



Prosser
Memorial Health

**Prosser Memorial Health
Board of Commissioners**

**Board Packet
January 26, 2023**

Vision

Patients
Employees
Medical Staff
Quality
Services
Financial



Prosser Memorial Health

Mission: Prosser Memorial Health will improve the health of our greater community.

Values

Accountability
Service
Promote Teamwork
Integrity
Respect
Excellence

**BOARD OF COMMISSIONERS – WORK SESSION
TUESDAY, JANUARY 24, 2023
6:00 PM - WHITEHEAD CONFERENCE ROOM
AGENDA**

COMMISSIONERS:

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

STAFF:

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

GUESTS: Adam Trumbour, Senior Project Manager, NV5
Paul Kramer, Project Director, NV5
Quinton Barrett, People Element
Mac McGrath, Project Manager, Bouten
Kurt Broeckelmann, bcDG

I. CALL TO ORDER

A. Pledge of Allegiance

II. Public Comment

III. EMPLOYEE AND MEDICAL STAFF DEVELOPMENT

A. Review 2022 Employee and Medical Staff Engagement Survey Results
(Attachment L) & (Attachment P)

Bryon Dirkes/Quinton Barrett

IV. SERVICES

A. Replacement Facility Update

1. Design

2. Construction /Schedule/Budget (Attachment F) (Attachment G)
(Attachment H)

bcDG / NV5

Bouten/NV5

V. EXECUTIVE SESSION

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

VI. ADJOURN

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BOARD OF COMMISSIONERS

THURSDAY, JANUARY 26, 2023

6:00 PM, WHITEHEAD CONFERENCE ROOM

AGENDA

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Shannon Hitchcock, CCO
Kristi Mellema, CQO
Bryon Dirkes, CHRO
Dr. Brian Sollers, CMO
Annie Parker, CCOO

I. CALL TO ORDER

- A. Pledge of Allegiance

II. PUBLIC COMMENT

III. APPROVE AGENDA

Action Requested – Agenda

IV. CONSENT AGENDA

Action Requested – Consent Agenda

- A. Board of Commissioners Meeting Minutes for December 15, 2022
B. Payroll and AP Vouchers # 169603 through # 170529 dated 12-08-22 through 01-17-23 in the amount of \$10,754,384.21.

V. MEDICAL STAFF DEVELOPMENT

- A. Medical Staff Report and Credentialing

Dr. Santa-Cruz

Action Requested – Advancement from Provisional

1. Advancement from Provisional

None.

2. New Appointment

Action Requested – New Appointment and Requested Clinical Privileges

Gary Thomas, ARNP – Provisional/Advanced Practice Clinician with requested privileges in Family Medicine effective February 1, 2023, through July 31, 2023.

Norman Hauk, PA-C – Provisional/Advance Practice Clinician with requested privileges in Family Medicine effective February 1, 2023, through July 31, 2023.

3. Reappointment

Action Requested-Reappointment and Requested Clinical Privileges

Jessica Dingwall, MD – Reappointment to Locum Tenens staff with requested privileges in Diagnostic Radiology effective February 1, 2023, through January 31, 2025.

Peter Park, ARNP - Reappointment to Advanced Practice Clinician staff with requested privileges in Family Medicine effective February 1, 2023, through January 31, 2025.

Fareed Arif, MD – Reappointment to Consulting staff with requested privileges in Nephrology effective February 1, 2023, through January 31, 2025.

VI. FINANCIAL STEWARDSHIP

- A. Review Financial Reports for December 2022 (**Attachment T**) David
Action Requested – Financial Reports
- B. Review 2022 PMH Clinic Financials (**Attachment TT**) David/Annie
- C. Appoint New PMH Foundation Board Member- Belem Grey Shannon/Craig
Action Requested – PMH Foundation Board Member: Belem Grey

VII. SERVICES

- A. Capital Request- ERCP Scopes (**Attachment TTT**) Craig
Action Requested-ERCP Scopes at a cost not to exceed \$140,000

VIII. QUALITY

- A. Review 2022 Quality Assurance and Risk Management Program Plans (**Attachment AA**) Kristi
(**Attachment BB**)
Action Requested –2023 Quality Assurance and Risk Management Program Plans
- B. Board Officers (**Attachment GG**) (**Attachment HH**) Craig
Action Requested – Elect Board Officers for 2023
- C. Board Committees and Membership (**Attachment HH**) Craig
Action Requested- 2023 Committee Structure and membership
- D. Legislative and Political Updates Commissioner Bestebreur
- E. CEO/Operations Report Craig

IX. EXECUTIVE SESSION

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

X. ADJOURN



2022 - Patient Care Scorecard

Major Goal Areas & Indicators	2022 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2022 YTD	2021	2020
Quality																
Left Without Being Seen	<0.80%	2.02%	1.48%	0.88%	2.25%	3.31%	3.88%	2.89%	5.09%	4.40%	3.02%	3.60%	3.85%	3.17%	1.47%	0.80%
Median Admit Decision Time to ED Departure Time for Admitted Patients	<44 min	53	56	51	51	45	51	53	63	53	52	58	68	54	60	70
Median Time from ED Arrival to Departure for Discharged ED Patients	<107 min	109	115	114	114	110	134	128	128	143	131	136	132	124	117	128
Severe Preeclamptic Mothers: Timely Treatment Rate	>90.00%	42.86%	57.14%	86.21%	60.00%	84.62%	90.91%	88.89%	100.00%	66.67%	68.75%	66.67%	50.00%	68.75%	N/A	N/A
All-Cause Unplanned 30 Day Inpatient Readmissions	<2.70%	10.61%	2.74%	4.92%	3.77%	5.45%	9.09%	5.63%	6.45%	8.06%	3.85%	5.45%	2.70%	5.63%	5.80%	3.80%
Sepsis - Early Management Bundle	>94.40%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	N/A	100.00%	96.67%	94.40%	72.73%
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.07%	0.00%	0.00%	0.57%	0.00%	0.00%	0.45%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0%	0.29%
Diabetes Management - Outpatient A1C>9 or missing result	<21.89%	22.40%	24.19%	24.53%	21.32%	22.32%	23.35%	26.83%	22.76%	20.98%	17.80%	17.13%	17.14%	21.67%	21.89%	27.61%
Medication Reconciliation Completed	>90.00%	96.30%	94.74%	90.74%	92.00%	88.00%	85.00%	76.67%	81.67%	96.49%	95.00%	95.00%	96.67%	90.57%	46%	47.15%
Turnaround time of 30 minutes or less for STAT testing	<30 min	22.0	21.0	21.0	21.0	19.0	19.0	18.0	19.0	19.0	18.0	20.0	20.0	19.8	38	37.5
Median Time to ECG for Patients Presenting to the ED with Chest Pain	< 6.3 min	5.0	3.0	5.0	5.0	4.0	4.0	5.0	3.0	4.0	4.0	4.0	3.5	4.1	6.3	7
Surgical Site Infection	<0.19%	0.00%	0.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	0.19%	0.25%
Bar Code Scanning: Medication Compliance	>93.50%	94.91%	95.77%	95.43%	95.00%	94.54%	93.76%	91.55%	93.34%	92.50%	92.15%	90.03%	90.37%	93.28%	93.50%	98.90%
Bar Code Scanning: Patient Compliance	>94.70%	96.42%	95.81%	96.17%	96.16%	95.95%	94.83%	92.35%	93.55%	92.87%	92.90%	89.10%	89.78%	93.82%	94.70%	N/A
*Overall Quality Performance Benchmark (iVantage)	>61	61	61	36	36	36	36	36	36	36	36	36	38	38	61	53
*Falls with Injury	<2	-	-	-	-	-	1	-	-	-	1	-	-	2	3	2

