



Prosser Memorial Health
Board of Commissioners

Board Packet
February 25, 2021

Whitehead Conference Room

Vision

Patients
Employees
Medical Staff
Quality
Services
Financial



Prosser

Memorial Health

Values

Accountability
Service
Promote Teamwork
Integrity
Respect
Excellence

Mission: To improve the health of our community.

BOARD OF COMMISSIONERS – WORK SESSION
TUESDAY, FEBRUARY 23, 2021
6:30 PM - WHITEHEAD CONFERENCE ROOM
AGENDA

COMMISSIONERS:

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

STAFF:

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

GUESTS:

Kurt Broeckelmann, Architect, bcDG
Paul Kramer, Project Director, NV5
Meg Hohnholt, Project Manager, NV5
Gary Hicks, President, Financial Advisor

I. CALL TO ORDER

II. SERVICES

A. Replacement Facility Update

1. Design Development Review
2. Draft Project Budget and Schedule Update
3. GC/CM Update
4. EC/CM and MC/CM Discussion

Kurt
Paul
Paul
Paul

B. Transesophageal Echocardiogram (TEE)

Merry/Aurora

III. ADJOURN

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BOARD OF COMMISSIONERS
THURSDAY, FEBRUARY 25, 2021
6:00 PM, WHITEHEAD CONFERENCE ROOM
AGENDA

COMMISSIONERS:

Stephen Kenny, Ph.D.
Sharon Dietrich, M.D.
Glenn Bestebreur
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Keith Sattler
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David Rollins, CFO
Kevin Hardiek, CIO
Shannon Hitchcock, CCO
Kristi Mellema, CQO
Bryon Dirkes, CHRO
Dr. Brian Sollers, CMO

GUEST: Dr. Jared Clifford, COS

I. CALL TO ORDER

A. Pledge of Allegiance

II. PUBLIC COMMENT

III. APPROVE AGENDA

Action Requested – Agenda

IV. CONSENT AGENDA

Action Requested – Consent Agenda

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

B. Payroll and AP Vouchers #155957 through #156406 dated 01-20-21 through 02-17-21 in the amount of \$5,291,846.14; Surplus Items Resolution #001038 - OR Table – Steris AMSCO 3085

V. MEDICAL STAFF DEVELOPMENT

A. Medical Staff Report and Credentialing

Dr. Clifford

Action Requested – Advancement from Provisional

1. Advancement from Provisional

Coral Tieu, MD – Active Staff privileges in Otolaryngology effective February 25, 2021 through July 30, 2022.

Thomas Tieu, MD – Active Staff privileges in Urology effective February 25, 2021 through July 30, 2022.

Judith Harvey, MD – Active Staff privileges in Otolaryngology effective February 25, 2021 through July 30, 2022.

Afton Dunham, ARNP – Allied Health Professional privileges in Family Medicine effective February 25, 2021 through July 30, 2022.

Rebecca Morris, CNM – Allied Health Professional privileges in Midwifery effective February 25, 2021 through July 30, 2022.

2. New Appointment

Action Requested – New Appointment and Requested Clinical Privileges

Peter Park, ARNP – Provisional/Allied Health Professional staff with requested privileges in Family Medicine effective March 1, 2021 through August 31, 2021.

3. Reappointment

Action Requested – Reappointment and Requested Clinical Privileges

Fareed Arif, MD – Reappointment to the Consulting Staff with requested privileges in Nephrology effective February 25, 2021 through February 24, 2023.

Jessika Dingwall, MD – Reappointment to the Locum Tenens Staff with requested privileges in Diagnostic Radiology effective February 25, 2021 through February 24, 2023.

VI. FINANCIAL STEWARDSHIP

A. Review Financial Reports for January 2021 (Attachment Q)

David

Action Requested – Financial Reports

B. COVID-19 Financial Plan (Attachment S)

David/Craig

VII. SERVICES

A. General Contractor/Construction Manager (GC/CM) Selection (Attachment E)

Paul

Action Requested – Approve Resolution #1052 – Award of GC/CM Contract

B. Transesophageal Echocardiogram (TEE) (Attachment I)

Merry

Action Requested – Transesophageal Echocardiogram Equipment (TEE)

VIII. EMPLOYEE DEVELOPMENT

A. 2021 Incentive Compensation Program (Attachment P)

Craig

Action Requested – 2021 Incentive Compensation Program

IX. QUALITY

A. 2021 Corporate Compliance Plan (Attachment V)

Kristi

Action Requested – 2021 Corporate Compliance Plan

B. 2021 Board Action Plan (Attachment T)

Craig

Action Requested – 2021 Board Action Plan

C. COVID-19 Update

Merry/Dr. Sollers

D. Legislative and Political Updates

Commissioner Bestebreur

E. CEO/Operations Report

Craig

X. EXECUTIVE SESSION

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

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

XI. RESUME REGULAR SESSION

A. 2020 Incentive Compensation Program

Action Requested – 2020 Incentive Compensation Program (Attachment CC)

Craig

XII. ADJOURN

PMH
Board of Commissioners
Work Plan – FY2021

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

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

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

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

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

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



2021 - Patient Care Scorecard

Major Goal Areas & Indicators	2021 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2021 YTD	2020	2019
Quality																
Left Without Being Seen	<0.80%	0.24%												0.24%	0.80%	1.11%
Median Admit Decision Time to ED Departure Time for Admitted Patients	<44 min	75												75	70	N/A
Median Time from ED Arrival to Departure for Discharged ED Patients	<107 min	136												136	128	N/A
Venous Thromboembolism Prophylaxis	>93.1%	92.9%												92.9%	N/A	N/A
Exclusive Breast Milk Feeding Patients	>44.4%	52.6%												52.6%	N/A	N/A
All-Cause Unplanned 30 Day Inpatient Readmissions	<2.7%	5.9%												5.9%	3.80%	5.40%
Sepsis - Early Management Bundle	>84.6%	100.0%												100.0%	72.73%	84.60%
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.07%	0.00%												0.00%	0.29%	0.07%
Diabetes Management - Outpatient A1C>9 or missing result	<27.61%	22.83%												22.83%	27.61%	30.25%
Medication Reconciliation Completed	>90%	51%												51%	47.15%	N/A
Turnaround time of 30 minutes or less for STAT testing	<30 min	41												41	37.5	30
Median Time to ECG	< 7 min	8												8	7	7
Surgical Site Infection	<0.25%	0.00%												0.00%	0.25%	0.30%
Safe Medication Scanning	>92.9%	91.8%												91.8%	98.90%	90%
*Overall Quality Performance Benchmark (iVantage)	>48	41												41	44	48
*Falls with Injury	<2	0												0	2	3

Green at or above Goal (4)

Yellow within 10% of Goal (2)

Red More than 10% below Goal (0)



2021 - Strategic Plan Scorecard

Major Goal Areas & Indicators	2021 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2021 YTD	2020 Avg	2019 Avg
Patient Loyalty																
IP - "Would Recommend"	>87.9%													#DIV/0!	87.9%	85.1%
ED - "Would Recommend"	>81.4%													#DIV/0!	81.4%	80.3%
Acute Care - "Would Recommend"	>84.1%													#DIV/0!	84.1%	78.6%
OB - "Would Recommend"	>92.3%													#DIV/0!	92.3%	92.2%
Outpatient Surgery - "Would Recommend"	>91.0%													#DIV/0!	89.8%	91.0%
Swing Bed - "Would Recommend"	>94.1%													#DIV/0!	73.9%	85.3%
Clinic - "Would Recommend"	>87.3%													#DIV/0!	87.3%	87.1%
Outpatient - "Would Recommend"	>88.4%													#DIV/0!	88.1%	88.4%
Composite Score	>86.2%													#DIV/0!	N/A	N/A
Medical Staff Development																
Medical Staff Turnover	<10%	0%												0%	0.20%	0.2%
Specialty Clinic Visits	1,062	1,051												1,051	954	950
Benton City Clinic Visits	1,005	885												885	837	958
Prosser RHC Clinic Visits	1,052	1,406												1,406	1,226	960
Grandview Clinic Visits	742	592												592	589	568
Women's Health Center	629	604												604	601	469
*# of Active Medical Staff	>51	49												49	45	41
Employee Development																
403(B) Participation Rate	>55%	99%												99%	46%	N/A
Average Recruitment Time (days)	<28	24												24	32	28
# of Open Positions (Vacancies)	<23	25												25	29.4	23
Hours of Overtime - Overtime/Total Hours Worked	<4.5%	7.2%												7.2%	5.9%	5.7%
Agency - Cost/Total Labor	<8.7%	5.9%												5.9%	7.6%	14.5%
Turnover Rate	<0.6%	0.0%												0.0%	0.6%	0.7%
Timely Evaluations	>79.6%	61.0%												61.0%	70.2%	79.6%
Education Hours/FTE	>2.15	0.99												0.99	1.22	1.55
New Hire (Tenure) < 1 year	<10%	0%												0%	0.0%	0%
* Lost Workdays due to On-the-Job Injuries	<10.25	0												0	10.25	167
Quality																
ED Encounters - Left Without Being Seen	<0.8%	0.2%												0.2%	0.8%	1%
* Falls with Injury	<2	0												0	2	3
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.07%	0.00%												0.00%	0.29%	0.07%
All-Cause Unplanned Readmissions within 30 Days	<2.7%	5.9%												5.9%	3.8%	5.4%
Diabetes Management - Outpatient A1C>9 or missing result	<27.61%	22.83%												22.83%	27.61%	30.3%
Services																
ED Visits	916	820												820	805	1,016
Inpatient Admissions	86	112												112	83	83
OB Deliveries	45	42												42	41	37
Surgeries and Endoscopies	137	100												100	101	118
Diagnostic Imaging Procedures	2,087	2,628												2,628	2,280	1,957
Lab Procedures	12,374	14,626												14,626	11,768	11,051
Adjusted Patient Days	1,453	1,644												1,644	1,393	1,624
Therapy Visits	1,706	1,333												1,333	1,314	1,145
Outpatient Special Procedures Visits	245	213												213	247	224
Financial Performance																
Net Days in Accounts Receivable	51	59												59	63	63.79
* Total Margin	13.47%	11.4%												11.4%	4.5%	5.30%
Net Operating Revenue/FTE	\$ 19,448	\$ 16,427												\$ 16,427	\$17,191	\$15,794
Labor as % of net Revenue	51.60%	61.10%												61.10%	61.3%	59.6%
Operating Expense/FTE	\$ 16,894	\$ 14,635												\$ 14,635	\$15,891	\$15,190
* Days Cash on Hand	156	169												169	183	120.39
Commercial %	29.10%	27.40%												27.40%	29.0%	28.7%
Total Labor Expense/Total Expense	59.00%	68.59%												68.59%	61.3%	62%

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

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BOARD WORK SESSION		January 26, 2021	WHITEHEAD CONFERENCE ROOM	
COMMISSIONERS PRESENT	STAFF PRESENT	GUESTS	COMMUNITY MEMBERS	
<ul style="list-style-type: none">• Dr. Steve Kenny• Keith Sattler• Glenn Bestebreur• Susan Reams• Brandon Bowden• Sharon Dietrich, M.D.• Neilan McPartland	<ul style="list-style-type: none">• Craig Marks, CEO• Merry Fuller, CNO/COO• David Rollins, CFO• Shannon Hitchcock, CCO• Kevin Hardiek, CIO• Kristi Mellema, CCO• Bryon Dirkes, CHRO• Dr. Brian Sollers	<ul style="list-style-type: none">• Kurt Broeckelmann, Architect• Paul Kramer, Owner's Rep.• Quinton Barrett, People Element	None	
AGENDA	DISCUSSION	ACTION	FOLLOW-UP	
I. CALL TO ORDER	Meeting was called to order by Commissioner Kenny at 6:00 p.m.	None	None	
II. EMPLOYEE AND MEDICAL STAFF DEVELOPMENT				
A. Review Employee and Medical Staff Engagement Survey Results (Attachments Q & S)	Quinten Barrett from People Element, presented full results of the 2020 Employee and Medical Staff Engagement Surveys. The performance on Employee Satisfaction has improved each year since 2016, with 2020 resulting in 89.2% satisfaction with Prosser Memorial Health.	None	None	

III. SERVICES	DISCUSSION	ACTION	FOLLOW-UP
A. Replacement Facility Update			
1. Design Development Review	Kurt Broeckelmann gave a replacement facility update on the design development phase of the project.	None, information only.	None.
2. Draft Project Budget (Attachment G)	Paul Kramer gave a replacement facility update on the first draft budget for the project. He also shared information on the CON process.	None, information only.	Updates on the CON process will be provided as appropriate.
3. Replacement Facility Vision Update (Attachment K)	Craig gave an update on the progress made during the first phase of the design process (Design Development) which is reflected in our Project Visioning Goals and Strategies for the replacement facility.	None.	Updates will be given after each phase of the project is completed.
4. CPARB-PRC Review Update	Paul Kramer gave an update on the CPARB-PRC Review. We are preparing for the next CPARB-PRC hearing on January 28 th and hopeful if accepted, to move forward with the PMH GC/CM process.	If a favorable recommendation is received from the CPARB-PRC Board, the PMH Board will be asked to approve the CG/CM at the February Board Meeting.	None.
IV. ADJOURN			
There being no further regular business to attend to, Commissioner Kenny adjourned the meeting at 8:00 p.m.			

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BOARD MEETING		JANUARY 28, 2021		WHITEHEAD CONFERENCE ROOM			
COMMISSIONERS PRESENT		STAFF PRESENT		MEDICAL STAFF		GUESTS	
<ul style="list-style-type: none"> • Dr. Steve Kenny • Glenn Bestebreuer • Susan Reams • Keith Sattler • Sharon Dietrich, M.D. • Brandon Bowden • Neilan McPartland 		<ul style="list-style-type: none"> • Craig Marks, CEO • Merry Fuller, CNO/COO • David Rollins, CFO • Kevin Hardiek, CIO • Shannon Hitchcock, CCO • Kristi Mellema, CCQO • Bryon Dirkes, CHRO 		<ul style="list-style-type: none"> • Dr. Syed Hashmi, ACOMO 			
AGENDA		DISCUSSION		ACTION		FOLLOW-UP	
I. Call to Order		Meeting was called to order by Commissioner Kenny at 6:00 p.m.					
I.A. Pledge of Allegiance							
II. Public Comment		None.		None.		None.	
III. Approve Agenda				Commissioner Dietrich made a Motion to approve the January 28, 2021 Agenda. The Motion was seconded by Commissioner Sattler and passed with 7 in favor, 0 opposed and 0 abstained.		None.	
IV. APPROVE CONSENT AGENDA				Commissioner Bestebreuer made a Motion to approve the Consent Agenda. The Motion was seconded by Commissioner Reams and passed with 7 in favor, 0 opposed, and 0 abstained.		None.	
A. Board of Commissioners Meeting Minutes for December 17, 2020.							
B. Payroll & AP Vouchers #155296 through #155957 dated 12.10.20							

through 1.20.21. C. Surplus Items Resolution: #1050.			
V. MEDICAL STAFF DEVELOPMENT	DISCUSSION	ACTION	FOLLOW-UP
A. Medical Staff Report and Credentialing			
A.1. Advancement from Provisional	<p>Dr. Hashmi presented the following Advancement from Provisional Appointments:</p> <p>James Wang, MD – Telemedicine privileges in Neurology effective January 28, 2021 through July 30, 2022.</p> <p>Madelin Nguyen, MD – Telemedicine privileges in Neurology effective January 28, 2021 through July 30, 2022.</p> <p>Jarret Kuo, MD – Telemedicine privileges in Diagnostic Radiology effective January 28, 2021 through July 30, 2022.</p> <p>Karen Phillips, MD – Telemedicine privileges in Diagnostic Radiology effective January 28, 2021 through July 30, 2022.</p> <p>Shannon St. Clair, MD – Telemedicine privileges in Diagnostic Radiology effective January 28, 2021 through July 30, 2022.</p> <p>Franke Welte, MD – Telemedicine privileges in Diagnostic Radiology effective January 28, 2021 through July 30, 2022.</p>	<p>A Motion to approve the Advancement from Provisional Appointments and requested Clinical Privileges that have been reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee for the following providers was made by Commissioner Reams and seconded by Commissioner Sattler. The Motion passed with 7 in favor, 0 opposed, and 0 abstained.</p> <ul style="list-style-type: none"> • James Wang, MD • Madelin Nguyen, MD • Jarret Kuo, MD • Karen Phillips, MD • Shannon St. Clair, MD • Franke Welte, MD 	None.

A.2. New Appointments	<p>Dr. Hashmi presented the following New Appointments:</p> <p>Ryan Steed, CRNA – Provisional/Allied Health Professional staff with requested privileges in Anesthesia effective February 1, 2021 through July 31, 2020.</p> <p>Maria Restrepo, MD – Provisional/Telemedicine staff with requested privileges in Neurology effective February 1, 2021 through July 31, 2021.</p>	<p>A Motion to approve the New Appointments and requested Clinical Privileges that have been reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee for the following providers was made by Commissioner Sattler and seconded by Commissioner Bestebreuer. The Motion passed with 7 in favor, 0 opposed, and 0 abstained.</p> <ul style="list-style-type: none"> • Ryan Steed, CRNA • Maria Restrepo, MD 	None.	
VI. FINANCIAL STEWARDSHIP		DISCUSSION	ACTION	FOLLOW-UP
A. Review Financial Reports for December 2020 (Attachment T)	David Rollins presented the December 2020 Financial Reports.	A Motion to accept the Financial Reports for December 2020, was made by Commissioner Bowden, which was seconded by Commissioner Sattler. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None.	
B. COVID-19 Financial Plan (Attachments U & V)	David Rollins presented the COVID-19 Financial Plan (Attachment U) and the COVID-19 Financial Plan Projections (Attachment V) through December 2020.	None.	None.	
VII. SERVICES		DISCUSSION	ACTION	FOLLOW-UP
<p>A. Capital Acquisitions</p> <p>A.1. Two Logic E10 Replacement Ultrasound Machines (\$251,256) (Attachment L)</p>	Merry gave an overview of two proposed GE Logic E10 Ultrasound Machines to replace our current units, that are five years old. The two units will be leased, using a capital lease for a total cost of \$251,256.	A Motion to approve the Capital Acquisition of two GE Logic E10 Ultrasound Machines for \$251,256 as presented was made by Commissioner Sattler, which was seconded by Commissioner Bestebreuer. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None.	
A.2. Virtual Desktop Infrastructure (Attachment M & M1)	Kevin gave an overview of the proposed Virtual Desktop Infrastructure (VDI). This best practice will make the hospital desktop computers much more efficient and secure. The cost of VDI is \$348,954.	A Motion to approve the Capital Acquisition of the Virtual Desktop Infrastructure (VDI) for \$348,954 as presented was made by Commissioner Reams, which was seconded by Commissioner Bowden. The Motion	None	

		passed with 7 in favor, 0 opposed and 0 abstained.	
VIII. QUALITY	DISCUSSION	ACTION	FOLLOW-UP
A. Review 2021 Quality Assurance and Risk Management Program Plans (Attachments EE & FF)	Kristi Mellema gave an overview of the 2021 Quality Assurance Program Plan and the Risk Management Program Plan.	A Motion to approve the 2021 Quality Assurance Program Plan and the Risk Management Program Plan as presented was made by Commissioner Reams, which was seconded by Commissioner Dietrich. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None.
B. Board Officers	The following Commissioners agreed to retain their current positions as Board Officers: President – Steve Kenny; Vice President – Keith Sattler and Secretary – Glenn Bestebreur.	A Motion to approve retain the current positions as Board Officers as presented was made by Commissioner Reams, which was seconded by Commissioner Bowden. The Motion passed with 7 in favor, 0 opposed and 0 abstained.	None.
C. COVID-19 Update	Merry Fuller gave an update of total recipients having received their first dose of COVID vaccine, PMH’s COVID vaccine clinics and the status of vaccine allocations within Washington State.	None.	None.
D. Legislative and Political Updates	Commissioner Bestebreur shared information on the current political issues within the state, those facing the legislature and an update on the Federal front.	None.	None.
D. CEO/Operations Report	<p>Craig shared that PMH went before the CPARB Board again today asking to utilize the GC/CM method and we received 8 votes in favor (100%).</p> <p>The packets for the GC/CM Selection Committee will be delivered or can be picked up on 1.29.21 between 2-3pm.</p> <p>PMH Staff were recognized for their Years of Service on Wednesday, 1.27.21 via Teams. Craig presented awards to Commissioner Bestebreur for his 10 years of service to the Board and</p>	None.	None.

	Commissioner Kenny for his 35(+3) years of service to the Board.		
There being no further regular business to attend to, Commissioner Kenny adjourned the regular business meeting at 7:45 p.m.. The Board entered into Executive Session at 7:50 p.m. which was expected to last approximately 1 hour.			
IX. EXECUTIVE SESSION			
A. RCW 42.30.110 (l) To consider proprietary or confidential nonpublished information related to the development, acquisition or implementation of state purchased health care services as provided in RCW 41.05.26			
B. RCW 42.30.110 (g) To evaluate the qualifications of an applicant for public employment or to review the performance of a public employee.			
Executive Session ended at 8:34 p.m. and Open Session resumed.			
V. ADJOURN			
There being no further business to attend to, Commissioner Kenny adjourned the meeting at 8:39 p.m.			

DRAFT

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JOINT CONFERENCE COMMITTEE		FEBRUARY 17, 2021		WHITEHEAD CONFERENCE ROOM	
COMMITTEE MEMBERS PRESENT			NON-MEMBERS PRESENT		
<ul style="list-style-type: none"> • Commissioner S. Reams • Commissioner S. Dietrich • Commissioner S. Kenny • C. Marks, CEO • Dr. B. Sollers • Dr. D. Weaver 			<ul style="list-style-type: none"> • Kristi Mellema, CQO, CCO • Merry Fuller, CNO, COO • Dr. S. Hashmi 		
AGENDA ITEM		DISCUSSION		RECOMMENDATION	FOLLOW-UP
CALL TO ORDER		Meeting was called to order by Commissioner S. Reams at 0703.			
APPROVAL OF MINUTES		November 2020 and January 2021 minutes were reviewed and approved by the Committee.			Standing agenda item.
QUALITY					
COVID-19 Update		K. Mellema reported that a 2 nd dose clinic will be held at Housel Middle School on Saturday, February 20 th . Currently, we have 920 doses and are expecting another 1500 doses this week.		For informational purposes only.	No follow up necessary.
2020 Corporate Compliance Report		K. Mellema reviewed the 2020 Executive Summary for Compliance Auditing and Monitoring Annual Report which contains a summary of the 10 areas of focus. Dr. Weaver stated that AMA came out on January 1 st (articles on AFP) with new coding guidelines which includes a level 3 office visit can now be coded as a level 4. No physical exam is necessary to justify the code.		Review new AMA guidelines and share with the coders.	No follow up necessary.
2021 Corporate Compliance Plan		K. Mellema reviewed the 2021 Corporate Compliance Plan. There were no changes or additions made to the plan. This will go before the Board next week for review and approval.		For informational purposes only.	No follow up necessary.
COVID-19 Financial Plan		C. Marks reported that the \$6.3 million Payment Protection Program (PPP) cannot be recognized yet because it has not been technically forgiven. There is \$4 million in HHS funds that we have in the bank.		For informational purposes only.	No follow up necessary.

	We are working with auditors to see if we can use that money for some expenses. There is no new money coming in. We did return the \$6.5 million in Medicare Advanced Benefits.		
PATIENT LOYALTY			
Patient Experience Results	<p>M. Fuller reported that Press Ganey is our new patient satisfaction vendor starting on January 1st. They use mail surveys vs phone surveys. They will be increasing our email surveys as well. This process should give us more information than previous by doing both mail and emails surveys.</p> <p>An initiative for 20201 is the utilization of MyChart. There is a team meeting weekly. Rules changed last year that all notes are now available into the patient's MyChart.</p>	For informational purposes only.	Standing agenda item.
MEDICAL STAFF DEVELOPMENT			
Medical Staff Recruitment	<p>C. Marks reported that we are still talking with Dr. Nylander. She has a draft contract and will be here for a 3rd visit next week.</p> <p>We have been contacted by a Spanish speaking pediatrician interested in the opportunity in Grandview. Her husband is a trauma surgeon at Kadlec. She will be here in March for a visit.</p> <p>There was a GI physician that reached out to us from Redmond, OR. His spouse is also a GI.</p> <p>We will continue looking for another IM provider for Benton City Clinic. Dr. Hashmi stated there is a potential for a local provider.</p> <p>Dr. Hashmi spoke with a pediatric hospitalist at Kadlec that would be interested in a position here at PMH, if a position became available.</p>	For informational purposes only.	Standing agenda item.
Cardiology Update – Nuclear Medicine, TEE	<p>M. Fuller reported that we have hired an experienced technician. The room is finally done and HVAC and temperature is stabilized. Calibrations will start next week. The staff will do a walkthrough next week as if they have a real patient.</p> <p>Dr. Bhatti is anxious to get started with TEEs. A capital request will go to the Board next week for approval.</p> <p>A company was here to look at what our hyperbaric program would look like at the new hospital. Dr. Unger used to be certified and this</p>	For informational purposes only.	No follow up necessary.

	company is the same company he used to work with. He is very interested in helping us improve our wound care program.		
CMO Update – Dr. Robert Wenger	C. Marks reported that our CMO model has a number of providers that shares the role. Medical Staff engagement has been the most challenging which requires more emphasis and focus. Dr. Wenger has agreed to be more involved in a leadership role and joining the CMO group. He has a contract and will be signing soon.	For informational purposes only.	No follow up necessary.
EMPLOYEE DEVELOPMENT			
2021 Incentive Compensation Program (Exempt Staff)	The 2021 Incentive Compensation Program will go to the Board next week. We will be making a shift in weighting for the leadership team. In 2020, the leaders only had their department metrics. For 2021, we will go back to a 50/50 model where 50% is based on how their department performs but also 50% on how the hospital performs.	For informational purposes only.	Standing agenda item.
Employee Engagement	C. Marks reported on the Superbowl grid. There was a number of staff that won. A new contest this year was the paper football game. There were 64 staff members that participated in the tournament. Jim Schab was the overall winner. We also celebrated Valentine's Day by taking treats around to everyone. March Madness is coming!	For informational purposes only.	No follow up necessary.
SERVICES			
Replacement Facility Update – GC/CM, CON, USDA	C. Marks reported that we are working on the GC/CM selection. Interviews have been completed. Read the Board memo for more information.	For informational purposes only.	No follow up necessary.
Acquisition of Transesophageal Echocardiogram (TEE) Equipment	This was discussed under Cardiology Update.	For informational purposes only.	No follow up necessary.
FINANCIAL STEWARDSHIP			
Financial Performance – January 2021	C. Marks reported that the month of January was \$670,881 compared to budget of \$239,504. This was driven somewhat by gross patient revenue. Expenses were \$250,000 under budget.	For informational purposes only.	Standing agenda item.
Audit Update (State, DZA)	C. Marks reported that we are currently undergoing two audits. We are submitting data to the state and DZA. This should be done next week. DZA does the financial audit.	For informational purposes only.	No follow up necessary.

	We are sending final reports to both the state on DZA. Should be done and presented to the Board in March. That information will be used to go into the USDA application.		
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ADJOURNMENT & NEXT SCHEDULED MEETING

Meeting adjourned at 0825

Next scheduled meeting is March 17, 2021

Km 02/19/2021

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FINANCE COMMITTEE MEETING
WEDNESDAY, FEBRUARY 24, 2021
7:00 a.m. – VINEYARD CONFERENCE ROOM
AGENDA

MEMBERS:

Keith Sattler
Neilan McPartland
Brandon Bowden

STAFF:

Craig Marks
David Rollins
Stephanie Titus

CALL TO ORDER

I. APPROVE MINUTES

Action Requested – January 27, 2021 Minutes

II. FINANCIAL STEWARDSHIP

A. Review Financials – January 2021 (Attachment Q)

David

Action Requested – January 2021 Financial Statements

B. Review Accounts Receivable and Cash Goal

Stephanie

C. COVID-19 Financial Projection Plan (Attachment S)

David

D. Voucher Lists

Action Requested – Voucher List - Payroll and AP Vouchers #155957 through #156406 dated 01-20-21 through 02-17-21 in the amount of \$5,291,846.14. David

E. Surplus Items Resolution #1051 – OR Table – Steris AMSCO - 3085

Action Requested - Surplus Items Property Description: OR Table – Steris AMSCO – 3085 David

III. ADJOURN

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FINANCE COMMITTEE MEETING MINUTES
WEDNESDAY – January 27, 2021
7:00 a.m. - ORCHARD CONFERENCE ROOM

MEMBERS:

Keith Sattler
Brandon Bowden
Neilan McPartland

STAFF:

Craig Marks
David Rollins
Stephanie Titus

CALL TO ORDER

Brandon Bowden called the meeting to order at 7:15 a.m.

I. APPROVE MINUTES

ACTION ITEM - Minutes

A motion to approve the Finance Committee Meeting minutes for December 16, 2020 as presented was made by Neilan McPartland. The motion was seconded by Brandon Bowden and approved.

