%	8.1%
<b>Labor Metrics</b>			
Productive FTE's (incl contract labor)	303.71	281.21	300.11
Total FTE's (incl contract labor)	330.91	316.79	348.30
Labor Cost (incl benefits) per FTE - Annualized	53,549.82	59,372.23	53,645.23
Labor Cost (incl benefits) as a % of Net Operating Revenue	57.9%	55.9%	58.3%
Net Operating Revenue per FTE	92,438.16	106,130.68	92,025.63
Operating Expense per FTE	85,728.30	93,660.88	86,947.10
<b>Contacts:</b>			
David Rollins	Chief Financial Officer	(509) 786-6605	
Stephanie Titus	Director of Finance	(509) 786-5530	



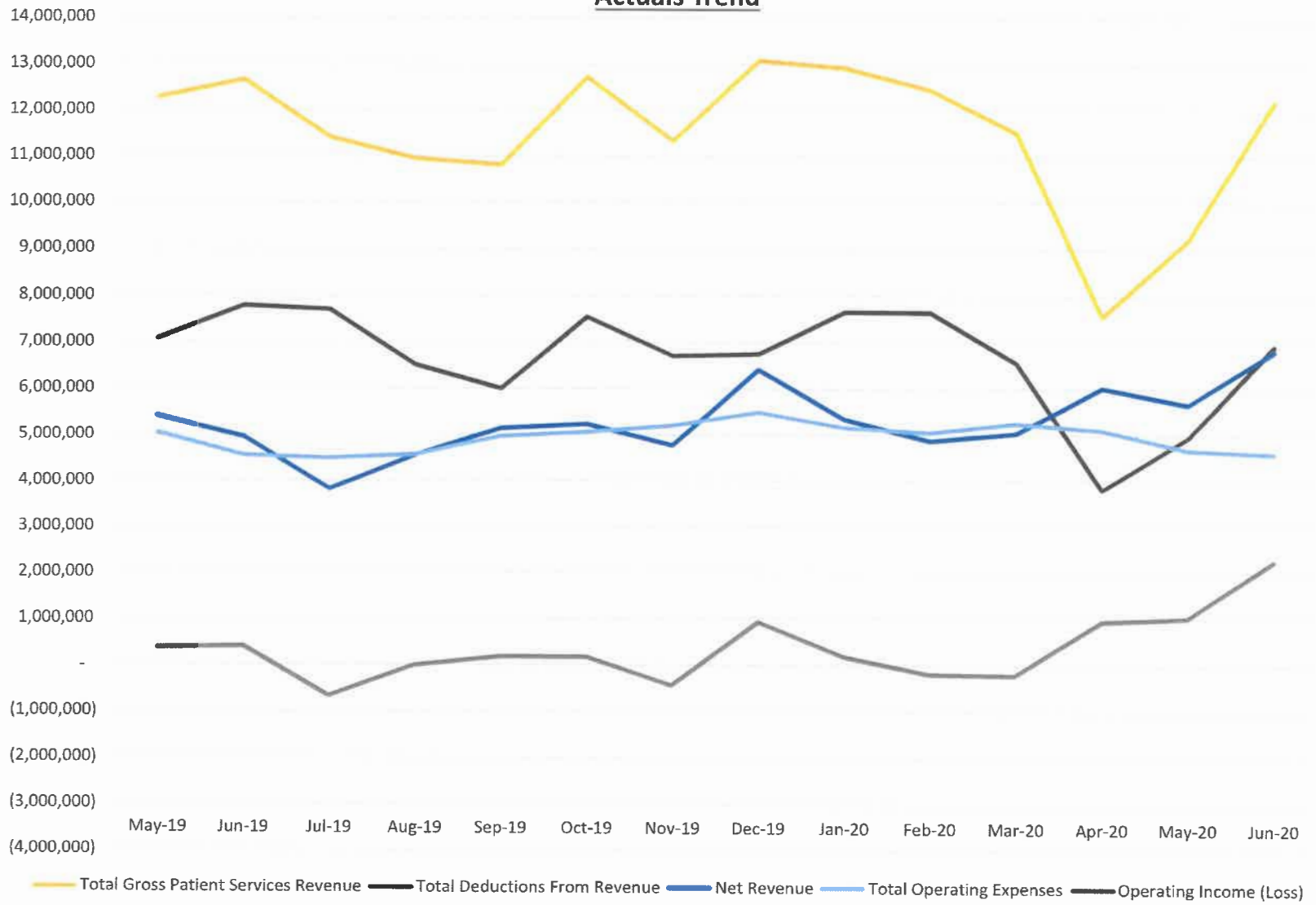
### Statement of Operations 13-month Trend

	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
<b>Gross Patient Services Revenue</b>													
Inpatient	\$ 2,718,209	\$ 2,911,854	\$ 2,482,862	\$ 2,526,300	\$ 2,501,168	\$ 3,012,630	\$ 2,617,549	\$ 2,864,852	\$ 2,864,636	\$ 3,010,011	\$ 2,635,344	\$ 2,206,745	\$ 2,520,235
Outpatient	9,556,019	9,755,418	8,926,505	8,421,340	8,313,652	9,717,569	8,716,943	10,233,791	10,071,001	9,445,153	8,882,599	5,357,211	6,692,393
<b>Total Gross Patient Services Revenue</b>	<b>12,274,228</b>	<b>12,667,272</b>	<b>11,409,367</b>	<b>10,947,640</b>	<b>10,814,820</b>	<b>12,730,199</b>	<b>11,334,492</b>	<b>13,098,643</b>	<b>12,935,637</b>	<b>12,455,164</b>	<b>11,517,943</b>	<b>7,563,956</b>	<b>9,212,638</b>
<b>Deductions from Revenue</b>													
<b>Contractual Allowances</b>													
Medicare	2,185,255	2,734,096	3,079,031	2,000,591	2,181,816	2,860,807	2,234,020	2,611,913	2,632,393	2,720,808	1,772,267	995,183	1,611,449
Medicaid	2,813,930	2,730,768	2,699,644	2,250,702	1,633,944	2,626,636	3,351,182	2,593,535	2,462,158	2,881,363	2,364,561	2,088,300	1,938,730
Negotiated Rates	1,395,739	1,611,274	1,450,628	1,484,291	1,882,777	1,698,297	490,384	1,053,995	1,970,832	1,535,802	1,559,890	363,732	1,146,693
Other Adjustments	195,205	178,721	29,827	236,997	96,291	117,115	12,337	(62,054)	152,100	143,288	395,710	40,602	(68,462)
<b>Gross Contractual Allowances</b>	<b>6,590,129</b>	<b>7,254,859</b>	<b>7,259,130</b>	<b>5,972,581</b>	<b>5,794,828</b>	<b>7,302,855</b>	<b>6,087,923</b>	<b>6,197,389</b>	<b>7,217,483</b>	<b>7,281,261</b>	<b>6,092,428</b>	<b>3,487,817</b>	<b>4,628,410</b>
Charity Care	92,529	174,075	182,086	238,673	112,577	89,746	182,296	34,095	70,465	207,726	147,685	40,927	49,448
Bad Debt	400,496	350,421	258,214	299,799	89,162	154,222	442,390	514,437	366,493	154,253	325,725	268,555	255,700
<b>Total Deductions From Revenue</b>	<b>7,083,154</b>	<b>7,779,355</b>	<b>7,699,430</b>	<b>6,511,053</b>	<b>5,996,567</b>	<b>7,546,823</b>	<b>6,712,609</b>	<b>6,745,921</b>	<b>7,654,441</b>	<b>7,643,240</b>	<b>6,565,838</b>	<b>3,797,299</b>	<b>4,933,558</b>
<b>Net Patient Services Revenue</b>	<b>5,191,074</b>	<b>4,887,917</b>	<b>3,709,937</b>	<b>4,436,587</b>	<b>4,818,253</b>	<b>5,183,376</b>	<b>4,621,883</b>	<b>6,352,722</b>	<b>5,281,196</b>	<b>4,811,924</b>	<b>4,952,105</b>	<b>3,766,657</b>	<b>4,279,075</b>
COVID Grant Revenue													1,325,149
Other Operating Revenue	210,581	59,968	105,043	119,837	321,886	44,074	144,372	60,565	54,446	48,156	79,111	2,260,337	64,385
<b>Net Revenue</b>	<b>5,401,655</b>	<b>4,947,885</b>	<b>3,814,980</b>	<b>4,556,424</b>	<b>5,140,139</b>	<b>5,227,450</b>	<b>4,766,255</b>	<b>6,413,287</b>	<b>5,335,642</b>	<b>4,860,080</b>	<b>5,031,216</b>	<b>6,026,994</b>	<b>5,668,609</b>
<b>Operating Expenses</b>													
Salaries	2,253,650	2,219,872	2,258,057	2,186,403	2,272,947	2,282,644	2,333,751	2,596,017	2,390,097	2,319,195	2,438,079	2,243,147	2,292,652
Benefits	600,425	348,108	337,751	397,207	450,455	611,076	503,958	765,786	577,012	555,392	440,583	739,833	604,325
Purchased Labor	330,783	(147,171)	264,578	236,659	264,793	217,501	246,218	268,266	249,096	283,557	329,407	261,699	135,882
<b>Sub-Total Labor Costs</b>	<b>3,184,858</b>	<b>2,420,809</b>	<b>2,860,386</b>	<b>2,820,269</b>	<b>2,988,195</b>	<b>3,111,221</b>	<b>3,083,927</b>	<b>3,630,069</b>	<b>3,216,205</b>	<b>3,158,144</b>	<b>3,208,069</b>	<b>3,244,679</b>	<b>3,032,859</b>
Professional Fees - Physicians	274,105	695,166	329,173	355,202	332,200	310,244	352,355	377,019	389,778	279,808	267,635	419,725	288,245
Professional Fees - Other	70,838	4,280	51,982	40,503	5,802	27,900	57,445	37,367	43,960	58,785	19,051	93,438	49,659
Supplies	532,887	527,249	535,093	493,079	700,353	725,859	764,707	622,645	619,449	675,545	762,215	527,615	481,223
Purchased Services - Utilities	39,689	44,875	41,243	44,577	39,600	42,598	48,996	37,860	43,249	43,969	40,757	31,315	46,337
Purchased Services - Other	296,855	264,637	245,545	251,437	299,771	233,945	314,069	269,828	261,428	230,546	359,733	222,165	228,231
Rentals & Leases	203,018	199,712	117,451	173,040	166,916	168,981	168,019	186,792	194,404	170,987	167,981	152,417	153,829
Insurance License & Taxes	70,410	67,274	59,519	77,077	69,509	69,709	52,025	63,642	60,430	99,269	87,383	85,150	58,860
Depreciation & Amortization	203,764	204,612	207,114	207,017	214,609	222,284	222,109	224,314	222,577	227,538	224,010	228,367	229,348
Other Operating Expenses	156,828	117,660	37,964	101,333	144,048	143,821	135,294	40,759	104,447	103,657	107,679	92,318	92,182
<b>Sub-Total Non-Labor Expenses</b>	<b>1,848,394</b>	<b>2,125,465</b>	<b>1,625,084</b>	<b>1,743,265</b>	<b>1,972,808</b>	<b>1,945,341</b>	<b>2,115,019</b>	<b>1,860,226</b>	<b>1,939,722</b>	<b>1,890,104</b>	<b>2,036,444</b>	<b>1,852,510</b>	<b>1,627,914</b>
<b>Total Operating Expenses</b>	<b>5,033,252</b>	<b>4,546,274</b>	<b>4,485,470</b>	<b>4,563,534</b>	<b>4,961,003</b>	<b>5,056,562</b>	<b>5,198,946</b>	<b>5,490,295</b>	<b>5,155,927</b>	<b>5,048,248</b>	<b>5,244,513</b>	<b>5,097,189</b>	<b>4,660,773</b>
<b>Operating Income (Loss)</b>	<b>368,403</b>	<b>401,611</b>	<b>(670,490)</b>	<b>(7,110)</b>	<b>179,136</b>	<b>170,888</b>	<b>(432,691)</b>	<b>922,992</b>	<b>179,715</b>	<b>(188,168)</b>	<b>(213,297)</b>	<b>929,805</b>	<b>1,007,836</b>
<b>Non Operating Income</b>													
Tax Revenue	68,970	69,231	69,975	70,601	69,701	71,945	69,785	69,205	71,840	65,599	77,314	73,881	69,589
Investment Income	25,756	25,933	34,296	31,673	31,189	20,703	21,943	24,574	22,527	22,036	19,425	18,000	12,391
Interest Expense	(20,307)	(20,307)	(20,974)	(34,475)	(76,310)	(34,270)	(34,166)	(33,322)	(32,996)	(19,892)	(33,218)	(35,750)	(32,897)
Other Non Operating Income (Expense)	-	1,200	-	9,200	-	52,518	14,420	-	(222)	-	-	500	13,684
<b>Total Non Operating Income</b>	<b>74,419</b>	<b>76,057</b>	<b>83,297</b>	<b>76,999</b>	<b>24,580</b>	<b>110,896</b>	<b>71,982</b>	<b>60,457</b>	<b>61,149</b>	<b>67,743</b>	<b>63,521</b>	<b>56,631</b>	<b>62,767</b>
<b>Net Income (Loss)</b>	<b>\$ 442,822</b>	<b>\$ 477,668</b>	<b>\$ (587,193)</b>	<b>\$ 69,889</b>	<b>\$ 203,716</b>	<b>\$ 281,784</b>	<b>\$ (360,709)</b>	<b>\$ 983,449</b>	<b>\$ 240,864</b>	<b>\$ (120,425)</b>	<b>\$ (149,776)</b>	<b>\$ 986,436</b>	<b>\$ 1,070,603</b>
Total Margin	8.1%	9.5%	-15.1%	1.5%	3.9%	5.3%	-7.5%	15.2%	4.5%	-2.4%	-2.9%	16.2%	18.7%
Margin (Non Operating Income)	6.8%	8.1%	-17.6%	-0.2%	3.5%	3.3%	-9.1%	14.4%	3.4%	-3.9%	-4.2%	15.4%	17.8%
Salaries as a % of Net Revenue	41.7%	44.9%	59.2%	48.0%	44.2%	43.7%	49.0%	40.5%	44.8%	47.7%	48.5%	37.2%	40.4%
Labor as a % of Net Revenue	59.0%	48.9%	75.0%	61.9%	58.1%	59.5%	64.7%	56.6%	60.3%	65.0%	63.8%	53.8%	53.5%
Operating Expense change from prior month	7%	-10%	-1%	2%	9%	2%	3%	6%	-6%	-2%	4%	-3%	-9%
Gross Revenue change from prior month	1%	3%	-10%	-4%	-1%	18%	-11%	16%	-1%	-4%	-8%	-34%	22%
Net Revenue change from prior month	5%	-8%	-23%	19%	13%	2%	-9%	35%	-17%	-9%	4%	20%	-6%