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



2022 - Strategic Plan Scorecard

Major Goal Areas & Indicators	2022 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2022 YTD	2021 Avg	2020 Avg
Patient Loyalty																
IP - "Would Recommend"	>93.1%	94.8%	92.4%	91.7%	92.9%	90.5%	96.4%	79.2%	90.8%	90.3%	95.3%	95.7%	98.0%	92.5%	93.1%	87.9%
ED - "Would Recommend"	>84.0%	83.9%	81.7%	76.4%	88.0%	88.8%	90.7%	67.7%	85.2%	91.3%	88.6%	89.4%	86.3%	85.8%	84.0%	81.4%
Acute Care - "Would Recommend"	>91.8%	90.9%	94.4%	87.5%	94.4%	87.5%	91.7%	79.2%	85.0%	97.2%	95.0%	94.6%	95.8%	90.9%	91.8%	84.1%
OB - "Would Recommend"	>93.6%	99.0%	100.0%	97.7%	100.0%	88.9%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.7%	93.6%	92.3%
Outpatient Surgery - "Would Recommend"	>96.6%	100.0%	100.0%	97.2%	97.7%	94.4%	95.3%	98.5%	91.4%	95.2%	97.2%	100.0%	96.1%	96.1%	96.6%	89.8%
Clinic - "Would Recommend"	>91.0%	92.8%	97.5%	91.7%	97.6%	91.8%	94.3%	86.8%	90.6%	92.5%	92.6%	93.5%	90.3%	92.6%	91.0%	87.3%
Outpatient - "Would Recommend"	>94.1%	98.1%	96.1%	93.5%	96.0%	96.0%	94.8%	94.5%	90.6%	92.1%	96.2%	95.4%	95.4%	94.6%	94.1%	88.1%
Composite Score	>92.9%	95.7%	95.2%	94.4%	94.1%	93.8%	93.7%	93.2%	94.0%	92.7%	93.2%	93.3%	93.2%	93.2%	92.9%	N/A
Medical Staff Development																
Medical Staff Turnover	<10%	0%	0%	0%	0%	0%	4%	0%	1%	0%	0%	0%	2%	7%	12%	0.2%
Prosser Specialty Clinic Visits	1,352	1,386	1,429	1,617	1,428	1,366	1,422	1,272	1,681	1,365	1,504	1,548	1,181	1,433	1,318	954
Benton City Clinic Visits	868	775	650	822	657	870	730	718	899	881	909	889	757	796	732	837
Prosser RHC Clinic Visits	1,291	1,063	1,111	1,206	1,106	1,211	1,122	1,152	1,398	1,138	1,213	1,136	1,005	1,155	1,227	1,226
Grandview Clinic Visits	969	1,055	833	1,021	873	986	960	904	1,065	1,107	1,001	898	821	960	778	589
Women's Health Center	679	508	600	660	533	611	708	554	648	569	584	589	596	597	602	601
*# of Active Medical Staff	>51	52	53	53	54	55	54	55	54	54	55	55	54	54	51	45
Employee Development																
403(B) Participation Rate	>98%	98%	98%	98%	98%	98%	98%	98%	99%	99%	99%	99%	99%	98%	98%	46%
Average Recruitment Time (days)	<21	19	26	40	11	15	19	22	17.5	19	15	17	20	22	21	32
# of Open Positions (Vacancies)	<23	32	28	35	31	32	39	39	29	24	21	37	36	37	32	29
Hours of Overtime - Overtime/Total Hours Worked	<4.5%	6.8%	5.3%	4.9%	6.0%	6.3%	6.1%	8.2%	7.1%	7.1%	6.4%	5.7%	7.5%	6.5%	6.1%	5.9%
Agency - Cost/Total Labor	<7.7%	6.2%	10.6%	6.9%	6.9%	5.7%	7.9%	7.7%	10.5%	8.9%	10.3%	9.1%	11.4%	8.5%	7.7%	7.6%
Turnover Rate	<0.9%	0.6%	1.2%	0.9%	0.3%	0.9%	1.2%	0.6%	0.0%	0.6%	0.0%	1.1%	0.8%	0.7%	0.9%	0.6%
Timely Evaluations	>71.8%	95.1%	85.0%	84.2%	93.0%	79.0%	80.0%	81.0%	78.0%	91.0%	90.2%	100.0%	84.2%	86.7%	71.8%	70.2%
Education Hours/FTE	>2.15	0.64	1.33	1.39	0.95	0.68	0.75	0.44	1.05	1.68	1.22	2.26	1.06	1.12	1.05	1.22
New Hire (Tenure) < 1 year	<10%	0.6%	0.6%	0%	0.6%	0.3%	0.3%	1.4%	0.3%	0.3%	0.8%	0.8%	0.3%	0.5%	10%	0%
* Lost Workdays due to On-the-Job Injuries	<10.25	11	7	7	0	0	6.3	13	15	8	12	1	0	7	19.49	10.25
Quality																
ED Encounters - Left Without Being Seen	<0.8%	2.0%	1.5%	0.9%	2.3%	3.0%	3.9%	2.9%	5.1%	4.4%	3.0%	3.6%	3.9%	3.0%	1.4%	0.8%
* Falls with Injury	<2	0	0	0	0	0	1	0	0	0	1	0	0	0	3	2
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.1%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.0%	0.3%
All-Cause Unplanned Readmissions within 30 Days	<2.7%	10.6%	2.7%	4.9%	3.7%	5.5%	9.1%	5.6%	6.5%	8.1%	3.9%	5.0%	2.7%	5.7%	6.1%	3.8%
Diabetes Management - Outpatient A1C>9 or missing result	<21.88%	22.40%	24.19%	24.53%	21.32%	22.32%	23.35%	26.83%	22.76%	20.98%	17.80%	17.13%	17.14%	21.73%	21.88%	27.61%
Services																
ED Visits	1,083	1,287	949	1,138	1,246	1,448	1,419	1,384	1,375	1,501	1,492	1,668	1,636	1,379	1,105	805
Inpatient Admissions	96	123	98	115	102	89	120	121	123	96	94	119	110	109	116	83
OB Deliveries	50	47	41	61	46	41	50	57	55	42	49	44	57	49	49	41
Surgeries and Endoscopies	187	162	170	268	274	288	337	284	331	301	294	318	307	278	179	101
Diagnostic Imaging Procedures	2,851	2,462	2,619	3,134	2,915	2,981	3,091	2,691	3,125	3,317	3,391	3,177	3,074	2,998	2,992	2,280
Lab Procedures	14,000	14,139	13,806	14,818	13,359	15,075	14,738	13,972	16,271	14,778	16,116	19,201	16,725	15,250	14,327	11,768
Adjusted Patient Days	1,900	1,627	1,819	2,016	1,838	2,127	2,461	2,502	2,545	2,500	2,180	2,281	2,441	2,195	1,697	1,393
Therapy Visits	1,651	1,225	1,391	1,542	1,339	1,420	1,701	1,540	1,817	1,448	1,517	1,410	1,237	1,466	1,453	1,314
Outpatient Special Procedures Visits	325	241	221	332	249	277	306	364	389	418	433	497	478	350	324	247
Financial Performance																
Net Days in Accounts Receivable	50	55	58	55	56	55	55	55	55	55	53	56	56	56	51	63
*Total Margin	6.90%	5.2%	13.6%	13.3%	11.2%	5.2%	16.8%	7.4%	23.6%	8.4%	11.2%	12.8%	17.0%	12.0%	18.40%	4.50%
Net Operating Revenue/FTE	\$ 19,431	\$ 17,959	\$ 18,695	\$ 21,800	\$ 19,651	\$ 20,465	\$ 21,737	\$ 18,317	\$ 23,184	\$ 22,020	\$ 19,920	\$ 19,877	\$ 21,166	\$ 20,399	\$ 20,682	\$ 17,191
Labor as % of net Revenue	56.30%	63.18%	52.36%	48.39%	62.85%	60.40%	50.97%	59.42%	45.01%	56.04%	54.56%	50.56%	50.10%	54.49%	57.00%	61.30%
Operating Expense/FTE	\$ 18,177	\$ 17,959	\$ 16,155	\$ 17,591	\$ 17,598	\$ 19,469	\$ 17,756	\$ 17,086	\$ 17,873	\$ 19,609	\$ 17,866	\$ 17,461	\$ 17,963	\$ 17,866	\$ 16,940	\$ 15,891
*Days Cash on Hand	109	142	150	154	150	148	152	154	161	163	163	167	168	163	155	183
Commercial %	28.60%	29.90%	30.90%	31.80%	31.70%	31.40%	31.60%	31.60%	31.30%	31.70%	31.60%	31.60%	32.00%	31.60%	29.00%	29.00%
Total Labor Expense/Total Expense	60.20%	60.73%	60.33%	59.41%	62.99%	62.87%	60.43%	62.50%	58.03%	62.86%	60.68%	57.46%	58.91%	60.60%	61.00%	61.30%