II. FINANCIAL STEWARDSHIP

A. Reported that December's Gross Revenue of \$13.6M was 1% greater than budget and 4% greater than prior year. Net Revenue includes \$1.615M HHS funds in December and \$3.361M HHS Funds YTD. Net Revenue YTD ended at \$89,000 greater than budget at \$64.7M. Expenses were \$1.636M greater than budget driven by higher Staffing costs of \$568,000, Supplies in Surgery \$299,000, Pharmacy \$183,000, Lab \$182,000, Clinics \$83,000, combined with higher Physician costs of \$318,000 for Hospitalists and ER locums in 2020, Net Income was \$2.912M without any SBA PPP Funds of \$6.350M deferred revenue to 2021 per GASB rules, despite earning it in 2020. Cash finished 2020 up \$11.853M due to COVID Funds of \$13.67M. Cash spent on new hospital planning was \$558,000, Nuclear Medicine \$600,000, Capital Equipment was \$1.186M combined with an extra payroll of \$1.039M pushed cash lower in 2020.

ACTION ITEM

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

B. Review Accounts Receivable Cash Goal

Gross AR declined by \$760,000 in December despite an increase in gross revenue. Cash collections were \$5.8M. Net AR finished at 59 days, Cash at 173 days with 20 days of HHS Funds expected to be returned to the government in 2021.

C. COVID-19 Financial Projection Plan (Attachment U & V)

The Forecast equals Actuals in 2020. No new plan in 2021 as budget for 2021 is the new plan.

D. Voucher List #155296 through #155957 dated 12-10-20 through 1-20-21, in the amount of \$7,879,488.69.

ACTION ITEM

A motion to recommend approval of the Voucher List #155296 through #155957 dated 12-10-20 through 1-20-21, in the amount of \$7,879,488.69 as presented to the PMH Board of Commissioners was made by Brandon Bowden, seconded by Neilan McPartland and approved.

E. Surplus Items Resolution: #1050

ACTION ITEM

A motion to recommend approval of the Surplus Item Resolution #1050 – Fracture Table as presented to the PMH Board of Commissioners was made by Brandon Bowden, seconded by Neilan McPartland and approved.

F. Capital Requests

ACTION ITEM

1. Two Ultrasound Machines (Attachment L)

A motion to recommend approval of the Capital Lease for the two GE Ultrasound Machines for \$251,256 as presented to the PMH Board of Commissioners was made by Brandon Bowden, seconded by Neilan McPartland and approved.

2. Virtual Desktop Infrastructure (Attachments M & M1)

A motion to recommend approval of the cash purchase of the Virtual Desktop Infrastructure (VDI) platform and assorted software and equipment for \$349,833 in 2021 as presented to the PMH Board of Commissioners was made by Brandon Bowden, seconded by Neilan McPartland and approved.

III. ADJOURN

Having declared no further business, the meeting was adjourned at 8:15 a.m.

MEMORANDUM

TO: BOARD OF COMMISSIONERS
PROSSER MEMORIAL HEALTH

FROM: CRAIG J. MARKS, CEO

DATE: FEBRUARY 2021

RE: CEO REPORT

SERVICES

1. Replacement Facility Update

We continue to work at a brisk pace on our replacement facility project, with most of the work falling into three categories: Owner's Representative; Design Team; and USDA/Finance Team. To best understand all aspects of the project, one should review the February Owner's Representative Progress Report (Attachment A), the minutes from our most recent project team meeting (Attachment B), and our schedule for the next four months (Attachment C). The most time-consuming activity this past month has been work on the selection of a GC/CM for our project. On January 28th, we went before the Washington State Capital Projects Advisory Review Board's Project Review Committee (CPARB-PRC) to seek approval to utilize the GC/CM contracting procedure for our project. After we presented, they unanimously approved us to use the GC/CM method and we received written notification a few days later (Attachment D). With this approval, the PMH GC/CM Selection Committee (Susan Reams, Keith Sattler, Dr. Sharon Dietrich, Craig Marks, Merry Fuller, David Rollins, Steve Broussard) began reviewing proposals from seven construction companies that were interested in providing GC/CM services for our project.

The Committee met on February 3rd and scored each of the seven proposals (Attachment E). Based on the scores, the top three companies (Bouten, Graham, Layton) were invited to participate in an in-person interview with the Committee on February 10th. The interviews were conducted at the Best Western Hotel in Prosser, and were facilitated by our Owner's Representatives (Meg Hohnholt - NV5; Paul Kramer - NV5; David Beaudine - CBRE and attended by all Committee members and Kurt Broeckelmann - Lead Architect.) After the interviews were completed, the Committee scored each presentation (Attachment E). The final component of the GC/CM selection process was the opening of each company's proposed fee to complete the project. The fee opening was held on February 12th in the Whitehead. After combining the scores, for the interviews and fee proposals, it was determined that Graham Construction was the winner and would be recommended to the PMH Board to provide GC/CM services for this project (Attachment E). However, we recently received a protest by Bouten Construction. The protest is currently being reviewed by legal counsel and our GC/CM Selection Committee, with

several options being considered. This situation will be discussed with the Board at the Work Session and may change our path going forward.

Working with our Owner's Representative, Brian Grimm - legal counsel and Jody Carona, we have both appealed the Department of Health's CON decision and filed a letter of intent with the DOH to pursue a CON, in case we lose the appeal. Using the market analysis she completed for our USDA application, Jody Carona is assisting us with our CON application, which we hope to file by the end of April. Our Owner's Representative also continue to work on our budget, updating it as we get more information such as the GC/CM fees. They have also been working with the tree removal company removing all the Russian Olive trees on the property. In less than a week they have removed most of the trees, making the property look much larger and opening the beautiful views of Horse Heaven Hills, Rattlesnake Hills and potentially Mount Adams and Rainier. It should be noted that based on a walk of the entire property by our architect (Kurt), Owner's Representative (Paul) and me, we only found one tree (deciduous) worth saving for now, all the others were noxious Russian Olive trees. The remaining tree may need to be removed later if it is determined to be too close to the heliport or in a roadway.

The design component of the project is going well as our team is nearing the end of design development. Minor floor plan changes are being made, and interior and exterior finishes are being presented to our team during design team visits (Attachment G). The design team plans to share their progress to date with our Board at the February Board Work Session. They will also share their progress with our staff and Medical Staff at open forums (virtual) after the Board Work Session. Our goal is to keep everyone informed about the progress we are making on the plans and to encourage our team to provide open and honest feedback. The Board will be asked to approve the design development portion of the project and budget at the March Board Meeting.

While we are busy working on the construction aspects of the project, we are also busy working with Gary Hicks – Financial/USDA Advisor, on the financing aspects of the project as outlined in the attached schedule (Attachment H). Most significantly, meeting all the USDA requirements. To that end, we will be hosting a public hearing regarding our project on February 23rd before our February Board Work Session. This hearing gives the public a chance to learn more about the project, and ask questions and share comments. The hearing will last 30-60 minutes, depending upon the public interest. In addition, we have hired an appraiser, Valbridge Property Advisors, to provide an appraisal of our unbuild new facility as required by the USDA. In addition, Gary Hicks has prepared a Request for Proposal (RFP) for underwriting and placement agent services for various financing components of our project including construction and equipping the new facility. Our goal remains to submit the final application to the USDA as soon as possible, which currently appears to be April 2nd. We are proposing to move the March Board Meeting to April 1st which will give us an additional week to complete the Feasibility Study and have a better cost estimate. This will be discussed at the February Work Session.

Finally, we recently had a discussion with representatives from Samaritan Healthcare (Hospital) in Moses Lake. They are planning to build a replacement hospital, but have been challenged by the Washington State USDA office. Their project is about twice as large as ours (which could be part of their problem), but they also believe they have been delayed in gaining approval because they did not include any tax support in their proposed financing structure.

Based on this feedback, we are now considering pledging approximately \$5 million of our current tax revenue for the project. Gary will be in attendance at our February Board Work Session where this can be discussed in more detail.

2. Nuclear Medicine Update

I am pleased to report that we are nearing the finish line on our nuclear medicine project. Last month I reported that we were missing a key component for the HVAC system, a variable frequency drive (VFD). The VFD was delivered and installed so that we can now control the temperature in the room within the parameters required by the equipment manufacturer (GE). Now that the HVAC system is complete, fire prevention equipment/alarms are being tested and we will seek approval from the City of Prosser Building Inspector and Fire Marshal to occupy the space. The final steps include the GE engineers and our health physicist calibrating and testing the nuclear medicine camera and all associated instruments by February 19th. As reported last month, we plan to be fully operational and scheduling patients by March 1st. A big thank you goes out to Aurora Weddle, Director of Diagnostic Imaging, Amber Guthrie, Nuclear Medicine Technologist and Steve Broussard, Director of Plan Operations, for their perseverance and oversight to make this new service a reality at Prosser Memorial Health.

3. Hospital-Wide Patient Monitoring System Update

Last February the Board approved the acquisition of replacement patient monitors for the entire hospital for just over \$1 million. Since then, despite being slowed down by the pandemic, we have installed GE (Emergency Department, Anesthesia and the Post-Anesthesia Unit) and Masimo (Acute Care) Swing Beds, Newborn Nursery and Outpatient Special Procedures) throughout the hospital. The last piece of the puzzle is to integrate the new monitors with EPIC, which will enable our staff to focus on our patients and their needs rather than entering data into EPIC. To complete the integration for this high-tech equipment into EPIC, Providence is currently working to name a project team for this integration. We have emphasized that this project is our highest-priority IT project and they have responded their understanding of the importance of this piece of the project. While it is wonderful to have new state-of-the-art monitors, without the EPIC integration we have gained little. Once Providence names the project team, it is anticipated that this will take 2-3 months to complete and test the integration. It is our goal that by July 1st we will have a fully integrated patient monitoring system through PMH.

4. Transesophageal Echocardiograms (TEE)

Since Dr. Bhatti, Cardiologist, joined our team in 2019, we have seen a dramatic increase in the demand for various cardiology procedures, including procedures that we have not provided at PMH such as nuclear medicine cardiac scans. Another procedure that is provided by most cardiologists is transesophageal echocardiograms (TEE). A TEE is a type of echo that uses a long, thin tube (endoscope) to guide the ultrasound transducer down the esophagus. This allows the cardiologist to see pictures of the heart without the ribs or lungs getting in the way. TEE's high-sensitivity detailed pictures can assess the heart's structure and function, helping the cardiologist quantify abnormal tissue around the heart valves that could indicate blood clots; bacterial, viral or fungal infections; or cancer. The total cost of the TEE equipment is

\$112,608.93 compared to our budget of \$132,234 (Attachment I). The procedure will not require any additional staff, but will be performed in a procedure room in the operating room due to the use of anesthesia during the short (15 minutes) procedure. This equipment acquisition will be discussed during the February Board Work Session.

PATIENT LOYALTY

1. Thank Yous

This month I am not including all the thank yous we have received because their number is too great, which is a great challenge to have. The outpouring of thanks and appreciation from our community regarding our vaccination clinics has been incredible and much appreciated. The love we have received from these clinics gives us the strength to continue holding them as long as we have vaccine. In addition to those thank yous, we also received two very special cards that both break your heart and put a smile on your face (Attachments J and K). I am so proud of everyone on the Prosser Memorial Health Team and thankful that I am allowed to be a part of it!

2. Studer Update

Last February we renewed our contract with the Studer Group as we prepared to build upon the strong engagement foundation we had built the prior three years utilizing tried and true Studer principles such as Rounding for Purpose. Then the COVID-19 pandemic hit and changed our focus to defeating COVID-19, while still trying to maintain the Studer principles we were utilizing. While we were distracted by the pandemic, we are now ready to re-introduce and strengthen our commitment to employee and Medical Staff engagement. We now have a new Studer Coach, Jennifer Maletok, who is dedicated to assisting us on our journey. It should be noted that many Studer hospitals across the country are doing a reset, as we continue to battle COVID-19, and our lives are returning to a new normal state. At PMH, we plan to conduct a Leadership Development Institute (LDI) in March/April where we will review and reinforce the engagement activities expected of every leader and explore best practices already being used by our leaders to enhance engagement. We also have new electronic tools (My Rounding) which will assist our leaders as they pursue engagement with their team. While 2020 was a very challenging year for many reasons, we are excited about the possibilities in 2021, and looking forward to continuing our journey to become a Top 100 Critical Access Hospital in the country.

MEDICAL STAFF DEVELOPMENT

1. Medical Staff Recruitment

At the present time we are focusing on four specialties in our 2021 Recruitment Plan. First, we continue to discuss the creation of a Dermatology Clinic in Benton City with Dr. Nylander. We are in discussions with Dr. Nylander about a contract, which we are planning to review with her next week. We have also toured the clinic space in Benton City (the old Pain Management

Clinic) and are exploring the feasibility of creating two procedure rooms in the clinic. The plans are being reviewed by our architect and will be discussed with the owner of the building. We continue to hope that Dr. Nylander will join the PMH Team by mid-year. A second recruitment target is identifying a pediatrician for the Grandview Clinic. We were recently contacted by a pediatrician, whose husband is a trauma surgeon at Kadlec, that is interested in our opportunity. She is currently in Illinois, but would like to join her husband in the Tri-Cities area in the near future. We are planning to have her visit the first week of March and will be setting up interviews with her and our Medical Staff. It is important to note that this pediatrician is fluent in Spanish and may be an excellent fit for the Grandview Clinic. We also continue to recruit for a gastroenterologist to join the Prosser Specialty Clinic. I was recently contacted by a gastroenterologist located in Oregon that is interested in our opportunity. I hope to arrange a visit for him in March. Our final recruitment target is a family physician or internal medicine specialist for the Benton City Clinic. To date, we have not identified any candidates for that opportunity despite using Cjeka Search to assist us. The demand for primary care physicians is very high across the country, making this a challenging position to fill.

2. Assistant Chief Medical Officer (ACMO)

Several years ago, we moved to a Chief Medical Officer model where the role of the CMO would be shared among several PMH providers (CMO – Dr. Sollers, ACMO – Drs. Murphy, Hashmi and Rivero). This model has worked very well, but with Dr. Rivero now only working at PMH part-time and our desire to increase our engagement with the Medical Staff, I have asked Dr. Robert Wenger, Medical Director of Emergency Services, to join Dr. Rivero as an ACMO for Medical Staff Engagement. While Dr. Wenger is fairly new to PMH, he has quickly gained the respect of his colleagues and staff at PMH. I hope to have a signed contract with Dr. Wenger by the end of February and have him join the CMO Team as we all work to enhance Medical Staff engagement and satisfaction with PMH. Please join me in congratulating D. Wenger for his new role and wishing him much success in this new endeavor.

3. Medical Staff Activity

A comprehensive list of Medical Staff Committee activities for the fourth quarter of 2020 is included in the Board packet for your review (Attachment L). The past quarter was busy addressing the expansion of new services available at PMH (e.g. Minimally Invasive Lumbar Decompression -MILD) and the design of a replacement facility. The Medical Staff has done an outstanding job of evaluating new services to be added at PMH, as well as providing us with their feedback regarding the design of our replacement facility which will need to serve our community for 75+ years. The Medical Staff perspective and insight is invaluable in all of these activities. The Medical Staff also continues to do an excellent job of maintaining a very high standard for the quality care provided at PMH and constantly pursuing improvements that will enhance our quality. It should also be noted that Department Chairs were recently named and we are blessed to have such a strong group of Medical Staff leaders. Thank you to all of the leaders that devote extra time to ensure that quality is job one at Prosser Memorial Health!

EMPLOYEE DEVELOPMENT

1. Employee Engagement Follow-Up

Follow-up on the results of the 2020 Employee and Provider Engagement surveys are well under way. Human Resources led by Bryon Dirkes, Chief Human Resources Officer, has been meeting with each Prosser Memorial leader to review and analyze their departmental engagement results and help the leader prepare for team-level action planning sessions. Following this review, each leader will identify the two to three most important items to focus on and then create a personal action plan. The goal in creating action plans is to identify opportunities for team members to address the most important items while performing their daily work, not to create “extra” things to do.

Once departmental action plans are created, each leader will post the plans on their ASPIRE board and share with their one-up leader, with quarterly updates to the one-up leader and monthly updates to the team and ASPIRE board. Medical Staff meetings will be held at each location (clinics and hospital) to address Medical Staff results. Human Resources will first work with the Medical Directors of each location to review and analyze results and then hold provider meetings to discuss the results, identify the most important items and then prepare an action plan to address the identified opportunities for improvement. Again, the goal in creating action plans is to identify opportunities to address the most important items while performing daily work,. Coinciding with this activity, Human Resources is working with leaders to identify best practices in employee engagement to support future leadership development opportunities and mentoring relationships where leaders with strengths in one or more engagement practices can partner with leaders focused on improvement in those areas.

2. Employee Engagement

We began the New Year with our Annual Super Bowl Squares Contest, which made a boring game a little more exciting as we watched to see if we would have winning numbers. In total, we had 300 PMH Team members participate. Congratulations to the winners (Attachment M) and thank you to everyone that participated. This year we also introduced a new competition, Paper Football. This game took many of us back to our childhoods where we would play this game during long cold winters. While it was only our first year of competition, 64 PMH team members participated and created a very spirited and competitive tournament. In the end, the PMH Super Bowl, Jim Schab (Tom Brady) defeated Tom Norton (Patrick Mahomes), which was played virtually so that everyone could witness the event. Congratulations to Jim (Attachment N) and I look forward to playing him again next year (I will be practicing!) On February 12, we celebrated Valentine’s Day by distributing Valentine’s chocolates to all staff, which helped brighten everyone’s day. As spring approaches (?), it is now time for everyone to start watching college basketball in preparation for the PMH March Madness Contest. Unfortunately, it does not currently look like the University of Washington, Washington State or the University of Minnesota will make the NCAA Tournament. Good luck and go Zags! I have also included our employee newsletter, [The Pulse](#), in the Board packet (Attachment O). This month’s newsletter highlights some of our employees that were recently recognized for their Years of Service in addition to our COVID-19 Vaccination Clinic, our community’s first newborns in 2021, new hires, etc. PMH is a busy place with a lot of great activities occurring!

3. Kristi Tuor Retirement

We were recently notified by Kristi Tuor (EPIC Clinical Systems Coordinator) that after 33 years at Prosser Memorial Health, she is planning to retire on April 4th. Kristi has held several positions at PMH ranging from an OR nurse to her current position in Information Technology. Kristi has been instrumental in assisting us with the clinical aspects of EPIC and assisting/teaching us about all the bells and whistles in EPIC. We plan to host a COVID-appropriate retirement sendoff for Kristi when we are closer to her last day at PMH. Please join me in thanking Kristi for her dedication to PMH and wishing her well in her retirement!

4. 2021 Incentive Compensation Program

Included in your Board packet is a proposed 2021 Incentive Compensation Program for exempt staff (Attachment P). The 2021 Program is identical to the 2020 Program with one exception. We have changed the Leadership Team weighting distribution from being 100% departmental performance to 50% departmental performance and 50% overall hospital performance. We believe this will unite all leaders in our goal to enhance hospital performance through solid departmental performance. In addition, it will discourage leaders from making decisions that will be good for their department, but bad for the hospital. It will also encourage leaders to assist one another in achieving their goals because it will enhance overall hospital performance. The intent of this program is to reward our staff when they, and the hospital, perform well. It is important to remember that exempt staff have no guarantee each year of a salary increase on the awarding of incentive compensation. It all depends on how well they and the hospital perform, which is also called pay-for-performance. The Board will be asked to approve the proposed 2021 Incentive Compensation Program at the February Board Meeting.

FINANCIAL STEWARDSHIP

1. Financial Performance – January

For the second year in a row, we have started the year strong with solid patient volumes, revenue and financial performance (Attachment Q). In January, our gross revenue was \$872,272 (7%) better than budget and \$1.1 million (9%) better than last January. Unfortunately, our contractual allowances were \$767,244 (11%) worse than budget, resulting in our net revenue being only \$188,156 (3%) better than budget despite our labor costs being 10% over budget. As a result, we experienced an operating income of \$642,965 compared to a budgeted operating income of \$209,310. After adding in non-operating income, our January net income (bottom line) was \$670,188 for a total margin of 11.4%. This financial performance far exceeds our budget and last year, which is a great way to start a new year. We did experience a negative cash flow in January of \$499,205 due to delays experienced in Medicare payments, which occur every year at this time. This also caused an increase in our accounts receivable along with the increased revenue in January. Despite this, our balance sheet and overall financial health remain very strong, with over \$27 million in cash.

2. Audits

We currently have two audits occurring at PMH, one by the State of Washington and one by DZA (Dingus, Zarecor & Associates). Our financial audit is being conducted by DZA and is very complicated this year with all the issues surrounding COVID-19 relief funds. They are progressing (remotely) and plan to present their findings to the Board at the March Board Work Session. The second audit is the annual financial affairs audit conducted by the Office of the Washington State Auditor. This year the State Auditors are focusing on several areas including financial condition, EFT disbursements, bad debt write-offs, purchase of the Grandview Clinic, procurement for purchases and architect and engineering services, state grant expenditures and credit card purchases. We are in the process of collecting the last information they have requested and plan to submit it by the end of the week. The State has indicated that they hope to complete their audit and present their findings in the next couple of weeks. We look forward to receiving the results from both audits and making any adjustments in our operations that they deem necessary.

3. PMH Foundation Update

The Foundation Board of Directors approved a proposal to continue its partnership with Convergent Non-Profit Solutions for the next phase of the capital campaign. Convergent will be onsite for four consecutive weeks this spring to work closely with Foundation Executive Director Shannon Hitchcock to begin laying the foundation and establishing a timeline and campaign goal for the new hospital. We will use the qualitative and quantitative data from phase 1 of the capital campaign, that was conducted in October 2020, to identify community members who are interested in participating on the campaign steering committee. This committee will work closely with Shannon and the Foundation Board on the strategy, outreach and soliciting donations. The goal is to raise half of the overall goal of \$2.5-\$3 million during this phase.

February is Heart Health Month and you may have seen or heard about the Prosser Heart Center at Prosser Memorial Health, Dr. Bhatti and list of services he provides on radio, TV, social and digital advertising channels. Dr. Bhatti also held a virtual Lunch & Learn on A-Fib using Facebook Live on February 12. We reached: 910 FB users, there were 275 users engaged in the presentation with 52 comments. The Lunch & Learn can be watched on our website: <https://www.prosserhealth.org/afib-lunch-learn>. As part of the Heart Health campaign, the Foundation sold Go Red t-shirts to staff for \$20. Staff are able to wear them on Fridays. Craig gave in and let staff wear jeans on February 12 if they had purchased a Go Red t-shirt. Needless to say, sales doubled and we ended up selling out. We sold a total of \$2,200 in t-shirt sales, with a net profit to the Foundation of \$1,200.

QUALITY

1. COVID-19 Update

It was exactly one year ago that I first wrote about a new coronavirus, a respiratory infection that appeared to originate in China and had already sickened thousands and resulted in over 2,000 deaths. We implemented a task force to lead our fight against the illness and our war

against COVID-19 began. We seem to be gaining ground on COVID-19 with a decline in the number of cases and deaths, but the war continues. While we continue to promote masks, hand hygiene and social distancing, we are now focusing on vaccinating as many local citizens as we can. Four weeks ago, we received 3,600 doses of the Moderna vaccine and administered 3,560 doses. We did this by hosting large vaccination clinics at Housel Middle School, conducting small weekly clinics at PMH and taking vaccinations to elderly housing facilities in the area. The only thing that has slowed us down has been our inability to obtain vaccine. Several weeks ago, the State decided to allocate most of their vaccine allocation to several large vaccination centers around the State. Fortunately, we recently received confirmation that we would receive over 2,000 doses that we plan to administer as the 2nd dose for those that came to our Housel Middle School Vaccine Clinic in January. We will host another large vaccination clinic at Housel Middle School that was originally planned for Saturday, February 20th. However, our vaccines are stuck on the east coast due to inclement weather. The clinic has been rescheduled for Saturday, February 27 at the middle school. As long as we are allocated vaccine, we will continue to distribute it to our citizens. We have joined all the hospitals in the Rural Health Collaborative to send a letter to Governor Inslee regarding the reopening of our State and the allocation of vaccine (Attachment R). I encourage all hospital staff and board members to join us in this fight!

2. COVID-19 Financial Plan

In 2021, the only financial plan we will be preparing regarding COVID-19 will be our statement regarding COVID-19 relief funds (Attachment S). We are now in a new fiscal year and our budget was developed knowing we are still in the middle of a pandemic. There have not been any changes in our COVID-19 relief funds since last month. We are still working with our auditors to determine how much, if any, of the \$4+million of HHS funds that we have received can be used. In addition, we hope to hear in the near future that our SBA PPP Loan (\$6.35 million) has been forgiven such that we can record it on our income statement. The AHA continues to report that rural hospitals have been hit hard by COVID-19 and that over half of them experienced negative bottom lines in 2020. There also continues to be discussion about another COVID-19 relief package that may be approved by Congress and the President, but it is too early to project how, or if, it will impact PMH. Stay tuned.....

3. 2021 Board Action Plan

In December, the Board completed a self-evaluation, which was discussed at the January Board Meeting. Based on the discussion, I drafted a 2021 PMH Board Action Plan to address the greatest opportunities for improvement identified during the evaluation process (Attachment T). These opportunities include Board education; continuing to build and maintain strong relationships with our Medical Staff and Leadership Team; the development of a communication tool that communicates to the PMH Team actions the Board takes each month. The Board will be asked to review and approve the Plan at the February Board Meeting.

4. Compliance

The 2020 PMH Corporate Compliance Report (Attachment U) and the 2021 PMH Corporate Compliance Plan (Attachment V) were recently reviewed by the Corporate Compliance

Committee and the Joint Conference Committee (JCC). The Report and Plan will be briefly reviewed at the February Board Meeting and we will address any questions or concerns you have regarding them. Based upon the JCC recommendation, we will be asking the Board to approve the 2021 Corporate Compliance Program Plan at the February Board Meeting.

5. February Board Meetings

Our February Work Session will begin after a USDA Public Hearing regarding our plans to build a replacement facility. This is a requirement of the USDA and is intended to give local citizens an opportunity to learn more about the project and ask any questions they may have. Due to COVID-19, the Hearing will be an audio only virtual meeting. In all likelihood, this will decrease potential participants, but we will make the best of it. This hearing is only expected to last 30 to 45 minutes. Following the Public Hearing we will begin our normal Work Session with an update on our replacement facility project from our architect, Owner's Representatives and our financial advisor. Following this update, we will learn about our proposal to begin providing transesophageal echocardiograms (TEEs) at PMH. We will also discuss the possibility of moving the March Board Education Session and Board Meeting to the following week (March 30th and April 1st). By doing this, we will have an additional week to prepare our USDA formal application. Our February Board Meeting will be used to seek approval of: A GC/CM contractor; the purchase of TEE equipment; 2021 Board Action Plan; 2021 Incentive Compensation Program; and the 2021 Corporate Compliance Program. An Executive Session will also be conducted near the end of the meeting.

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

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

DATE: February 16, 2021

I. PROJECT TEAM:

Prosser Memorial Health (PMH)	Owner
NV5	Owner’s Representative
bcDesignGroup (BCDG)	Architect/Design Team
Henderson Engineering	Security, Low Voltage, Audiovisual Design
Gary Hicks Financial, LLC	USDA Application Consultant
Perkins Coie	CPARB Application and Procurement Counsel
R&B Mitchell	Medical Equipment Planner
GeoProfessional Innovation	Geotechnical Engineering Services and Construction Materials Testing & Inspection Services

II. PROGRESS:

A. Contracts:

- a. Consultant agreements were executed for the following recent procurements:
 - i. Valbridge Property Advisors for Appraiser Services as required for the USDA Application.
 - ii. Jody Carona for CON Application Services.
 - iii. Ironsides Custom Grinding for clearing the trees from the project site.
- b. Consultant agreements are being finalized for the following recent procurements:
 - i. GeoProfessional Innovation was approved for Geotechnical Engineering Services and Construction Materials Testing and Inspection Services.
 - ii. Fulcrum Environmental Consulting was approved for NEPA Environmental Assessment Services as required for the USDA Application.
 - iii. Henderson Engineering was approved for Security and Low-Voltage Design Services.
- c. NV5 has engaged CBRE-Spokane as a subconsultant to NV5 for RCW39.10 Consultant Services as requested by PMH in support of the resubmission to the CPARB-PRC for reconsideration to utilize the GC/CM delivery method. CBRE will be contracted through an Additional Services Agreement with NV5.

B. Design – Project Visioning

- a. bcDesignGroup will provide a Design Development project evaluation in March 2021.

C. Design – Utilities

- a. Water & Sewer – These utilities are currently under construction by the City of Prosser with an anticipated completion in May 2021.
- b. Electricity – Project team is in the process of developing the building systems design for an All-Electric building and will reach out to the electrical service provider to discuss service to the site.
- c. Data – Project team to connect with Data provider to coordinate new data line to site.