# Prosser

Memorial Health  
Actuals Trend





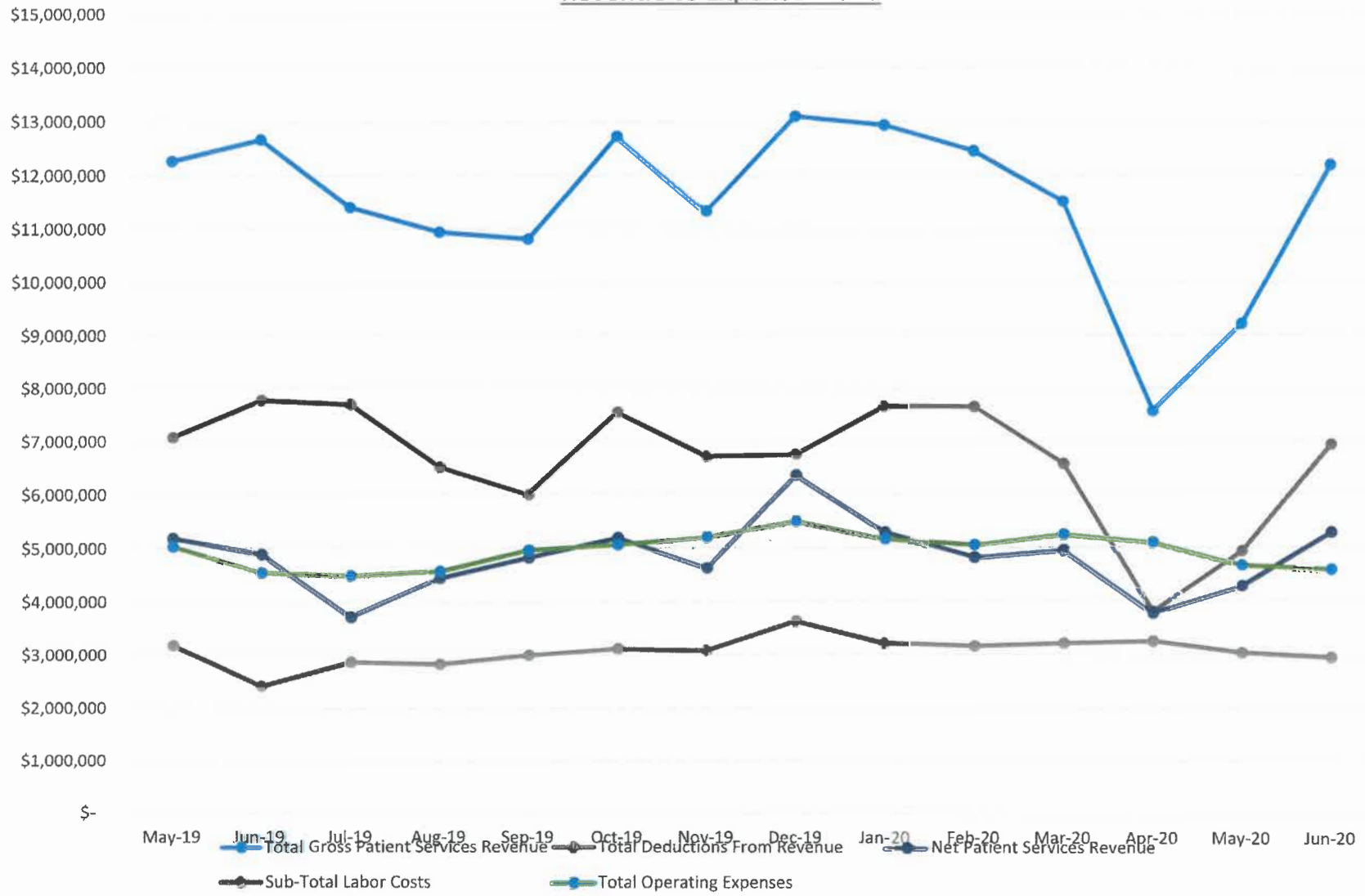




# Prosser

Memorial Health

## Revenue vs Expense Trend





**Physician Clinics Consolidated  
Income Statement As Of: June 30, 2020**

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior
Clinical Patient Revenue	6,950,347	8,589,042	(1,638,695)	-19%	6,548,959
Deductions From Revenue	(2,990,734)	(3,586,175)	595,440	-17%	(2,891,191)
<b>Net Patient Revenue</b>	<b>3,959,612</b>	<b>5,002,867</b>	<b>(1,043,255)</b>	<b>-21%</b>	<b>3,657,768</b>
<b>Other Operating Revenue</b>	<b>56,792</b>	<b>79,500</b>	<b>(22,708)</b>	<b>-29%</b>	<b>68,974</b>
Salaries	4,929,640	4,905,442	(24,198)	0%	4,053,173
Benefits	302,125	372,157	70,032	19%	255,536
Purchased Labor	4,438	-	(4,438)	0%	-
<b>Total Salaries and Benefits</b>	<b>5,236,203</b>	<b>5,277,599</b>	<b>41,396</b>	<b>1%</b>	<b>4,308,709</b>
Professional Fees	90,550	116,850	26,300	23%	172,148
Supplies	255,432	310,991	55,559	18%	236,173
Utilities	30,990	31,943	953	3%	30,415
Purchased Services	105,482	73,700	(31,782)	-43%	103,726
Rentals & Leases	378,766	384,372	5,606	1%	496,478
Other Direct Expenses	62,436	141,568	79,132	56%	115,964
<b>Total Non Salary Expenses</b>	<b>923,657</b>	<b>1,059,424</b>	<b>135,767</b>	<b>13%</b>	<b>1,154,904</b>
<b>Total Expenses</b>	<b>6,159,860</b>	<b>6,337,023</b>	<b>177,164</b>	<b>3%</b>	<b>5,463,613</b>
<b>Contribution Margin</b>	<b>(2,143,455)</b>	<b>(1,254,656)</b>	<b>(888,799)</b>	<b>71%</b>	<b>(1,736,870)</b>
Referred Hospital Revenue	14,257,473				
<b>Net Hospital Contribution Margin</b>	<b>12,114,018</b>				
<b>FTE's</b>					
<b>Employed</b>	73.04	83.46	10.42	12%	60.27
<b>Contracted</b>	0.48	16.88	16.40	97%	0.69
<b>Total</b>	<b>63.79</b>	<b>73.02</b>	<b>9.23</b>	<b>13%</b>	<b>57.18</b>
<b>Employed</b>					
<b>Hours Paid</b>	75,957	86,799	10,842	12%	62,676
<b>Hours Worked</b>	65,742	69,439	3,697	5%	56,091
<b>Contracted</b>					
<b>Hours</b>	504	17,555	17,051	97%	720
<b>Unit of Service (UOS) Total Visits</b>	<b>24,418</b>	<b>27,229</b>	<b>(2,811)</b>	<b>-10%</b>	<b>22,508</b>
<b>Productivity (Worked Hours / UOS)</b>	<b>2.71</b>	<b>3.19</b>	<b>(0)</b>	<b>-15%</b>	<b>2.52</b>



**Benton City Clinic**

**Income Statement As Of: June 30, 2020**

RURAL HEALTH CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior
Clinical Patient Revenue	1,246,273	1,626,434	(380,160)	-23%	1,458,512
Deductions From Revenue	(311,568)	(406,608)	95,040	-23%	(364,628)
<b>Net Patient Revenue</b>	<b>934,705</b>	<b>1,219,825</b>	<b>(285,120)</b>	<b>-23%</b>	<b>1,093,884</b>
<b>Other Operating Revenue</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0%</b>	<b>-</b>
Salaries	954,448	946,332	(8,116)	-1%	1,075,036
Benefits	71,010	72,238	1,228	2%	73,809
Purchased Labor	-	-	-	0%	-
<b>Total Salaries and Benefits</b>	<b>1,025,459</b>	<b>1,018,570</b>	<b>(6,888)</b>	<b>-1%</b>	<b>1,148,846</b>
Professional Fees	-	-	-	0%	7,094
Supplies	36,922	33,565	(3,357)	-10%	26,236
Utilities	8,933	7,852	(1,080)	-14%	7,461
Purchased Services	17,901	20,678	2,777	13%	26,706
Rentals & Leases	117,226	118,649	1,422	1%	112,650
Other Direct Expenses	6,506	22,200	15,694	71%	10,572
<b>Total Non Salary Expenses</b>	<b>187,487</b>	<b>202,943</b>	<b>15,456</b>	<b>8%</b>	<b>190,719</b>
<b>Total Expenses</b>	<b>1,212,946</b>	<b>1,221,514</b>	<b>8,568</b>	<b>1%</b>	<b>1,339,565</b>
<b>Contribution Margin</b>	<b>(278,241)</b>	<b>(1,689)</b>	<b>(276,552)</b>	<b>16377%</b>	<b>(245,681)</b>
<b>FTE's</b>					
<b>Employed</b>	16.76	19.00	2.24	12%	18.44
<b>Contracted</b>	-	12.63	12.63	100%	-
<b>Total</b>	16.76	31.63	14.87	47%	18.44
<b>Employed</b>					
<b>Hours Paid</b>	17,426	19,760	2,334	12%	19,179
<b>Hours Worked</b>	15,007	15,808	801	5%	17,418
<b>Contracted</b>					
<b>Hours</b>	-	13,135	13,135	100%	-
<b>Unit of Service (UOS) Total Visits</b>	5,711	6,579	868	13%	6,063
<b>Productivity (Worked Hours / UOS)</b>	2.63	4.40	1.77	40%	2.87