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		December 13, 2022		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 • Kristi Mellema, CCO • Bryon Dirkes, CHRO • Dr. Brian Sollers, CMO • Annie Parker, CCOO 		<ul style="list-style-type: none"> • Adam Trumbour, Senior Project Manager, NV5 • Paul Kramer, Project Director, NV5 • Brandon Potts, Vice President-Bouten Construction • Nick Gonzalez, Bouten Construction • Kurt Broeckelmann, bcDG 		None.	
AGENDA		DISCUSSION		ACTION		FOLLOW-UP	
I. CALL TO ORDER		The meeting was called to order by Commissioner Kenny at 6:00 p.m.		None.		None.	
II. Public Comment				None.		None.	
III. SERVICES		DISCUSSION		ACTION		FOLLOW-UP	
A. Replacement Facility Update							
1. Design Updates <ul style="list-style-type: none"> a. DOH/USDA/City of Prosser Reviews <ul style="list-style-type: none"> 1. Development Agreement b. SVID c. Washington DOT d. Furniture Fair 		Adam, Kurt, and Craig provided the Board with updates regarding regulatory agency (DOH, USDA, City of Prosser) reviews; ongoing work with SVID to bury the existing overflow canal on hospital property; Washington DOT and the furniture fair.		None.		None.	

<p>2. Construction/ Schedule/Budget</p> <p>a. Construction Update-OAC Meeting, Groundbreaking</p> <p>b. Schedule (Attachment G) (Attachment H)</p> <p>c. Project Budget</p>	<p>Nick and Adam provided a contractor update and reviewed a baseline schedule for the project.</p>	<p>None.</p>	<p>None.</p>
<p>3. Financing</p> <p>a. USDA</p> <p>b. Construction Loan (Attachment Y)</p>	<p>David provided an update on all financing activities, including the USDA, and the construction loan.</p>	<p>None.</p>	<p>None.</p>
<p>IV. FINANCIAL STEWARDSHIP</p>			
<p>A. 2023 Capital and Operating Budgets (Attachment W)</p>	<p>David provided an update on the 2023 Operating & Capital Budgets.</p>	<p>None.</p>	<p>To be approved at the December Board Meeting.</p>
<p>V. ADJOURN</p>			
<p>There being no further business to attend to, Commissioner Kenny adjourned the meeting at 7:13 p.m.</p>			