D. Design – Site

- a. Tree clearing of the site is on schedule to be complete by February 22.
- b. Geotechnical investigations have begun and are providing subsurface information to the design team.

E. Design – Building

- a. BCDG has held design review meetings with both PMH Administration and PMH Department Leaders. Through those meetings and comments, BCDG has developed floor plans, mechanical, electrical, and plumbing systems, site plans, interior and exterior design.
- b. Henderson Engineering has begun design meetings with PMH Administration, Facilities, and IT on Security scope, IT scope, and Audio-Visual Equipment needs for the project.
- c. The team will be looking into cost effective solutions in several areas of the building (including the mechanical systems, structural systems, building skin, etc.) to achieve the best value for the design and the project budget.
- d. R&B | Mitchell has provided a full medical equipment list which was reviewed by each department to confirm quantities and whether the equipment will be new, leased, or is existing and will be relocated to the new facility. This departmental review will inform the full medical equipment estimate and budget for the project.
- e. 100% Design Development Drawing Package to be issued for pricing by BCDG's estimator subconsultant on February 19.

F. Permitting

- a. Certificate of Need (CON) –
 - i. On January 13, the Washington Department of Health (DOH) provided a letter of review to PMH stating a CON would be needed for the replacement hospital facility.
 - ii. On January 29, PMH delivered a Letter of Intent informing the DOH of PMH's intent to implement two approaches in response to the January 13 DOH Letter.
 1. CON Application – PMH has engaged Jody Carona of Health Facilities Planning & Development to create the CON Application to be submitted in early March.
 2. DOH Letter Appeal – PMH has engaged Perkins Coie to submit an appeal of the January 13 DOH Letter and an Adjudication Hearing has been requested.
- b. State – Project Team is coordinating an initial review of the project with the Washington Department of Health Construction Review Services in March 2021.
- c. City – Project Team is coordinating an initial review of the project with the City of Prosser Building Department in March 2021.

G. Construction

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

III. PROCUREMENT:

A. GC/CM

- a. On January 28, the CPARB-PRC approved our project to utilize the GC/CM project delivery method.
- b. Following CPARB-PRC approval, seven GC/CM firms submitted Statement of Qualifications on January 29.
 - i. The interested firms were: Bouten Construction, Graham Construction, Jackson Contracting, Kiewit Construction, Layton Construction, Lease Crutcher Lewis, and Swinerton Construction.
- c. On February 3, the PMH Selection Committee reviewed and scored the Statement of Qualifications with the three highest scoring GC/CM candidates invited to interview and provide Fees.

- i. Shortlisted firms were: Bouten Construction, Graham Construction, and Layton Construction
 - d. GC/CM Interviews took place on February 10 and firms were scored accordingly.
 - e. GC/CM Fee Submission and Fee Opening took place on February 12, and with a combined score from both the interview and fee submission, Graham Construction scored the highest from the three shortlisted candidates.
 - f. A Letter of Protest was received from Bouten Construction on Tuesday, February 16. The Project Team will have an update for the Board during the February 23 Work Session on actions that have transpired since receiving the protest and next steps.
 - B. Commissioning for Mechanical, Electrical, and Plumbing Systems
 - a. Notice of Need was issued on the PMH Website on February 9
 - b. Proposals are due from Candidates on March 4
 - C. Upcoming project team members to procure are:
 - a. Mechanical Contractor/Construction Manager (MC/CM)
 - b. Electrical Contractor/Construction Manager (EC/CM)
 - c. Furniture, Fixtures, & Equipment (FF&E) Provider
 - d. Art Consultant

IV. SCHEDULE:

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

V. BUDGET

- A. The original Project Budget was estimated to be \$57,415,000.
- B. NV5 has developed the full project budget based upon current contracts, schematic design progress estimate, medical equipment estimate, and industry cost trends. NV5 anticipates this information will necessitate an increase to the project budget or change in scope.
- C. 100% Design Development drawings will be submitted for estimating on February 19 with an anticipated updated construction cost estimate by March 23.
- D. NV5 to present a recommendation for the full project budget to the PMH Board in March 2021.

VI. PROJECT CHALLENGES / RISKS:

- A. Certificate of Need (CON) –
 - a. On January 13, the Washington Department of Health (DOH) provided a letter of review to PMH stating a CON would be needed for the replacement hospital facility.
 - b. On January 29, PMH delivered a Letter of Intent informing the DOH of PMH's intent to implement two approaches in response to the January 13 DOH Letter.
 - i. CON Application – PMH has engaged Jody Carona of Health Facilities Planning & Development to create the CON Application to be submitted in early March.
 - ii. DOH Letter Appeal – PMH has engaged Perkins Coie to submit an appeal of the January 13 DOH Letter and an Adjudication Hearing has been requested.
 - c. A decision on the appeal or approval on the application will be needed to support the project's USDA application.

- B. USDA
 - a. Gary Hicks Financial is providing guidance to the project team in preparing the supportive documentation for the USDA Application. The project team meets twice a month to review the status on the efforts for the supportive documentation.

VII. NEXT STEPS:

- A. BCDG to issue the 100% Design Development Package on February 19 for estimating.
- B. Pending Board Approval, kickoff meetings to be scheduled with the GC/CM in early March. These meetings will serve to onboard the GC/CM to the project team, provide information on project progress and current initiatives, and coordinate the GC/CM's initial activities on the project.
- C. CON Application to be submitted to DOH.
- D. NV5 to procure Commissioning Agent.
- E. GC/CM to begin MC/CM and EC/CM procurement.
- F. Project team to assemble USDA Application to be submitted at the end of March 2021.

VIII. ATTACHMENTS:

- A. 4 Month Look-Ahead Project Schedule

Owner Team Meeting Minutes

Meeting #	20210205	Date	Meeting: Friday, Feb 05, 2021 Issued: Friday, Feb 05, 2021
Time & Location	9:00am C / 8:00am M / 7:00am P MS Teams Video Call	Prepared by:	Meg Hohnholt – NV5
Attendees <i>X = Attended Meeting</i>	<p><u>PMH</u> Craig Marks X David Rollins X Merry Fuller X Dr. Brian Sollers X Bryon Dirkes X Steve Broussard X Kevin Hardiek X</p> <p><u>NV5</u> <u>BCDG</u> <u>USDA Consultant</u> Paul Kramer X Kurt Broeckelmann X Gary Hicks X Meg Hohnholt X Brooke Cinalli Aurelie Aramouni Hilary Beashore X</p>		
Distribution	Attendees		

PMN = Post Meeting Note

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

No	Item	Due By	Ball in Court
1.	GENERAL / ADMINISTRATION		
1.1.	<p><u>11SEP-Project Goals, Objectives, & Strategies</u> Key Strategies to achieve Objectives within each Pillar to achieve PMH Pillar goals. 22Jan – BCDG’s review of schematic design was provided to the PMH Board. Next will review will be accompany Design Development presentation to Board in March. 05Feb – This information will be provided to the award GC/CM.</p>	3/12	BCDG
2.	SCHEDULE		
2.1.	<p><u>4 Month Look-Ahead Schedule</u> 22Jan – Reviewed with Project Team. Copy attached to these minutes.</p>	INFO	
2.2.	<p><u>08Jan – February 9-11 In-Person Meetings</u> Tuesday, 2/9: Overall Floor Plan Review, Interior & Exterior Finishes, Exterior Design Wednesday 2/10: GC/CM Interviews Thursday 2/11: Security & Low Voltage, Department Reviews,</p>	INFO	
2.3.	<p><u>Overall Project Schedule</u> 05Feb – NV5 to provide update Overall Project Schedule with CON schedule.</p>	In Progress	NV5
3.	BUDGET		
3.1.	<p><u>11SEP-Budget Development</u> 22Jan – Project Budget to be presented to Board for approval in March. Paul to provide updates to Craig & David next week.</p>	In Progress	NV5

Owner Team Meeting Minutes

3.2.	<p><u>11SEP-Major Medical Equipment</u> 08Jan – Questions on tracking costs for leased equipment. Are long-term costs for lease equipment applied to the Project Budget? Leased items will be shown as a use of funds in project budget. NV5 will show leased equipment below the Project Total bottom line. 05Feb – Dept Review of Med Equipment List provided back to Mitchell Planning. Existing OR Lights will go to the new Procedure Rooms.</p>	In Progress	Mitchell Planning
3.3.	<p><u>11SEP- USDA</u> 22Jan – Next USDA Meeting is February 5th. Kurt has provided draft of PAR to team. Craig had questions on when the Market Study of the Feasibility Study will be drafted for PMH review. 05Feb – Item closed.</p>	Closed	
4.	<u>PROCUREMENT</u>		
4.1.	<p><u>11SEP-CPARB</u> 05Feb – CPARB-PRC approved our project for the GC/CM delivery method. Item closed.</p>	Closed	
4.2.	<p><u>11SEP-GC/CM RFP</u> 05Feb – Interviews on 2/10, Fee Proposals 2/12.</p>	In Progress	NV5
4.3.	<p><u>11SEP – FF&E (Non-Medical)</u> 22Jan – NV5 to issue final quotes from Opensquare, Workpointe, for early furniture trial purchases to David for Purchase Orders to be issued. 05Feb – Proposals are under review by Marla, David, & Merry.</p>	In Progress	PMH
4.4.	<p><u>06Nov – Site Clearing</u> 05Feb – Tree Clearing is in process. SVID will remove their clearing debris by end of May at the latest. Meg to visit site to confirm progress next week.</p>	In Progress	NV5
4.5.	<p><u>06Nov – Geotechnical Engineer</u> 05Feb – GPI has begun digging infiltration test pits. Will recommend keeping borings in scope or revise to test pits at building footprint area based on observation. NV5 to issue consultant agreement next week.</p>	In Progress	NV5
4.6.	<p><u>11Dec – Commissioning Agent</u> 05Feb – NV5 in process of developing RFP. Will review with BCDG’s team. RFP to be issued beginning of February.</p>	In Progress	NV5
4.7.	<p><u>11Dec – Security Design Consultant</u> 22Jan – Henderson has received notice to proceed. NV5 to coordination contracting.</p>	In Progress	NV5
4.8.	<p><u>11Dec – Materials Management Consultant</u> 05Feb – This work to be directly by PMH internal staff. Item closed.</p>	Closed	

Owner Team Meeting Minutes

5.	DESIGN / PERMITTING		
5.1.	<p><u>11SEP-Annexation & Zoning</u> 05Feb - City of Prosser anticipates Annexation to be complete by February 22.</p>	2/22	City of Prosser
5.2.	<p><u>11SEP – Certificate of Need Verification</u> 22Jan – DOH determined the project needs a CON. 05Feb – LOI for Application and Appeal have been filed with the State. One month to file actual application. NV5 to include schedule in Overall Project Schedule. Goal of decision for June 2021, either by Appeal or Application. NV5 to send LOI to Gary for USDA purposes.</p>	In Progress	NV5, PMH
5.3.	<p><u>11SEP-Water & Sewer (City)</u> 11Dec – Coordination efforts with TSS are complete. Utility Construction is 16% complete, with anticipated completion date of May 1, 2021. 05Feb – In Progress</p>	In Progress	City of Prosser
5.4.	<p><u>11SEP – City Permit Review</u> 05Feb – BCDG to reach out to City of Prosser to schedule review meeting at end of February.</p>	In Progress	BCDG
5.5.	<p><u>06Nov – State Permit Review</u> 13Nov – Department of Health-Construction Review Services (DOH-CRS) requests a project review at 50% DDs and 50% CDs. 22Jan – State has not reached out to BCDG yet for progress drawings. BCDG requested to communicate with the State that a CON application is in progress. 05Feb – BCDG to reach out to State to confirm receipt of application and issuance of progress drawings.</p>	In Progress	BCDG
5.6.	<p><u>11SEP-Electric</u> 08Jan – Facility to proceed as All-Electric. NV5 to connect with Electric Utility on cost advantages to going All-Electric. 05Feb – NV5 to verify project information with Henderson / BCDG to share with Utility location</p>	In Progress	NV5
5.7.	<p><u>11SEP – Program Review</u> 23Oct – BCDG & NV5 to lead discussions to efficient space solutions during floor plan reviews next week. Building recently grew by significant amount with Surgery Clinic and MEP plant. First floor is currently ~67,000SF. 11Dec – Program Review to continue by project team until floor plans are finalized and approved by PMH. 05Feb – In Progress</p>	In Progress	ALL

Owner Team Meeting Minutes

5.8.	<u>11Dec – Central IT Server</u> 11Dec – Cloud-based vs On-Site. 22Jan – Kevin advises to plan for the Central IT Server to be located on site. Kevin to provide approximate room size. David would like to explore cloud-based option. 05Feb – Need room for 12x12 Server Room. Need UPS, couple 100 SF. Design team to discuss spatial needs for UPS during next week’s design meetings.	In Progress	PMH, BCDG
5.9.	<u>08Jan – Nurse Server Mockup</u> 22Jan – BCDG to share design drawings of mockup with Steve on 1/26. Steve to review and confirm if his team can build the mockup or if a millworker needs to be hired. David asked putting in 3 rd self for food trays. Users shared they would like a food service cart parked in a hallway alcove. 05Feb – No current room with corridor wall available. BCDG to draw up mockup as millwork and a mobile unit.	In Progress	BCDG
5.10.	<u>11SEP-Design Progress Update</u> 05Feb – Updated drawings will be presented at next week’s meetings	In Progress	BCDG
6.	CONSTRUCTION		
6.1.			

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

Next Online Meeting

Date: [Friday, February 19, 2021 at 9:00am CT / 8:00am MT / 7:00am PT](#)

Location: [MS Teams Meeting](#)

Upcoming In-Person Meetings

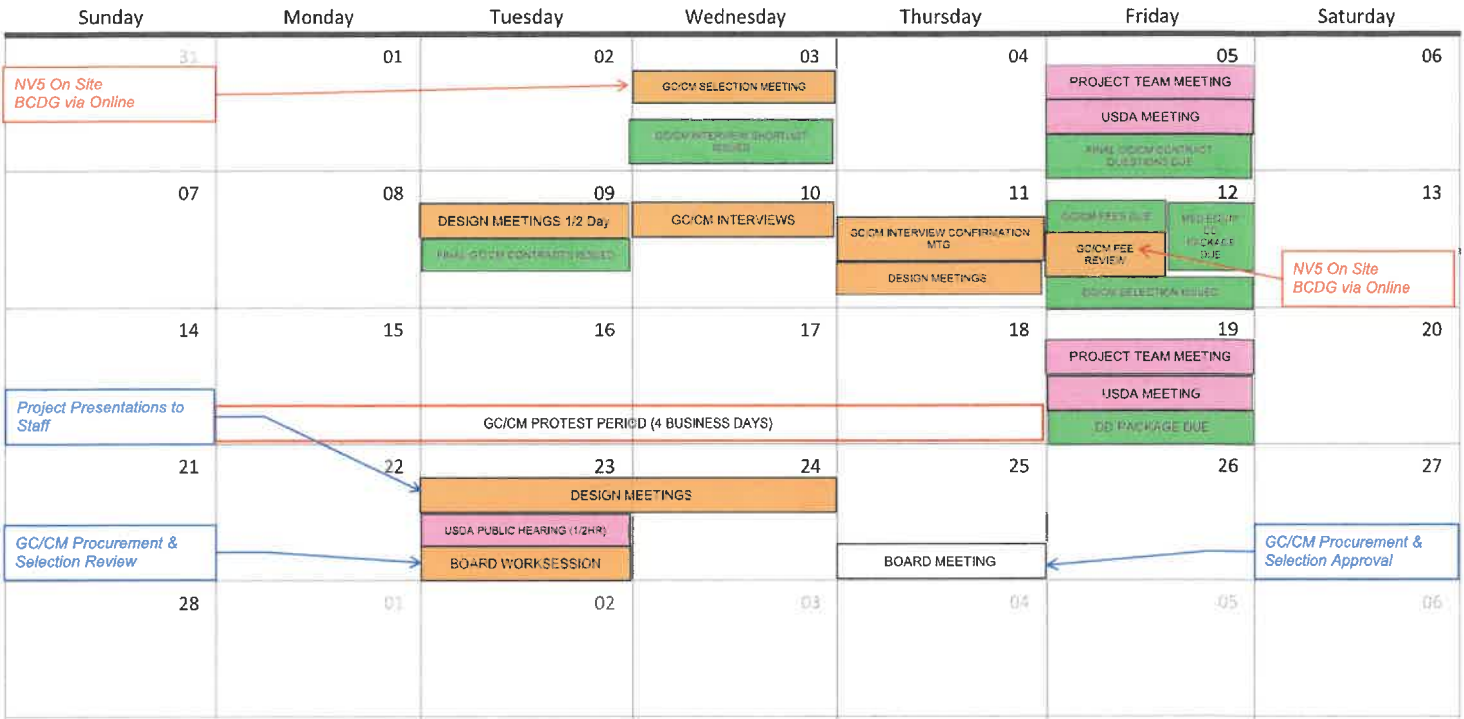
[February 9-12 \(Tue-Fri\) Department Reviews, GC/CM Interview, GC/CM Fee Review](#)

[February 23 \(Tue\) Design Meetings, GC/CM Procurement presentation to Board](#)

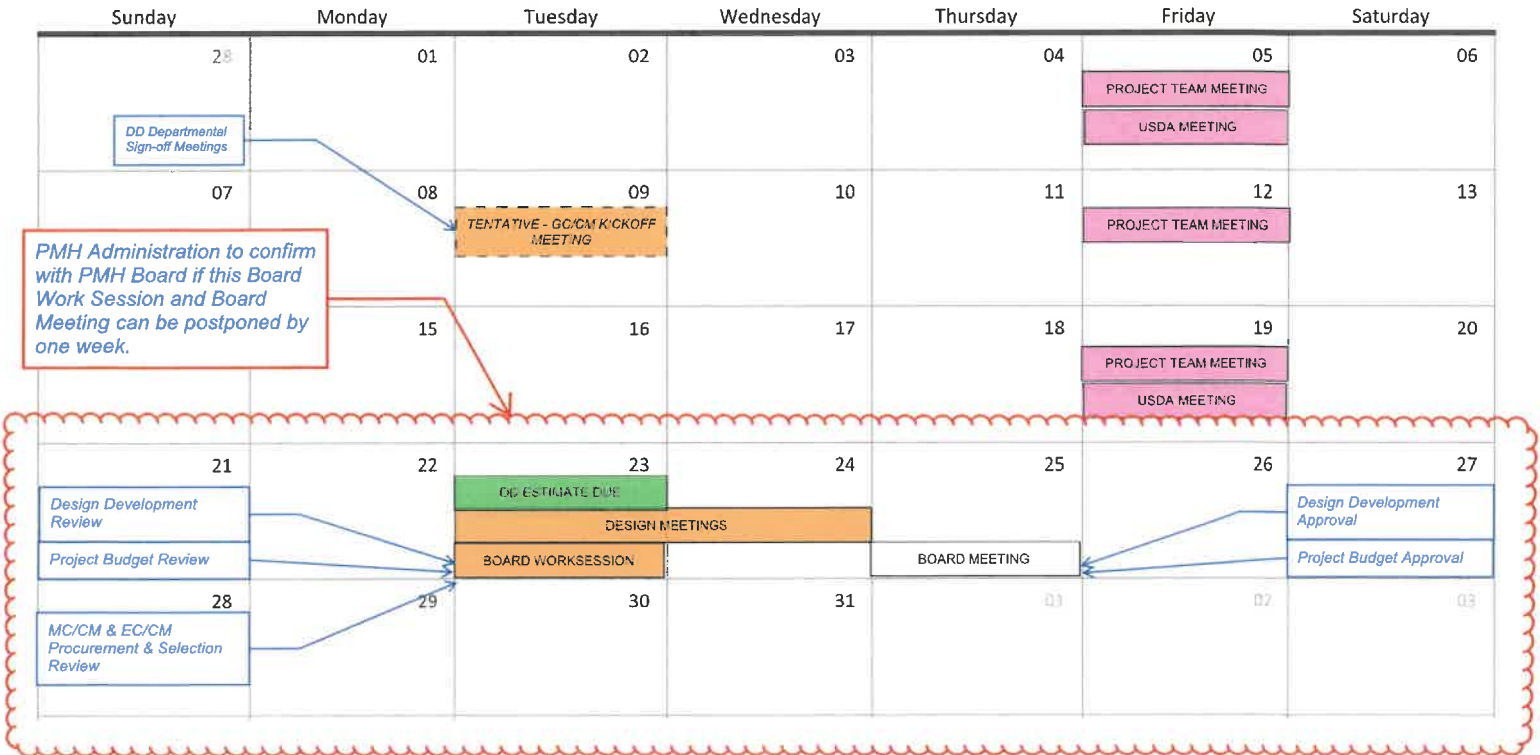
[March 23-24 \(Tue-Wed\) Design Meetings, Final DD & Project Budget presentation to Board](#)

4 Month Outlook

FEBRUARY 2021



MARCH 2021



LEGEND



4 Month Outlook

APRIL 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	30	31	01	02	03
	<div style="border: 1px solid red; padding: 5px; color: blue;"> PMH Administration to confirm with PMH Board if USDA Application submission can be revised from 3/30 to 4/2. </div>				<div style="border: 2px dashed red; padding: 2px;"> PROJECT TEAM MEETING USDA APPLICATION SUBMITTED </div>	
04	05	06	07	08	09	10
	NEW FACILITY OPERATIONAL MEETING (NV5-Led)				PROJECT TEAM MEETING	
11	12	13	14	15	16	17
	NEW FACILITY OPERATIONAL MEETING (Merry-Led)				PROJECT TEAM MEETING	
18	19	20	21	22	23	24
	NEW FACILITY OPERATIONAL MEETING (NV5-Led)				PROJECT TEAM MEETING	
25	26	27	28	29	30	01
	NEW FACILITY OPERATIONAL MEETING (Merry-Led)	DESIGN MEETINGS				
		BOARD WORKSESSION		BOARD MEETING		

MAY 2021

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



STATE OF WASHINGTON
Capital Projects Advisory Review Board
Project Review Committee

January 29, 2021

David Rollins
Chief Financial Officer
Prosser Public Hospital District
723 Memorial Street
Prosser, Washington 99354

Re: Public Body GC/CM Project Approval

Dear Mr. Rollins:

The Capital Projects Advisory Review Board's Project Review Committee has determined that your project has met the criteria established in RCW 39.10.280 for public body project approval.

Prosser Public Hospital District is hereby authorized to utilize the GC/CM alternative contracting procedure for the *Prosser Memorial Hospital Replacement* Project.

Congratulations on obtaining project approval and we look forward to successful completion of your project.

Under the terms of RCW 39.10.350, you will be required to submit project data to CPARB at the conclusion of the project. Please email CPARB staff person, Nancy Deakins, with your point of contact responsible for providing project information, at Nancy.Deakins@des.wa.gov. She can be reached at (360) 407-9333 if you have any questions regarding the data collection process.

Sincerely,

A handwritten signature in blue ink that reads "Edward Peters".

Edward Peters, Chair
Project Review Committee

cc: Mike Shinn, Vice Chair
Nancy Deakins, DES
PRC Master Project File



Scorecard for GC/CM Selection for Replacement Hospital

Proposing Company:	Bouten Construction	Graham Construction	Jackson Contractor Group	Kiewit	Layton Construction	Lease Crutcher Lewis	Swinerton Construction
Qualification Scoring							
Workload & Project Understanding	5	5	5	5	4	5	4
Background & Values	5	5	5	5	4	5	3
Company Experience	10	9	9	3	8	6	3
Project Personnel	15	15	15	5	8	7	5
Regional Experience, Knowledge, Proximity	10	10	10	6	3	6	3
Budget/Contingency	10	9	10	9	9	9	9
Project Schedule	10	10	10	9	9	9	9
Estimating Method	10	9	6	6	6	6	3
USDA Experience	5	5	4	4	4	5	4
Documentation Management	5	4	4	3	3	5	3
Project Approach	10	9	10	6	5	9	9
Accident Prevention	5	4	5	4	4	5	6
Total SOQ Points:	100	94	93	65	68	85	61

SOQ scoring does not contribute to final selection score.

Interview Scoring		Bouten Construction	Graham Construction			Layton Construction
Presentation	100	95	79			86
Question & Answer	100	93	82			84
Total Interview Points:	200	188	161			170

Fee Scoring		Bouten Construction	Graham Construction			Layton Construction
Fee %		4.55%	3.75%			5.00%
Fee based on estimated MACC of:	\$44,600,000	\$2,029,300.00	\$1,672,500.00			\$2,230,000.00
Lump Sum Specified General Conditions		\$1,918,574.00	\$952,000.00			\$1,294,321.00
Subtotal:		\$3,947,874.00	\$2,624,500.00			\$3,524,321.00
Lowest Fee:		\$2,624,500.00	\$2,624,500.00			\$2,624,500.00
% Above Lowest Fee:		50.42%	0.00%			34.29%
Point Reduction:		50.42	0.00			34.29
Fee Points:	100	49.58	100.00			65.71

Total Interview & Fee Points: **300** **237.43** **260.71** **235.71**



MEETING AGENDAS

Project: PMH Replacement Hospital
 Dates: February 9-11, 2021
 Meetings: Various – See Below
 Location: Vineyard Room
 Prosser Memorial Health

Day 1

Tuesday, 2/09 9:30-5:30

- 15 mins Administrative Assistant Area Design:
 Goal: Review needs of Carol in her space in the Admin Department
 Attendees: Elizabeth at BCDG
- 9:30-9:45 Administrative Assistant (Carol)
- 1-Hour Departmental Design Development Meeting:
 Goal: Departmental meetings with departmental leaders and key staff to understand next level of design including equipment, basic finish materials and room specific equipment needs.
 Attendees: A/E Team, NV5, Karen Ventura, Merry
- 1:30-2:30 Central Sterile (Sara, Carling, Malissa)
- 3-Hours Kick-Off/Overall Design Discussions:
 2:30-5:30 Goal: Review overall floor plan changes and look at minor admin/HR revisions. Further discussion on Interior and Exterior Design elements.
 Attendees: A/E Team, NV5, Admin

Day 2

Wednesday, 2/10
 GC/CM Shortlist Selection All Day



Day 3

Thursday, 2/11 7:30-1:30

2.0-Hours Departmental Design Development Meetings:

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

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

7:30-8:00 Specialty Clinic (Alana, Trisha, Dr. Sollers)
8:00-9:00 Break (Kurt has his call)
9:00-9:30 Dietary (David, Victor)
9:30-10:00 Materials Management (Brian, David)
10:00-10:30 GC/CM Meeting

2.5-Hours MEP Items

Goal: Begin conversations regarding AV, Security/Access Control, and Telecom
Attendees: A/E team, NV5, Admin Team

10:30-11:00 MEP (Steve)
11:00-11:30 AV (Kevin)
11:30-12:00 Security (Kevin, Steve)
12:00-12:30 Telecom (Kevin) (Working Lunch)
12:30-1:00 Discuss the Need for a UPS Room (Working Lunch)

30-Mins Debrief Meeting

1:00-1:30 Goal: Debrief on design meetings from this session

Attendees: A/E team, NV5, Admin Team



TO: INTERESTED PARTIES

FROM: GARY HICKS

DATE: FEBRUARY 9, 2021

**RE: PROSSER PUBLIC HOSPITAL DISTRICT
USDA RURAL DEVELOPMENT DIRECT LOAN
FINANCING & PROJECT SCHEDULE**

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

<u>DATE</u>	<u>TASK TO BE COMPLETED</u>
November 8, 2018	* Pre-application submitted to USDA for review.
February 5, 2019	* USDA Rural Development approval of pre-application.
February 5, 2021	RFP for underwriters/placement agent sent to selected firms.
February 12, 2021	Draft feasibility study send to District for review and comment.
February 17, 2021	District comments to DZA on feasibility study.
February 18, 2021	Underwriters/placement agent submit proposals.
February 23, 2021	Select underwriting syndicate and placement agent.
March 1, 2021	Draft PAR sent to USDA for review and comment.
March 2, 2021	Revised draft of feasibility study sent to District for review and comment.
March 8, 2021	Draft of feasibility study sent to USDA for review and comment.
March 10, 2021	Draft project appraisal sent to USDA for review and comment.
March 12, 2021	Draft environmental assessment sent to USDA for review and comment.
March 15, 2021	Preliminary cost estimate for the Project provided by Cost Estimator.
March 31, 2021	Formal application submitted to USDA for review (including final PAR, environmental assessment, appraisal and feasibility study, among others).
April __, 2021	District posts/published notice for comments on environmental report.