**Prosser Clinic**  
**Income Statement As Of: June 30, 2020**  
 RURAL HEALTH CLINIC

	<b>YTD Actual</b>	<b>YTD Budget</b>	<b>Variance</b>	<b>% Var</b>	<b>YTD Prior</b>
Clinical Patient Revenue	1,236,852	1,463,447	(226,595)	-15%	1,313,039
Deductions From Revenue	(309,213)	(365,862)	56,649	-15%	(328,260)
<b>Net Patient Revenue</b>	<b>927,639</b>	<b>1,097,585</b>	<b>(169,946)</b>	<b>-15%</b>	<b>984,779</b>
<b>Other Operating Revenue</b>	<b>56,792</b>	<b>79,500</b>	<b>(22,708)</b>	<b>-29%</b>	<b>68,974</b>
Salaries	685,775	730,875	45,100	6%	664,756
Benefits	50,537	55,780	5,243	9%	48,915
Purchased Labor	4,438	-	(4,438)	0%	-
<b>Total Salaries and Benefits</b>	<b>740,749</b>	<b>786,655</b>	<b>45,906</b>	<b>6%</b>	<b>713,671</b>
Professional Fees	83,425	99,600	16,175	16%	137,691
Supplies	44,646	34,874	(9,771)	-28%	28,848
Utilities	7,470	11,286	3,816	34%	10,686
Purchased Services	27,818	21,970	(5,848)	-27%	26,895
Rentals & Leases	124,057	124,760	703	1%	120,510
Other Direct Expenses	36,521	63,750	27,229	43%	61,981
<b>Total Non Salary Expenses</b>	<b>323,937</b>	<b>356,240</b>	<b>32,303</b>	<b>9%</b>	<b>386,611</b>
<b>Total Expenses</b>	<b>1,064,686</b>	<b>1,142,895</b>	<b>78,209</b>	<b>7%</b>	<b>1,100,282</b>
<b>Contribution Margin</b>	<b>(80,255)</b>	<b>34,190</b>	<b>(114,445)</b>	<b>-335%</b>	<b>(46,529)</b>
<b>FTE's</b>					
<b>Employed</b>	14.13	16.80	2.67	16%	12.58
<b>Contracted</b>	0.48	2.59	2.11	81%	0.68
<b>Total</b>	14.61	19.39	4.78	25%	12.58
<b>Employed</b>					
<b>Hours Paid</b>	14,690	17,472	2,782	16%	13,081
<b>Hours Worked</b>	12,895	13,978	1,083	8%	11,394
<b>Contracted</b>					
<b>Hours</b>	504	2,694	2,190	81%	704
<b>Unit of Service (UOS) Total Visits</b>	6,039	6,313	274	4%	5,882
<b>Productivity (Worked Hours / UOS)</b>	2.22	2.64	0.42	16%	2.06





**Specialty Clinic**  
**Income Statement As Of: June 30, 2020**  
 PROVIDER BASED CLINIC

	<b>YTD Actual</b>	<b>YTD Budget</b>	<b>Variance</b>	<b>% Var</b>	<b>YTD Prior</b>
Clinical Patient Revenue	2,264,065	2,857,648	(593,584)	-21%	2,354,197
Deductions From Revenue	(1,335,798)	(1,657,436)	321,638	-19%	(1,365,434)
<b>Net Patient Revenue</b>	<b>928,267</b>	<b>1,200,212</b>	<b>(271,946)</b>	<b>-23%</b>	<b>988,763</b>
<b>Other Operating Revenue</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0%</b>	<b>-</b>
Salaries	2,007,453	1,893,637	(113,816)	-6%	1,659,151
Benefits	99,172	142,217	43,045	30%	85,274
Purchased Labor	-	-	-	0%	-
<b>Total Salaries and Benefits</b>	<b>2,106,626</b>	<b>2,035,854</b>	<b>(70,772)</b>	<b>-3%</b>	<b>1,744,424</b>
Professional Fees	7,125	17,250	10,125	59%	13,901
Supplies	49,877	96,637	46,761	48%	31,858
Utilities	2,430	104	(2,326)	-2226%	3,267
Purchased Services	20,187	3,227	(16,960)	-526%	1,580
Rentals & Leases	82,990	82,221	(769)	-1%	111,071
Other Direct Expenses	11,428	37,819	26,391	70%	14,089
<b>Total Non Salary Expenses</b>	<b>174,037</b>	<b>237,259</b>	<b>63,222</b>	<b>27%</b>	<b>175,766</b>
<b>Total Expenses</b>	<b>2,280,663</b>	<b>2,273,113</b>	<b>(7,550)</b>	<b>0%</b>	<b>1,920,191</b>
<b>Contribution Margin</b>	<b>(1,352,396)</b>	<b>(1,072,900)</b>	<b>(279,496)</b>	<b>26%</b>	<b>(931,428)</b>
<b>FTE's</b>					
<b>Employed</b>	19.63	22.00	2.37	11%	17.85
<b>Contracted</b>	-	-	-	0%	0.01
<b>Total</b>	19.63	22.00	2.37	11%	17.86
<b>Employed</b>					
<b>Hours Paid</b>	20,414	22,880	2,466	11%	18,563
<b>Hours Worked</b>	17,787	18,304	517	3%	16,260
<b>Contracted</b>					
<b>Hours</b>	-	-	-	0%	8
<b>Unit of Service (UOS) Total Visits</b>	5,554	6,378	(824)	-13%	5,707
<b>Productivity (Worked Hours / UOS)</b>	3.20	2.87	(0.33)	-12%	2.85



**Women's Health Clinic**

**Income Statement As Of: June 30, 2020**

TO BE RURAL HEALTH CLINIC UNDER PROSSER CLINIC JULY 1, 2020

	<b>YTD Actual</b>	<b>YTD Budget</b>	<b>Variance</b>	<b>% Var</b>	<b>YTD Prior</b>
Clinical Patient Revenue	1,421,664	1,709,966	(288,302)	-17%	740,592
Deductions From Revenue	(838,782)	(923,382)			(436,949)
<b>Net Patient Revenue</b>	<b>582,882</b>	<b>786,584</b>	<b>(203,702)</b>	<b>-26%</b>	<b>303,643</b>
<b>Other Operating Revenue</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0%</b>	<b>-</b>
Salaries	674,205	640,017	(34,187)	-5%	208,977
Benefits	37,621	48,883	11,262	23%	16,850
Purchased Labor	-	-	-	0%	-
<b>Total Salaries and Benefits</b>	<b>711,825</b>	<b>688,900</b>	<b>(22,926)</b>	<b>-3%</b>	<b>225,827</b>
Professional Fees	-	-	-	0%	10,063
Supplies	99,210	108,575	9,365	9%	70,339
Utilities	4,438	3,550	(888)	-25%	1,225
Purchased Services	17,223	13,325	(3,898)	-29%	12,097
Rentals & Leases	54,493	58,742	4,250	7%	27,246
Other Direct Expenses	2,792	7,150	4,358	61%	274
<b>Total Non Salary Expenses</b>	<b>178,156</b>	<b>191,342</b>	<b>13,187</b>	<b>7%</b>	<b>121,243</b>
<b>Total Expenses</b>	<b>889,981</b>	<b>880,242</b>	<b>(9,739)</b>	<b>-1%</b>	<b>347,070</b>
<b>Contribution Margin</b>	<b>(307,099)</b>	<b>(93,658)</b>	<b>(213,441)</b>	<b>228%</b>	<b>(43,428)</b>
<b>FTE's</b>					
<b>Employed</b>	9.73	10.00	0.27	3%	3.10
<b>Contracted</b>	-	-	-	0%	-
<b>Total</b>	9.73	10.00	0.27	3%	3.10
<b>Employed</b>					
<b>Hours Paid</b>	10,119	10,400	281	3%	3,227
<b>Hours Worked</b>	8,843	8,320	(523)	-6%	3,134
<b>Contracted</b>					
<b>Hours</b>	-	-	-	0%	-
<b>Unit of Service (UOS) Total Visits</b>	3,412	4,252	(840)	-20%	1,948
<b>Productivity (Worked Hours / UOS)</b>	2.59	1.96	(0.63)	-32%	1.61



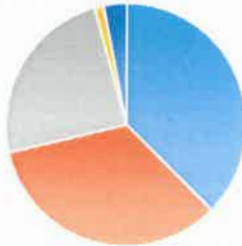
**Grandview Clinic**  
**Income Statement As Of: June 30, 2020**  
 RURAL HEALTH CLINIC

	<b>YTD Actual</b>	<b>YTD Budget</b>	<b>Variance</b>	<b>% Var</b>	<b>YTD Prior</b>
Clinical Patient Revenue	781,493	931,547	(150,054)	-16%	682,620
Deductions From Revenue	(195,373)	(232,887)			(395,920)
<b>Net Patient Revenue</b>	<b>586,120</b>	<b>698,660</b>	<b>(112,541)</b>	<b>-16%</b>	<b>286,700</b>
<b>Other Operating Revenue</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0%</b>	<b>-</b>
Salaries	607,759	694,581	86,821	12%	445,253
Benefits	43,784	53,039	9,255	17%	30,688
Purchased Labor	-	-	-	0%	-
<b>Total Salaries and Benefits</b>	<b>651,544</b>	<b>747,620</b>	<b>96,076</b>	<b>13%</b>	<b>475,941</b>
Professional Fees	-	-	-	0%	3,401
Supplies	24,778	37,340	12,561	34%	78,891
Utilities	7,719	9,150	1,431	16%	7,776
Purchased Services	22,353	14,500	(7,853)	-54%	36,449
Rentals & Leases	-	-	-	0%	125,000
Other Direct Expenses	5,189	10,650	5,461	51%	29,047
<b>Total Non Salary Expenses</b>	<b>60,040</b>	<b>71,640</b>	<b>11,600</b>	<b>16%</b>	<b>280,564</b>
<b>Total Expenses</b>	<b>711,584</b>	<b>819,259</b>	<b>107,676</b>	<b>13%</b>	<b>756,505</b>
<b>Contribution Margin</b>	<b>(125,464)</b>	<b>(120,599)</b>	<b>(4,865)</b>	<b>4%</b>	<b>(469,805)</b>
<b>FTE's</b>					
<b>Employed</b>	12.80	15.66	2.86	18%	8.29
<b>Contracted</b>	-	1.66	1.66	100%	0.01
<b>Total</b>	12.80	17.32	4.52	26%	8.30
<b>Employed</b>					
<b>Hours Paid</b>	13,307	16,287	2,979	18%	8,626
<b>Hours Worked</b>	11,210	13,029	1,819	14%	7,886
<b>Contracted</b>					
<b>Hours</b>	-	1,726	1,726	100%	8
<b>Unit of Service (UOS) Total Visits</b>	3,702	3,709	(7)	0%	2,908
<b>Productivity (Worked Hours / UOS)</b>	3.03	3.98	0.95	24%	2.71



**Revenue By Financial Class**

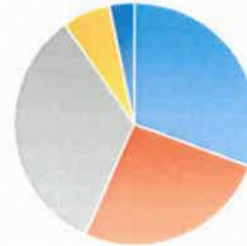
**Benton City Clinic**



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

Revenue by Financial Class		
Commercial	466,559	37%
Medicaid	422,495	34%
Medicare	304,017	24%
Other	14,811	1%
Self-Pay	38,392	3%
<b>Grand Total</b>	<b>1,246,274</b>	

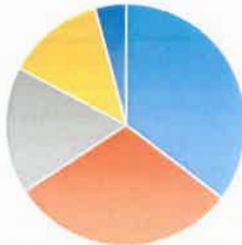
**Specialty Clinic**



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

Revenue by Financial Class		
Commercial	693,343	31%
Medicaid	589,173	26%
Medicare	761,071	34%
Other	145,133	6%
Self-Pay	75,345	3%
<b>Grand Total</b>	<b>2,264,065</b>	