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BOARD MEETING		December 15, 2022,		WHITEHEAD CONFERENCE ROOM			
COMMISSIONERS PRESENT		STAFF PRESENT		MEDICAL STAFF		GUESTS	
<ul style="list-style-type: none">• Steve Kenny Ph.D.• Glenn Bestebreuer• Susan Reams (absent)• Keith Sattler• Sharon Dietrich, M.D. (absent)• Neilan McPartland• Brandon Bowden		<ul style="list-style-type: none">• Craig Marks, CEO• Merry Fuller, CNO/COO• David Rollins, CFO• Shannon Hitchcock, CCO• Kristi Mellema, CCQO• Bryon Dirkes, CHRO• Annie Parker, CCOO		<ul style="list-style-type: none">• Dr. Brian Sollers, CMO• Dr. Wali Martin			
AGENDA		DISCUSSION		ACTION		FOLLOW-UP	
I. Call to Order		The meeting was called to order by Commissioner Kenny at 6:00 p.m.					
A. Pledge of Allegiance							
II. Public Comment		None.		None.		None.	
III. Approve Agenda		None.		Commissioner Bestebreuer made a Motion to approve the November 17, 2022, Agenda. The Motion was seconded by Commissioner McPartland and passed with 5 in favor, 0 opposed.			
IV. APPROVE CONSENT AGENDA A. Board of Commissioners Meeting Minutes for November 17, 2022.		None.		Commissioner Sattler made a Motion to approve the Consent Agenda. The Motion was seconded by Commissioner Bestebreuer and passed with 5 in favor, 0 opposed.		None.	

<p>B. Payroll & AP Vouchers #168941 through #169602 dated 11.05.22 through 12.07.22 in the amount of \$6,931,598.59. Board Policies: Medical Staff Recruitment; Exclusive Designated Medical Specialty Services; Affiliation; and Issue Resolution Procedure-Exempt Staff.</p>			
V. MEDICAL STAFF DEVELOPMENT	DISCUSSION	ACTION	FOLLOW-UP
<p>A. Medical Staff Report and Credentialing</p>			None.
<p>1. Reappointment</p>	<p>Dr. Martin presented the following providers for Reappointment:</p> <p>Ryan Steed, CRNA - Reappointment to Advanced Practice Clinician staff with requested privileges in Anesthesia January 1, 2023, through December 31, 2025.</p> <p>Maria Recio Restrepo, MD – Reappointment to Telemedicine staff with requested privileges in Neurology effective January 1, 2023, through December 31, 2025.</p>	<p>A Motion to approve the reappointment and requested Clinical Privileges that were reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee for the following provider was made by Commissioner McPartland and seconded by Commissioner Sattler. The Motion passed with 5 in favor, 0 opposed.</p> <ul style="list-style-type: none"> • Ryan Steed, CRNA • Maria Recio Restrepo, MD 	None.

<p>B. 2023 Medical Staff Model & Provider Recruitment/Succession Plan (Attachment P)</p>	<p>Craig presented the 2023 Medical Staff Model & Provider Recruitment/Succession Plan.</p>	<p>A Motion to approve the 2023 Medical Staff Model & Provider Recruitment/Succession Plan was made by Commissioner McPartland and seconded by Commissioner Bestebreur. The Motion passed with 5 in favor, 0 opposed.</p>	<p>None.</p>
<p>VI. FINANCIAL STEWARDSHIP</p>	<p>DISCUSSION</p>	<p>ACTION</p>	<p>FOLLOW-UP</p>
<p>A. Review Financial Reports for November 2022 (Attachment V)</p>	<p>David Rollins presented the November 2022 Financial Reports.</p>	<p>A Motion to accept the Financial Reports for November 2022, was made by Commissioner Sattler, and seconded by Commissioner McPartland. The Motion passed with 5 in favor, 0 opposed.</p>	<p>None.</p>
<p>B. Review 2023 Operating and Capital Budgets (Attachment W)</p>	<p>David presented the 2023 Operating and Capital Budgets.</p>	<p>A Motion to approve the 2023 Operating and Capital Budgets was made by Commissioner McPartland and seconded by Commissioner Bestebreur. The Motion passed with 5 in favor, 0 opposed.</p>	<p>None.</p>
<p>VII. SERVICES</p>	<p>DISCUSSION</p>	<p>ACTION</p>	<p>FOLLOW-UP</p>
<p>A. Review PMH Mission, Vision, Values and Standards of Behavior (Attachment K)</p>	<p>Craig presented the PMH Mission, Vision, Values and Standards of Behavior.</p>	<p>A Motion to approve the PMH Mission, Vision, Values and Standards of Behavior was made by Commissioner Bestebreur and seconded by Commissioner McPartland. The Motion passed with 5 in favor, 0 opposed.</p>	<p>None.</p>
<p>B. Review 2023 PMH Strategic Plan (Attachment J)</p>	<p>Craig presented the 2023 PMH Strategic Plan.</p>	<p>A Motion to approve the 2023 PMH Strategic Plan was made by Commissioner Bestebreur and seconded by Commissioner McPartland. The Motion passed with 5 in favor, 0 opposed.</p>	<p>None.</p>
<p>C. Review 2023 PMH Marketing Plan (Attachment L)</p>	<p>Shannon presented the 2023 PMH Marketing Plan</p>	<p>A Motion to approve the 2023 PMH Marketing Plan was made by Commissioner McPartland and seconded by Commissioner</p>	<p>None.</p>

		Sattler. The Motion passed with 5 in favor, 0 opposed.	
D. Review 2023 IT Plan (Attachment M)	Craig presented the 2023 PMH IT Plan.	A Motion to approve the 2023 PMH IT Plan was made by Commissioner Sattler and seconded by Commissioner Bestebreur. The Motion passed with 5 in favor, 0 opposed.	None.
VIII. QUALITY			
A. Review 2022 Environment of Care (EOC) Report and 2023 EOC Plan (Attachment X)	Kristi presented the 2022 Environment of Care (EOC) Report and 2023 EOC Plan.	A Motion to approve the 2023 EOC Plan was made by Commissioner Bestebreur and seconded by Commissioner McPartland. The Motion passed with 5 in favor, 0 opposed.	None.
B. Legislative and Political Updates	Glenn Bestebreur gave a brief Legislative and Political Update.	None.	None.
C. CEO/Operations Report	Craig provided a brief Operations Report based upon his written report included in the December Board Packet.	None.	None.
IX. ADJOURN			
There being no further business to attend to, Commissioner Kenny adjourned the meeting at 6:44 p.m.			