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

<u>DATE</u>	<u>TASK TO BE COMPLETED</u>
April 13, 2021	Construction and supplemental financing structures chosen by District. Begin work on the POS, Appendix A, Request for Terms, etc.
May __, 2021	Comments on environmental report due from community.
June 3, 2021	Distribution of POS and Appendix A (“Disclosure Documents”) and/or Request for Terms, as needed.
June 25, 2021	Distribution of construction loan documents, supplemental financing documents and resolutions (the “Financing Documents”).
July 6, 2021 10:00 a.m.	Financing update and document review conference call.
July 14, 2021	Distribution of revised Financing Documents and Disclosure Documents.
August 4, 2021 10:00 a.m.	Financing update and document review conference call.
August 12, 2021	Distribution of revised Financing Documents and Disclosure Documents.
_____, 2021	Construction bid documents sent to USDA for review and approval.
_____, 2021	Construction plans sent to USDA for review and approval.
September 1, 2021 1:00 p.m.	Financing update and document review conference call. Due diligence management discussion (follows document review call), if needed.
September 10, 2021	Send Resolution, Financing Documents and other materials to the finance team and to the District for inclusion in Board member packets.
September 15, 2021	USDA issues its Letter of Conditions.
September __, 2021 6:30 p.m.	District Board meeting – review of project and financing status and approval of Resolutions to construction and supplemental financings.
October 8, 2021	Building permit issued by City of Prosser, subject to conditions.
October 28, 2021	Marketing, pricing and sale of bonds, if applicable.
November 5, 2021	Provide building permits, contract award letter, executed GMP, executed Certificate of District Counsel and contractors’ insurance certificates.

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

<u>DATE</u>	<u>TASK TO BE COMPLETED</u>
November 10, 2021	On or before this date, execute all opinions, documents and certificates.
November 15, 2021	Construction loan and supplemental financing pre-closing.
November 16, 2021	Construction loan and supplemental financing closing.
November __, 2021	Pre-construction meeting.
November __, 2021	Ground breaking ceremony at project site. Invite USDA and other officials.
December 1, 2021	Commencement of construction.
August 10, 2023	Distribution of USDA loan documents and resolution (the “Loan Documents”) to the finance team members by Brad Berg.
August 22, 2023 10:00 a.m.	Document review and financing update conference call.
August 31, 2023	Distribution of revised Financing Documents.
September 12, 2023 10:00 a.m.	Document review and financing update conference call.
September 21, 2023	Distribution of revised Financing Documents.
November __, 2023	Send Loan Documents and other materials to the District for inclusion in Board member packets.
November __, 2023 6:30 p.m.	District Board meeting – review of project and financing status and approve Resolution and Loan Documents for USDA Loan.
November 29, 2023	Completion of construction.
December 19, 2023	Pre-closing conference call for USDA Loan with all finance team.
December 20, 2023	Closing of USDA Loan. Go live to admit patients.

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

Task Completed

ATTACHMENT I

PROJECTED EQUIPMENT COSTS	
<p>Diagnostic imaging is requesting approval to implement Transesophageal echocardiography (TEE) to our service line. Transesophageal echocardiography (TEE) is an alternate way to perform an echocardiogram. The advantage is that this tool can provide optimal images because the heart rests directly upon the esophagus leaving only millimeters that the ultrasound beam must travel. TEE's high sensitivity detailed pictures can assess the heart's structure and function, helping the cardiologist quantify abnormal tissue around the heart valves that could indicate blood clots, bacterial, viral, fungal infections, or cancer.</p>	
<p>The project includes an upgrade in Software that is necessary to upgrade a Vivid E90 v202 2.1 system to a Vivid E90 - 4D Ultra Edition v204 system. A 4D Multiplane Transesophageal Probe and disinfectant station for sterilization of the probe.</p>	
Costs associated with upgrading our echo machine:	
Vivid E90 software upgrade	34,300.00
6VT-D Electronic 4D TEE probe	29,400.00
TEE probe Bite Hole Indicator	245.00
AI Auto Measure	3,920.00
Vmax Option	7,350.00
Customer Discount	-2,500.00
Net selling price	72,715.00
Logistics Surcharge	1.75%
Logistics Surcharge Amount	1,272.51
Tax	6,253.49
Total	80,241.00
Applications (included)	1 day
Warranty	12 months from manufacturer
Service Agreement	Begins after warranty expires - \$9,000/year
Supplies/Equipment Required	
Transducer Adapter, GE Vvid E9	1,900.00
Print Kit	1,425.00
Electrical Leak Tester Base Model	1,275.00
ULT Fork Adapter	550.00
Electrical Lead	485.00
Splitter	250.00
Mounting Bracket	95.00

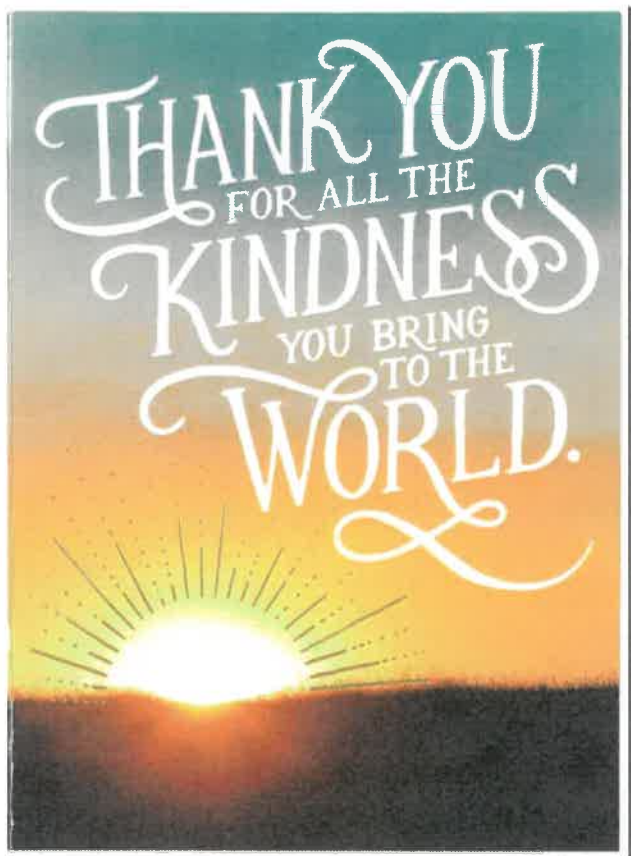
Leakage Thermal Paper		39.00
Pre-Installation Kit (includes vapor management filter, HLD tracker, and 1 case of disinfectant)		14,950.00
Neutralization Station		2,750.00
Probe Storage Cabinet		3,850.00
Subtotal		27,569.00
Shipping/Handling		1,428.00
Tax 8.6%		2,370.93
Total		31,367.93
STAFFING		
TOTAL		No additional staff will be needed to implement this service equipment upgrade . Tech Training will be conducted during applications utilizing existing budgeted salary expense.
PROJECTED CONSTRUCTION COSTS		
TOTAL		\$1,000
PROJECTED SUPPLY COSTS		
TOTAL	0	Not applicable
LICENSING FEES		
TOTAL	0	Not applicable
TOTAL CAPITAL 2021 TEE Service Line		
Amount Budgeted in Capital Budget 2021		\$132,234.00
GRAND TOTAL (Including Tax)		\$112,608.93
Amount under budget		\$19,625.07

Prosser Hospital
 and Staff -
 Thank you all
 for the love and
 care our
 family members
 received while
 we walked this
 journey with
 our father-in-law -
 father-in-law -
 grandpa and
 great grandpa. All
 while our new
 grand baby was
 being born just

down the hall.
 Your gentle
 words and patience
 as we juggled
 death and new life.
 We will forever
 remember your
 expressions of love,
 concern and care in
 Wesley's last days
 here on earth, and
 how you made
 us feel as we
 welcomed Lukas
 with love and gratitude
 The Stulwells

THANK
 you

ATTACHMENT K



Craig & Merry,

There are no words to express the gratitude my family feels for the love that was given to our precious Gazy and family. You (Merry) and many of your employees went above and beyond on multiple occasions to do EVERYTHING that could be done to help us take good care of our baby girl, especially towards the end of her life. It was so important to Gazy to be home the

the final two weeks. Her condition was quite critical and many times, Hospice did not always have what we needed to care for her but your employees were just a phone call away and they would spring into action immediately to help us and we will forever remember the love that was given to our family. Thank you to all of you from the bottom of our hearts! with love,
Aoi, Denise,
Ashley & Olivia
Guillen

Medical Staff Committees Report 4th Quarter 2020

Medical Executive Committee: Dr. Murphy, Chair

- The Committee met three times in the 4th quarter. Dr. Jared Clifford is the 2021-2022 Chief of Staff and MEC Chair.
- Quality reports that were presented to the Committee included the 2020 Patient Scorecard and an overview of the 2020 Quality Patient Safety and Risk documents prepared for state survey.
- COVID-19 updates were provided at each meeting and included ED patient trends, rapid test availability, employee health stats and COVID-19 related supply information.
- PMH privileges update project was initiated - 9 provider privileges documents were approved by the Committee.
- There were 11 New Appointments and 10 Reappointments to the Medical Staff the 4th quarter.
- The Medical Staff to be included in future Architect and Project Manager meetings

Medical Staff Quality Improvement Committee: Dr. Martin, Chair

- The Committee met three times in the 4th quarter. Dr. Martin was re-elected as MSQIC chair for 2021-2022.
- Revision of the case selection process for MSQIC review was initiated by Merry Fuller, CNO. The acknowledged goal is objectivity in this educational, non-punitive process. Assigned supervisor/leads responsible for case selection by dept.
- Quality Triggers for case review will be presented to department committees for review/recommendations.
- PMH will review all tele-stroke cases and send cases with concerns to Providence for review.
- Chart reviews were conducted on 34 patient records during the quarter.

Credentialing Committee: Dr. Martin, Chair

- The Credentialing Committee met three times in the 4th quarter and Dr. Martin was re-elected as chair for 2021-2022.
- The Committee began review of all existing PMH privileges forms, to update Board Certification requirement language.
- The Committee researched privileges for the Minimally Invasive Lumbar Decompression (MILD) procedure.
- There were 23 New Appointment and Reappointment applications reviewed by the Committee in the 4th quarter.

Emergency Department Committee: Dr. Wenger, Chair

- The Committee met two times in the 4th quarter.
- Covid-19 updates were provided at each meeting and recent literature on treatment with Bamlanivimab was discussed.
- A draft MSQIC Quality Review Case Selection list for the ED was reviewed and recommendations were made.
- Emergency Medicine privileges were approved and forwarded to the Credentialing Committee for review.
- The Routine Screening Exam policy was approved and the GFR Policy update is in process
- ED Provider Dashboard for 2020 was presented. Patient volumes are increasing but remain below 2019 average.

Medicine / Pharmacy and Therapeutics Committees: Dr. Smith, Chair

- The Committee met once in the 4th quarter. Dr. Hashmi was elected Medicine/P&T Committee chair for 2021-2022.
- Acute Care Services Report, Infection Control/Exposure Report, Reportable Diseases Report and Covid-19 updates were reviewed by the Committee.
- The Pharmacy Report and P&T Dashboard for 2020 were reviewed, including the medication errors report.
- New IV infusion pumps for all units are in the budget for 2021. Updates can be sent out to pumps wirelessly.
- Formulary addition of Morphine Sulfate immediate release (MS-IR) was approved by the Committee.

Perinatal / Pediatric Committee: Dr. Carl, Chair

- The Committee met two times in the 4th quarter and Dr. Carl was re-elected Peri/Peds Committee chair for 2021-2022.
- The updated TOLAC/VBAC Policy was approved with new CNM physician support language added.
- A 2020 Family Birthplace Staffing Effectiveness Project planning document was presented for discussion.
- The OB COAPS and HCAHPS reports were presented and VBAC/High Risk cases discussed for approval.
- The department has continued to be busy with expectation to exceed 2020 budget projections.

Surgery Committee: Dr. Sollers, Chair

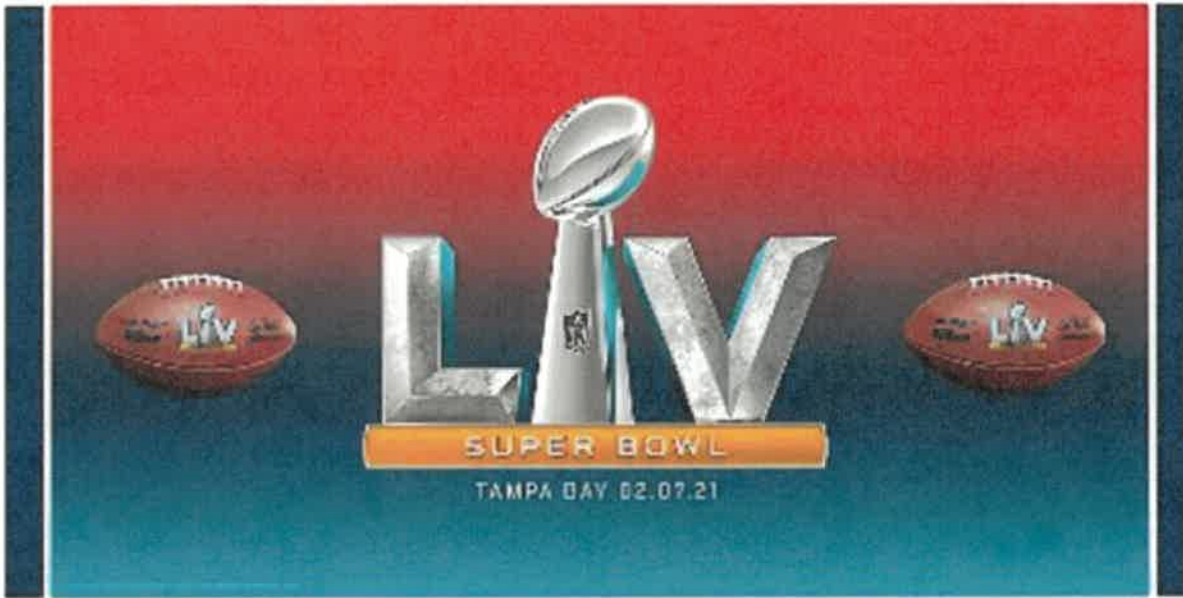
- The Committee met once in the 4th quarter and Dr. Sollers was re-elected Surgery Committee chair for 2021-2022.
- The 2020 Surgical Services Dashboard was presented; highlights 131 surgeries in October, 100% on bowel prep metric.
- OR Scheduling and Surgical Services Bumping policies were reviewed and no changes were recommended.
- The Committee discussed acute pain management/post-operative management of patients on chronic Buprenorphine.

Community Clinics Committee: Dr. Santa-Cruz, Chair

- The Community Clinics Committee met twice in the 4th quarter. Dr. Santa-Cruz was re-elected as chair for 2021-2022.
- Dr. Bhatti presented information on Cardiac Stress testing and Stress Echocardiograms, both available at PMH.
- The Community Clinics Charter was finalized and subsequently approved by the Medical Executive Committee.
- Future topics of discussion: Mental Health, coordination of care with Urology & ENT, nutrition/diabetic education.

Craig Marks

From: Bryon Dirkes
Sent: Monday, February 08, 2021 9:16 AM
To: Crystal Blanco; Nora Newhouse; Rocky Snider
Subject: FW: Prosser Memorial Health Superbowl Square contest winners!



Congratulation to the Prosser Memorial Health 2021 Superbowl winners!

Below, are the names of the winners and the prizes won.

- **1st Quarter: \$25.00 Amazon Gift Card**
 - Bob Irwin
 - Dr. Suzanne Staudinger
 - Tonya Thompson

- **2nd Quarter: \$50.00 Prosser Memorial Health Logo Wear**
 - Hilda Campos
 - Ana Garcia
 - Tina Salguero

- **3rd Quarter: \$100.00 Gift card to a local eatery**
 - Lindsay McKie

- Isabel DeLaCruz
- Wyatt Johnson

- **4th Quarter: Eight (8) Hours of Vacation Time**
 - Lindsay McKie
 - Isabel DeLaCruz
 - Wyatt Johnson

Thank you to all who participated. Human Resources will contact each of the winners to coordinate the delivery of the prizes.

Bryon Dirkes

Chief Human Resources Officer | Human Resources

PROSSER MEMORIAL HEALTH

723 MEMORIAL ST | PROSSER, WA 99350

o: 509 786-6680

bdirkes@prosserhealth.org | www.prosserhealth.org



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Craig Marks

From: Bryon Dirkes
Sent: Friday, February 05, 2021 3:09 PM
To: Crystal Blanco; Nora Newhouse; Rocky Snider
Subject: Paper Football Final Results



Good afternoon:

Thank you to all who participated in the first annual ***Prosser Memorial Health Paper Football*** competition. After some intense play over the last two days, the final two players advancing to the championship round were:

- **Tom Norton** from Information Technology
- **Jim Schab** from Diagnostic Imaging

In a final score of **22-3.... The Paper Football Champion for**

2021 is ...Jim Schab!

Thank you everyone coordinated game play in the clinics and hospital, those that joined the finals via Teams and everyone who cheered the players on –***you are all amazing!***

We look forward to next year's competition.

THE PULSE

PROSSER MEMORIAL HEALTH EMPLOYEE NEWSLETTER

FEBRUARY 2021

February is American Heart Month

Get moving to be heart healthy!
The American Heart Association recommends that you get at least 30 minutes of exercise most days of the week.

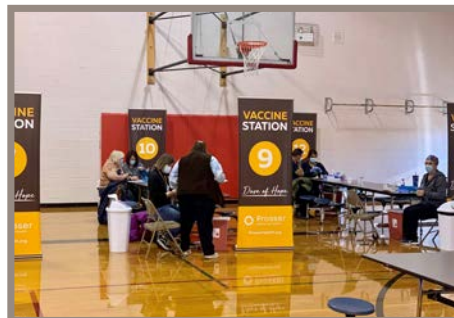
Each day through the month of February, a Heart Healthy recipe will be shared on our website and social media pages. All recipes were provided by Kristal Oswalt, Health & Wellness Coordinator at the Prosser Clinic.

In honor of American Heart Month you can purchase a red long sleeve PMH Foundation shirt for \$20.00. Order your shirt by emailing Annie Tiemersma at atiemersma@prosserhealth.org. Orders can be paid through payroll deduct.



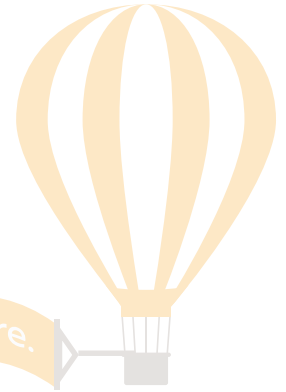
A graphic for Prosser Memorial Health's American Heart Month. It features the Prosser Memorial Health logo at the top, a large red heart with a white ECG line, and the text "AMERICAN HEART MONTH" and "Experts in caring". Below the heart is the hashtag "#ProsserHeartCenter" and the slogan "This is how we care." with the website "ProsserHealth.org".

COVID-19 Vaccine Clinic



PMH Holds Community Vaccine Clinic January 22 & 23rd at Housel Middle School.

ASPIRE Awards



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

Stay Tuned!

Stay tuned for January and February ASPIRE award winners in the next newsletter!

You can electronically nominate your peer! Use the "ASPIRE Recognition Form" on Sharepoint. Electronic submissions are reviewed monthly by the Rewards & Recognition Team.

First Babies in 2021



2021

Meet New Years Baby Kynzlee!

Congratulations to the Perales Family on the arrival of Baby Kynzlee!
7 lbs 12 oz | 19 inches

 Family Birthplace
Prosser Memorial Health

This is how we care.



2021

Meet New Years Baby Victor!

Congratulations to the Espindola Family on the arrival of Baby Victor!
7 lbs 1 oz | 19.5 inches

 Family Birthplace
Prosser Memorial Health

This is how we care.

Congratulations to both the Perales and Espindola family on the arrival of their baby boy and girl!

Anniversaries

Happy 1 Year

Cynthia Cruz

Prosser Women's Health Center
CMA

Christina Gaige

Family Birthplace RN

Happy 2 Years

Laura Montanaro

Grandview Clinic RN

Michelle Risk

Accounting Technician

Jamie Graham

Med/Surg RN

Josue Martinez

Diagnostic Imaging Rad Tech

Nina Klewin

EMS Paramedic

Happy 3 Years

Miriah Webb

Diagnostic Imaging Echo Tech

Happy 4 Years

Merry Fuller

Chief Nursing Officer

Brian Brindle

Radiology Echo Tech-R

Happy 5 Years

Irma Mendoza

Grandview Clinic
Patient Services Rep

Jason Strickland

Information Technology
Help Desk Technician

Happy 6 Years

Wesley Kessinger

Emergency Department RN

Jody Andringa

Emergency Department RN

Kale Guerin

EMS Paramedic

Happy 7 Years

Shantel McGarvey

Emergency Department RN

Eileen Sheppard

Surgical Services RN

Hanna Wheeler

Family Birthplace RN

Happy 8 Years

Marta Meza

Patient Billing Services Financial
Counselor

Happy 9 Years

Mara Ripplinger

Laboratory Lab Assistant II

Happy 11 Years

Hope Ramirez

Benton City Clinic CMA

Happy 14 Years

Aurora Weddle

Director of Diagnostic Imaging

Happy 16 Years

Gaylyn Concienne

Health Information Management
Certified Coder

Happy 20 Years

Jeff Fitzjarrald

EMS Paramedic

Happy 28 Years

Genny Judkins

Director of Environmental Services

Birthdays



Randy McCombs

Maintenance
Grounds Maintenance

Trinidad Silva Frayle

Laboratory Lab Assistant II

Rocky Snider

Human Resources
HR Generalist Recruitment

Deanna Bridger

Environmental Services
Laundry Worker

Wellanie Bautista

Laboratory Microbiologist

Jamie Walloughby

Accounting Senior Financial Analyst

Amanda Leighty

Prosser Specialty Clinic CMA

Mark Clark

OSP RN Wound Care

Diana Johnson

OSP RN

Gabriela Guel

Family Birthplace RN

Irene Patina

Emergency Department RN

Veronica Sanchez

Benton City Clinic CMA

Rosa Rivera

Prosser Specialty Clinic CMA
(Birthday in January)

Shannon Hitchcock

Chief Communications Officer

Rusti Wilson

Director of Cardiopulmonary

Erin Woody

Laboratory Lab Assistant II

Dr. Lindsey Smith

Emergency Department

Silvia Cervantes

Emergency Department ED Tech

Cherillynn Damron

Diagnostic Imaging CT Tech-R

Victoria Garcia

Prosser Clinic CMA

Barbara Sawyer

Surgical Services RN

Jamie Graham

Med/Surg RN

Isabel De La Cruz

Prosser Clinic CMA

Menalyn Herrero

Med/Surg RN

Billy Wilson

Ambulance EMT B2

Britnie Parli

Prosser Women's Health Center
CMA

Maggie Munoz-Costello

Patient Financial Services

Jeanna Graybill

Nursing Administration
RN Resource Nurse

Maricela Rivera

Patient Registration
Patient Registrar

Consuelo Sandoval

Diagnostic Imaging Ultrasonographer

Cheryl Bofman

Emergency Department RN



Welcome to the Team!



Left to right: Amber Guthrie, Madeleine Nelson, Sophia Castillo, Amanda Leighty, Nena Gonzalez.

How do you spend your time outside of work?

Amber Guthrie, Diagnostic Imaging Nuclear Medicine Technician: "I like spending time outdoors, during the colder months you'll find me in the shop woodworking."

Maddy Nelson, Diagnostic Imaging Mammographer: "Sometimes go hiking with my boyfriend. Usually relax and watch Netflix. We watch a lot of horror movies."

Sophia Castillo, Medical / Surgical RN: "I love spending time with my family outside, camping, hiking, swimming and BBQ with them."

Amanda Leighty, Specialty Clinic CMA: "Spending time with my kiddos!"

Nena Gonzalez, Medical / Surgical Technician: "Camping and hiking!"

What have you enjoyed so far working at PMH?

Amber Guthrie, Diagnostic Imaging Nuclear Medicine Technician: "Everyone has been so helpful. I appreciate having so many good resources to answer questions."

Maddy Nelson, Diagnostic Imaging Mammographer: "This place has a special feeling. The other sites I've been to can't compare. It's wonderful to be working for a company that I know shares my values."

Sophia Castillo, Medical / Surgical RN: "I love the atmosphere, you get a home feeling as soon as you enter! Everyone is so willing to help one another and goes above and beyond to make you feel comfortable!"

Amanda Leighty, Specialty Clinic CMA: "The vibe I get from the whole team. Very important to me!"

Nena Gonzalez, Medical / Surgical Technician: "Med/Surg staff are friendly, helpful, and work together well- great team!"



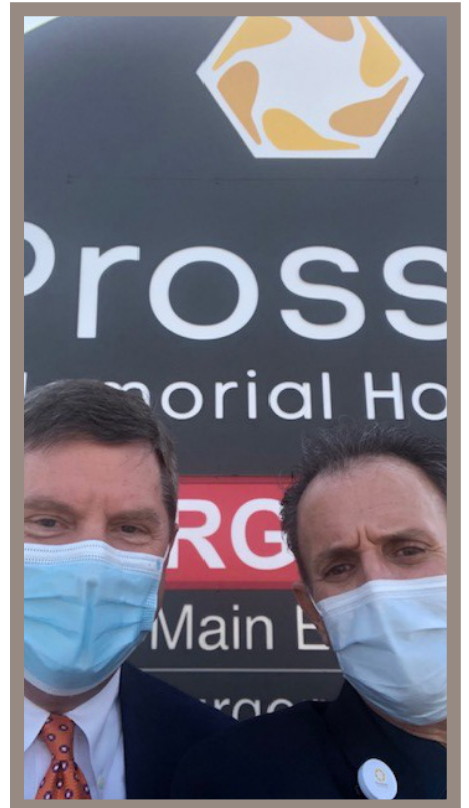
What have you enjoyed so far working at PMH?

Bryon Dirkes, Chief Human Resources Officer: "I am happy to have joined a fantastic organization that is committed to serving our communities. PMH is great people providing excellent care."

How do you spend your time outside of work?

Bryon Dirkes, Chief Human Resources Officer: "I live in Walla Walla, I enjoy spending time painting, writing poetry, and wine collecting."

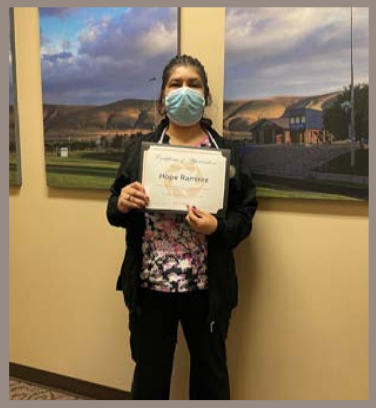
New Hire Orientation Scavenger Hunt!

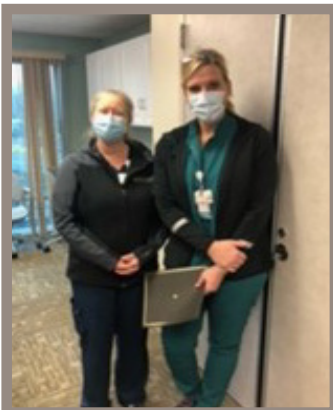
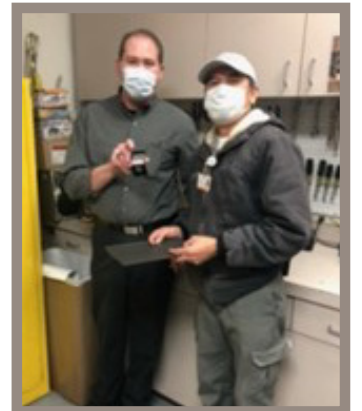
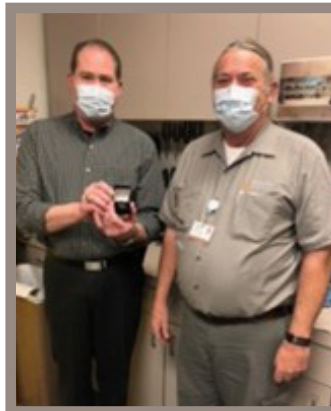
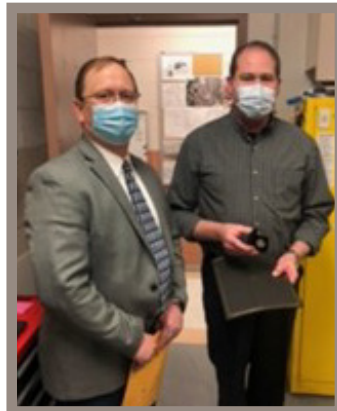
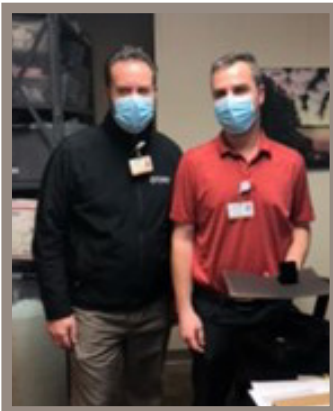
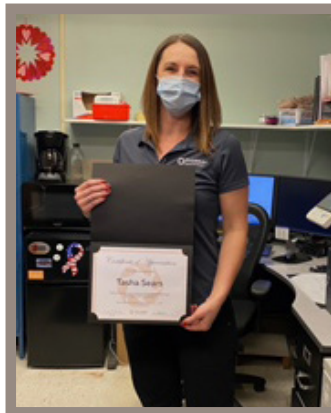


Years of Service



The Years of Service ceremony recognized employees for 5, 10, 15, 20 and 25 years of service. View the presentation on SharePoint.