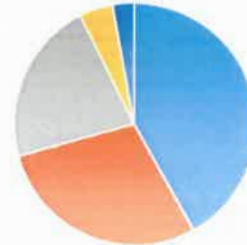
**Prosser Clinic**



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

Revenue by Financial Class		
Commercial	436,992	35%
Medicaid	376,790	30%
Medicare	210,253	17%
Other	161,567	13%
Self-Pay	51,250	4%
<b>Grand Total</b>	<b>1,236,852</b>	

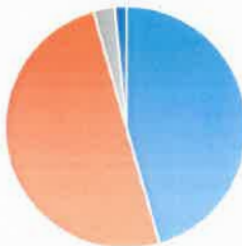
**Grandview Clinic**



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

Revenue by Financial Class		
Commercial	327,316	42%
Medicaid	225,098	29%
Medicare	171,442	22%
Other	35,045	4%
Self-Pay	22,592	3%
<b>Grand Total</b>	<b>781,493</b>	

**Women's Health Clinic**



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

Revenue by Financial Class		
Commercial	647,821	46%
Medicaid	711,553	50%
Medicare	40,701	3%
Other	-	0%
Self-Pay	21,589	2%
<b>Grand Total</b>	<b>1,421,664</b>	



# Prosser

Memorial Health

## CLINICAL PROVIDER VISITS BY MONTH

### Benton City Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
CARL	178	177	135	100	84	107							781
JOHANSING	239	238	235	173	172	174							1,231
STUADINGER	201	105	146	116	130	149							847
LUTHER	117	154	129	75	119	155							749
ZIRKER	214	153	206	61	101	138							873
SANTA CRUZ	-	-	-	-	-	-							-
MICROULIS	127	107	107	103	111	133							688
GRONER	86	83	81	62	58	68							438
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							1,520
MIN	188	164	159	106	105	191							913
ZHMUROUSKI	209	159	135	109	153	151							916
MORRIS	99	173	191	159	300	235							1,157
CHARVET	21	35	26	4	2	33							121
MORSE	150	99	172	203	98	190							912
GARZA		2	-	-	-	-							2

### Specialty Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
CLIFFORD	245	205	210	162	181	190							1,193
HUTSON	-	-	-	-	-	-							-
HALVORSON	137	155	162	109	81	145							789
STREBEL	138	119	100	69	79	92							597
HUANG	70	72	71	31	37	56							337
CHEW	88	76	71	43	61	57							396
COMBS	196	189	146	7	72	146							756
BHATTI	147	84	101	89	109	121							651

### Grandview Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
SANTA-CRUZ	168	179	150	132	135	116							880
GARZA	141	143	112	83	88	70							637
WARNICK	111	73	51	38	38	67							378
ZIRKER	113	145	125	38	100	67							588
ZHMUROUSKI	22	35	45	15	21	37							175
HANKS	125	134	151	163	173	193							939



The latest [Updates and Resources on Novel Coronavirus \(COVID-19\)](#) (/2020-01-22-updates-and-resources-novel-coronavirus-2019-cov).



(/)

# New AHA Report Finds Losses Deepen for Hospitals and Health Systems Due to COVID-19

[Home \(/\)](#) / [Advocacy \(/taxonomy/term/109\)](#) / [Issue Brief \(/type/issue-brief\)](#)

A new AHA report released today finds that the immense financial strain facing hospitals and health systems due to COVID-19 will continue through at least the end of 2020, with patient volume expected to remain well below baseline levels.

The report estimates an additional minimum of \$120.5 billion in financial losses, due in large part to lower patient volumes, from July 2020 through December 2020, or an average of \$20.1 billion per month. These estimates are in addition to the \$202.6 billion in losses the AHA estimated between March 2020 and June 2020 in a report released last month. **This brings total losses for the nation's hospitals and health systems to at least \$323.1 billion in 2020.** And while potentially catastrophic, these projected losses still may underrepresent the full financial losses hospitals will face in 2020, as the analysis does not account for currently increasing case rates in certain states, or potential subsequent surges of the pandemic occurring later this year. If the current surge trends continue, the financial impact on hospitals and health systems could be even more significant.

## June 2020

1. Introduction
2. Background
3. Methodology
4. Results
5. Discussion

## 6. Sources

# Introduction

The COVID-19 pandemic continues to take a heavy toll on America's healthcare infrastructure. While some parts of the country have started slowly phasing out stay-at-home orders and other restrictions, hospitals and health systems remain on the frontlines of this pandemic. Experts have warned that the recovery pace for hospitals and health systems will be slow and that normal hospital volume will not come back quickly even as states lift moratoriums on non-emergent procedures. There is still grave public concern that the risk of COVID-19 infection is high and a number of states continue to maintain certain restrictions. Coupled with this is the fact that many states continue to report increasing cases of COVID-19.<sup>1</sup> As recently as June 24th, state departments reported the highest number of new infections since the previous record set on April 25th.<sup>2</sup> These factors have led to historic reductions in hospital inpatient and outpatient volumes, which have in turn driven drastic reductions in revenues and margins – all of which can impact hospitals' and health systems' abilities to serve their communities.

Driving these reductions in volume and revenue are the costs of avoided and forgone medical care and additional costs borne by hospitals related to purchasing personal protective equipment (PPE) and other supplies and equipment. The American Hospital Association (AHA) previously estimated that the financial impact of COVID-19 on hospitals and health systems totaled \$202.6 billion in losses over a four-month period between March 2020 and June 2020.<sup>3</sup> However, the slow recovery of inpatient and outpatient volumes to baseline levels, coupled with continued and increasing COVID-19 infection rates, has exacerbated these financial losses. As noted in AHA's prior report, as patients are hospitalized for COVID-19, hospitals' costs to treat these patients exceed expected reimbursement, which results in further financial losses.

To understand better the continued pressure hospitals and health systems face, the AHA conducted a survey of member hospitals on their current reductions in inpatient and outpatient volumes, as well as how quickly they expect to return to baseline patient volumes similar to 2019, if ever. This report describes the results of this survey and their use in projecting the financial impact of reduced hospital inpatient and outpatient volumes in 2020, assuming that patient volumes return to baseline levels by July 2021. The financial impact also takes into account the additional costs of acquiring PPE as patient volumes grow. Based on this analysis:

Hospitals and health systems currently report average declines of **19.5% in inpatient volume and 34.5% in outpatient volume** relative to baseline levels.

The AHA estimates an additional **\$120.5 billion in total financial losses** from July 2020 through December 2020 should hospitals and health systems reach baseline patient volumes by July 2021, or an average of **\$20.1 billion per month**. **These estimates are in addition to the \$202.6 billion in losses the AHA estimated between March 2020 and June 2020 bringing the total projected losses to hospitals and health systems in 2020 to at least \$323.1 billion.**

While the financial impacts estimated in this report are comprehensive, they may underrepresent the full financial losses hospitals will face in 2020. Importantly, the analysis does not account for currently increasing case rates in certain states, or potential subsequent surges of the pandemic occurring later this year. If the current surge trends continue, the financial impact on hospitals and health systems could be even more significant. The AHA's estimates also do not include all expenses, such as increased acquisition costs for drugs and non-PPE supplies and equipment. The financial impacts estimated in this report are above and beyond the \$202.6 billion in financial impact

the AHA estimated in its prior report, highlighting the dire financial challenges that hospitals and health systems will continue to face for the foreseeable future. Though the federal government has continued to provide relief funds to hospitals and health systems, those funds still pale in comparison to the losses that hospitals and health systems have already incurred and will continue to face through the end of 2020 and likely into 2021.

## Background

Since the first case of COVID-19 was reported in the U.S. in January 2020, over 2.4 million individuals in the U.S. have been infected, with over 124,000 deaths.<sup>4</sup> These grim statistics illustrate the breadth of the pandemic and its deleterious impact on communities. Despite certain local, state, and federal actions to ease restrictions, the pandemic has yet to show substantial signs of decline, and in fact is seeing increases in case rates in certain states

As many states began reopening measures allowing for greater social contact, hospitals and health systems focused on safeguarding the health of their patients and staff, while also preparing for the uncertain future. This uncertainty has led many individuals to continue to postpone or delay their medical care, despite moratoriums on the provision of non-emergent care being lifted in most states. A May 2020 Kaiser Family Foundation (KFF) tracking poll found that 48% of respondents said they or a family member had skipped or postponed medical care in the last three months due to COVID-19 concerns.<sup>5</sup> The same KFF survey found that 26% of respondents were willing to wait four months or more to seek previously forgone care.<sup>6</sup>

While states have begun easing restrictions on social contact, many restrictions and policies remain in place for hospitals and health systems to ensure public health. In some states, restrictions are being re-imposed after new increases in case rates. These policies include, but are not limited to:

- **Bed Capacity.** Many states are limiting hospital volume by requiring hospitals to maintain a certain number of vacant beds. For example, hospitals and health systems in Arizona cannot exceed 80% occupancy.<sup>7</sup> At least 10 other states have imposed a similar policy, reserving between 20-30% of licensed or intensive care unit (ICU) beds in case the state experiences a surge in COVID-19 patients.<sup>8</sup>
- **PPE Reserves.** Many states are requiring hospitals and health systems to maintain a reserve of PPE. For example, Oregon is requiring large hospitals to maintain a 30-day supply of PPE, and small hospitals must maintain a 14-day supply.<sup>9</sup> These requirements are intended to ensure the safety of hospital workers and patients, and limit the risk of transmission. This also means that hospitals may need to reduce the number of surgeries and procedures to maintain an adequate supply of PPE.
- **Screening for COVID-19 Among New Patients and Hospital Staff.** Many states are implementing policies that require hospitals and systems to screen incoming patients, as well as certain hospital staff for COVID-19. These requirements vary from temperature checks, to self-attestation of risk or exposure to COVID-19, and to lab tests for the virus. For example, Virginia and Colorado require that hospitals ensure staff or patients are tested prior to surgery.<sup>10,11</sup>

Hospitals and health systems are committed to ensuring the safety of their patients and staff, as well as improving the health of our country. For this reason and in addition to state mandates, many hospitals and systems have moved to implement similar policies on their own.<sup>12,13,14</sup> On the other hand, it's likely that these policies will extend financial recovery for hospitals and health systems, because of their effects on patient flow and hospital volumes.

Collectively, these new policies and insufficient demand for hospital services have led to sharp decreases in inpatient and outpatient volume. A recent study by Strata Decision Technology of their proprietary claims data found that inpatient volume was down 22% and outpatient volume was down 35% compared with the same time last year.<sup>15</sup> The same study found that emergency department (ED) use fell 40% compared with the same time last year.<sup>15</sup> This finding was reinforced by a KaufmanHall study that found a 43% decline in ED use compared with the same time last year.<sup>17</sup> The Morbidity and Mortality Weekly Report released by the Centers for Disease Control and Prevention (CDC) also showed a 42% decrease in ED use after the U.S. declared a state of national emergency in March.<sup>18</sup> Such drastic decreases in inpatient and outpatient volumes have resulted in declining hospital revenues and, sustained over several months, have hastened the decline of hospital margins well below normal levels. It also is important to note that COVID-19 hospitalizations have generated some level of inpatient and outpatient volume. However, as noted in AHA's prior report, the average cost of these hospitalizations exceeded expected reimbursement, further exacerbating the financial challenges hospitals face.

## Methodology

### Surveying Hospitals on Reductions in Inpatient and Outpatient Volume

The AHA undertook a survey of hospitals to collect information regarding:

- Inpatient and outpatient volume reductions below baseline levels, as measured by the previous year's volume, and
- When hospitals expect to return to baseline inpatient and outpatient volumes.

Electronic survey results were compiled in early June. Responses representing 1,360 hospitals were received across 48 states, Washington D.C., and two U.S. territories. Approximately one-third of respondents represented hospitals and health systems in rural areas. Weighted averages were calculated for all survey data. Incomplete responses and any duplicate, inconsistent or otherwise unusable responses were excluded from the analysis.