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JOINT CONFERENCE COMMITTEE		JANUARY 18, 2023		VINEYARD 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. D. Weaver • Dr. B. Sollers 			<ul style="list-style-type: none"> • K. Mellema, CQO/CCO • M. Fuller, CNO/COO • Dr. S. Hashmi 		
AGENDA ITEM	DISCUSSION	RECOMMENDATION	FOLLOW-UP		
CALL TO ORDER	Meeting was called to order by Commissioner Reams at 0702 am.				
APPROVAL OF MINUTES	Minutes for October 2022 and December 2022 were reviewed and approved by the Committee.	For informational purposes only.	Standing agenda item.		
QUALITY					
2023 Risk Management Plan	K. Mellema reported that the Risk Management Plan had no content changes for 2023 and that it will go before the Board next week for review and approval.	For informational purposes only.	No necessary follow up.		
2023 Quality Assurance Plan	K. Mellema reported that the Quality Assurance Plan had no content changes for 2023 except for changing dates and adding an updated organizational chart. This Plan will go before the Board next week for review and approval.	For informational purposes only.	No necessary follow up.		
RHC Regulatory Survey	K. Mellema reported that the Grandview Clinic had their RHC survey on 12/12/22. There were six findings on the Statement of Deficiencies (SOD): <ol style="list-style-type: none"> 1. 1 of 10 charts was missing evidence of follow up for diagnostic orders. 	For informational purposes only.	No necessary follow up.		

	<ol style="list-style-type: none"> 2. Emergency Box contents did not match the policy. 3. There was no evidence of a patient care policy noting which medical reference resources the Medical Director and the Non-Physician Providers have agreed on. 4. No evidence of an Emergency Preparedness Policy that includes the use of volunteers or other staffing strategies. 5. No evidence of primary or alternate means of communication for Federal, State, tribal, regional, and local emergency preparedness staff. 6. 1 of 10 licensed or certified staff members participating in patient care did not have evidence of current BLS, at a minimum. <p>A Plan of Correction was submitted on 12/30/22 and was accepted on 1/4/2023.</p>		
DOH State Survey	<p>K. Mellema reported that PMH had their DOH State survey last week. There were two nurse surveyors, an environment of care surveyor and a Fire Marshall. All patient care areas were surveyed including the Specialty clinic and the Physical Therapy clinic. Overall, the survey went well, and we can expect to receive our Statement of Deficiencies (SOD) in 10 business days. Once received, we have 10 calendar days to return a Plan of Correction to the DOH for the deficiencies.</p>	For informational purposes only.	No necessary follow up.
2023 Strategic Plan/2023 Patient Care Scorecards	<p>K. Mellema reported that the 2023 Strategic Plan scorecard had not changed from 2022 except for the 2023 goals are based on how each metric ended the year for 2022. The 2023 Patient Care Scorecard has no new metrics, but three metrics were removed, Medication Reconciliation, ECG time for patient presenting to the ED with chest pain, and STAT labs. The quality metric will be calculated differently in 2023. This data point will be the average of the Quality and Outcomes data from the INDEX report that we receive three times a year from the Chartis Group. Both scorecards will go before the Board next week for review and approval.</p>	For informational purposes only.	No necessary follow up.
PATIENT LOYALTY			
Patient Satisfaction Data	<p>M. Fuller reported that we only had two departments that did not achieve their 2022 goal which were acute care 90.87% vs 91.8% and outpatient surgery 96.11% vs 96.6%. The ED exceeded their goal</p>	For informational purposes only.	Standing agenda item.

	85.83% vs 84% despite a challenging patient population and their perception of care.		
Patient Safety Dashboard	M. Fuller stated that this dashboard will be presented quarterly to the Joint Conference Committee. The report will include analysis, recommendations, and actions. This dashboard also reflects a lot of good work being done by Medical Staff Committees within the analysis section. Restraint utilization remains low and limited for brief periods when utilized. There were seven patients in 2022 that were put in restraints in the ED and three patients in acute care.		
SERVICES			
Replacement Facility	C. Marks reported that Bouten is planning to start again on Monday, January 23 rd , if weather permits. Otherwise, they will begin February 1 st . SVID is supposed to begin burying the canal by the end of January. This should take four weeks. Bouten will start digging to bury utility lines which will not be impeded by the wet ground. There is a year and a half lead time on ordering emergency generators, so we are ordering them now.	For informational purposes only.	No follow up necessary.
MEDICAL STAFF DEVELOPMENT			
Medical Staff Recruitment	C. Marks reported that we have had really good success. Dr. McDonnell has started and went through New Employee Orientation yesterday. He will be doing ERCPs in the future. Dr. Rivero will be replacing Pam Morris as the Occupational Health provider. He will also be an assistant CMO to help with provider engagement. Dr. Dingwall will start in March. She worked here a couple of years ago and has decided to come back. Dr. Higgs, orthopedic, will start in May. Dr. Mackey, ED, will begin in July. We continue to recruit internal medicine, family practice, pediatrics which is a priority and emergency medicine.	For informational purposes only.	No follow up necessary.
Emergency Department Medical Director	M. Fuller reported that with Dr. Wenger leaving, it will leave us without an ED medical director. We ended up with two phenomenal candidates for the position, Dr. Rode and a candidate from Kadlec who is ED board certified.	For informational purposes only.	No necessary follow up.
EMPLOYEE DEVELOPMENT			
Employee Engagement	C. Marks reported that we had a good holiday season. We will have a busy 2023 starting with January 19 th which is National Popcorn Day so we will be out delivering popcorn to staff. Superbowl and Valentine's Day is coming up at well.	For informational purposes only.	No follow up necessary.