This is how we care.



Three Things You May Not Know About Your Retirement Plan

Many plan participants may not fully understand all the advantages their employer-provided retirement plans provide. Here are three aspects of your retirement plan that may surprise you.

Spend Less Than You Earn

Many plan participants may not fully understand all the advantages their employer-provided retirement plans provide. Here are three aspects of your retirement plan that may surprise you.

1. By law, the assets of a retirement plan are held in a trust (or invested in an insurance contract), separate and apart from the assets of the employer sponsoring the plan. Plan assets must be used solely to benefit plan participants and beneficiaries.
2. Your retirement plan assets are portable so that if you change jobs, you won't have to start over. You may have several options for your retirement savings, such as keeping the money in your current plan, moving your savings to another employer's retirement plan or an individual retirement account*, or cashing out your plan assets.
3. You can change beneficiaries. If there's a major change in your life, you have the flexibility to add or subtract an individual or individuals from the list of beneficiaries who would receive the assets in your retirement account upon your death.

Employer-provided retirement plans also offer tax benefits, professional investment management, and an automatic payroll contribution feature, all of which can simplify and streamline saving for retirement.

How America Views Retirement Plans

U.S. households hold generally favorable impressions of 401(k) and similar "defined contribution" retirement plans. Among surveyed households with defined contribution plan accounts or individual retirement accounts:

91% agreed that their plans helped them think about the long term, not just their current needs
82% said the tax treatment of their retirement plans was a big incentive to contribute
86% had favorable opinions of their plans
83% were satisfied with their plan's investment options

This table is based on data compiled from American Views on Defined Contribution Plan Saving, 2017, Investment Company Institute, February 2018.

This content is for general informational and educational purposes only and should not be relied upon as the only source of information.

**Employee-Participants contemplating current plan-to-new plan/account rollovers or transfers should consider the features, benefits, fees and expenses associated with the current plan versus those associated with the new plan/account prior to initiating the transaction.*

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

R

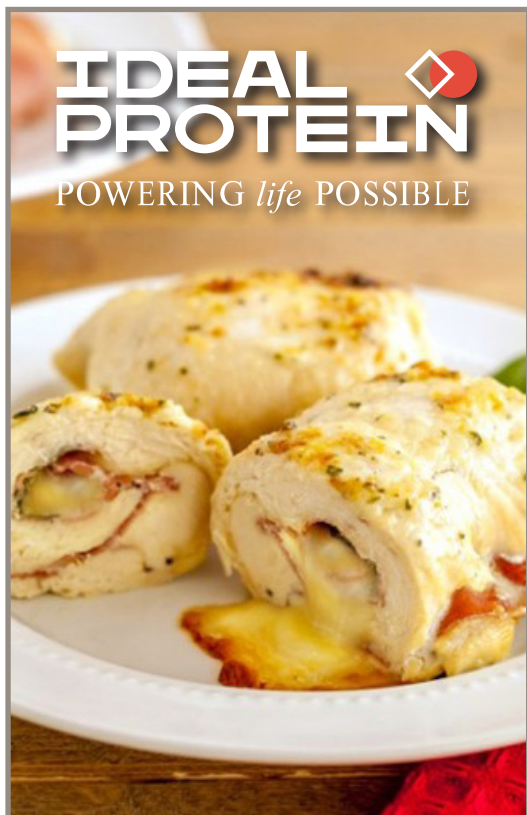
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A

C

H

Italian Cheesy Prosciutto Stuffed Chicken



Prep Time: 10 Min
Cook Time: 30 Min

Total Time: 40 Min
Servings: 4

Nutrition

- Serving: 1g
- Calories: 137kcal
- Carbohydrates: 1g
- Protein: 19g
- Fat: 7g
- Saturated Fat: 2g
- Polyunsaturated Fat: 3g
- Cholesterol: 44mg
- Sodium: 859mg

Ingredients

- 1.5 lb boneless skinless chicken breasts pounded thin
- 6 slices prosciutto
- 4 in mozzarella string cheese sticks cut half
- 1/3 cup fresh spinach
- 1 1/2 tbsp mayonnaise organic or homemade mayo
- 1/2 tsp garlic powder
- 1/2 tsp sea salt
- 1/4 tsp Italian seasonings
- 1/8 tsp black pepper
- 1 1/2 tsp parmesan

Instructions:

Preheat oven to 350° F, and line or oil a baking sheet.

Place chicken breast halves between two pieces plastic wrap or parchment paper and pound thin with a kitchen meat pounder or mallet.

Once chicken is thin, peel off top plastic wrap or parchment paper, and place a slice of prosciutto on top. Then place a little spinach on top, and then a string cheese. Roll each half chicken breast around the filling while tucking in the sides.

Place each chicken roll on the baking sheet. If chicken won't stay rolled then use a wooden toothpick to keep together.

In a small mixing bowl combine: mayonnaise, garlic powder, sea salt, italian seasonings, and black pepper. Mix together.

Use a pastry brush or butter knife to spread the mayonnaise mixture over the top and sides of the chicken rolls.

Sprinkle the top with parmesan cheese. Bake for 30 minutes, or until chicken is done. Serve.

Upcoming Events

February 5 - Wear Red Day

February 12 - HR Valentines

February 14 - Valentine's Day

March 5 - Employee Appreciation Day

March 15-19 - Healthcare HR Professionals Week

March 14 - Spring Forward

March 17 - St. Patrick's Day

March 18 - Hospitalists Day

March 30 - Doctors Day

Lunch & Learn



The flyer features a dark brown background with a white apple icon containing the Prosser Memorial Health logo. The text 'LUNCH & LEARN' is prominently displayed in white. Below this, the topic 'A-Fib (Atrial Fibrillation)' is listed in orange and white, along with the date 'Friday, February 12' and time '12 PM - 1 PM'. A Facebook Live icon and the handle '@ProsserMemorialHealth' are also present. A portrait of Dr. Bhatti, a Board Certified Cardiologist, is shown in a small frame. At the bottom, the Prosser Heart Center logo and website 'ProsserHealth.org' are included.

Topic: A-Fib (Atrial Fibrillation)

Friday, February 12
12 PM - 1 PM

Facebook Live
@ProsserMemorialHealth

Join us on Facebook Live Friday, February 12th for an interactive conversation on A-Fib with PMH Cardiologist Dr. Bhatti. If you have specific questions for Dr. Bhatti regarding A-Fib you can email them to connect@prosserhealth.org prior to the Lunch & Learn.

Dr. Bhatti
Board Certified Cardiologist

Prosser Heart Center
Prosser Memorial Health

ProsserHealth.org

Join us on Facebook Live Friday, February 12th for an interactive conversation on A-Fib with PMH Cardiologist Dr. Bhatti.

Heart Healthy Fundraiser

Enjoy lunch and join Dr. Bhatti's Lunch & Learn. We will be selling lunch, dessert, and a foundation shirt for \$50.00 (comes with a goodie bag). Lunch is provided by Jade's British Girl Teats. Enjoy a bowl of quinoa vegetable soup and a side salmon avocado salad with blueberry dressing. Dessert includes a strawberry hand heart pie. Pick up at 1115 Grant Ave., Prosser, WA. Orders must be placed by February 10th. All proceeds benefit the Prosser Memorial Health Foundation.



Welcome Dr. Unger

Welcome General Surgeon Dr. Richard Unger to the team at Prosser General Surgery Center.



Prosser General Surgery Center
Prosser Memorial Health



Product of the North

Thank you Dr. Rode for facilitating the donation of 20 high-end Product of the North diaper bags to the Family Birthplace!



HR Valentines

HR will have valentine appreciation cards that employees can buy for \$1 that will be delivered to other employees on Feb 12. All proceeds will go to the Foundation.



Order Logo Wear

Visit shop.companycasuals.com or visit In Stitches at 423 7th Street in Prosser. Orders can be paid through payroll deduct. Contact Annie Tiemersma at 6600 or atiemersma@prosserhealth.org for questions.

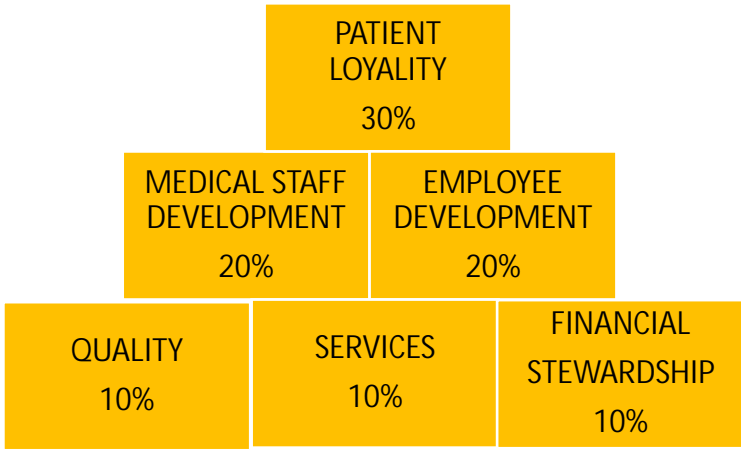


Prosser
Memorial Health

2021 PMH Incentive Compensation Program

FEBRUARY 25, 2021

2021 Prosser Memorial Health Organizational LEM Weighting Distribution:



Leadership Team and Exempt (non-leadership) LEM Weighting Distribution:
 50% Prosser Memorial Health Organizational LEM Goal Achievement
 50% Department Specific LEM Goal Achievement

ORGANIZATIONAL WEIGHT	DEPARTMENTAL WEIGHT
<p>A pyramid diagram showing the weighting distribution for organizational LEM. The top level is 'PATIENT LOYALTY' at 15%. The second level consists of 'MEDICAL STAFF DEVELOPMENT' and 'EMPLOYEE DEVELOPMENT', each at 10%. The third level consists of 'QUALITY', 'SERVICES', and 'FINANCIAL STEWARDSHIP', each at 5%.</p>	<p>A pyramid diagram showing the weighting distribution for departmental LEM. The top level is 'PATIENT LOYALTY' at 15%. The second level consists of 'MEDICAL STAFF DEVELOPMENT' and 'EMPLOYEE DEVELOPMENT', each at 10%. The third level consists of 'QUALITY', 'SERVICES', and 'FINANCIAL STEWARDSHIP', each at 5%.</p>

SUBJECT:	Leadership and Exempt (non-leadership) Incentive Compensation Policy			NO:	865-1056
<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Protocol/Pre-Printed Order <input type="checkbox"/> Other:					
<input type="checkbox"/> New <input checked="" type="checkbox"/> Supersedes				Effective Date	05/31/18
Author	RKmetz		Date of Electronic Distribution	12/21/17	
Dept. Manager			Medical Director/CAH Oversight		
Administrative			Policy Committee		
Committee			Other		
Audit Review:	Initials:	rk	rk	rk	
	Date:	4/26/18	5/16/18	3/4/19	

Purpose: This document sets forth the Incentive Compensation Policy for Prosser Memorial Health. The purpose of this policy is to establish a uniform policy to award incentive compensation and to recognize successful participation in an incentive program for the Leadership Team and Exempt (non-leadership) Staff at Prosser Memorial Health.

Policy:

An incentive is a lump sum payment granted to recognize accomplishment in relation to pre-established target goals and performance measures and criteria.

General:

An incentive is delivered through a formal, documented and approved plan based on a predetermined annual reward schedule. The plan criteria is beyond normal expectations with quantifiable measurements used to evaluate performance.

Payment of awards shall be made with the first full pay period of April after completion of the annual performance period and approximately thirty (30) days from the day submitted for approval to the CEO.

Incentives will be calculated on an annual basis beginning with the first month of the calendar year. The incentive pay shall be made through payroll and shall be reduced by customary and required withholdings.

Prosser Memorial Health reserves the right to amend or terminate the program in whole or part at any time.

Eligibility:

- a. New leadership and exempt (non-leadership) staff will have their incentive prorated based upon the number of months they worked during the incentive calculation period.
- b. The recipient must be an employee on the date that the payment is awarded
- c. The recipient must be an employee on the last day of the predefined period for achieving the objectives.
- d. Employees on a plan of correction/corrective action will be handled on a case by case basis in conjunction with the Director of Human Resources and the CEO.
- e. Employees on extended leave during any of the predefined periods may have their incentive prorated based upon the number of months they worked during the incentive calculation period. Employees falling in this category will be handled on a case by case basis in conjunction with the Director of Human Resources and the CEO.

Definition:

Incentive: A pay plan that is designed to reward the accomplishment of specific results.

An incentive payment is tied to expected results which are identified at the beginning of a performance cycle. An incentive plan is a nondiscretionary lump-sum payment in addition to an employee's base pay.

FY 2020 LEADERSHIP and EXEMPT (non-leadership) STAFF
INCENTIVE COMPENSATION PROGRAM
LEADERSHIP EVALUATION MANAGER (LEM)
February 25, 2021

- 100% of incentive compensation is at risk and earned based on the annual weighted average LEM score (no rounding).
 - LEM score of 5 would earn 100%
 - LEM score of 4 would earn 75%
 - LEM score of 3 would earn 50%
 - LEM score of 2 would earn 25%
 - LEM score of < 2 would earn 0%
- Door Opener
 - If the Budgeted Total Margin is met by Prosser Memorial Health (PMH), the door to awarding incentive compensation is opened. Then use the above formula.
 - Will not pay-out more than 50% of excess margin without Board of Commissioner approval.
- A percentage is based on Prosser Memorial Health achievement and a percentage may be based on individual achievements as defined below.

CEO

100% is based on PMH achieving one or more goals and at the discretion of the Board of Commissioners.

LEADERSHIP TEAM and EXEMPT (non-leadership) STAFF

50% is based on PMH achieving one or more goals.

50% is based on individual LEM scores

Eligible individuals can earn either a percentage or both percentages depending on achievement.

PMH Pay-for-Performance System
Leadership and Exempt (non-leadership) Staff
Annual Wage Program
2021

2021 Weighted Average <u>LEM Score</u>	<u>% Pay Increase for 2021 (1/1/21 – 12/31/21)</u>
5	5%
4	4%
3	3%*
2	2%
< 2	0%

Example: Weighted Average LEM score = 3.25
% Pay Increase = 3.25%

* Average organization-wide pay increase approved by the Board of Commissioners in the Annual Operating Budget (2021 = 3.5%)

PMH Leadership and Exempt (non-leadership) Staff
 Incentive Compensation Program
 FY2021
 25-Feb-21

<u>Leadership Team (25)</u>				<u>Exempt (non-leadership) (13)</u>			
% of Base Pay	LEM Score	Payout %	\$\$	% of Base Pay	LEM Score	Payout %	\$\$
15%	5	(100%)	\$393,916	5%	5	(100%)	\$46,776
11.25%	4	(75%)	\$295,437	4%	4	(75%)	\$37,421
7.5%	3	(50%)	\$196,958	3%	3	(50%)	\$28,065
3.75%	2	(25%)	\$98,479	2%	2	(25%)	\$18,710
0%	< 2	(0%)	\$0	0%	< 2	(0%)	\$0

Based on \$2,626,106 Total Salaries (2020)
 Based on \$935,515 Total Salaries (2020)

The actual overall performance score will be used in the calculation (no rounding). For example, a leader with an overall performance score of 3.5 will receive an incentive payment of 9.375% of their base annual salary. An exempt (non-leadership) individual with an overall performance score of 3.5% will receive an incentive payment of 3.5% of their base annual salary.

Gate Opener = PMH must meet its Total Net Income (less COVID Relief Funds) Budget for 2021 = \$4,357,703 (6.03%) AND the plan will not pay out more than 50% of excess margin without Board of Commissioner approval.

Average Score = 3 = Budgeted Goals = \$238,662 (\$211,748+\$26,914) based on 2020 Total Salaries Paid.

EXAMPLE

Leadership and Exempt (non-leadership) Annual Performance Appraisal

Employee Name	John Doe	Job Title	Parking Attendant
Department	Valet Service	Manager	Sally Diddet
Review Due Date	TBD	Date Completed	TBD

Instructions: Please rate the following questions with either Exceptional (5), Exceeds Standards (4), Meets Standards (3), Needs Improvement (2), Does Not Meet Standards (1). Comments are required for ratings of 5, 2, and 1.

Exceptional (5): Performance far exceeds expectations due to exceptionally high quality of work performed in all essential areas of responsibility, resulting in an overall quality of work that is superior; and either includes the completion of a major goal or project or making an exceptional or unique contribution in support of their department.

Exceeds Standards (4): Performance consistently exceeds expectations in all essential areas of responsibility and the quality of work overall is excellent. Annual goals are met.

Meets Standards (3): Performance consistently meets expectations in all essential areas of responsibility. Individual has full proficiency of skills applicable to the performance criteria, and quality, quantity, and results are consistently positive. Annual goals are met.

Improvement Needed (2): Performance is not consistently meeting expectations and fails to meet expectations in one or more essential areas of responsibility. A development plan to improve performance is required to accompany this appraisal including deliverables and timelines and monitored to measure progress.

Does Not Meet Standards (1): Performance is unacceptable and is below expectations in most essential areas of responsibility. Individual requires more than the typical amount of oversight and close supervision on this standard. As per Policy 865-1027, a Plan of Action (POA) is needed for items marked Does Not Meet Standards. A POA is an agreement between the leader and manager on actions to improve specific performance behaviors. The POA needs to accompany the performance appraisal. The individual's manager will monitor progress and submit a follow up report to attach to the performance appraisal no later than six (6) months following implementation. The individual must achieve a rating of at least "Meets Standards" to be eligible for a pay increase. Failure to perform at a "Meets Standards" level may result in corrective action up to and including termination from employment.

EXAMPLE

<p>Job Duties – Manages workload assignments as shown by appropriate prioritization of workload, is able to problem solve and work with minimal supervision, uses work resources appropriately, and completes work within established time frames. Stays current with professional standards, works effectively with new managers, technology and processes and maintains education, current licensure and/or certification as required.</p>	<p>Rating <u> 4 </u></p>
<p>Comments:</p>	

<p>Leadership Evaluation Manager (LEM) – Updates LEM on a consistent (e.g. monthly, quarterly) basis ensuring information is accurate and timely. Makes sure essential areas of responsibility and work performed tie back to Strategic Plan Pillars and LEM goals.</p>	<p>Rating <u> 5 </u></p>
<p>Comments:</p>	

<p>Education – Participates in all mandatory education programs and required meetings. Leads and participates in committees as required. Able to describe his/her responsibilities related to general safety, disaster preparedness, and regulatory compliance.</p>	<p>Rating <u> 5 </u></p>
<p>Comments:</p>	

<p>Customer Service – Demonstrates courtesy and ability to respond effectively to customers, staff, patients, public, volunteers, and physicians. Immediately acknowledges a customer’s presence and is able to understand their needs. Displays a full knowledge and assists with the successful implementation of department service standards.</p>	<p>Rating <u> 5 </u></p>
<p>Comments:</p>	

EXAMPLE

ASPIRE Values and Standards of Behavior – Consistently models ASPIRE Values of Accountability, Service, Promote Teamwork, Integrity, Respect and Excellence and demonstrates PMH organizational expectations of communication, initiative, time and priority management, HIPAA, and confidentiality.	Rating <u> 4 </u>
Comments:	

Goal, Training, and Development – Identify <i>two</i> goals to build skills for the future. What training, support, action, or resources are needed to fulfill these skills? Consider the leader’s present status and future potential for the organization. Please also note accomplishments of goals from the previous year. Provide a descriptive statement for each goal.	
Comments:	

Please answer the following questions with either Yes or No response.

Met and discussed performance appraisal with leader.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Job description reviewed and performance expectations discussed. Goals identified for the next evaluation cycle.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Individual LEM reviewed and discussed. Individual can articulate the importance of their work in relation to the strategic pillars and LEM goals.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Commitment to ASPIRE Acknowledgement signed and dated consistent with performance appraisal.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HealthStream In-Service Education training/education modules are current and on-track.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If applicable to position, annual competencies completed and forwarded to Human Resources.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Safety Manual and SDS Manual reviewed as required.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Overall Average Numerical Performance Appraisal Rating:	Total Points <u> 23 </u> / 5 = <u> 4.6 </u>
--	--

EXAMPLE

Comments:	
------------------	--

Average Performance Appraisal and Leadership Evaluation Manager (LEM) Score:	Performance Appraisal Rating $4.6 \times .2 = .92$ LEM Score $2.6 \times .8 = 2.08$ Combined Appraisal/LEM Score = 3.0
Comments	

Manager Signature: _____ **Date:** _____

Employee Signature: _____ **Date:** _____

Employee Comments:

ATTACHMENT Q



Prosser
Memorial Health

Balance Sheet
January 31, 2021

	Assets			Liabilities & Fund Balance			
	<u>1/31/2021</u>	<u>12/31/2020</u>	<u>12/31/2020</u>	<u>1/31/2021</u>	<u>12/31/2020</u>	<u>12/31/2020</u>	
Cash & Temporary Investments	8,448,049	8,833,380	8,833,380	Current Portion of Bonds Payable	992,759	1,103,332	1,103,332
Gross Patient Accounts Receivable	29,542,976	27,102,308	27,102,308	Current Portion Capital Leases	-	-	-
Less Allowances for Uncollectible	(18,292,000)	(16,699,000)	(16,699,000)	Accounts Payable	1,017,439	1,390,403	1,390,403
Net Patient Receivables	11,250,976	10,403,308	10,403,308	Payroll & Related Liabilities	2,629,301	2,327,540	2,327,540
Taxes Receivable	890,219	31,706	31,706	Cost Report Payable	653,060	450,673	450,673
Receivable from 3rd Party Payor	733,690	736,090	736,090	Other Payables to 3rd Parties	465,709	465,709	465,709
Inventory	522,384	484,142	484,142	Deferred Tax Revenue	790,140	-	-
Prepaid Expenses	1,204,787	1,208,748	1,208,748	Deferred EHR Medicare Revenue	-	-	-
Other Current Assets	120,059	118,401	118,401	Deferred COVID Revenue	10,357,990	10,357,990	10,357,990
Total Current Assets	23,170,164	21,815,775	21,815,775	Accrued Interest Payable	38,665	19,670	19,670
Whitehead Fund - LGIP	1,213,728	1,213,585	1,213,585	Other Current Liabilities	-	-	-
Funded Depreciation - Cash	1,197,137	1,020,257	1,020,257	Total Current Liabilities	16,945,063	16,115,317	16,115,317
Funded Depreciation - TVI	15,393,352	15,393,352	15,393,352	Non Current Liabilities			
Bond Obligation Cash Reserve	767,485	767,478	767,478	Bonds Payable net of CP	10,357,173	10,357,504	10,357,504
Tax Exempt Lease Funds	602,245	893,149	893,149	Capital Leases net of CP	854,321	854,321	854,321
Board Designated Assets	19,173,947	19,287,821	19,287,821	Total Non Current Liabilities	11,211,494	11,211,825	11,211,825
Land	478,396	478,396	478,396	Total Liabilities	28,156,557	27,327,142	27,327,142
Property Plant & Equipment	44,383,584	43,946,901	43,946,901	Fund Balance			
Accumulated Depreciation	(28,630,530)	(28,455,218)	(28,455,218)	Unrestricted Fund Balance	33,205,747	32,534,866	32,534,866
Net Property Plant & Equipment	16,231,450	15,970,079	15,970,079	Restricted Fund Balance	-	-	-
Investment & Other Non Current Assets	1,041,303	1,042,893	1,042,893	Total Fund Balance	33,205,747	32,534,866	32,534,866
Land - Gap Road	1,745,440	1,745,440	1,745,440				
Net Investments & Other Non Current Asset:	2,786,743	2,788,333	2,788,333				
Total Assets	\$ 61,362,304	\$ 59,862,008	\$ 59,862,008	Total Liabilities & Fund Balance	\$ 61,362,304	\$ 59,862,008	\$ 59,862,008



Prosser

Memorial Health

Balance Sheet

January 31, 2021

	Assets			Liabilities & Fund Balance		
	1/31/2021	12/31/2020	12/31/2020	1/31/2021	12/31/2020	12/31/2020
Cash & Temporary Investments	8,448,049	8,833,380	8,833,380	Current Portion of Bonds Payable	992,759	1,103,332
	-	-	-	Current Portion Capital Leases	-	-
Gross Patient Accounts Receivable	29,542,976	27,102,308	27,102,308	Accounts Payable	1,017,439	1,390,403
Less Allowances for Uncollectible	(18,292,000)	(16,699,000)	(16,699,000)	Payroll & Related Liabilities	2,629,301	2,327,540
Net Patient Receivables	11,250,976	10,403,308	10,403,308	Cost Report Payable	653,060	450,673
	-	-	-	Other Payables to 3rd Parties	465,709	465,709
Taxes Receivable	890,219	31,706	31,706	Deferred Tax Revenue	790,140	-
Receivable from 3rd Party Payor	733,690	736,090	736,090	Deferred EHR Medicare Revenue	-	-
Inventory	522,384	484,142	484,142	Deferred COVID Revenue	10,357,990	10,357,990
Prepaid Expenses	1,204,787	1,208,748	1,208,748	Accrued Interest Payable	38,665	19,670
Other Current Assets	120,059	118,401	118,401	Other Current Liabilities	-	-
Total Current Assets	23,170,164	21,815,775	21,815,775	Total Current Liabilities	16,945,063	16,115,317
	-	-	-		-	-
Whitehead Fund - LGIP	1,213,728	1,213,585	1,213,585	Non Current Liabilities	-	-
Funded Depreciation - Cash	1,197,137	1,020,257	1,020,257	Bonds Payable net of CP	10,357,173	10,357,504
Funded Depreciation - TVI	15,393,352	15,393,352	15,393,352	Capital Leases net of CP	854,321	854,321
Bond Obligation Cash Reserve	767,485	767,478	767,478	Total Non Current Liabilities	11,211,494	11,211,825
Tax Exempt Lease Funds	602,245	893,149	893,149		0	0
Board Designated Assets	19,173,947	19,287,821	19,287,821		-	-
	-	-	-	Total Liabilities	28,156,557	27,327,142
Land	478,396	478,396	478,396		-	-
Property Plant & Equipment	44,383,584	43,946,901	43,946,901	Fund Balance	-	-
Accumulated Depreciation	(28,630,530)	(28,455,218)	(28,455,218)	Unrestricted Fund Balance	33,205,747	32,534,866
Net Property Plant & Equipment	16,231,450	15,970,079	15,970,079	Restricted Fund Balance	-	-
	-	-	-	Total Fund Balance	33,205,747	32,534,866
Investment & Other Non Current Assets	1,041,303	1,042,893	1,042,893		-	-
Land - Gap Road	1,745,440	1,745,440	1,745,440		-	-
Net Investments & Other Non Current Assets:	2,786,743	2,788,333	2,788,333		-	-
	-	-	-		-	-
Total Assets	\$ 61,362,304	\$ 59,862,008	\$ 59,862,008	Total Liabilities & Fund Balance	\$ 61,362,304	\$ 59,862,008