### Estimating the Financial Impact of Inpatient and Outpatient Volume Decreases

The AHA estimated the financial impact of current reductions in inpatient and outpatient volume reaching baseline levels over time by using results from the survey and applying that to historical inpatient and outpatient revenues. Since AHA's prior report projected financial impacts through June 2020, this study projects financial impacts starting in July 2020 through December 2020. However, the majority (67%) of respondents indicated that volume would not return to baseline in 2020. Experts have also suggested that the pandemic is likely to continue for at least another 12 months.<sup>19</sup> Therefore, the AHA assumed a return to baseline patient volume by July 2021. Although under this scenario hospitals will continue to incur losses from reduced volume into 2021, this report focuses on the estimated losses through the end of 2020 given the high level of uncertainty regarding a number of future factors, including but not limited to, potential subsequent COVID-19 surges and changing trends in insurance coverage as a result of an economic downturn.

Annual inpatient and outpatient gross revenues were taken from the 2018 AHA Annual Survey Database (ASDB) and were inflated to 2020 dollars using the increase in hospital care expenditures as reported in the National Health Expenditure Accounts<sup>20</sup>, and then converted to monthly figures. The weighted average of current inpatient and outpatient volume decreases from baseline, taken from the survey, were then applied to the monthly inpatient and outpatient gross revenues. To account for the expected month-to-month increase in inpatient and outpatient volume until baseline was achieved in July 2021, the AHA applied a negative compound annual growth rate (CAGR) to each of the inpatient and outpatient gross revenue losses on a monthly basis until baseline was achieved. Monthly inpatient and outpatient gross revenue losses were summed to yield a total monthly gross revenue loss. This number was then converted to a net patient revenue loss based on 2018 ASDB data. The monthly net revenue losses were then summed from July 2020 through December 2020 resulting in a cumulative financial impact figure.

## Estimating the Additional Cost of Acquiring Sufficient PPE

Data from the Society of Healthcare Organization Procurement Professionals (SHOPP) were used to determine the relative increase in total PPE acquisition cost per bed per day due to COVID-19.<sup>21</sup> These increases in costs took into account both increases in unit cost of PPE and increases in volume of PPE required to meet new guidelines established by the CDC. This increase in cost per bed per day was scaled to all U.S. hospitals by the total number of U.S. hospital beds. To project increases in PPE costs as inpatient and outpatient volume reach baseline in July 2021, the AHA applied the same monthly CAGRs used to estimate increases in inpatient and outpatient volume over time. These monthly CAGRs yielded estimates of the increased PPE cost per bed per month and those were summed from July 2020 through December 2020 to generate a cumulative financial impact figure.

## Results

The AHA estimates **\$120.5 billion** in total financial impact from July 2020 through December 2020, or an average **\$20.1 billion per month**, should hospitals and health systems reach baseline patient volumes by July 2021. **These estimates are in addition to the \$202.6 billion in losses the AHA estimated between March 2020 and June 2020, bringing total financial losses for hospitals and health systems in 2020 to at least \$323.1 billion**, not including the impact of currently increasing COVID-19 case rates. If the current surge trends continue, the financial impact on hospitals and health systems could be even more significant. These figures were derived based on the following findings:

## Survey Results on Inpatient and Outpatient Volume Reductions

Hospitals reported significant reductions in current inpatient and outpatient volume relative to their baseline. The weighted averages of current inpatient and outpatient volume reductions were 19.5% and 34.5%, respectively.

Hospitals also were asked when they expected to achieve baseline. Overall, 67% indicated that they did not think they would achieve baseline by the end of this year. However, nearly 30% of hospitals reported that this timeframe was “unknown” or that they “never” expected to return to baseline volumes.

## Financial Impact of Inpatient and Outpatient Volume Reductions



Based on projections using these survey data, the AHA estimates \$116.7 billion in financial impact from July 2020 through December 2020 should hospitals and health systems reach baseline patient volumes by July 2021. This figure does not include the PPE costs that are described separately below. The figure also does not include the impact of currently increasing COVID-19 case rates or any subsequent waves of the pandemic.

## Financial Impact of Acquiring Additional PPE

The AHA estimates that the cost of acquiring additional PPE would be \$3.8 billion from July 2020 through December 2020 should hospitals and health systems reach baseline patient volumes by July 2021. As the COVID-19 pandemic continues, the demand for PPE remains high relative to normal operations. This high demand is further heightened as inpatient and outpatient volumes return to baseline levels over time and additional PPE is needed. In addition, some states are requiring hospitals to maintain two weeks or more of PPE reserves in the event of a surge in COVID-19 hospitalizations. Collectively, these factors are increasing the need for and expense on PPE for hospitals.

## Discussion

The nation's hospitals and health systems, which remain on the frontlines as the COVID-19 pandemic continues, are increasingly financially vulnerable and in need of additional support. The AHA estimates that hospitals and health systems will experience at least \$120.5 billion in total financial losses from July 2020 through December 2020 due to current reductions in patient volumes and additional expenses associated with acquiring PPE. These financial impacts are in addition to the \$202.6 billion in losses the AHA estimated between March 2020 and June 2020. In total, the AHA estimates that hospitals will incur at least \$323.1 billion in losses through the end of this year. Though these analyses already indicate the immense financial challenges hospitals and health systems face, they likely under-represent the total financial impact. This is because some cost factors contributing to the total financial impact are not included in the analyses due to limited available data. In addition to the impact of currently increasing COVID-19 case rates in many states, other costs not included in this analysis include:

- **Drug Acquisition and Shortage Costs.** As hospitals continue to treat COVID-19 patients in addition to patients with other conditions, the demand for certain drugs has increased (e.g., antibiotic agents, sedatives, etc.), while supply for these drugs has decreased due to fractured pharmaceutical supply chains. This has led to significant shortages for many drugs and created upward pressure on prices, resulting in hospitals acquiring these drugs at higher prices.<sup>22</sup> These higher drug prices have increased overall costs for hospitals, with one study showing a 62% year-over-year increase in drug costs per adjusted discharge.<sup>23</sup>
- **Wage and Labor Costs.** With COVID-19 cases continuing to rise across the nation, hospital and health systems continue to experience staff shortages and increased hours for some hospital workers. This has led hospitals to implement bonus pay and other similar measures to compensate workers, increasing overall wage costs. In addition, staff shortages have forced hospitals to hire staff from professional staffing firms, many of whom have raised their rates due to increased demand. With no sign of the pandemic subsiding soon, the AHA expects that hospitals will continue to experience increased wage and labor costs
- **Uncompensated Care Costs.** One of the unfortunate consequences of this pandemic has been the sharp rise in unemployment in this country, which has led to an increase in the number of uninsured and underinsured. One study has suggested that there could be an increase of over 15 million uninsured Americans due to COVID-19 alone.<sup>24</sup> As the number of uninsured and underinsured grow and many are forced to seek hospital care due to COVID-19 infections or other conditions, hospitals and health systems will

need to incur higher uncompensated care costs to treat these individuals. In addition, these costs are likely to increase the longer the pandemic endures and as more patients return to hospitals for non-COVID-19-related care.

- **Non-PPE Medical Supplies and Equipment Costs.** As current reductions in inpatient and outpatient volume subside over time and COVID-19 patients continue to be seen, hospitals will need to incur more costs to acquire the necessary medical supplies and equipment (e.g., ventilators, surgical tools, syringes, medical scopes, etc.) to meet increased patient demand.
- **Capital Costs.** Many hospitals and health systems have already invested heavily in expanding bed capacity and providing additional space for testing and triaging of COVID-19 cases. As COVID-19 surges continue in different parts of the country, hospitals will need to expend further resources to address the need for additional treatment capacity.

The totality of these expenses in combination with the financial impacts estimated by the AHA in this report and its prior report, illustrate the significant financial burden being shouldered by our nation's hospitals and health systems. In addition, this report does not attempt to quantify additional losses from currently increasing COVID-19 case rates, subsequent COVID-19 surges or changing trends in insurance coverage as a result of an economic downturn this year or beyond 2020.

While Congress and the Trump Administration have worked to deliver funds to hospitals and health systems with the goal of mitigating these financial impacts, the efforts have been inadequate to address the crisis. The Coronavirus Aid, Relief, and Economic Security (CARES) Act allocated \$100 billion and the Paycheck Protection Program and Health Care Enhancement Act allocated an additional \$75 billion. However, these funds were intended for all healthcare providers and suppliers, not just hospitals. As of June 2020, the AHA has estimated that hospitals have received approximately \$54.6 billion of the \$102.6 billion in CARES Act relief funds that have been disbursed by the U.S. Department of Health and Human Services (HHS) based on the information HHS has released regarding the methodologies they have used. Though significant, this amount represents just a fraction of the total financial losses already experienced by hospitals, and these losses are likely to continue to grow. **Therefore, more financial support is urgently needed to safeguard America's hospitals and health systems.**

The AHA urges policymakers and other stakeholders to carefully consider the unprecedented financial pressure faced by our nation's hospitals and health systems. **These losses put hospitals' survival at serious risk.** As the country continues to confront the unique and perilous challenges of COVID-19, communities across America cannot see hospitals close and access to life-saving treatment be restricted – action is needed urgently to support our nation's hospitals and health systems and their front-line staff.

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([http://cdn.cnn.com/cnn/2020/images/04/16/shopp.covid.ppd.costs.analysis\\_.pdf](http://cdn.cnn.com/cnn/2020/images/04/16/shopp.covid.ppd.costs.analysis_.pdf)).
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STATEMENT OF OPERATIONS