Employee Recognition Luncheon	C. Marks reported that we will be having our annual Recognition Luncheon at Desert Wind today where 49 people will be recognized totaling 510 years of service. Mary Castillo has been here for 35 years.	For informational purposes only.	No follow up necessary.
FINANCIAL STEWARDSHIP			
Financial Performance – December 2022	C. Marks reported that PMH has its biggest month ever at \$24.5 million in December with a bottom line of \$1.5 million and a cash flow of almost \$5 million. Cash and Temporary Investments were \$6.1 million. Board Designated Assets were \$31 million. Year-to-date 2022 Medicare was at 31.2%, Medicaid 30.6% and Commercial 32% which is our highest payor.	For informational purposes only.	Standing agenda item.
Semi-Annual Financial Performance Report for PMH Clinics	No report available.	For informational purposes only.	No necessary follow up.
Audits	C. Marks reported that we have two audits going on. A financial audit being done by DZA which will be coming back to the Board in March. There is also a state audit going on, but they are stating that we may not pay for spouses or significant others to go to the holiday party. They claim it's gifting public money. DZA is helping us with this issue, and we may possibly end up having the Foundation pay for spouses and significant others to attend the holiday party in the future.	For informational purposes only.	No necessary follow up.
ADJOURNMENT & NEXT SCHEDULED MEETING			
Meeting adjourned at 0852			
Next scheduled meeting February 15, 2023			

K. Mellema 1/18/2023

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FINANCE COMMITTEE MEETING
Monday – January 23, 2023,
7:00 a.m. – Vineyard Conference Room
AGENDA

MEMBERS:

Keith Sattler
Neilan McPartland
Brandon Bowden

STAFF:

Craig Marks
David Rollins
Stephanie Titus

CALL TO ORDER

I. APPROVE MINUTES

Action Requested – December 12, 2022, Minutes

II. FINANCIAL STEWARDSHIP

A. Review Financials –December 2022 (Attachment T)

David

Action Requested – December 2022 Financial Statements

B. Review Accounts Receivable and Cash Goal

Stephanie

C. Voucher Lists

Action Requested – Voucher List - Payroll and AP Vouchers # 169603 through #170529
Dated 12-08-22 through 01-17-23 in the amount of \$10,754,384.21.

David

D. Capital Request- ERCP Scopes (Attachment TTT)

David

Action Requested-ERCP Scopes at a cost not to exceed \$140,000.

III. ADJOURN

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FINANCE COMMITTEE MEETING		December 12, 2022	VINEYARD CONFERENCE ROOM	
				GUESTS
<ul style="list-style-type: none">• Keith Sattler• Neilan McPartland• Brandon Bowden		<ul style="list-style-type: none">• Craig Marks, CEO• David Rollins, CFO• Stephanie Titus, Director of Finance Operations		
AGENDA	DISCUSSION	ACTION	FOLLOW-UP	
I. CALL TO ORDER	Keith Sattler called the meeting to order at 7:07 a.m.			
II. APPROVE MINUTES		A motion to approve the Finance Committee Meeting Minutes for November 14, 2022, as presented was made by Neilan McPartland. The motion was seconded by Keith Sattler and approved.	None.	
III. FINANCIAL STEWARDSHIP A. Review Financials – November 2022 (Attachment V)	Net Income of \$1,060,228 in November and Gross Charges were \$23,463,671 which was 30% higher than budget for the month and 41% greater than the prior year. Net Operating Revenue came in at \$8,259,069 (13% over budget).	A motion to recommend acceptance of the November 2022 Financial Statements as presented to the PMH Board of Commissioners was made by Neilan McPartland. The	None.	

	Expenses were \$7,255,103 in November and 6% over budget. Surgeries were 318 vs 185 budget and ER visits were 1,668 vs 1,068 budget. Cash Flow was (\$56,695) for the month and \$3,298,621 YTD. AR were at a net 53 days overall.	motion was seconded by Keith Sattler and approved.	
B. Review Accounts Receivable and Cash Goal	AR was at 56 net days overall as Collections were \$7,424,372 and lower than goal at \$8,519,353 but greater than prior year total of \$6,329,580. POS collections were \$21,093 exceeding a budget of \$15,000 but lower than prior year \$26,499. POS collections YTD are \$396,993 versus \$165,000 budget and \$199,088 prior year.	None.	None.
C. Voucher Lists Payroll and AP Vouchers #168941 through #169602 Dated 11.05.22 through 12.07.22 in the amount of \$6,931,598.59.		A motion to recommend approval of the Voucher Lists #168941 through #169602 Dated 11.05.22 through 12.07.22 in the amount of \$6,931,598.59 was made by Neilan McPartland, seconded by Keith Sattler, and approved.	None.
D. Review 2023 Operating and Capital Budgets (Attachment W)	2023 Budget was presented showing \$285,610,741 gross revenue, \$101,525,408 net revenue, \$94,793,837 operating expenses and \$6,209,240 net income. Draft Capital Budget was presented showing \$765,587 in 2023 approved capital purchases and \$308,982 of carryover approved capital purchases from 2022 that have not been completed but expected in 2023.	None.	None.
E. New Hospital Financing Update (Attachment Y)		None.	None.
IV. ADJOURN			
Having declared no further business, the meeting was adjourned at 7:59 am.			

MEMORANDUM

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

FROM: CRAIG J. MARKS, CEO

DATE: January 2023

RE: CEO REPORT

SERVICES

1. 2022 Strategic Plan Annual Report

2022 was a very important year for Prosser Memorial Health as we celebrated our 75th Anniversary, experienced record volumes throughout the organization and broke ground on our replacement facility. What a year! I've said this during the pandemic, but this year it is especially true, our success says a lot about our organization and its incredible future. The success of this past year is reflected in our Pillars of Excellence (**Attachment A**) where we exceeded our target in four of our six Pillar Goals. We are disappointed that two of our Pillars (Medical Staff Development and Quality) were below expectations, but this inspires us to do better in 2023. It also demonstrates that despite experiencing a tremendous year, it is very difficult to exceed every Pillar Goal in a year. We are already working on plans to address these opportunities for improvement and will always work to continuously improve as we pursue our Mission, Vision and Values. I would like to thank the entire PMH Team for achieving these challenging goals and look forward to working with each of them as we pursue our 2023 goals.

In addition to pursuing our Pillar Goals in 2022, we were also striving to achieve the objectives in our 2022 Strategic Plan. As you read the 2022 Strategic Plan Annual Report (**Attachment B**) you will see that we made significant progress on most of our objectives. The most significant and impactful long-term was, obtaining financing for our replacement facility and beginning construction. While it will take two years to complete the construction, this project will impact our community and surrounding area for years to come. We also continue to be successful in recruiting new providers to PMH, expanding our services (e.g., GI) to meet the growing demand in the communities we serve. This strategy is certainly working as we provided record levels of services throughout PMH in 2022, far exceeding our Services Pillar Goal. While we were providing this care, it is important to note that we provided excellent care for our patients and support for our staff as we saw both patient and employee satisfaction scores increase in 2022. As a result of all these positive metrics, we experienced one of our best financial years in our 75-year history. These accomplishments could not have happened without the support of the entire PMH Team. Thank you! We still have a lot of work to do in 2023, but I am confident that the PMH Team will continue to soar to great heights as stated in our Values!