Statement of Operations
January 31, 2021


Month Ending				Prior		Year to Date				Prior	
Actual	Budget	Variance	%	Year	%	Actual	Budget	Variance	%	Year	%
Gross Patient Services Revenue						Gross Patient Services Revenue					
\$ 3,824,595	\$ 2,821,052	\$ 1,003,543	36%	\$ 2,864,636	34%	\$ 3,824,595	\$ 2,821,052	\$ 1,003,543	36%	\$ 2,864,636	34%
10,210,773	10,342,044	(131,271)	-1%	10,071,001	1%	10,210,773	10,342,044	(131,271)	-1%	10,071,001	1%
14,035,368	13,163,096	872,272	7%	12,935,637	9%	14,035,368	13,163,096	872,272	7%	12,935,637	9%
Deductions from Revenue						Deductions from Revenue					
Contractual Allowances						Contractual Allowances					
3,197,084	2,446,822	(750,262)	-31%	2,632,393	21%	3,197,084	2,446,822	(750,262)	-31%	2,632,393	21%
2,895,026	2,788,969	(106,057)	-4%	2,462,158	18%	2,895,026	2,788,969	(106,057)	-4%	2,462,158	18%
1,423,179	1,617,306	194,127	12%	1,970,832	-28%	1,423,179	1,617,306	194,127	12%	1,970,832	-28%
274,835	169,783	(105,052)	-62%	152,100	81%	274,835	169,783	(105,052)	-62%	152,100	81%
7,790,124	7,022,880	(767,244)	-11%	7,217,483	8%	7,790,124	7,022,880	(767,244)	-11%	7,217,483	8%
7,790,124	7,022,880	(767,244)	-11%	7,217,483	8%	7,790,124	7,022,880	(767,244)	-11%	7,217,483	8%
190,576	157,906	(32,670)	-21%	70,465	170%	190,576	157,906	(32,670)	-21%	70,465	170%
185,454	307,889	122,435	40%	366,493	-49%	185,454	307,889	122,435	40%	366,493	-49%
8,166,154	7,488,675	(677,479)	-9%	7,654,441	7%	8,166,154	7,488,675	(677,479)	-9%	7,654,441	7%
5,869,214	5,674,421	194,793	3%	5,281,196	11%	5,869,214	5,674,421	194,793	3%	5,281,196	11%
-	-	-	0%	-	0%	-	-	-	0%	-	0%
21,974	28,611	(6,637)	-23%	54,446	-60%	21,974	28,611	(6,637)	-23%	54,446	-60%
5,891,188	5,703,032	188,156	3%	5,335,642	10%	5,891,188	5,703,032	188,156	3%	5,335,642	10%
Net Patient Services Revenue						Net Patient Services Revenue					
5,869,214	5,674,421	194,793	3%	5,281,196	11%	5,869,214	5,674,421	194,793	3%	5,281,196	11%
-	-	-	0%	-	0%	-	-	-	0%	-	0%
21,974	28,611	(6,637)	-23%	54,446	-60%	21,974	28,611	(6,637)	-23%	54,446	-60%
5,891,188	5,703,032	188,156	3%	5,335,642	10%	5,891,188	5,703,032	188,156	3%	5,335,642	10%
Operating Expenses						Operating Expenses					
2,896,868	2,671,771	(225,097)	-8%	2,390,097	21%	2,896,868	2,671,771	(225,097)	-8%	2,390,097	21%
490,325	390,995	(99,330)	-25%	577,012	-15%	490,325	390,995	(99,330)	-25%	577,012	-15%
212,649	197,600	(15,049)	-8%	249,096	-15%	212,649	197,600	(15,049)	-8%	249,096	-15%
3,599,842	3,260,366	(339,476)	-10%	3,216,205	12%	3,599,842	3,260,366	(339,476)	-10%	3,216,205	12%
273,508	332,194	58,686	18%	389,778	-30%	273,508	332,194	58,686	18%	389,778	-30%
51,994	41,867	(10,127)	-24%	43,960	18%	51,994	41,867	(10,127)	-24%	43,960	18%
716,484	850,114	133,630	16%	619,449	16%	716,484	850,114	133,630	16%	619,449	16%
46,429	42,997	(3,432)	-8%	43,249	7%	46,429	42,997	(3,432)	-8%	43,249	7%
227,910	325,315	97,405	30%	261,428	-13%	227,910	325,315	97,405	30%	261,428	-13%
173,355	176,630	3,275	2%	194,404	-11%	173,355	176,630	3,275	2%	194,404	-11%
79,892	107,480	27,588	26%	60,430	32%	79,892	107,480	27,588	26%	60,430	32%
176,902	246,996	70,094	28%	222,577	-21%	176,902	246,996	70,094	28%	222,577	-21%
(98,093)	109,763	207,856	189%	104,447	-194%	(98,093)	109,763	207,856	189%	104,447	-194%
1,648,381	2,233,356	584,975	26%	1,939,722	-15%	1,648,381	2,233,356	584,975	26%	1,939,722	-15%
5,248,223	5,493,722	245,499	4%	5,155,927	2%	5,248,223	5,493,722	245,499	4%	5,155,927	2%
642,965	209,310	433,655	207%	179,715	258%	642,965	209,310	433,655	207%	179,715	258%
Operating Income (Loss)						Operating Income (Loss)					
73,234	71,831	1,403	2%	71,840	2%	73,234	71,831	1,403	2%	71,840	2%
365	2,935	(2,570)	-88%	22,527	-98%	365	2,935	(2,570)	-88%	22,527	-98%
(45,683)	(44,697)	(986)	2%	(32,996)	38%	(45,683)	(44,697)	(986)	2%	(32,996)	38%
-	125	(125)	-100%	(222)	-100%	-	125	(125)	-100%	(222)	-100%
27,916	30,194	(2,278)	-8%	61,149	-54%	27,916	30,194	(2,278)	-8%	61,149	-54%
\$ 670,881	\$ 239,504	\$ 431,377	180%	\$ 240,864	179%	\$ 670,881	\$ 239,504	\$ 431,377	180%	\$ 240,864	179%
Non Operating Income						Non Operating Income					
73,234	71,831	1,403	2%	71,840	2%	73,234	71,831	1,403	2%	71,840	2%
365	2,935	(2,570)	-88%	22,527	-98%	365	2,935	(2,570)	-88%	22,527	-98%
(45,683)	(44,697)	(986)	2%	(32,996)	38%	(45,683)	(44,697)	(986)	2%	(32,996)	38%
-	125	(125)	-100%	(222)	-100%	-	125	(125)	-100%	(222)	-100%
27,916	30,194	(2,278)	-8%	61,149	-54%	27,916	30,194	(2,278)	-8%	61,149	-54%
\$ 670,881	\$ 239,504	\$ 431,377	180%	\$ 240,864	179%	\$ 670,881	\$ 239,504	\$ 431,377	180%	\$ 240,864	179%
Total Non Operating Income						Total Non Operating Income					
27,916	30,194	(2,278)	-8%	61,149	-54%	27,916	30,194	(2,278)	-8%	61,149	-54%
\$ 670,881	\$ 239,504	\$ 431,377	180%	\$ 240,864	179%	\$ 670,881	\$ 239,504	\$ 431,377	180%	\$ 240,864	179%
Net Income (Loss)						Net Income (Loss)					
27,916	30,194	(2,278)	-8%	61,149	-54%	27,916	30,194	(2,278)	-8%	61,149	-54%
\$ 670,881	\$ 239,504	\$ 431,377	180%	\$ 240,864	179%	\$ 670,881	\$ 239,504	\$ 431,377	180%	\$ 240,864	179%



Prosser Memorial Health


Statement of Operations 13-month Trend

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Gross Patient Services Revenue													
Inpatient	\$ 2,864,636	\$ 3,010,011	\$ 2,635,344	\$ 2,206,745	\$ 2,520,235	\$ 3,042,365	\$ 3,178,603	\$ 2,759,767	\$ 2,669,699	\$ 2,710,596	\$ 3,168,278	\$ 3,151,704	\$ 3,824,595
Outpatient	10,071,001	9,445,153	8,882,599	5,357,211	6,692,398	9,162,181	9,501,319	10,082,833	9,721,811	10,633,377	10,188,162	10,468,554	10,210,773
Total Gross Patient Services Revenue	12,935,637	12,455,164	11,517,943	7,563,956	9,212,633	12,204,546	12,679,922	12,842,600	12,391,510	13,343,973	13,356,440	13,620,258	14,035,368
Deductions from Revenue	59%	61%	57%	50%	54%	57%	60%	62%	54%	57%	63%	60%	58%
Contractual Allowances													
Medicare	2,632,393	2,720,808	1,772,267	995,183	1,611,449	2,019,352	2,123,486	2,764,334	1,817,288	2,609,904	2,496,898	2,920,199	3,197,084
Medicaid	2,462,158	2,881,363	2,364,561	2,088,300	1,938,730	2,427,413	3,115,446	2,843,908	2,528,387	3,138,526	3,231,634	2,895,168	2,895,026
Negotiated Rates	1,970,832	1,535,802	1,559,890	363,732	1,146,693	1,738,176	1,625,968	1,471,853	1,799,267	1,722,466	1,865,577	1,944,477	1,423,179
Other Adjustments	152,100	143,288	395,710	40,602	(68,462)	265,524	291,657	496,025	(362,398)	161,413	109,178	(2,652)	274,835
Gross Contractual Allowances	7,217,483	7,281,261	6,092,428	3,487,817	4,628,410	6,450,465	7,156,557	7,576,120	5,782,544	7,632,309	7,703,287	7,757,192	7,790,124
Charity Care	70,465	207,726	147,685	40,927	49,448	149,222	337,712	77,110	79,533	208,648	141,999	271,526	190,576
Bad Debt	366,493	154,253	325,725	268,555	255,700	326,276	138,652	256,521	836,019	(270,517)	537,735	128,519	185,454
Total Deductions From Revenue	7,654,441	7,643,240	6,565,838	3,797,299	4,933,558	6,925,963	7,632,921	7,909,751	6,698,096	7,570,440	8,383,021	8,157,237	8,166,154
Net Patient Services Revenue	5,281,196	4,811,924	4,952,105	3,766,657	4,279,075	5,278,583	5,047,001	4,932,849	5,693,414	5,773,533	4,973,419	5,463,021	5,869,214
COVID Grant Revenue				2,210,384	1,325,149	1,481,428	205,582	(1,407,088)	1,300,000	-	(3,369,462)	1,615,418	-
Other Operating Revenue	54,446	48,156	79,111	49,953	64,385	58,859	61,424	125,401	132,732	55,526	124,915	353,108	21,974
Net Revenue	5,335,642	4,860,080	5,031,216	6,026,994	5,668,609	6,818,870	5,314,007	3,651,162	3,651,162	5,829,059	1,728,872	7,431,547	5,891,188
Operating Expenses													
Salaries	2,390,097	2,319,195	2,438,079	2,243,147	2,292,652	2,362,460	2,472,695	2,378,145	2,802,563	2,470,293	2,438,217	2,493,857	2,896,868
Benefits	577,012	555,392	440,583	739,833	604,325	419,678	578,549	396,087	632,020	426,890	653,867	453,990	490,325
Purchased Labor	249,096	283,557	329,407	261,699	135,882	166,436	169,347	176,412	277,138	208,521	221,005	235,353	212,649
Sub-Total Labor Costs	3,216,205	3,158,144	3,208,069	3,244,679	3,032,859	2,948,574	3,220,591	2,950,644	3,711,721	3,105,704	3,313,089	3,183,200	3,599,842
Professional Fees - Physicians	389,778	279,808	267,635	419,725	288,245	326,140	320,182	393,900	356,882	299,010	371,858	501,285	273,508
Professional Fees - Other	43,960	58,785	19,051	93,438	49,659	64,682	37,919	(112,693)	17,314	32,791	49,263	67,851	51,994
Supplies	619,449	675,545	762,215	527,615	481,223	516,166	689,329	720,675	901,242	774,372	689,856	1,364,029	716,484
Purchased Services - Utilities	43,249	43,969	40,757	31,315	46,337	46,325	59,031	52,110	57,118	42,281	36,935	46,473	46,429
Purchased Services - Other	261,428	230,546	359,733	222,165	228,231	255,449	279,915	352,210	166,143	347,336	375,342	405,316	227,910
Rentals & Leases	194,404	170,987	167,981	152,417	153,829	180,783	176,162	168,937	172,722	180,140	154,333	202,520	173,355
Insurance License & Taxes	60,430	99,269	87,883	85,150	58,860	36,853	39,883	91,582	77,705	116,220	74,031	75,758	79,892
Depreciation & Amortization	222,577	227,538	224,010	228,367	229,348	231,347	232,391	232,273	232,977	232,435	232,571	229,038	176,902
Other Operating Expenses	104,447	103,657	107,679	92,318	92,182	(21,863)	114,301	56,152	128,247	38,681	212,650	76,335	(98,093)
Sub-Total Non-Labor Expenses	1,939,722	1,890,104	2,036,444	1,852,510	1,627,914	1,635,882	1,949,113	1,955,146	2,110,350	2,063,266	2,196,839	2,968,605	1,648,380
Total Operating Expenses	5,155,927	5,048,248	5,244,513	5,097,189	4,660,773	4,584,456	5,169,704	4,905,790	5,822,071	5,168,970	5,509,928	6,151,805	5,248,223
Operating Income (Loss)	179,715	(188,168)	(213,297)	929,805	1,007,836	2,234,414	144,303	(1,254,628)	1,304,075	660,089	(3,781,056)	1,279,742	642,965
Non Operating Income													
Tax Revenue	71,840	65,599	77,314	73,881	69,589	70,784	72,711	71,007	69,246	68,109	75,013	71,484	73,234
Investment Income	22,527	22,036	19,425	18,000	12,391	12,242	3,385	2,600	2,542	55,157	687	629	365
Interest Expense	(32,996)	(19,892)	(33,218)	(35,750)	(32,897)	(35,496)	(37,969)	(42,518)	(22,420)	(43,094)	(32,052)	(22,203)	(45,683)
Other Non Operating Income (Expense)	(222)	-	-	500	13,684	(57,915)	-	4,200	-	-	-	10,831	-
Total Non Operating Income	61,149	67,743	63,521	56,631	62,767	(10,385)	38,127	35,289	49,368	80,172	43,648	60,741	27,916
Net Income (Loss)	\$ 240,864	\$ (120,425)	\$ (149,776)	\$ 986,436	\$ 1,070,603	\$ 2,224,029	\$ 182,430	\$ (1,219,339)	\$ 1,353,443	\$ 740,261	\$ (3,737,408)	\$ 1,340,483	\$ 670,881
Total Margin	4.5%	-2.4%	-2.9%	16.2%	18.7%	32.7%	3.4%	-33.1%	36.6%	12.5%	-210.9%	17.9%	11.3%
Margin (Non Operating Income)	3.4%	-3.9%	-4.2%	15.4%	17.8%	32.8%	2.7%	-34.4%	35.7%	11.3%	-218.7%	17.2%	10.9%
Salaries as a % of Net Revenue	44.8%	47.7%	48.5%	37.2%	40.4%	34.6%	46.5%	65.1%	76.8%	42.4%	141.0%	33.6%	49.2%
Labor as a % of Net Revenue	60.3%	65.0%	63.8%	53.8%	53.5%	43.2%	60.6%	80.8%	101.7%	53.3%	191.6%	42.8%	61.1%
Operating Expense change from prior month	-6%	-2%	4%	-3%	-9%	-2%	13%	-5%	13%	0%	7%	19%	7%
Gross Revenue change from prior month	-1%	-4%	-8%	-34%	22%	32%	4%	1%	-2%	5%	5%	7%	9%
Net Revenue change from prior month	-17%	-9%	4%	20%	4%	20%	-22%	-31%	-31%	10%	-67%	40%	61%



Prosser
Memorial Health
Statement of Cash Flows
January 31, 2021

CURRENT MONTH		YEAR TO DATE
Actual		Actual
	NET INCOME TO NET CASH BY OPERATIONS	
670,881	NET INCOME (LOSS)	670,881
176,902	Depreciation Expense	176,902
-	Amortization	-
-	Loss (Gain) on Sale of Assets	-
847,783	TOTAL	847,783
	WORKING CAPITAL	
(1,739,720)	Decrease (Increase) in Assets	(1,739,720)
829,746	Increase (Decrease) in Liabilities	829,746
(62,191)	NET CASH PROVIDED BY OPERATIONS	(62,191)
	CASH FLOWS FROM INVESTING ACTIVITIES	
(436,683)	Capital Purchasing	(436,683)
-	Proceeds on Capital Assets Sold	-
(331)	Investment Activity	(331)
(437,014)	NET CASH USED BY INVESTING ACTIVITIES	(437,014)
(499,205)	NET CHANGE IN CASH	(499,205)
	CASH BALANCE	
28,121,201	BEGINNING	28,121,201
27,621,996	ENDING	27,621,996
(499,205)	NET CASH FLOW	(499,205)



Prosser
Memorial Health
Statement of Cash Flows - 12 Month Trend
January 31, 2021

	Feb-20 Actual	Mar-20 Actual	Apr-20 Actual	May-20 Actual	Jun-20 Actual	Jul-20 Actual	Aug-20 Actual	Sep-20 Actual	Oct-20 Actual	Nov-20 Actual	Dec-20 Actual	CURRENT Jan-21 Actual
NET INCOME TO NET CASH BY OPERATIONS												
NET INCOME (LOSS)	(120,425)	(149,776)	986,436	1,070,603	2,224,029	182,430	(1,219,339)	1,353,443	740,261	(3,737,408)	1,340,483	670,881
Depreciation Expense	227,538	224,010	228,367	229,348	231,347	232,391	232,273	232,977	232,435	232,571	229,038	176,902
Amortization	-	-	-	-	-	-	-	-	-	-	-	-
Loss (Gain) on Sale of Assets	-	-	(500)	(13,684)	57,915	57,915	-	-	-	-	-	-
TOTAL	107,113	74,234	1,214,303	1,286,267	2,513,291	472,736	(987,066)	1,586,420	972,696	(3,504,837)	1,569,521	847,783
WORKING CAPITAL												
Decrease (Increase) in Assets	(469,109)	555,768	(2,528,363)	3,723,881	(486,472)	(318,018)	(14,218)	(653,646)	(514,529)	990,011	880,775	(1,739,720)
Increase (Decrease) in Liabilities	83,249	262,126	9,360,425	6,000,562	(1,245,038)	150,847	1,587,624	(1,240,729)	(386,324)	(2,618,878)	(2,443,895)	829,746
NET CASH PROVIDED BY OPERATIONS	(278,747)	892,128	8,046,365	11,010,710	781,781	305,565	586,340	(307,955)	71,843	(5,133,704)	6,401	(62,191)
CASH FLOWS FROM INVESTING ACTIVITIES												
Capital Purchasing	(35,283)	(124,590)	(350,621)	(231,586)	(44,273)	(95,029)	(438,167)	(170,231)	(441,591)	(416,382)	(458,739)	(436,683)
Proceeds on Capital Assets Sold	-	-	500	13,684	13,684	13,684	13,684	13,684	13,684	13,684	13,684	-
Investment Activity	95,603	(343)	993,481	(542,037)	(15,858)	(346)	(340)	(142,646)	(36,647)	(329)	(853,332)	(331)
NET CASH USED BY INVESTING ACTIVITIES	60,320	(124,933)	643,360	(759,939)	(46,447)	(81,691)	(424,823)	(299,193)	(464,554)	(403,027)	(1,298,387)	(437,014)
NET CHANGE IN CASH	(218,427)	767,195	8,689,725	10,250,771	735,334	223,874	161,517	(607,148)	(392,711)	(5,536,731)	(1,291,986)	(499,205)
CASH BALANCE												
BEGINNING	15,339,788	15,121,361	15,888,556	24,578,281	34,829,052	35,564,386	35,788,260	35,949,777	35,342,629	34,949,918	29,413,187	28,121,201
ENDING	15,121,361	15,888,556	24,578,281	34,829,052	35,564,386	35,788,260	35,949,777	35,342,629	34,949,918	29,413,187	28,121,201	27,621,996
NET CASH FLOW	(218,427)	767,195	8,689,725	10,250,771	735,334	223,874	161,517	(607,148)	(392,711)	(5,536,731)	(1,291,986)	(499,205)



Prosser
Memorial Health
Direct Cash Flow Statement
January 31, 2021

	November 2019	December 2019	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020	January 2021
CASH FLOWS FROM OPERATING															
PAYMENTS RECEIVED															
Commercial	1,712,336	2,110,960	2,164,596	1,790,819	2,042,936	2,163,134	1,479,262	1,568,932	1,966,089	2,328,603	1,932,284	2,057,192	2,121,099	2,414,554	2,296,225
Medicaid	1,150,609	1,223,633	1,287,731	1,116,011	1,207,273	1,200,088	1,130,387	1,262,461	1,296,508	1,371,106	1,358,423	1,429,474	1,434,182	1,675,687	1,265,054
Medicare	1,316,188	1,730,631	1,555,473	597,037	1,403,309	1,326,305	808,729	1,045,301	949,542	1,178,489	1,325,118	1,344,604	1,130,711	1,403,483	1,171,942
VA	28,210	26,049	24,261	82,909	34,277	86,268	45,965	70,641	70,064	118,354	85,351	70,487	42,931	56,106	65,677
Worker's Comp	126,432	66,062	396,141	180,120	165,706	151,215	95,669	83,546	248,425	126,561	155,717	206,217	132,385	111,946	88,129
Self Pay	630,997	265,490	37,674	182,202	162,759	149,324	131,139	128,649	132,739	107,395	191,284	89,981	143,017	92,175	123,234
Other Non Patient Payments	287,781	660,275	212,931	210,958	475,782	8,941,682	10,681,077	971,815	1,655,778	246,772	169,631	273,224	1,081,347	260,618	677,789
Cash Received (Patients, Insurance, Other)	5,252,553	6,083,101	5,678,807	4,160,056	5,492,042	14,018,016	14,372,228	5,131,345	6,319,145	5,477,280	5,217,808	5,471,179	6,085,672	6,014,569	5,688,050
Patient Refunds	(7,988)	(6,268)	(4,845)	(4,203)	(4,127)	(1,869)	(4,541)	(27,317)	(5,139)	(249,345)	(2,394)	(10,779)	(1,149)	(2,846)	(523)
AP Expenses	(2,649,740)	(3,762,411)	(2,627,585)	(2,059,339)	(2,101,189)	(2,556,196)	(1,622,076)	(1,936,338)	(1,949,460)	(2,539,456)	(2,647,582)	(2,919,906)	(2,227,757)	(4,129,283)	(2,879,560)
Settlement LumpSum Payments	-	(1,187,000)	-	-	-	-	-	-	-	-	(195,696)	-	(6,591,980)	-	(149,326)
Payroll Expenses	(2,329,107)	(2,652,323)	(3,566,717)	(2,279,658)	(2,437,474)	(2,362,138)	(2,148,321)	(2,270,065)	(3,645,038)	(2,374,466)	(2,751,586)	(2,434,147)	(2,327,668)	(2,327,668)	(2,606,229)
Loan/Interest Expense	(57,467)	(57,467)	(114,934)	-	(57,467)	(57,467)	(114,934)	(118,019)	(57,467)	(57,467)	(57,467)	(57,467)	(57,467)	(388,019)	(114,934)
NET CASH PROVIDED BY OPERATING	208,251	(1,582,368)	(635,275)	(183,144)	891,785	9,040,346	10,482,357	779,607	662,041	256,546	(436,917)	48,880	(5,120,349)	(833,247)	(62,522)
CASH FLOWS FROM INVESTING ACTIVITIES															
Capital Purchasing	(380,203)	207,539	(292,919)	(35,283)	(124,590)	(350,621)	(231,586)	(44,273)	(438,167)	(95,029)	(170,231)	(441,591)	(416,382)	(458,739)	(436,683)
NET CASH USED BY INVESTING ACTIVITIES	(380,203)	207,539	(292,919)	(35,283)	(124,590)	(350,621)	(231,586)	(44,273)	(438,167)	(95,029)	(170,231)	(441,591)	(416,382)	(458,739)	(436,683)
NET CHANGE IN CASH	(171,952)	(1,374,829)	(928,194)	(218,427)	767,195	8,689,725	10,250,771	735,334	223,874	161,517	(607,148)	(392,711)	(5,536,731)	(1,291,986)	(499,205)
CASH BALANCE															
BEGINNING	17,814,763	17,642,811	16,267,982	15,339,788	15,121,361	15,888,556	24,578,281	34,829,052	35,564,386	35,788,260	35,949,777	35,342,629	34,949,918	29,413,187	28,121,201
ENDING	17,642,811	16,267,982	15,339,788	15,121,361	15,888,556	24,578,281	34,829,052	35,564,386	35,788,260	35,949,777	35,342,629	34,949,918	29,413,187	28,121,201	27,621,996
NET CASH FLOW	(171,952)	(1,374,829)	(928,194)	(218,427)	767,195	8,689,725	10,250,771	735,334	223,874	161,517	(607,148)	(392,711)	(5,536,731)	(1,291,986)	(499,205)



Key Operating Statistics
January 31, 2021

Month Ending					Year to Date				Prior Year	Change
Actual	Budget	Variance	%		Actual	Budget	Variance	%		
Key Volumes										
353	188	165	87%	Inpatient Acute Days	353	188	165	87%	231	53%
95	178	(83)	-47%	Inpatient Swing Days	95	178	(83)	-47%	124	-23%
448	366	82	22%	Total Inpatient Days	448	366	82	22%	355	26%
112	87	25	28%	Inpatient Admissions	112	87	25	28%	83	35%
110	87	23	26%	Inpatient Discharges	110	87	23	26%	86	28%
10	13	(3)	-25%	Swing Bed Discharges	10	13	(3)	-25%	9	11%
1,644	1,709	(65)	-4%	Adjusted Patient Days	1,644	1,709	(65)	-4%	1,603	3%
14.45	11.81	2.64	22%	Average Daily Census	14.45	11.81	2.64	22%	11.45	26%
404	408	(4)	-1%	Adjusted Discharges	404	408	(4)	-1%	388	4%
3.21	2.16	1.05	49%	Average Length of Stay - Hospital	3.21	2.16	1.05	49%	2.69	19%
9.50	13.25	(3.75)	-28%	Average Length of Stay - Swing Bed	9.50	13.25	(3.75)	-28%	13.78	-31%
58%	47%	11%	22%	Acute Care Occupancy (25)	58%	47%	11%	22%	46%	26%
42	46	(4)	-8%	Deliveries	42	46	(4)	-8%	38	11%
100	140	(40)	-28%	Surgical Procedures	100	140	(40)	-28%	109	-8%
820	933	(113)	-12%	Emergency Dept Visits	820	933	(113)	-12%	1,131	-27%
14,626	12,611	2,015	16%	Laboratory Tests	14,626	12,611	2,015	16%	12,098	21%
2,628	2,087	541	26%	Radiology Exams	2,628	2,087	541	26%	2,466	7%
1,051	1,082	(31)	-3%	PMH Specialty Clinic	1,051	1,082	(31)	-3%	1,065	-1%
885	1,024	(139)	-14%	PMH - Benton City Clinic Visits	885	1,024	(139)	-14%	1,118	-21%
1,406	1,072	334	31%	PMH - Prosser Clinic Visits	1,406	1,072	334	31%	1,030	37%
592	756	(164)	-22%	PMH - Grandview Clinic Visits	592	756	(164)	-22%	702	-16%
604	641	(37)	-6%	PMH - Women's Health Clinic Visits	604	641	(37)	-6%	673	-10%
LABOR FULL-TIME EQUIVALENT										
307.60	306.25	(1.35)	0%	Employed Staff FTE's	307.60	306.25	(1.35)	0%	269.74	14%
29.50	30.50	1.00	3%	Employed Provider FTE	29.50	30.50	1.00	3%	29.63	0%
337.10	336.75	(0.35)	0%	All Employee FTE's	337.10	336.75	(0.35)	0%	299.37	13%
267.48	252.56	(14.92)	-6%	Productive FTE's	267.48	252.56	(14.92)	-6%	248.89	7%
13.63	20.00	6.37	32%	Outsourced Therapy FTE's	13.63	20.00	6.37	32%	19.83	-31%
3.08	2.81	(0.27)	-10%	Contracted Staff FTE's	3.08	2.81	(0.27)	-10%	5.46	-44%
16.71	22.81	6.10	27%	All Purchased Staff FTE's	16.71	22.81	6.10	27%	25.29	-34%
4.81	5.00	0.19	4%	Contracted Provider FTE's	4.81	5.00	0.19	4%	7.26	-34%
358.62	364.56	5.94	2%	All Labor FTE's	358.62	364.56	5.94	2%	331.92	8%



Prosser
Memorial Health
Financial Operations
January 31, 2021

	YTD 2020	YTD 2021	YTD Budget 2021
Utilization			
Admissions	83	112	87
Adjusted Admissions	375	411	408
Average Daily Census	7.5	11.4	6.1
Adjusted Occupied Beds	33.6	41.8	28.4
Average Length of Stay (days)	2.8	3.2	2.2
Outpatient Revenue %	77.9%	72.8%	78.6%
Total Yield (net patient revenue)	-83.6%	-82.3%	-82.5%
Hospital Case Mix Index	TBD	0.99	1.00
Financial Performance (\$000)			
Net Patient Revenue	5,281	5,869	5,674
Total Operating Revenue	5,336	5,891	5,703
Total Operating Expense	5,156	5,248	5,494
Income (Loss) from Operations	180	643	209
Excess of Revenue Over Expenses	241	671	240
EBIDA (Operating Cash Flow)	402	820	456
Additions to Property, Plant, and Equipment	6,175	437	63
Balance Sheet (\$000)			
Unrestricted Cash and Investments	8,833	8,448	7,445
Accounts Receivable (gross)	27,102	29,543	26,121
Net Fixed Assets	15,970	16,231	14,590
Current and Long-Term Liabilities (excluding LT debt)	16,115	16,945	6,863
Long-Term Debt	10,358	10,357	10,113
Total Liabilities	26,473	27,302	16,976
Net Worth	32,535	33,206	41,965