	Actual 2018	Actual 2019	Budget 2020			Projected 2020		
<b>Gross Patient Services Revenue</b>								
Inpatient	29,604,722	32,299,988	34,564,819	2,264,831	7.0%	32,828,971	(1,735,849)	-5%
Outpatient	88,786,759	109,767,804	125,833,980	16,066,176	14.6%	109,774,034	(16,059,946)	-13%
<b>Total Gross Patient Services Revenue</b>	<b>118,391,481</b>	<b>142,067,791</b>	<b>160,398,799</b>	<b>18,331,008</b>	<b>12.9%</b>	<b>142,603,005</b>	<b>(17,795,794)</b>	<b>-11%</b>
<b>Contractual Allowances</b>								
Medicare	20,525,466	27,928,741	32,236,053	4,307,311	15.4%	27,805,282	(4,430,770)	-14%
Medicaid	26,511,175	31,140,292	35,645,007	4,504,715	14.5%	29,266,933	(6,378,075)	-18%
Negotiated Rates	14,177,999	16,817,667	20,591,779	3,774,112	22.4%	17,073,977	(3,517,802)	-17%
Other Adjustments	1,230,238	1,343,734	2,251,696	907,962	67.6%	2,156,172	(95,524)	-4%
<b>Gross Contractual Allowances</b>	<b>62,444,878</b>	<b>77,230,435</b>	<b>90,724,536</b>	<b>13,494,100</b>	<b>17.5%</b>	<b>76,302,364</b>	<b>(14,422,172)</b>	<b>-16%</b>
Charity Care	2,108,996	1,671,832	2,001,181	329,350	19.7%	2,907,628	906,447	45%
Bad Debt	2,325,567	4,031,596	4,220,415	188,818	4.7%	4,548,733	328,319	8%
<b>Total Deductions From Revenue</b>	<b>66,879,441</b>	<b>82,933,863</b>	<b>96,946,132</b>	<b>14,012,269</b>	<b>16.9%</b>	<b>83,758,726</b>	<b>(13,187,406)</b>	<b>-14%</b>
<b>Net Patient Services Revenue</b>	<b>51,512,040</b>	<b>59,133,929</b>	<b>63,452,668</b>	<b>4,318,739</b>	<b>7.3%</b>	<b>58,844,279</b>	<b>(4,608,389)</b>	<b>-7%</b>
HHS Federal Funds						3,656,355	3,656,355	
Other Grants related to COVID19						6,000	6,000	
Paycheck Protection Program (Net of Medicare)						2,856,011	2,856,011	
Other Operating Revenue	704,674	1,680,884	1,140,583	(540,301)	-32.1%	873,562	(267,022)	-23%
<b>Net Revenue</b>	<b>52,216,714</b>	<b>60,814,813</b>	<b>64,593,251</b>	<b>3,778,438</b>	<b>6.2%</b>	<b>66,236,207</b>	<b>1,642,956</b>	<b>3%</b>
<b>Operating Expenses</b>								
Salaries	23,106,905	27,475,682	28,602,691	1,127,009	4.1%	28,436,785	(165,907)	-1%
Benefits	6,299,128	6,260,014	6,623,166	363,152	5.8%	6,656,956	33,790	1%
Purchased Labor	3,345,598	2,843,126	2,359,009	(484,117)	-17.0%	2,570,018	(211,009)	9%
<b>Sub-Total Labor Costs</b>	<b>32,751,631</b>	<b>36,578,823</b>	<b>37,584,866</b>	<b>1,006,044</b>	<b>2.8%</b>	<b>37,663,758</b>	<b>78,892</b>	<b>0%</b>
Professional Fees - Physicians	3,477,937	4,047,076	3,799,311	(247,765)	-6.1%	3,870,986	71,676	2%
Professional Fees - Other	741,499	509,434	542,457	33,023	6.5%	600,803	58,347	11%
Supplies	5,194,133	7,040,429	7,749,096	708,667	10.1%	7,537,968	(211,129)	-3%
Purchased Services - Utilities	480,365	491,784	536,197	44,413	9.0%	520,050	(16,147)	-3%
Purchased Services - Other	4,093,714	3,320,394	3,364,521	44,127	1.3%	3,238,020	(126,502)	-4%
Rentals & Leases	1,888,737	2,132,297	2,262,944	130,648	6.1%	2,151,873	(111,071)	-5%
Insurance License & Taxes	584,572	738,376	733,737	(4,639)	-0.6%	938,845	205,108	28%
Depreciation & Amortization	1,988,410	2,443,594	2,720,000	276,406	11.3%	2,739,275	19,275	1%
Other Operating Expenses	1,292,044	1,259,784	1,470,060	210,276	16.7%	1,213,450	(256,610)	-17%
<b>Sub-Total Non-Labor Expenses</b>	<b>19,741,411</b>	<b>21,983,167</b>	<b>23,178,324</b>	<b>1,195,157</b>	<b>5.4%</b>	<b>22,811,270</b>	<b>(367,053)</b>	<b>-2%</b>
<b>Total Operating Expenses</b>	<b>52,493,042</b>	<b>58,561,990</b>	<b>60,763,190</b>	<b>2,201,200</b>	<b>3.8%</b>	<b>60,475,029</b>	<b>(288,161)</b>	<b>0%</b>
<b>Operating Income (Loss)</b>	<b>(276,328)</b>	<b>2,252,823</b>	<b>3,830,061</b>	<b>1,577,238</b>	<b>70.0%</b>	<b>5,761,178</b>	<b>1,931,117</b>	<b>50%</b>
<b>Non Operating Income</b>								
Tax Revenue	821,456	846,680	833,589	(13,091)	-1.5%	849,374	15,786	2%
Investment Income	215,615	335,335	272,476	(62,859)	-18.7%	242,859	(29,617)	-11%
Interest (Expense)	(171,572)	(355,362)	(403,586)	(48,225)	13.6%	(392,042)	11,544	-3%
Other Non Operating (Expense)	(161,830)	71,875	25,870	(46,005)	-64.0%	(31,018)	(56,888)	-220%
<b>Total Non Operating Income</b>	<b>703,669</b>	<b>898,528</b>	<b>728,349</b>	<b>(170,179)</b>	<b>-18.9%</b>	<b>669,173</b>	<b>(59,176)</b>	<b>-8%</b>
<b>Net Income (Loss)</b>	<b>\$ 427,341</b>	<b>\$ 3,151,351</b>	<b>\$ 4,558,410</b>	<b>\$ 1,407,059</b>	<b>44.6%</b>	<b>6,430,351</b>	<b>1,871,941</b>	<b>41%</b>
<b>Operating Margin</b>	<b>-0.54%</b>	<b>3.81%</b>	<b>5.04%</b>			<b>9.79%</b>		
<b>Total Margin</b>	<b>0.82%</b>	<b>5.18%</b>	<b>7.06%</b>			<b>9.71%</b>		






**Prosser**  
 Memorial Health

Organization	Purpose	Award	Amount Recognized	Balance Remaining	Repayment	Other Notes
Greater Columbia Accountability of Health	Telehealth Application Funding for relief during the COVID19 crisis	\$ 6,000	\$ 6,000	\$ -	\$ -	Received for initial telehealth expenditures
HHS	Stimulus Payment	\$ 760,801	\$ -	\$ 760,801	\$ -	Attestation completed within 30 days of funds received (completed 4/17/2020)
CMS Medicare Advanced Benefits	Advance of Medicare Payments	\$ 6,591,980	\$ -	\$ -	\$ (6,591,980)	Three months worth of Medicare payments advanced to PMH. Due to be repaid in November 2020 with zero forgiveness
HHS	Stimulus Payment	\$ 271,197	\$ -	\$ 271,197	\$ -	Attestation completed within 30 days of funds received (completed 4/27/2020)
US Bank SBA Economic Injury Disaster Loan (EIDL)	Payroll Protection Forgiveness Loan	\$ 10,000	\$ 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	\$ 2,806,577	\$ 113,397	\$ -	Equivalent to 2.5 months worth of Payroll expenses and forgivable based upon maintaining Payroll expenses at historical levels. Due to be forgiven by the end of the year. Have reserved approximately 55% of gross award for Medicare/Medicaid paybacks.
HHS	CARES Provider Relief Fund - Rural Allocation	\$ 4,170,732	\$ 2,200,384	\$ 1,970,348	\$ -	Each CAH will receive at least \$1,000,000 with the average CAH/Rural Hospital to receive \$4,000,000 and each Rural Health Clinic to receive at least \$100,000 with the average to be about \$160,000. We received \$4,170,732. NARHC.ORG (National Association of Rural Health Clinics)
HHS	Stimulus Payment	\$ 49,461	\$ -	\$ 49,461	\$ -	CARES Act: Rural specific relief funds for rural health clinics
WSHA	ASPR PPE purchase from WSHA	\$ 20,000	\$ 20,000	\$ -	\$ -	Grant funds processed thru WSHA and spent on PPE for staff.
Medicaid SRDSH	SRDSH reallocation of add'l funds	\$ 29,382	\$ 29,382	\$ -	\$ -	The SRDSH amount that is funded by the HSNA fund, is set by RCW at \$1,908,000, 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	Stimulus Payment	\$ 49,461	\$ -	\$ 49,461	\$ -	CARES Act: Rural specific relief funds for rural health clinics
HHS	Stimulus Payment	\$ 150,680	\$ -	\$ 150,680	\$ -	CARES Act: Rural specific relief funds for rural health clinics
HRSA (WA DOH)	SHIP	\$ 83,136	\$ 83,136	\$ -	\$ -	1. Other than confirming your hospital list from the FY 2020 NCC, we (HRSA) will not need any application information up front. There will be follow up information requested as a condition on your award and quarterly reporting requirements for the hospitals receiving SHIP COVID-19 funds.
HHS	Stimulus Payment	\$ 103,253	\$ -	\$ 103,253	\$ -	CARES Act: Rural specific relief funds for rural health clinics
HHS	Stimulus Payment	\$ 1,300,000	\$ -	\$ 1,300,000	\$ -	CARES Act: Funds for Hot Spot Hospitals based upon COVID admissions.
<b>Totals</b>		\$ 19,946,320	\$ 5,155,479	\$ 4,768,600	\$ (6,591,980)	



## QUALITY COMMITTEE REPORT

The Quality Committee was newly created in 2019 with the first meeting on 01/28/2019. This Committee meets on a monthly basis with Department Presentations, Hand Hygiene Compliance, Medication Scanning Compliance and Patient Care Scorecard as standing agenda items. This allows for these highly important topics to be discussed at each meeting to keep them at the forefront of the Directors/Managers minds as well as to serve as an educational moment.

We have also had numerous other topics on the agenda, such as: Patient Satisfaction, Pharmacy & Therapeutic Scorecard, Policy Approval Process, and iVantage reports. Unfortunately, due to the current pandemic, meetings in March and April were cancelled in order to abide by the proclamation of no more than 10 people in one space less than six feet apart. However, starting in May, the Quality Committee has been meeting virtually via Microsoft Teams which has been quite successful.

So far in 2020, we have had 10 different department presentations:

- January –
  - Environmental Services – HCAHPS Cleanliness Scores
  - Dietary – Patient Room Service
  - Family Birthplace – Little Wings Program
- February –
  - Emergency Department – Studor Conference & Quality Measures in ED
  - Surgical Services – QI Project/Inadequate Bowel Preps and How to Identify & Correct
- May –
  - Finance – DZA Management Letter Taskforce – Quality Initiative
- June –
  - Human Resources – Average Days to Recruit
  - Marketing – Marketing & Communications Report
  - IT – IT Security
- July –
  - Acute Care – Acute Care/Outpatient Services/Care Transition Quality Goals

These presentations have been engaging and educational. It gives everyone an inside picture of what each department is working on from a Quality perspective. The goal of the presentations are to share objective and measurable data to show how the department is moving the needle to improve quality of care for all our patients.





# Association of Washington Public Hospital Districts

## 2020 Mid-Year Report

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**Tom Jensen**  
AWPHD Board President  
Grays Harbor Hospital

In a normal year we would just be returning from our annual Chelan Rural Conference revitalized and ready to take on the rest of 2020. However, to say this has *not* been a normal year is an understatement. We are greatly missing this time to gather.

Nonetheless, our PHD members remain committed to serve their communities and we are eager to face the rest of 2020 with new insights and tools to meet our service missions.

As we are unable to gather in person, we are offering you this semi-annual report to share the work AWPHD has been undertaking on your behalf in 2020.



**Matthew Ellsworth**  
AWPHD Executive Director

You will see that we have been active advocating on our members behalf and working hard to continue to provide high value to you. The 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.

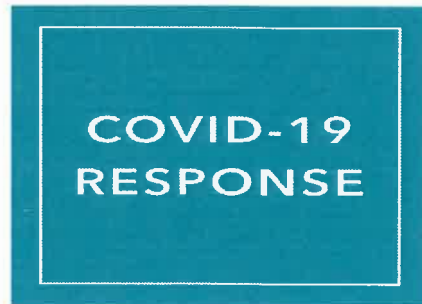
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## Legislative Session

The 2020 Session was a success for AWPHD. In the shorter session, our team was active on policies including those to move to our new IGT (see next page), the role of Fire Districts in providing health care and a variety of minor issues effecting the auditing and disclosure rules of operating a PHD.



We are already beginning to develop our 2021 priorities as well as an anticipated special session. Please share your ideas and any concerns you would like AWPHD to be advocating for on your behalf.



Answering the unique challenges of PHDs to fulfill the legal requirements of public meetings and disclosure were brought to the forefront as the State ordered public gathering to cease, a direct conflict with the laws to which PHDs are bound.

AWPHD worked with the policy makers and a coalition of Special Purpose Districts to obtain waivers allowing virtual meetings and temporary easing of disclosure regulations. We will be working to make many of these changes permanent.



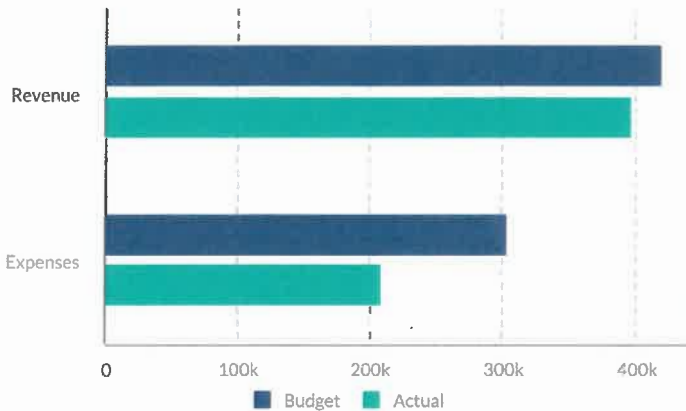
# Association of Washington Public Hospital Districts

## 2020 Mid-Year Report

### Financial Snapshot

Revenue 5% Below Budget

Expenses 31% Below Budget



### IGT Support

AWPHD has successfully transitioned to the new Intergovernmental Transfer Program (IGT) we refer to as "MQIP!"