2. Replacement Facility Update

Now that construction has begun on our replacement facility, we will begin to transition our monthly reports to focus on construction and budget, with limited reporting on Design and Financing. This change will occur completely in February. This month I will still give a Design update, but there is nothing to report in financing for the project. The monthly reports attached to my report will also be changing. We will continue to have a monthly Owner's Representative Report (**Attachment C**) and minutes from our Project Team Meetings (**Attachment D**). In addition, we will now have monthly minutes from our Owners/Architects/Contractor (OAC) Meetings (**Attachment E**); a Construction Update Report from Bouten Construction (**Attachment F**); a Construction Schedule from Bouten (**Attachment G**); and a Construction/Project Budget from NV5 (**Attachment H**). This is the last month that we will include a Four-Month Project Look-Ahead Schedule (**Attachment I**), as it is no longer needed.

A. Design

We continue to work with several regulatory agencies (DOH, WSDOT, City of Prosser) as they relate to our project but have found they are not very timely in their responses to us. We continue to attempt to address the questions raised by the DOH regarding our design, but we have not heard from them in over a month despite frequent attempts. We hope to have an update for the Board at the January Board Work Session. We are also waiting for WSDOT to approve our Intersection Control Evaluation (ICE) study for the intersection of North Gap Road and the I82 westbound on and off-ramps. We are hoping to finalize this as soon as possible and will have an update at the January Board Work Session. We are also waiting to hear back from the City of Prosser regarding our submittal of a Development Agreement to defer North Gap Roads until further development in the area occurs. The City has indicated they are reviewing our proposal and will have comments back to us in the near future, which will be shared with the Board when we receive them. Finally, ever since we received a Certificate of Need (CON) for our project, we have been submitting quarterly reports to the DOH regarding the status of our project and will continue to do so until our new facility is open.

B. Construction/ Schedule/ Budget

While Bouten and our other contractors have been ready to get our project moving, the weather has not cooperated. First it was too cold and now it is too wet. We are now waiting for the soil to dry out so they can get the compaction they need for our foundation. The current forecast does not call for precipitation for the next ten days which should allow the soil to dry out and for work on the project to continue. In the meantime, we are working with SVID to have them bury the overflow canal on our property. They are scheduled to begin work in January and finish in February. Bouten is also working with our excavation contractor (Big Ds) to begin excavating for our utilities (water, sewer, power) while we wait for the soil to dry out. Bouten representatives will be at the January

Board Work Session to update the Board on construction (**Attachment F**) and to review the construction schedule (**Attachment G**). We recently learned that the USDA has approved our first draw for the project of \$7,546,912.26, which includes payments previously made (e.g., architects) through the end of November 2022. NV5 maintains a comprehensive project budget (**Attachment H**) and is currently updating its contract and invoice tracking system to align with the approved final budget. NV5 will update the Board regarding our current budget status at the January Board Work Session.

C. ERCP

We are bringing a Capital Budget request to the Board for approval in January for two duodenoscopes to begin doing Endoscopic Retrograde Cholangiopancreatography (ERCP) (**Attachment TTT**). The scopes were budgeted for \$140,000 and will cost less than that, but we do not have the shipping cost (currently \$123,312 + shipping. With the addition of Dr. McDonnell to our Medical Staff, we will have the expertise to offer this procedure at PMH. ERCP is a highly sought-after GI procedure that is not performed in many hospitals. Patients in our community needing an emergent ERCP are sent to other facilities, sometimes as far away as Portland or Boise. Not only will we be able to avoid transfers out of our Emergency Department, but we anticipate being able to accept transfers from other Central Washington hospitals.

Patient Loyalty

1. Patient Satisfaction

Arguably the most challenging, and important Pillar Goal we have is Patient Loyalty. Patient Loyalty is measured through patient satisfaction but is supplemented with increased patient volumes. I am pleased to report that we exceeded our goals on all metrics. Our aggregate patient satisfaction score was 93.31% compared to 92.9% last year (**Attachment J**). In addition, we improved in almost every area we survey (Emergency Department, OB, Outpatient Services, and our Clinics.) Considering all the challenges we faced in 2022 this is outstanding work by our PMH Team. Every employee, provider, and volunteer at PMH helped contribute to this outstanding performance. Well done! On top of the survey results, we also saw volumes grow in almost every department. We have now set the satisfaction bar very high for next year, but I am confident that our Team is up for the challenge!

Employee Development

1. Employee Recognition

Historically, every January we host a PMH Employee Recognition luncheon to honor our staff for the dedication to our patients and PMH. We recognize staff every five years and award them with lunch, a service pen, and \$50 for every year of service they have provided to PMH. This luncheon was held on January 18th at Desert Wind Winery where we recognized 49 individuals (**Attachment K**). In total, these individuals have provided 510 years of service to PMH. The longest tenured employee in this group is Mary Castilleja, Patient Financial Services Representative, who has worked at PMH for 35 years. Congratulations! Please join me in thanking these employees for their commitment to those we serve and Prosser Memorial Health!

2. 2022 Employee Engagement Results

A key area of focus at PMH has been our Employee Development Pillar which focuses on staff satisfaction and engagement. A key to achieving high patient satisfaction scores is to have engaged staff and Medical Staff providers. The best way to objectively measure engagement/satisfaction is to conduct a survey of our staff, which we do annually. You can also look at turnover rates as a proxy for satisfaction. Our turnover rate decreased to 8.4% in 2022, which is well below the industry average of 20+% (which is increasing every day).

Our engagement survey was once again conducted by People Element during the months of October/November. Our participation level was 84.2%, which was better than our participation level last year at 82.0%. The full results of the survey, including comments (**Attachment L**) will be shared with everyone at PMH on January 24th. Quinton Barrett from People Element will share the results with our staff at several sessions scheduled for employees. He will not only share the results but also seek ideas from our staff about ways to improve in the areas with the greatest concerns. One of the key metrics in the survey, and the metric we use for our Employee Development Pillar Goal is an employee's satisfaction with PMH. Our performance improved to our highest satisfaction level ever at 90.6% in 2022 compared to 89.2% in 2021. In addition, we exceeded our Employee Development Pillar Goal of 90%. This performance exceeds the performance of most hospitals in the nation, but we recognize that we must continue to improve in this area. To that end, we will be working with our Board to address areas such as wages and all departments will work to address department specific issues. The results of the 2022 Employee Engagement Survey will also be presented to the Board by Quinton Barrett at the January Board Work Session.