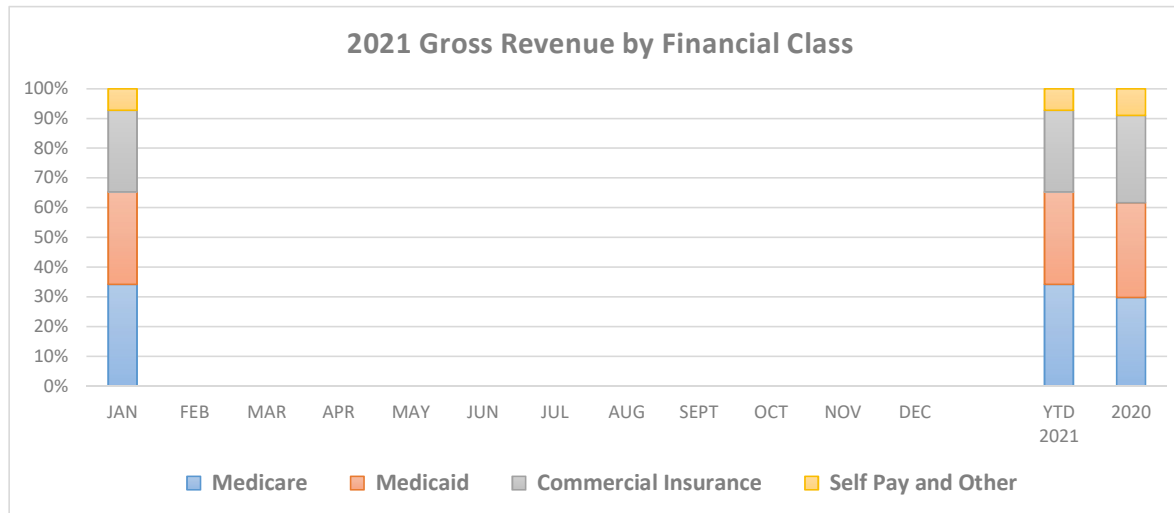
	YTD 2020	YTD 2021	YTD Budget 2021
Key Ratios			
Operating Margin (%)	3.4%	10.9%	3.7%
Excess Margin (%)	4.5%	11.4%	4.2%
Operating EBIDA Margin (Operating Cash Flow)	7.5%	13.9%	8.0%
Average Expense per Adjusted Patient Days	3,216	3,192	3,215
Average Net Revenue per Adjusted Patient Days	3,294	3,570	3,321
Net Accounts Receivable (days)	60.44	59.20	56.55
Current Ratio (x)	1.35	1.37	2.93
Cash on Hand (days)	177	169	156
Cushion Ratio (x)	852.26	604.64	53.64
Return on Equity (%)	0.74%	2.02%	25.52%
Capital Spending Ratio	1.63	1.94	7.58
Average Age of Plant (Years)	10.65	13.49	10.52
Debt Service	0.22	0.68	11.83
Debt-to-Capitalization (%)	27%	27%	20.75%
Patient Revenue Sources by Gross Revenue (%)			
Medicare	29.8%	34.2%	29.8%
Medicaid	31.9%	31.1%	31.9%
Commercial Insurance	29.4%	27.4%	29.4%
Self-pay and Other	8.9%	7.2%	8.9%
Labor Metrics			
Productive FTE's (incl contract labor)	281.44	289.00	280.37
Total FTE's (incl contract labor)	331.92	358.62	364.56
Labor Cost (incl benefits) per FTE - Annualized	9,689.70	10,038.04	8,943.29
Labor Cost (incl benefits) as a % of Net Operating Revenue	60.3%	61.1%	57.2%
Net Operating Revenue per FTE	16,075.08	16,427.38	15,643.60
Operating Expense per FTE	15,533.64	14,634.50	15,069.46

Contacts:			
David Rollins	Chief Financial Officer	(509) 786-6605	drollins@prosserhealth.org
Stephanie Titus	Director of Finance	(509) 786-5530	stitus@prosserhealth.org



Revenue by Financial Class
January 31, 2021

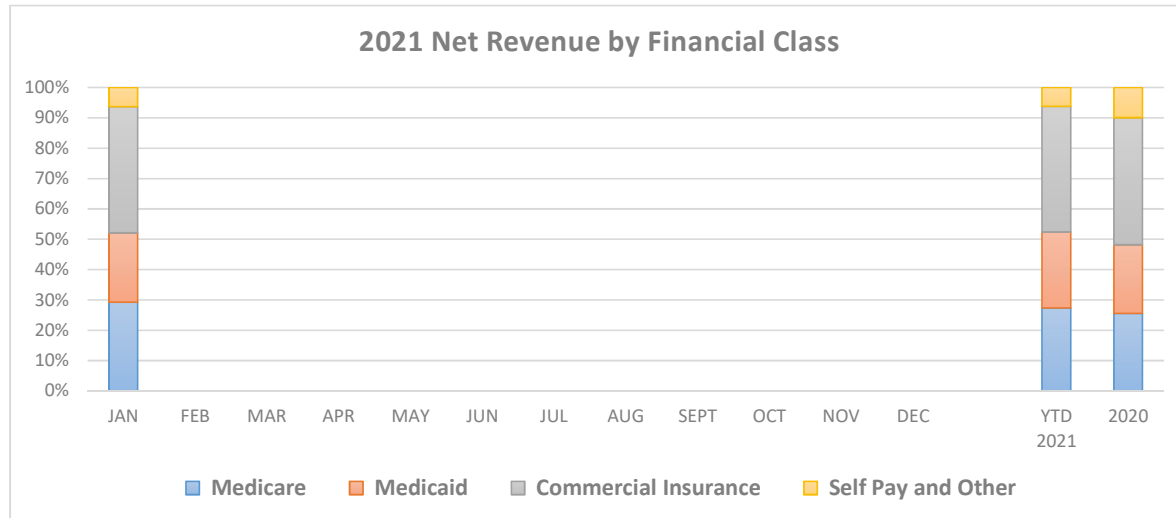
Month	Medicare	Medicaid	Commercial Insurance	Self Pay and Other	Total
JAN	34.2%	31.1%	27.4%	7.2%	100.0%
FEB					
MAR					
APR					
MAY					
JUN					
JUL					
AUG					
SEPT					
OCT					
NOV					
DEC					
YTD 2021	34.2%	31.1%	27.4%	7.2%	100.0%
2020	29.8%	31.9%	29.4%	8.9%	100.0%





Net Revenue by Financial Class
January 31, 2021

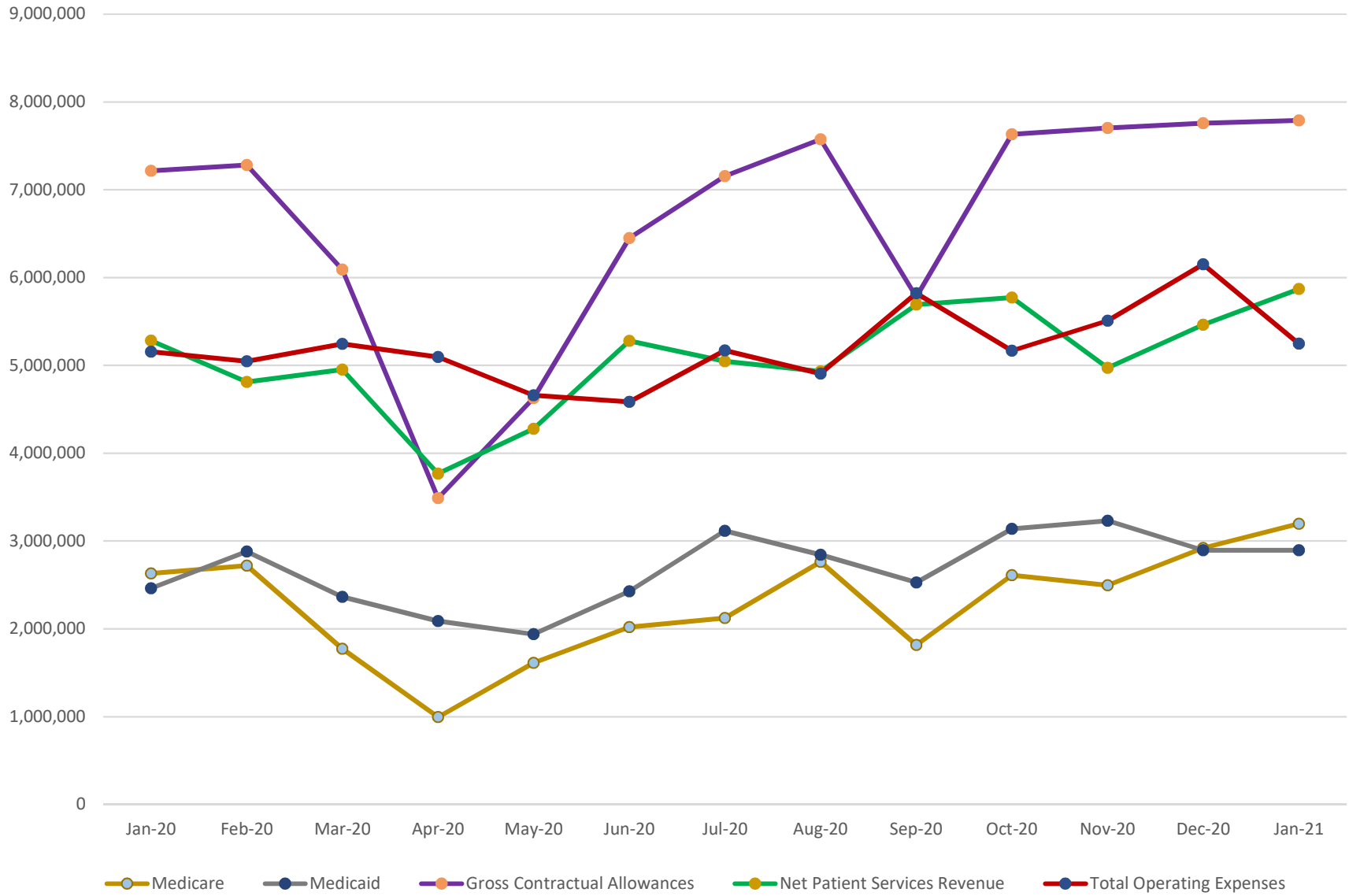
Month	Medicare	Medicaid	Commercial Insurance	Self Pay and Other	Total
JAN	29.3%	22.8%	41.6%	6.3%	100.0%
FEB					
MAR					
APR					
MAY					
JUN					
JUL					
AUG					
SEPT					
OCT					
NOV					
DEC					
YTD 2021	27.4%	25.0%	41.4%	6.2%	100.0%
2020	25.6%	22.6%	41.9%	9.9%	100.0%

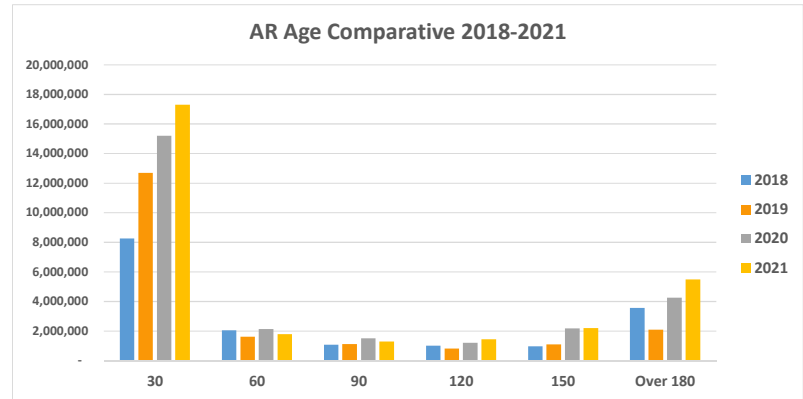
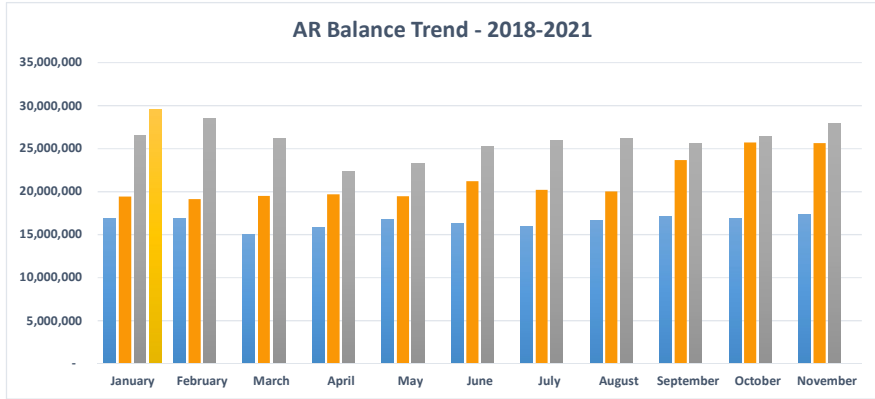




Prosser

Memorial Health





AR Balance Trend							
	2016	2017	2018	2019	2020	2021	% Change
January	12,362,446	13,660,199	16,931,510	19,428,531	26,540,403	29,542,976	11%
February	14,494,028	14,529,841	16,911,324	19,146,130	28,567,785		
March	20,600,695	15,115,376	14,989,166	19,513,147	26,130,696		
April	20,487,742	15,752,955	15,852,894	19,692,139	22,350,961		
May	19,464,558	15,131,907	16,812,980	19,455,887	23,319,876		
June	17,028,895	15,446,995	16,291,895	21,223,053	25,197,275		
July	16,275,033	15,918,959	15,979,415	20,206,074	25,943,825		
August	15,812,556	17,412,422	16,633,907	20,028,246	26,144,421		
September	14,455,924	17,547,651	17,129,789	23,681,156	25,640,562		
October	13,571,867	15,948,473	16,950,256	25,724,222	26,432,788		
November	13,789,248	16,292,336	17,374,013	25,655,024	27,862,474		
December	13,844,649	16,777,361	17,137,550	25,486,600	27,102,309		

AR Age Balance Comparative							
	30	60	90	120	150	Over 180	
2016	5,535,693	2,429,170	1,128,025	624,180	871,134	1,774,244	12,362,446
2017	5,470,096	2,167,378	1,054,021	794,004	958,014	3,216,686	13,660,199
2018	8,267,243	2,043,724	1,068,641	1,022,643	972,848	3,556,411	16,931,510
2019	12,682,168	1,621,100	1,112,923	815,430	1,096,709	2,100,200	19,428,531
2020	15,220,328	2,140,220	1,500,137	1,219,231	2,195,338	4,265,150	26,540,403
2021	17,315,900	1,795,815	1,300,624	1,440,357	2,207,682	5,482,599	29,542,976

AR Percentage of Total Balance							
	30	60	90	120	150	Over 180	
2016	45%	20%	9%	5%	7%	14%	100%
2017	40%	16%	8%	6%	7%	24%	100%
2018	49%	12%	6%	6%	6%	21%	100%
2019	65%	8%	6%	4%	6%	11%	100%
2020	57%	8%	6%	5%	8%	16%	100%
2021	59%	6%	4%	5%	7%	19%	100%



ATTACHMENT R

The Rural Collaborative
365 Cooper Point Road NW, Suite 102
Olympia, WA 98502
www.ruralcollaborative.com

February 12, 2021

Honorable Governor Jay Inslee
Office of the Governor
PO Box 40002
Olympia, WA 98504 0002

Dr. Umair Shah, MD, MPH, Secretary of Health
Washington State Department of Health
PO Box 47890
Tumwater, WA 98504-7890

Honorable Governor Inslee and Secretary Shah,

The Rural Collaborative represents 21 of Washington State's rural, public hospital districts. Our hospitals serve over 480,000 Washingtonians in hospital district boundaries covering 21 counties and all eight Roadmap to Recovery Regions.

The regionalization of Washington's recovery efforts is not equitable for rural communities because we have little to no ability to influence our regional metrics.

To illustrate the point, we offer Ferry County Health as an example. FCH is a public hospital district that serves 5,301 of the 688,370 people who live in the Roadmap to Recovery designated East region. Ferry County reported only 2.2% positive COVID-19 tests last week, the second lowest rate of any county in the state.

However, whether Ferry County moves to Phase 2 is entirely dependent on pandemic control measures of the remaining 99% of people in the East region. For comparison, the East region's rate of positive COVID-19 tests in the previous week was over 9 times higher than Ferry County's rate. *(Data from coronavirus.wa.gov, testing through 1/29/2021, accessed 2/7/2021).*

Ferry County Health is not an outlier. Even though public hospital districts exist in order to provide health care services to residents in their districts, it is statistically impossible for our member hospitals to move the dial on the metrics that drive the Roadmap to Recovery. This is true even with zero new cases or testing 100% of the district population. (The latter of which would of course be a reckless use of resources and counter to evidence-based practice.)

Regionalization of Washington's recovery efforts is effectively holding rural communities hostage to urban centers that are geographically removed by up to 150 miles. No matter how hard rural communities work to shelter in place, social distance, or teach their kids from home, their fates are tied to cities like Yakima, Spokane and Vancouver, with which they have little cultural affinity.

Rural communities are more reliant on local businesses, the sector of the economy hit hardest by public health restrictions, than urban counterparts. And yet rural communities must sit idly by while the urban centers in our regions determine the fate of our businesses.

It appears that rural communities, which are disproportionately older and poorer than their urban counterparts, are being denied equitable access to vaccine. Many of our rural communities

leaders in health transformation



The Rural Collaborative
 365 Cooper Point Road NW, Suite 102
 Olympia, WA 98502
www.ruralcollaborative.com

report that they are no longer receiving primary vaccine doses, meanwhile vaccine is being distributed to urban or mass vaccination sites.

It is our position that rural communities should be measured according to their own efforts to fight the pandemic: this means the Roadmap to Recovery would best be determined at the county level. Furthermore, the vaccine needs to be made available to local providers in rural communities.

The Rural Collaborative is an eager and willing partner to work with your office and the Department of Health to find a solution that meets the intent of a safe and healthy recovery while also upholding the values of equity.

In Partnership,

Dr. Elya Prystowsky, PhD
 Executive Director, The Rural Collaborative
 Sent on behalf of our member hospitals:

DBA	Legal Name	CEO
Arbor Health, Morton Hospital	Lewis County PHD #1	Leianne Everett
Coulee Medical Center	Douglas/Grant/Lincoln/Okanogan Counties PHD #6	Ramona Hicks
Ferry County Memorial Hospital	Ferry County PHD #1	Aaron Edwards
Forks Community Hospital	Clallam County PHD #1	Heidi Anderson
Island Hospital	Skagit County PHD #2	Charles Hall
Jefferson Healthcare	Jefferson County PHD #2	Mike Glenn
Kittitas Valley Health	Kittitas County PHD #1	Julie Petersen
Klickitat Valley Health	Klickitat County PHD #1	Leslie Hiebert
Lincoln Hospital & Clinics	Lincoln Hospital District #3	Tyson Lacy
Mason Health	Mason County PHD #1	Eric Moll
Newport Hospital & Health Services	Pend Oreille County PHD #1	Tom Wilbur
Ocean Beach Hospital	Pacific County PHD #3	Larry Cohen
Prosser Memorial Hospital	Prosser PHD	Craig Marks
Skagit Regional Health	Skagit County PHD #1	Brian Ivie
Skyline Health	Klickitat County PHD #2	Robb Kimmes
Snoqualmie Valley Hospital	King County PHD #4	Renee Jensen
Summit Pacific Medical Center	Grays Harbor County PHD #1	Josh Martin
Three Rivers Hospital	Okanogan/Douglas Counties PHD #1	Scott Graham
WhidbeyHealth	Whidbey Island PHD	Ron Telles
Whitman Hospital & Medical Center	Whitman County PHD #3	Hank Hanigan
Willapa Harbor Hospital	Pacific County PHD #2	Matthew Kempton

ATTACHMENT S
 **Prosser**
 Memorial Health

Organization	Purpose	Award	Date Rec'd	Amount Recognized in FY2020	Balance Remaining	Repayment	Other Notes
Greater Columbia Accountability of Health	Telehealth Application Funding for relief during the COVID19 crisis	\$ 6,000	4/3/2020	\$ 6,000	\$ -	\$ -	Received for initial telehealth expenditures
HHS	Provider Relief Payment	\$ 760,801	4/10/2020	\$ 760,801	\$ -	\$ -	CARES Act - Stimulus for highly effected areas
CMS Medicare Advanced Benefits	Advance of Medicare Payments	\$ 6,591,980	4/21/2020	\$ -	\$ -	\$ 6,591,980	Three months worth of Medicare payments advanced to PMH. REPAID 11/30/2020
HHS	Provider Relief Payment	\$ 271,197	4/24/2020	\$ 271,197	\$ -	\$ -	CARES Act - Stimulus for highly effected areas
US Bank SBA Economic Injury Disaster Loan (EIDL)	Payroll Protection Forgiveness Loan	\$ 10,000	4/30/2020	\$ 10,000	\$ -	\$ -	US Bank SBA grant deposited into our account.
US Bank SBA Payroll Protection Program Loan (PPPL)	Payroll Protection Forgiveness Loan	\$ 6,350,235	5/4/2020	\$ -	\$ 6,350,235	\$ -	Equivalent to 2.5 months worth of Payroll expenses and forgivable based upon maintaining Payroll expenses at historical levels. Unlikely to be forgiven by the end of the year. Recognize in 2021
HHS	CARES Provider Relief Fund - Rural Allocation	\$ 4,170,732	5/6/2020	\$ 162,978	\$ 4,007,754	\$ -	Each CAH will receive at least \$1,000,000 with the average CAH/Rural Hospital to receive \$4,000,000 and each Rural Health Clinic to receive at least \$100,000 with the average to be about \$160,000. We received \$4,170,732. NARHC ORG (National Association of Rural Health Clinics)
HHS	RHC COVID-19 Testing Program	\$ 49,461	5/20/2020	\$ 49,461	\$ -	\$ -	HHS- Rural Health Clinic COVID-19 Testing Program
WSHA	ASPR PPE purchase from WSHA	\$ 20,000	5/21/2020	\$ 20,000	\$ -	\$ -	Grant funds processed thru WSHA and spent on PPE for staff.
Medicaid SRDSH	SRDSH reallocation of add'l funds	\$ 29,382	5/22/2020	\$ 29,382	\$ 0	\$ -	The SRDSH amount that is funded by the HSNA fund, is set by RCW at \$1,900,000, and the federal matching funds has historically been 50%. Due to the current COVID-19 pandemic, congress passed the CARES ACT, which increase the federal matching percentage to 56.2% effective 1/1/2020.
HHS	RHC COVID-19 Testing Program	\$ 49,461	6/9/2020	\$ 49,461	\$ -	\$ -	HHS- Rural Health Clinic COVID-19 Testing Program
HHS	RHC COVID-19 Testing Program	\$ 150,680	6/16/2020	\$ 150,680	\$ -	\$ -	HHS- Critical Access Hospital COVID-19 Testing Program
HHS	Provider Relief Payment	\$ 103,253	6/25/2020	\$ 103,253	\$ -	\$ -	CARES Act - Stimulus for highly effected areas
HHS	Provider Relief Payment	\$ 1,300,000	7/20/2020	\$ 1,300,000	\$ -	\$ -	CARES Act - Provider Relief Fund (\$100,000 per PHC, \$1,000,000 for CAH)
HRSA (WA DOH)	SHIP Grant Hospital COVID Funding	\$ 83,136	7/27/2020	\$ 83,136	\$ -	\$ -	HRSA Rural Hospital SHIP Grant COVID Funding
Molina	PCP Stabilization Payment	\$ 25,434	8/4/2020	\$ 25,434	\$ -	\$ -	Molina Healthcare provided COVID payments to providers
WSHA	HCA CARES COVID Funding	\$ 370,982	12/31/2021	\$ 370,982	\$ -	\$ -	WSHA - CARES funding distributed by the state to hospitals
WSHA	HCA CARES COVID Funding	\$ 7,913	1/25/2021	\$ 7,913	\$ -	\$ -	WSHA - CARES funding distributed by the state to hospitals
HHS	RHC COVID-19 Testing Program	\$ 49,461	12/7/2020	\$ 49,461	\$ 0	\$ -	HHS- Rural Health Clinic COVID-19 Testing Program
				\$ (80,816)			Funds categorized on Income Statement in categories other than COVID Relief
Totals		\$ 20,400,111		\$ 3,369,325	\$ 10,357,990	\$ 6,591,980	

ATTACHMENT T



PROSSER MEMORIAL HEALTH
BOARD ACTION PLAN - 2021

BOARD INPUT	ACTION PLAN/RECOMMENDATION	RESPONSIBLE COMMITTEE	ACTION TAKEN
<p>The PMH Board would like to learn more about their legal responsibilities, conflicts of interest and the potential liabilities of governance.</p>	<p>Conduct a Board Education Session that addresses the Board's legal responsibilities, Compliance Program expectations, conflicts of interest and the potential liabilities of governance. Explore using attorneys from the Association of Washington Public Hospital Districts (AWPHD) and/or PMH legal counsel to conduct the session.</p>	<p>Full Board</p>	
<p>The PMH Board has not consistently reviewed its committee structure, membership, etc.</p>	<p>The PMH Board will review its committees every January with regard to composition, goals, responsibilities and performance.</p>	<p>Full Board</p>	
<p>The PMH Board wants to maintain a high level of communication throughout PMH, including actions they take at their monthly meetings.</p>	<p>An email will be sent by the CEO to all PMH Team members (Employees, Medical Staff) the day after each monthly Board meeting, which will communicate the actions taken by the Board at their monthly meeting.</p>	<p>Full Board</p>	



PROSSER MEMORIAL HEALTH
BOARD ACTION PLAN - 2021

BOARD INPUT	ACTION PLAN/RECOMMENDATION	RESPONSIBLE COMMITTEE	ACTION TAKEN
<p>The Board would like to maintain the positive relationship they have with the Medical Staff and Leadership Team.</p>	<p>Conduct a social event for the Board, Medical Staff and Leadership Team to interact and continue to strengthen relationships. Continue to conduct monthly Joint Conference Committee meetings.</p>	<p>Full Board</p>	
<p>The Board has not consistently been receiving the electronic monthly Trustee Insights publication. The Board is also interested in receiving the Becker's Hospital Review publication electronically.</p>	<p>Administration will work with the PMH IT Department to ensure that the Trustee Insights and Becker's Hospital Review publications are sent to all Board members on their hospital and/or personal email accounts.</p>	<p>Full Board</p>	
<p>The Board would like to see minor modifications made to our current Board Self-Evaluation form to better represent the operations of a public hospital and PMH specifically.</p>	<p>Continue to revise the current Board Self-Evaluation form (e.g. ad hoc committees).</p>	<p>Full Board</p>	

ATTACHMENT U
2020 Executive Summary**Compliance Auditing and Monitoring Annual Report**

As of 2020, the Compliance Committee was only in its third year of existence. The Committee was established in 2018 with two documented meetings and an initial Compliance Auditing and Monitoring Plan which contained ten areas of focus. For 2020, the Committee agreed to carry forward the existing ten areas of focus to further evaluate and ensure departmental compliance.

The following is a high-level summary of the 2020 Areas of Focus Results and Recommendations:

1. Patients Civil Rights Hotline**Results:**

The Civil Rights Hotline appears on the screen of the CHRO's phone. The line is active and the voicemail greeting works properly. It was tested on 2/16/2021 at 0751 by the CHRO. Unfortunately, the CHRO does not have the ability to answer/pick-up voicemails on the hotline and have placed an IT ticket for assistance to reset the password.

Recommendations:

It is the recommendation of the Chief Human Resource Officer (CHRO) and the Compliance office that the Patient Civil Rights Hotline be included in the 2021 Auditing and Monitoring Plan. Research into the regulatory regulations will be done during 2021 to facilitate the development of a compliant Civil Rights Hotline process.

2. Contract Reviews and Provider Checklists**Results:**

All contracts and BAAs are in the process of being moved into the Policy Tech software program. This will allow for the identification and tracking of expiration dates. A 60-day notice will be sent to the department/person that the contract is up for review. The first group of contracts uploaded to the system were the Physician/Provider contracts. The remaining contracts are by department which will be uploaded for monitoring.

Recommendations:

The uploading of contracts is expected to be completed by the end of 2nd quarter 2021. Development of a contract review policy will be completed in 2021.

3. Utilization Review (UR) – Utilization Review Committee**Results:**

The Board of Commissioners approved the 2020 Utilization Review plan in February 2020. Care Transitions provided a UR Committee presentation to the Medical Executive Committee Q2, 2020; the other 2020 presentations were deferred. A 2020 UR Summary Report will be reviewed with the MEC in March of 2021. A Case Management Task force was assembled to address outpatient surgical patients, emphasizing total joint patients. Prosser Memorial Health is working towards a Center of Excellence for Surgical Procedures and is establishing a fully coordinated effort from

clinic to hospital discharge. Utilization review has an essential component in this process to ensure we obtain the correct pre-authorizations and patients are placed in the right status during their stay. This process is more and more complicated, as the number of historical inpatient surgeries is now authorization for outpatient without extenuating circumstances. Effective pre-procedure patient education and planning is essential to ensure a safe discharge for post-operative patients. Complete provider documentation is needed to ensure payment when a hospital stay is indicated.

Utilization Review, Case Management, and Social Services have provided ongoing education and feedback to the House Supervisors who consult after hours. New staff rotating through the House Supervisor position and ever-evolving CMS guidance make this an ongoing priority. Swing bed admissions were reduced in 2020 to allow bed availability for Covid-19 admissions and the ability to keep patients in private rooms whenever feasible.