While the members will see very little change on the functionality of the program, the shift will allow for future allocations to increase with the cooperation of the legislature.

The June 2020 payments we sent to members were executed under the new MQIP program.

As you may recall, AWPHD's IGT funds are used to develop and expand membership needs in areas such as access to training for providers, supporting access to medications for opioid use disorder, addressing alignment of health information exchange.

These funds are intended to be used on challenges or needs impacting our members broadly. If you have challenges or priorities, let us know.

### Governance Education

This year we have been delivering Governance Education to our members. To our newly elected board members the orientation and basic education webinars have been delivered and well attended.

We have eight more education sessions scheduled and are deploying more as we look to augment the absence of the Chelan experience.

### Legal Support

We renewed our longstanding relationship with MRSC. The bi-annual *Legal Manual* has been published and we have provided a record number of legal opinions to meet the challenges COVID-19 has placed on PHDs.

### Outreach

This year we have visited 22 members (incl. virtual). Included with this report is our new "Who We Are & What We Do" handout we are sharing to grow a greater understanding of AWPHD.



You can now follow us on Twitter @AWPHDS

We highlight our member visits and showcase the unique work our members are undertaking.





# 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.

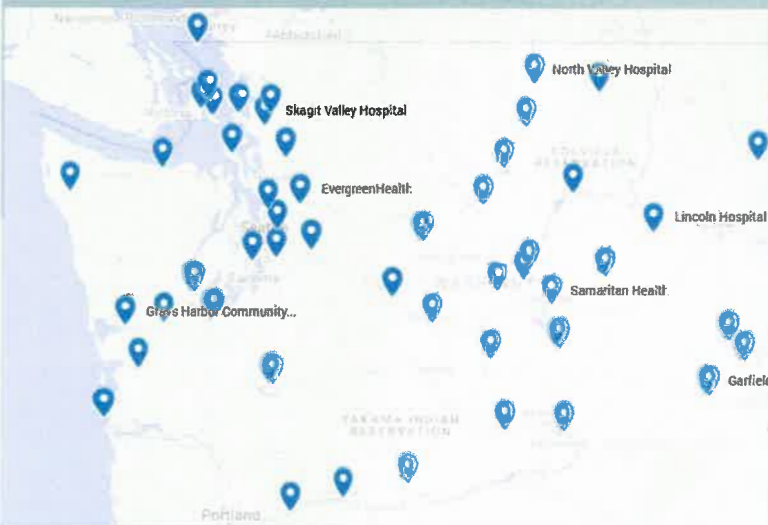
We are led by a professional, full time staff and an all volunteer Board of Directors.



Tom Jensen  
Grays Harbor Community 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

[www.AWPHD.org](http://www.AWPHD.org)

@AWPHDs







# 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.



206.281.7211  
999 3rd Street  
Suite 1400  
Seattle, WA 98104



# The Collaborative 2019 | Annual Report



Washington Rural Health Collaborative



## **The Collaborative exists to...**

Support Collaborative members to better serve their communities.

Overcome the challenges of rural healthcare.

Take advantage of the opportunities that a collective provides.

Speak with one rural voice.



# Letter from Board Chair

**Julie Petersen, Board Chair and CEO of Kittitas Valley Healthcare**



## RURAL COMMUNITIES ARE IN GOOD HANDS

While this report focuses on 2019, I would be remiss to not mention the tectonic shifts of 2020. We seem to be experiencing the year 2020 in ALL CAPS and above the fold. We are caring through a pandemic, managing through economic upheaval, and calming through civil unrest. While this may not be business as usual, no one has more experience stepping up, adapting, creating, and leading than my counterparts at the Washington Rural Health Collaborative. Our communities instinctively turn to us to meet their needs and our rural health systems do not disappoint.

As member hospitals, we value our independence and also recognize the need to leverage every advantage to succeed as rural providers. When I reach out to the CEOs of the Collaborative for advice or input, I engage with and am supported by some of the most creative, adaptive, and successful rural leaders in the country. This rich resource of CEOs, along with that of their respective leadership teams, is the heartbeat of the Collaborative. It is the very thing that gives us our edge and increases our chance to succeed.

As leaders, we are setting the stage to take the Collaborative to the next level. To realize our vision, we will rely on the enormously energetic and talented staff of the Collaborative. In late 2019, our Executive Director, Elya Prystowsky was barely on the ground when she was faced with the extraordinary challenge of leading a convening organization in a time of enforced distancing. Elya and the amazing team at the Collaborative regrouped and pressed on. With Elya's leadership, I am confident that the next level is just around the corner.

We at the Collaborative are practical visionaries. Whether we focus on bringing services to the bedside, resources to our workforce or partners to the table, our member hospitals will be stronger, and our communities will be healthier because we did it together. Whatever that next level looks like for the Collaborative, we are ready. We are better than big; we are the Washington Rural Health Collaborative.

# Letter from the Executive Director

**Elya Prystowsky, PhD, Executive Director**

I was humbled when I was asked to join the Collaborative team in October of 2019. I have followed the incredible work of the Collaborative for years, and have envied the strong sense of connectedness among its member CEOs. It is an honor to serve some of the most futuristic and highly strategic rural healthcare leaders of our state.



If you drive by the Collaborative office in McCleary, Washington, you will see a small, slightly battered white cottage. After being in the ring with this group for 8 months, I can assure you that looks can be deceiving! The amount of entrepreneurial ideas and productive work that comes from this small team of four individuals is a marvel.

It is the early days for me in my role. I will let the accomplishments of 2019 speak for themselves in this Annual Report. Thank you for reading and see you next year!

# The Collaborative

A BRAIN TRUST OF LIKE-MINDED RURAL HEALTHCARE LEADERS

## MISSION

*DEFEND, CREATE and DESIGN* the future of rural health care through *collective strategy* and *action*

## VISION

To be nationally recognized as a significant network of *RURAL* hospitals working together to achieve service excellence through *collaboration* and *innovation*

## CORE VALUE

Show up and contribute

## Collaborative Hospital Members



## Collaborative Board

Julie Petersen, Chair & CEO – Kittitas Valley Healthcare

Josh Martin, CEO & Vice Chair – Summit Pacific Medical Center

Tom Wilbur, CEO & Secretary/Treasurer – Newport Hospital & Health Services

Eric Moll, CEO – Mason General Hospital & Family of Clinics

Robb Kimmes, CEO – Skyline Health

Leslie Hiebert, CEO – Klickitat Valley Health

Tim Cournyer, outgoing CEO – Forks Community Hospital

Heidi Anderson, incoming CEO – Forks Community Hospital

Hillary Whittington, CAO/CFO – Jefferson Healthcare

Mike Glenn, CEO – Jefferson Healthcare

Tyson Lacy, CEO – Lincoln Hospital and North Basin Clinics

Leianne Everett, CEO – Arbor Health, Morton Hospital

Larry Cohen, CEO – Ocean Beach Hospital

Craig Marks, CEO – Prosser Memorial Health

Kim Witkop, MD, Interim CEO – Snoqualmie Valley Hospital

Ron Telles, CEO – WhidbeyHealth Medical Center

Matthew Kempton, CEO – Willapa Harbor Hospital

# The Collaborative: First Fifteen Years

A brief history of the Washington Rural Health Collaborative

**2003**

8 Hospital Members  
Service Pop: 159,008

The Western Rural Health Care Collaborative is formed and located in Forks, Washington.

**2006**

9 Hospital Members  
Service Pop: 232,432

**2008**

9 Hospital Members  
Service Pop: 257,636

The Collaborative receives two HRSA grants for health information technology totaling one million dollars.

**2011**

10 Hospital Members  
Service Pop: 288,000

Secured \$900,000 HRSA grant to support meaningful use.

**2014**

13 Hospital Members  
Service Pop: 330,228

The Collaborative changes its name and logo.

**2015**

13 Hospital Members  
Service Pop: 356,460

2013-2015  
Network Grant  
\$863,908

**2017**

13 Hospital Members  
Service Pop: 360,683

**2018**

15 Hospital Members

The Collaborative agrees to host the Public Hospital District Joint Operating Board and received a \$100,000 HRSA grant to plan for a clinically integrated network.

Hospital Member Growth: increased 88%  
Service Pop Growth: increased over 127%

# 2019

## Getting Things Done

## The Collaborative Continues its Legacy as a Pioneer in Rural Washington Healthcare

### January

Public Health District Joint Operating Board joins the Collaborative through a new Interlocal agreement

### February

Collaborative initiates due diligence to identify a shared multi-employment retirement program

### March

Collaborative strategy refocuses on member journey to operational excellence

### May

Collaborative partners with the Washington State Department of Health to lead a rural health needs assessment survey

### June

Collaborative enters into a new contract for a staffing service clearinghouse through Medefis

### July

Collaborative is awarded a \$600,000 HRSA grant to improve care coordination, chronic disease management and behavioral health integration across membership

### September

Elya Prystowsky accepts offer to join the Collaborative as the executive director

### October

Ferry County Memorial Hospital joins the Public Health Joint Operating Board

### November

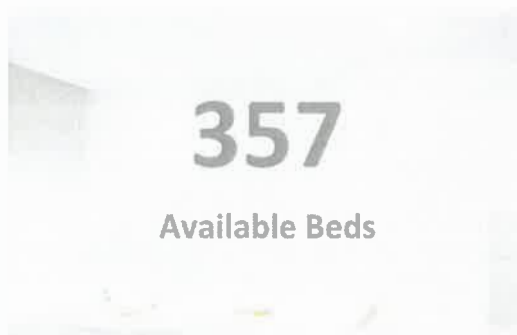
Collaborative jumps to a higher tier with LabCorp, securing additional savings for members

### December

Collaborative initiates delegated credentialing program starting with United Health Care and Amerigroup



## 2019 Year-At-A-Glance



HA Infections: 100 Inpt Days

Unassisted Patient Falls: 100 Inpt Days

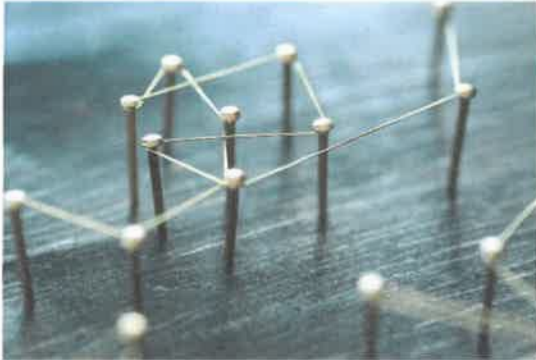
Readmission Within 30 Days: 100 Inpt Days

**34% Reduction**  
Hospital Acquired Infections  
(Per 100) for 2017-2019  
Source: Quality Health Indicators

**9% Reduction**  
Unassisted Patient Falls  
(Per 100) for 2017-2019  
Source: Quality Health Indicators

**17% Reduction**  
Readmission Within 30 Days  
(all case) Rate  
Source: Quality Health Indicators

## Helping Members serve their communities through **OPERATIONAL EXCELLENCE**



### **Shared Services, Shared Programs and Preferred Member Pricing**

To reduce costs, standardize processes and remove redundancies, a key component of the Collaborative goes beyond just centralization or consolidation. Shared services and programs are operated like a business, delivering services to our members at lower cost and higher quality as compared to external models. Examples:

1. A preferred pricing agreement for laboratory services
2. A delegated credentialing program
3. A shared contract for medical equipment maintenance
4. A centralized grant management program



### **Alternative Payment Models through Value-Based Contracting**

Healthcare reimbursement is evolving away from a per visit environment towards a community health and value-based approach. The Collaborative's Public Hospital District – Joint Operating Board (PHD-JOB) works together to negotiate value-based programs with health insurance companies. Key elements of these programs include:

1. An allowance to enhance care coordination
2. A focus on quality metrics and shared savings
3. Members share in cost savings with the insurance carrier after meeting quality metrics and savings targets

## 2019: Collaborative Members in Action!

### We had Grand Openings.

**LEFT:** Morton General Hospital became Arbor Health.

**RIGHT:** Summit Pacific Medical Center opened its Wellness Center.



### We were involved in the local community.

**LEFT:** Summit Pacific Medical Center held a holiday food drive.

**RIGHT:** WhidbeyHealth walked in the 4<sup>th</sup> of July parade.





**LEFT:** Klickitat Valley Hospital participated in a heart health walk.  
**RIGHT:** Ocean Beach Hospital held a community health event.



**LEFT:** Arbor Health honored a staff member and a volunteer who have been affected by breast cancer.  
**RIGHT:** Kittitas Valley Healthcare raised money for abused and neglected children.



**LEFT:** Skyline Health teaches local students about operating room procedures.  
**RIGHT:** Klickitat Valley Health teaches local students about the x-ray process.



**LEFT:** Ocean Beach Hospital celebrated Nurses Week.  
**RIGHT:** Prosser Memorial Health served Veteran's Day breakfast.





## Meet Our Team

Paul Kennelly,  
Senior  
Director



Heather Muller,  
Administrative  
Coordinator



Margaret Moore,  
Financial and  
Business Analyst



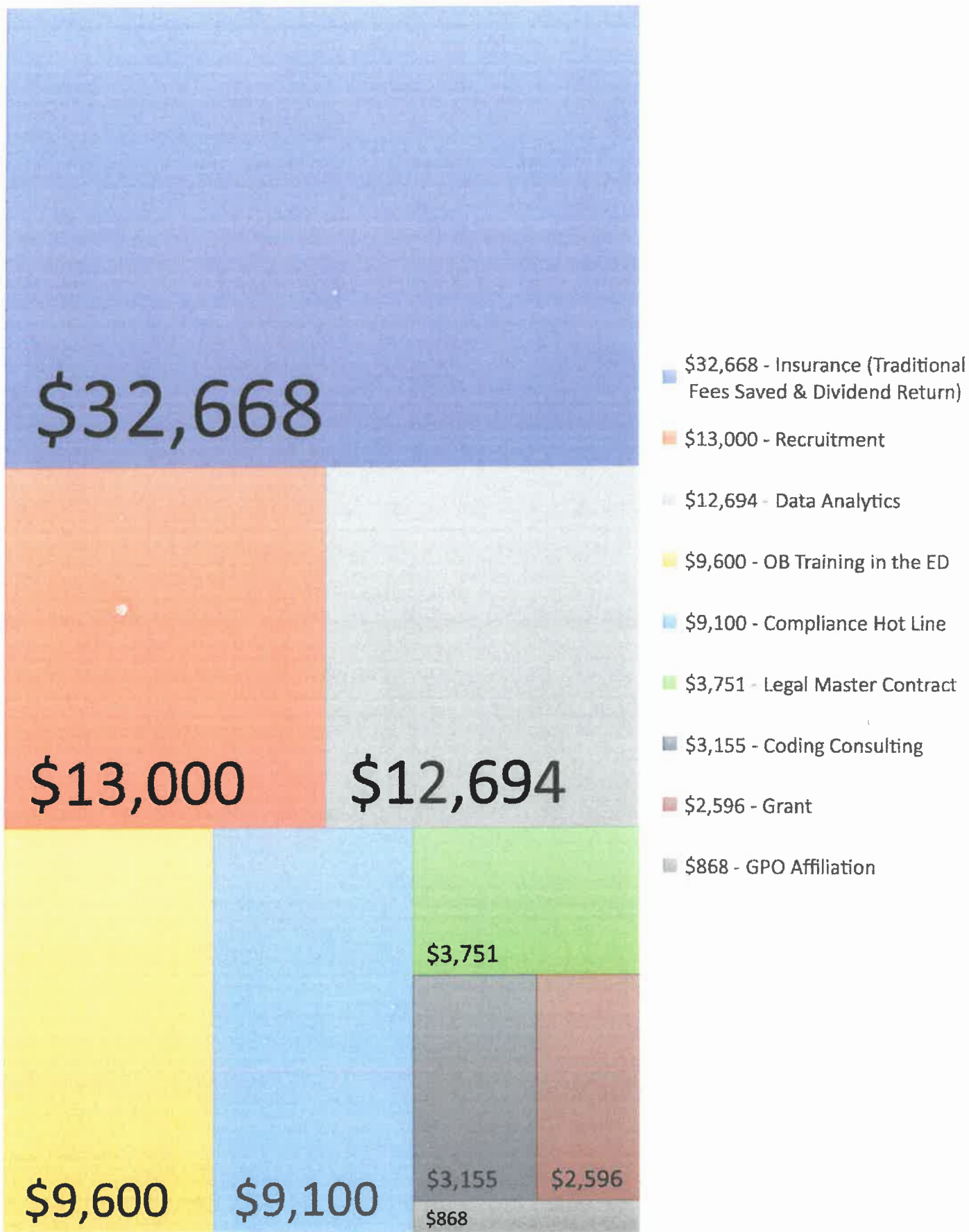
Elya Prystowsky,  
Executive  
Director



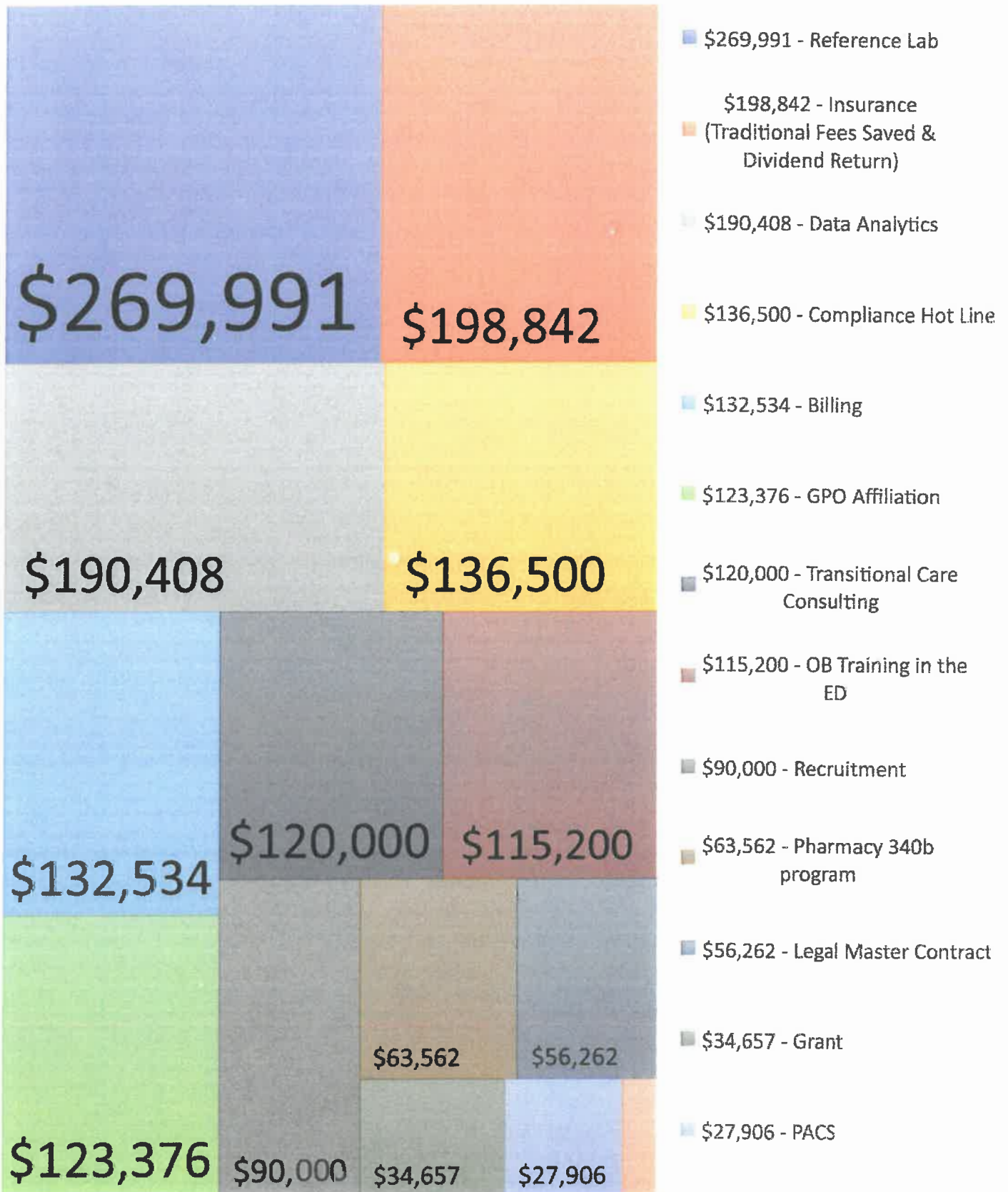


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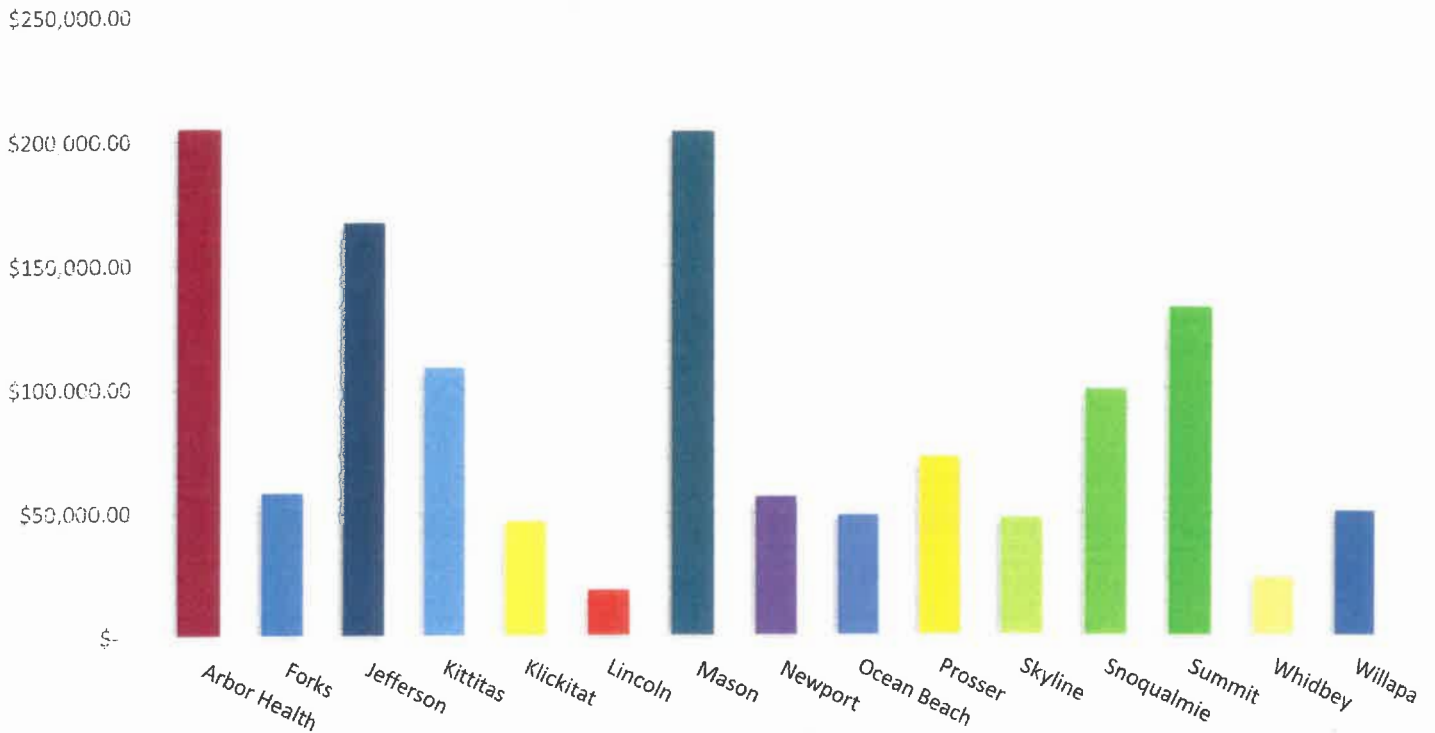
# Prosser



# COLLABORATIVE MEMBER TOTAL NET SAVINGS BY CATEGORY



# Total Net Savings by Member



# Total Active Categories by Member