The Care Transitions department was the hub for Practice Transformation Grant activities in 2020 and was compounded in complexity due to the COVID-19 pandemic. Collaboration with community partners was more complex and more essential to ensure post-discharge care for complex patients in our community. The skills, experience, and resources of this department are being shared with the assisted living and nursing home providers in our service area in the hopes of intervening before a patient becomes unsafe in these residential care facilities and becomes an administrative admission to the hospital. In contrast, our assistance in finding a more appropriate long-term care facility will avoid an unnecessary hospital stay. Diagnoses at higher risk of readmission received additional attention to ensure a successful discharge plan: Congestive Heart Failure (CHF), Sepsis, Pneumonia, Swing Bed discharges, and Covid-19 admissions.

Recommendations:

- The 2020 Utilization Review plan will be submitted for review and approval Q1 2021;
- The UR Dashboard will be used to summarize and report on key UR metrics;
- Continued focus on patients at risk for readmission;
- Development of a Care Transition Education/Resource manual for House Supervisors.

4. Human Resources – Employee Files (Code of Conduct)

Results:

In 2020, the HR files were audited at 100% prior to being filed, post-hire. Once the employee has been processed in day-one paperwork, the HR file is assembled and then audited using the tool attached. Once complete, it is filed with the rest of the HR files.

Recommendation:

It is the recommendation of the Chief Human Resource Officer (CHRO) and the Chief Compliance Officer (CCO) that "Code of Conduct" be removed and in its place will be "Employee File Audits" which will be included in the 2021 Auditing and Monitoring Plan.

5. Stark Law – Non-Monetary and Monetary Compensation

Results:

In 2020, PMH put a process in place to track what goes out of the organization. This is done in AP and in payroll. From a monetary standpoint, the log tracks what is paid to contract providers and non-contract providers, telephones, supplies, privileging costs, flowers, CEU expenses, etc.

Recommendations:

Semi-annually a review is conducted internally by finance to ensure compliance. The logs are provided and reported annually to the Compliance Committee. In 2021, an audit process for regular payments will be developed along with the appropriate backup documentation.

6. Emergency Medical Treatment and Labor Act (EMTALA) – Public Access to Emergency Services

Results:

The following items were audited for compliance with the Center for Medicare and Medicaid Services (CMS) Conditions of Participation (CoP) regulations as codified at 1867 of the Social Security Act and the accompanying regulations in 42 CFR 489.24 and 42 CFR 489.20(l), (m), and (q):

- Physician call logs are maintained in an accurate and easily retrievable fashion on SharePoint.
- The Emergency Department Patient logs are available in the Epic Electronic Health Record, are easily retrievable, and reviewed no less than monthly by the Emergency Department (ED) Director of Nursing to ensure discrepancies are identified and addressed.
- All transfers are reviewed monthly for both medical indication and documentation compliance. The ED Medical Director reviews for appropriate medical care, and the ED Director of Nursing ensures the review occurs for documentation compliance.
- Staff and Provider education was provided when discrepancies were identified. The training was delivered one to one and in staff and provider meetings.
- EMTALA signage was updated and placed in all waiting rooms, ED entrances, and all appropriate patient rooms.
- Medical Screening examinations to rule out active labor are only provided by members of the medical staff or Registered Nurses with proper training and documented competencies.

In 2020, there was an increase in Transfers into our facility. House Supervisors have been provided education regarding how to vet and accept transfers into our facility. It has been clearly communicated that we will accept all transfers for which we have both the capacity and services required to care for these patients. Any transfer requests we are unable to accept must be reviewed by the Chief Nursing Officer and Chief Executive Officer prior to the transfer being declined. Central Washington Hospitals aligned to coordinate bed availability to ensure appropriate care for the influx of Covid-19 patients throughout our region.

Recommendations:

- Ensure 100% of required key stakeholders complete EMTALA education. Key stakeholders include ED Providers, ED Nurses, OB Providers, OB nurses, House

Supervisors, Patient Care Coordinators, Resource Nurses, Nursing Directors, and Patient Access Staff.

- Review and revise as indicated all EMTALA policies and procedures;
- Complete a 2021 EMTALA risk assessment;
- Continue to review all transfers for compliance.

7. Financials – State Audit

Results:

Finance as developed an internal monthly, quarterly, and annual closing checklist in 2019. In 2020, a Financial Close and Reporting policy was defined and published for the organization. Finance issues reports out of Lawson for departments and directors of financial, statistical, and FTE information. In 2020, scheduled meetings are provided to management to review and discuss monthly fluctuation variance to budget as well as identify any areas of concern and heighten awareness following month end close. It was identified to develop the following policies and workflows as well which were completed in 2020: Accounts Payable Policy, Payroll Policy, Bank Activity and Reconciliation Policy, and Journal Entry Policy. The following committees have also been established for appropriate monitoring and controls: Audit Taskforce and Charge Master Review Committee. In 2021, we will be working to integrate a denial review component into the Charge Master Review Committee with department leaders and directors.

Recommendations:

It is the recommendation of the Chief Finance Officer (CFO) and the Chief Compliance Officer (CCO) that Prosser Memorial Health should continue to audit the Financials in the 2021 Compliance Auditing and Monitoring Plan. In 2021, recommendation is to review the areas sited by auditors annually for required action and plan as necessary with the Compliance Committee.

8. Finance – Payroll Accuracy and Timeliness

Results:

The following list identifies the results of an internal self-assessment:

- Identified and created payroll process audit check to detect any inaccuracies between Kronos time entering and payroll processing.
- HR/PR Audit process introduced.
- Checks and balance checks established for payroll preprocessing.
- Kronos briefing done in monthly New Employee Orientation. Continuous training for current and new employees ongoing.
- Deduction audit - Checks and balance checks established.
- Identified payroll processing end time and other major timeline occurrences and document from Payroll Processing Day 1 through Day 7. Friday Noon pre-payroll week deadline established.
- Identified processes that cross over from HR/Benefits that impact rates and deductions during payroll processing week.
- Developed an audit plan for payroll review by Controller.
- Audit of errors on payroll were recorded and reviewed following each payroll cut off. Any submitted errors or correction requests were recorded and counted between

- PR submissions to next PR submission. Monthly the audited findings were reviewed, and corrections/adjustments were documented. This was a 2019 LEM Goal.
- Timeline and standard for payroll processing were published and audited. Total error in 2019 equaled 26 (less than five per payroll was goal – goal matched and exceeded).

In 2020, the Payroll policy was defined and published as well as all the workflows have been documented and saved. Errors have greatly reduced but systematic errors are still occurring periodically. The decision was made in 2020 to implement a new Payroll system that is better developed to meet the needs of our organization and provide the appropriate departmental manager controls concerning scheduling and shift changes. Anticipated implementation will go live April 2021.

Recommendations:

It is the recommendation of the Controller and the Chief Compliance Officer that the Payroll Accuracy and Timeliness be included in the 2021 Compliance Auditing and Monitoring Plan. Updates will be supplied to the Committee in this area for 2021 as we proceed.

9. Information Technology Security – Center for Medicare & Medicaid Services

Results:

On a periodic basis, an external penetration test is completed via an external vendor. The next test will be completed in 2021. CIS20 Critical Security Controls Annual Gap Analysis was completed 12/2020. This is a set of 20 controls that are looked at to see how PMH is doing. DUO Multifactor Authentication was added in 2020 along with Infosec user phishing testing and education.

Recommendations:

We will be exploring the feasibility of CrowdStrike in 2021 which is a 24x7 automatic threat and vulnerability hunting software. Additionally, we will be implementing VMWare Horizon VDI Desktop computers which will standardize desktop computers in a secure server-based environment.

10. Coding and Charge Capture – Coding, Charts and Charges

Results:

BCA, Inc. completed comprehensive CPT and ICD-10 coding data studies for 25 clinicians in the following specialties: primary care, pediatrics, behavioral health prescribers, OB/GYN, orthopedics, general surgery, cardiology, podiatry, and pain management. A total of 250 Evaluation and Management (E/M) medical records were examined utilizing the ICD-10-CM Official Guidelines, CPT Coding Guidelines and CMS Documentation Guidelines. Virtual training was provided by consultants Jennifer Bartlett, CCS-P, CPC and Meri Harrington, CPC, CEMC on September 29 through October 1, 2020: One customized medical group training session each clinician received a one-hour individual training session. BCA coding tools were provided to clinicians and included the BCA E/M, Medicare Prevention and Behavioral Health Prescriber Recipe Cards and the BCA Diagnosis Code Booklets the clinicians received a copy of their Individual Audit Dashboard. Administration is receiving a copy of this report, Department Audit

Dashboards, BCA Data Summary by department and BCA Coding and Documentation Supplement. The Department Audit Dashboards will provide a summary of audit results.

Recommendations:

The coding department should review encounters prior to claim submission and provide timely feedback to clinicians when errors are discovered.

As an organization, determine the best approach to begin updating and maintaining the patient's Problem List.

Significant changes to Evaluation and Management Service Guidelines are slated to begin on January 1, 2021. Coders and clinicians were interested and engaged in discussions outlining the basic principles of the new guidelines. Verify with EMR vendor whether updates to EMR will include training for new E/M Guidelines and how time-based coding activities and amounts may be entered.

The coding department should review diagnosis codes prior to claims submission to ensure accurate diagnosis reporting and capture of risk-adjusted conditions. Consider creating a policy to determine coding changes that can be made with and without querying the clinician.

Establish a process for capturing Social Determinants of Health (SDoH). Documentation of social determinants in the medical record can be captured by coding staff and added to the claim.

Recommend additional coding support. There is one certified coder for the entire organization. BCA recommends one coder per ever four to six clinicians.

SUBJECT:	Corporate Compliance Program Plan			NO:	
<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Protocol/Pre-Printed Order <input type="checkbox"/> Other:					
<input type="checkbox"/> New <input type="checkbox"/> Supersedes				Effective Date	
Author	Kristi Mellema BSN, RN		Date of Electronic Distribution		
Dept. Manager	Kristi Mellema BSN, RN		Medical Director/ CAH Oversight		
Administrative	Craig Marks, CEO		Policy Committee		
Committee			Other		
Audit Review:	Initials:	KM	KM	KM	
	Date:	2/22/19	1/29/20	2/16/21	

SUPPORTIVE DATA:

The Corporate Compliance Program (the “Program”) was established to assist Prosser Memorial Health (PMH) in maintaining its goal of providing health care services and operating an efficient business while upholding our reputation and practicing ethical business behavior, meeting rigorous professional standards, and complying with the laws and regulations that govern our work.

OBJECTIVES OF THE COMPLIANCE PROGRAM

Constant vigilance is necessary to avoid impropriety and the appearance of impropriety. Consequently, Prosser Memorial Health has developed a Corporate Compliance Program. The purpose of the Program is to ensure that Prosser Memorial Health complies with all applicable Federal and state health care program requirements. Although the implementation for the Program and enforcement will be centrally directed, the responsibility for compliance rests with each department or service. Ultimately, compliance is the responsibility of every Prosser Memorial Health employee and every independent professional who enjoys Prosser Memorial Health staff privileges.

The Objectives of the Program are:

1. To assist Prosser Memorial Health in avoiding unsuitable transactions;
2. To assist Prosser Memorial Health in avoiding irregularities in payment, reimbursement and other transactions;
3. To assist Prosser Memorial Health's management in identifying areas of possible concern that might adversely affect Prosser Memorial Health's good reputation, its participation in public programs, or its status as the holder of public licenses, certifications, and exemptions; and

4. To provide additional oversight of Prosser Memorial Health's compliance with laws, regulations, and special conditions imposed upon it by any licensing or regulatory authorities.

GENERAL PRINCIPLES:

1. It is the policy of PMH to comply with all applicable federal, state, and local laws and regulations, both civil and criminal.
2. No employee has the authority to act contrary to the provision of the law or to authorize, direct, or condone violations offered by any other employee, physician, or contractor.
3. PMH will take steps to effectively communicate its standards and procedures to all employees and agents by requiring participation in training and education programs and by disseminating publications that explain in a practical manner what is required.
4. PMH will utilize monitoring and auditing systems reasonably designed to detect non-compliance with laws, regulations, or policies by its employees and agents.
5. PMH will have in place a publicized reporting system whereby employees and other agents can report suspected non-compliance with laws, regulations or policies by others within the organization without fear of retribution.
6. Any employee or agent of PMH who has knowledge of facts concerning Prosser Memorial Health's activities that he or she believes might violate the law has an obligation, promptly after learning of such facts, to report the matter to his or her immediate supervisor or to the Chief Compliance Officer (CCO).
7. After an offense has been detected, PMH shall take all reasonable steps to respond appropriately and to prevent similar offenses - including any necessary modifications to its program to prevent and detect violations of the law.
8. This Compliance Policy will be consistently enforced through appropriate disciplinary mechanisms including, as appropriate, discipline of individuals responsible for the failure to detect an offense, failure to report an offense, and those individuals who actually committed or conducted an offense. The form of discipline will be case-specific. Factors such as the clarity of the rule/ law/policy, past behavior, state of mind, and other factors will be considered. Equal measures will be applied to all individuals throughout the organization.

The following are examples of actions that could rise to the level of a false claim or fraud and disciplinary measures may be taken.

These are common problems, and some specifically addressed in the Office of the Inspector General recommendations:

- When a notice has been sent to a provider from third-party payers identifying an area of concern and no action is taken by the provider to make corrections or report the concern;
- When there is a pattern of incidents;
- If there have been past unsuccessful remedial efforts;
- When a carrier has given information on how to bill or code and an employee does not follow the carrier's instructions;
- If corrective actions are not taken when indicated by information obtained during audits;
- Any activity that shows an intention to file a false claim;
- Failure to provide quality care;
- Changing the diagnosis to receive payment (without supporting documentation);
- Soliciting, offering, or receiving any benefits for referrals;
- Changing treatment plans or medical records to justify treatment or billing;
- Billing for a higher level of service than what was performed/documented;
- Ordering a large number of ancillary tests without specific medical necessity documented to justify the tests;
- Billing for visits when no entry date has been made in the medical record with the corresponding date; and
- Waivers of co-pays and deductibles without a determination of financial hardship or other applicable exception.

COMMITMENTS:

Prosser Memorial Health is a tax-exempt organization that is organized for the promotion of the health of the individuals who reside in the Prosser Memorial Health's service area. In order to further its tax-exempt purposes, PMH, the Board, officers, physicians, employees, and agents hereby express the following commitments:

- PMH is committed to the promotion of health and to satisfying the medical needs of the community while operating Prosser Memorial Health in a fiscally responsible manner;
- PMH is committed to implementing and maintaining employment practices and programs that comply with all applicable federal and state laws;
- PMH is committed to providing an appropriate quality of care consistent with Prosser Memorial Health's facilities and resources that is responsive to patient

needs and complies with government laws and resources that govern the operation of a tax-exempt Prosser Memorial Health. Prosser Memorial Health is also committed accreditation by all regulatory agencies and/or other such accreditation bodies as may be applicable;

- PMH is committed to submitting bills for inpatient and outpatient services in a timely and accurate fashion and reporting all reimbursable costs to the Medicare and Medicaid programs and any other third-party payer in a legally appropriate manner;
- PMH is committed to seeking out the most cost-effective products through a fair and equitable bidding process that will result in quality products at a competitive price;
- PMH is committed to conducting its business in a manner that is consistent with Prosser Memorial Health's tax-exempt status and all other applicable laws and regulations.

FEDERAL AND STATE TAX-EXEMPTION STATUS:

1. PMH is a not-for-profit entity that is exempt from federal taxation pursuant to Section 501(c)(3) of the Internal Revenue Code. That tax-exempt status could be jeopardized if any of the tax-exempt benefits enjoyed by PMH inure to the benefit of certain private individuals. All employees, consultants, physicians, and agents who contract with PMH must do so in a manner that is consistent with PMH's tax-exempt status.
2. PMH is exempt from federal taxation, in part, because it participates in the Medicare and Medicaid programs and operates an emergency department that is open 24 hours a day. The Internal Revenue Service (IRS) has stated that PMH's tax-exempt status might be jeopardized if PMH is excluded from participating in the Medicare and Medicaid programs or is found to have not provided emergency medical treatment in a manner that is consistent with the Emergency Treatment and Active Labor Act (EMTALA). Violations by employees, physicians, consultants, or agents of PMH of any law or regulation governing the Medicare and Medicaid program, the anti-referral provisions of any state or federal law or EMTALA will not be tolerated. In addition to the loss of federal tax exemption, violations of these laws could subject PMH and the employee or physician involved to criminal prosecution and significant civil penalties. Supervisors are to monitor whether employees in their department(s) receive adequate education on how these laws and regulations affect the employee's duties and make each employee aware of this policy and his or her duty to report any suspected violations.
3. Political contributions and activities might also jeopardize Prosser Memorial Health's federal tax-exempt status. No funds or assets, including the work time of any employee, will be contributed, lent, or made available directly for federal, state, or

local office. Any involvement or participation in a political campaign by employees must be made on an individual basis, on their own time, and at their own expense. Further, when an employee speaks on a public issue, it must be made clear that the comments or statements made are those of the individual and not of Prosser Memorial Health.

4. PMH is also exempt from certain state and local taxes including but not limited to state income tax, state sales tax, and local real estate taxes. All employees must make a good faith effort not to jeopardize Prosser Memorial Health's exemption from state and local taxation.

COMPLIANCE PROGRAM ELEMENTS

I. COMPLIANCE OFFICER AND OVERSIGHT

The Board of Commissioners has a fiduciary duty to provide oversight of the operations, implementation, and effectiveness of the Compliance Program. The Chief Compliance Officer (CCO) will regularly report to the Board concerning program activities.

The responsibility for operation of the Program and for preparation of reports relating to it rests with the CCO who will be a member of Senior Management and may be appointed by Chief Executive Officer (CEO). The success of the Program depends upon the active participation of the Hospital's Board, Officers, including the Chief Executive Officer (CEO), members of Senior Management and other personnel from various levels of the Hospital.

A. Compliance Officer

1. PMH designates the person assigned responsibility for Quality Assurance activities as its Chief Compliance Officer (CCO). Each employee has a duty to report any suspected violation of laws, regulations, or policies to the CCO.
2. The CCO will be provided with the resources necessary to fulfill his or her responsibility for operation of the Program including staff and budget, training, authority and autonomy to perform his or her duties.
3. The CCO will regularly review and disseminate new statutes, regulations, pronouncements, or directives of the federal or state government, the government's fiscal intermediary, and third-party payers, or any hospital association or trade publication that might affect Prosser Memorial Health.
4. The CCO will monitor Prosser Memorial Health's continued compliance with the terms and conditions set forth in any settlement agreement that might be executed by the Prosser Memorial Health with the federal or state government.
5. When the CCO is made aware of a potential violation of laws, regulations, or standards, the CCO will contact the CEO. When necessary, the CCO is

authorized to contact the Board of Commissioners directly, and/or secure the opinions of outside legal counsel, outside consultants, and other experts in compliance issues. Any investigation of a suspected non-compliance with civil or criminal laws will be conducted by the CCO under the direction of legal counsel.

5. The CCO may inquire into any matter arising or appearing to arise within the purview of the Program including, but not limited to, matters involving unethical conduct; irregular billing, claims, or payments; and regulatory compliance.
6. The CCO is responsible to and will report regularly to the Board, as applicable, and other Prosser Memorial Health Senior Management concerning the activities of the Program and its effectiveness.

II. COMPLIANCE COMMITTEE

The Compliance Committee shall consist of trained representatives of each of the relevant functional departments as well as Senior Management including the CEO, Chief Financial Officer (“CFO”), and other members as defined in the Committee charter. The Committee, acting through and with the assistance of the CCO, is empowered to investigate, evaluate and report facts and make recommendations to Senior Management of possible responses or initiatives, including disciplinary or other adverse action for misconduct by Prosser Memorial Health employees or agents. The Committee shall review and evaluate the information developed by the CCO and the recommendations made by the CCO. From time to time, the Committee may report to and consult with the CEO of Prosser Memorial Health and with the Board or its appropriate committees.

III. CODE OF CONDUCT AND POLICIES/PROCEDURES

In order to have an effective Program, it is important to understand and abide by Prosser Memorial Health’s Code of Conduct and policies and procedures.

Prosser Memorial Health’s Code of Conduct will provide an overview of expectations for employee behavior. The Code of Conduct will be supported by policies and procedures providing clear guidance regarding the operation of the program. Additional policies and procedures will address specific compliance risk areas.

The CCO shall make available to all employees and applicable stakeholders Prosser Memorial Health’s Code of Conduct and compliance polices.

IV. EDUCATION AND TRAINING

The purpose of conducting compliance education and training is to ensure that staff, contractors and any other individual that functions on behalf of Prosser Memorial Health

understands and is capable of executing his or her role in compliance with the rules, regulations and standards that govern Prosser Memorial Health and its operation.

The content of Prosser Memorial Health's education and training program will consider results from audits and investigations, trends in anonymous reporting to Prosser Memorial Health regarding identified or potential compliance issues and Office of Inspector General (OIG), Centers for Medicare and Medicaid Services (CMS) or other agency guidance or advisories.

A. New Employee Orientation

Each new employee will receive a copy of the Code of Conduct and this policy during his/her orientation which he/she will be required to attend within three months of employment. He/she will be asked to review the Code of Conduct and this policy, and an overview of the compliance program will be presented at new hire orientation where employees will be given an opportunity to ask questions and be instructed on how report a concern to Compliance.

B. Annual Compliance Training

The Prosser Memorial Health will conduct annual general compliance training and ongoing department specific training and continuing education as needed. Training courses will be evaluated for effectiveness and updated to reflect changes in law, regulation or Prosser Memorial Health policy and to address any shortcoming identified in the training sessions.

C. Specialized Role-Based Compliance Training

Continuing education for providers and employees is based on identified risks and roles will be provided as determined jointly by the CCO and the Directors/Supervisors in those areas.

D. Board Training

Prosser Memorial Health's governing body will be provided with appropriate training on fraud and abuse laws and related regulations and fiduciary duties to the Compliance Program.

V. MONITORING AND AUDITING

An annual compliance risk assessment will be conducted, based on risks identified via OIG Work Plan, government enforcement actions, recent regulatory changes, prevalent industry topics, previous audit results, internal compliance program documentation, and leadership interviews. The results of the compliance risk assessment will be utilized in the development of an annual Compliance Monitoring and Auditing Plan, which will be approved by the Board of Commissioners. An annual update of the Compliance Monitoring and Auditing Plan will be provided to the Board of Commissioners by the Compliance Officer.

The Committee and CCO shall also review relationships between Prosser Memorial Health and its directors or trustees, employees, agents or independent professional staff to ensure no conflict of interest exists. A conflict of interest may occur if a Prosser Memorial Health director, trustee, employee or medical staff member outside activities, personal financial interests or other personal interests influence or appear to influence his or her ability to make objective decisions in the course of the responsibilities to Prosser Memorial Health. Directors, trustees, employees, agents or independent professional staff will be asked to sign an annual Conflict of Interest Disclosure Statement. The Office of Corporate Compliance will issue and maintain such statements on file.

The Program and its effectiveness will be reviewed at least annually. The review will focus on the Program's alignment with the OIG's recommended seven elements of an effective compliance program and assess the underlying structure and process of the Program. Deficiencies or areas identified as weak or in need of improvement will be addressed and reported to Senior Management as necessary.

VI. REPORTING and COMMUNICATION:

Open communication is essential to maintaining an effective Program. Prosser Memorial Health shall maintain a confidential reporting system that is accessible to all staff, contractors, patients, visitors and medical staff through which reports of identified or potential compliance issues within the organization may be reported without fear of retribution.

It is the duty of each employee to report promptly any suspected violation of laws, regulations, or policies to his/her immediate supervisor or the CCO or designee or via the Compliance Hotline and other reporting mechanisms. If an employee is dissatisfied with the answer given by his/her supervisor or if an employee is uncomfortable with asking this person, he/she may go directly to the CCO or designee. Alternatively, suspected non-compliance may be reported to the CEO.

Employees are free to report suspected violations anonymously but are encouraged to leave their name in the event follow-up information is needed. Employees should be assured that they will not face any form or manner of retaliation if they should report suspected violations.

All files of inquiries shall be marked "Confidential" and maintained by the CCO or designee on a confidential basis. They shall not be disclosed except to: (1) members of the Committee; (2) members of management or management representatives having a need to know; and (3) as may be required by law or order of a court of competent jurisdiction.

The CCO shall report to the Committee any prosecutions or administrative actions commenced against Prosser Memorial Health or its affiliates or professional staff, or any trustee, officer, director or manager of Prosser Memorial Health, affiliates, or

professional staff, which involve or are alleged to involve any of the following circumstances:

- (a) Any criminal action involving:
 - (i) a felony,
 - (ii) any material crime against Prosser Memorial Health or one of its affiliates or involving embezzlement or larceny, or
 - (iii) violation of any law relating to performance in a governmental program or regulation by a public body;
- (b) Material administrative actions by a regulatory body relating to a finding of illegal or improper conduct by such person.

The CCO shall report to the Committee demonstrated instances of material violations of the Policies or acts of wrongdoing by any employee of Prosser Memorial Health. The CCO may raise other matters with the Committee, within his or her discretion.

VII. RESPONSE AND CORRECTIVE ACTION:

All calls and reports will be logged, tracked and investigated to conclusion. Identified reporters will receive documentation feedback in response within 60 days providing current status or resolution. The feedback may include either an explanation as to why the issue is not a compliance problem and is appropriate on the part of Prosser Memorial Health or physician practice, or planned resolution.

In conducting investigations, the CCO and the Committee shall respect the confidentiality of privileged records and information and shall comply with applicable confidentiality laws and ethical standards.

Deficiencies identified will be addressed in a timely manner implementing a corrective action plan that takes into account the root cause of any violation or reporting such violation to the appropriate Federal agency. Prosser Memorial Health may create a response team consisting of representatives from Compliance, and any other relevant functional areas which may be able to evaluate any detected deficiency

Where the CCO, the Committee or a member of Senior Management discovers credible evidence of misconduct and after investigation believes that the misconduct may violate criminal, civil or administrative law, Prosser Memorial Health should promptly report the existence of the misconduct to the appropriate Federal and State authorities. Once the investigation is completed, the CCO will notify the appropriate governmental authority of the outcome including a description of the impact of the alleged violation on the applicable Federal health care programs of their beneficiaries.

VIII. ENFORCEMENT AND DISCIPLINE:

Prosser Memorial Health will consistently enforce the Code of Conduct and compliance program policies and procedures.

Hiring practices for all new employees and medical staff applicants with discretionary authority to make decisions that may involve compliance with the law or compliance oversight will include a thorough reference check by Human Resources or the Medical Staff Office. Additionally, the employment application will require all employees and medical staff applicants to disclose any previous criminal convictions or exclusion action. Applicants who have been convicted of a criminal offense related to health care or who are listed by a Federal agency as debarred, excluded, or otherwise ineligible for participation in federally funded health care programs will not be providing care, services, or items to any extent to Medicare and Medicaid patients.

Prosser Memorial Health will routinely check all employees, contractors and medical staff, against government sanctions lists, including the OIG's List of Excluded Individuals/Entities ("LEIE") and the General Services Administration's Excluded Parties Listing System.

CONCLUSION:

This plan does not constitute an expressed or implied employment contract but rather is intended to communicate current policy. The Board or management of PMH reserves the right to change or modify the provisions herein. The plan will be reviewed/revised every three years or as needed. If any employee has a question concerning a particular provision contained herein or any related practice that is not addressed in this document, he or she should confer with the CCO or the CEO.

**PROSSER PUBLIC HOSPITAL DISTRICT NO. 1
BENTON COUNTY, WASHINGTON**

RESOLUTION NO. 1052

Award of GC/CM Contract for Prosser Memorial Health Hospital Replacement Project

WHEREAS, Prosser Public Hospital District No. 1, Benton County, Washington (“PMH”), conducted a competitive solicitation in accordance with RCW 39.10 that included the public solicitation of proposals for general contractor/construction manager (“GC/CM”) services in connection with PMH’s Hospital Replacement Project (“Project”), and

WHEREAS, a committee established by PMH in accordance with RCW 39.10 evaluated initial proposals, selected the most qualified finalists, and evaluated final proposals, and

WHEREAS, PMH determined that Graham Construction & Management, Inc. (“Graham”) was the firm submitting the highest scored final proposal using the evaluation factors and relative weight of factors published in the public solicitation of proposals, and


WHEREAS, another finalist proposer, Bouten Construction Company, has protested in writing PMH’s determination that Graham was the firm submitting the highest scored final proposal, and

WHEREAS, PMH has evaluated Bouten’s protest and determined that it should be rejected, and


WHEREAS, PMH intends to execute a contract with Graham in accordance with RCW 39.10.360 for the performance of certain services in connection with the Project (“Contract”).

NOW, THEREFORE, BE IT RESOLVED that the Board of Commissioners of Prosser Public Hospital District No. 1 approves the execution of the Contract with Graham and authorizes Craig Marks to execute the Contract on PMH’s behalf.


Dated this 25th Day of February 2021.



President and Commissioner



Commissioner



Commissioner



Commissioner



Secretary and Commissioner



Commissioner



Commissioner