3. Employee Engagement

Following-up on a holiday season filled with festivities at PMH, we are already planning for a bigger and better year of engagement activities in 2023. Our first step in this process was to re-examine our Employee Engagement Team Charter and membership (**Attachment M**). While we have added some new members to this team, we welcome more. If you are interested in participating on this team to help maintain and improve engagement, please contact Bryon Dirkes. The second step in the process was for the team to develop a calendar of Employee Engagement Events for 2023 (**Attachment N**). As you can see, we have a very robust year of activities planned. The Engagement Team is to be commended for developing this calendar and for working out all the details for each event throughout the year! In the coming weeks we will hold our first celebration with National Popcorn Day, and we will conduct our Annual Super Bowl Squares Contest (No Seahawks or Vikings to cheer on this year!). In addition, Valentine's Day and March Madness are just around the corner. Stay tuned for more details about each of these activities. I have also included our employee newsletter, [The Pulse](#), which captures some of the fun activities at PMH in December (**Attachment O**).

4. International Association of Fire Fighters (IAFF) Negotiations

Prosser Memorial Health remains in negotiations with I.A.F.F., Local I-24. The Union represents twenty-one (21) full-time & part-time EMT's and Paramedics. After six (6) negotiating sessions the Union and Prosser Memorial leadership held mediation on January 5th to resolve three (3) outstanding items. Following mediation, all but one (1) contract article have tentative agreements, with the one remaining open item being, Hours of work/staffing levels. The next bargaining session is scheduled on February 1st. Once an agreement is secured, the contract proposal will be brought to the Board of Commissioners for approval.

Medical Staff Development

1. Medical Staff Engagement Results

The Medical Staff Engagement Survey was also conducted in October/November. The participation level in 2022 was 54.2% compared to 74% in 2021, a significant decrease which we must address in 2023 if we want to have statistically valid results. The results of the survey, including comments (**Attachment P**) will be distributed to the Medical Staff on January 24th. Quinton Barrett from People Element will review the results and lead a discussion about opportunities for improvement. The key metric (Pillar Goal) in the survey used to measure Medical Staff Satisfaction

with PMH showed a decline from 85.2% in 2021 to 83.2% in 2022 we are disappointed with the decline and will work even harder in 2023. We already have some ideas about how we can improve this metric, including naming Dr. Jacobo Rivero as our ACO in charge of Medical Staff Engagement. I would also like to thank our CMO's (Drs. Sollers, Hashmi, and Wenger) for helping to make Medical Staff Engagement a priority at PMH. Quinton Barrett will also review the results of the Medical Staff Engagement Survey with the Board at the January Board Work Session.

2. Medical Staff Recruitment

We have hit the ground running with our Medical Staff Recruitment and our 2023 Recruitment Plan. I am pleased to announce that the following physicians will be joining us in 2023: Dr. Michael McDonnell-Gastroenterologist (January); Dr. Jacobo Rivero-Occupational Medicine (February); Dr. Jessika Dingwall-Radiology (March); Dr. Geoffrey Higgs-Orthopedic Surgery/Sports Medicine (May); and Dr. Joshua Macke-Emergency Medicine (July). Please join me in welcoming these physicians to PMH! While it's great that we can continue to recruit outstanding additions to our Medical Staff I am disappointed to report that two of our valuable providers, Dr. Carolyn O'Connor-Family Medicine/Prosser and Pam Morris, ARNP-Occupational Health/Prosser are leaving (**Attachment Q**). Please join me in thanking both providers for their contributions to PMH and wish them the best in their future endeavors!

In addition to our successes, we continue to interview candidates in the specialties identified in our Recruitment Plan for 2023 including: family practice, emergency medicine, pediatrics, and internal medicine. With the success we have already experienced in 2023, I am excited about our recruitment possibilities for the remainder of the year.

3. Grandview Clinic Rural Health Clinic (RHC) Survey

On December 12th, 2022, a Medicare re-accreditation survey was conducted at the Grandview Clinic (**Attachment R**). This is a routine survey conducted every three years to maintain RHC accreditation. The survey is conducted by The Compliance Team (TCT), an accreditation compliance organization similar to the Joint Commission. The surveyor found deficiencies which were addressed by the Grandview Clinic Staff in a Plan of Correction. The Plan of Correction was approved and the Grandview Clinic RHC accreditation was extended until December 30th, 2025. Congratulations to everyone that assisted with preparing for the survey and the survey itself!

4. Emergency Department Medical Director

Shortly after the holidays, we learned that Dr. Robert Wenger, Emergency Department Physician and Emergency Department Medical Director is resigning in early spring of 2023 (**Attachment S**). Dr.

Wenger and his wife, Dr. Carr, are relocating back to their home state of Massachusetts to be closer to family. While Dr. Wenger is not leaving yet, over the next couple of months join me in thanking him for everything he has done for our patients and PMH and wish him well out east! We are currently interviewing several candidates for Dr. Wenger's position and hope to make a decision by the end of January.

Financial Stewardship

1. Financial Performance- December

We finished 2022 the same way it began, very strong (**Attachment T**). Our volumes exceeded budget and as a result our gross revenue was \$6.6 million (33%) better than budget. While our deductions from revenue were over budget, they were generally in proportion to our increased revenue. As a result, our net revenue was \$1.3 million (18%) over budget. The increased volumes (revenue) did result in our operating expenses being 8% over budget, but appropriate with the increased revenue. As a result, we ended the month with an operating income of \$1.3 million compared to our budget of \$526,448 and after adding in our non-operating income, we experienced a net income of \$1,493,696 or 167% better than budget.

As a result of another strong financial month, our year-to-date or year-end financial position continued to improve. Our gross revenue was \$255 million (exceeding a quarter of a billion... that just sounds good!), which was 17% over budget and 29% over last year. This increase was the result of increased volumes throughout the organization as demonstrated by adjusted patient days (an overall volume metric) which were 26,289 in 2022, or 15% over budget and 29% over 2021. Our deductions from revenue were again in line with our revenue growth and we also received \$1.8 million in COVID Relief Funds compared to the \$10.2 million we received in 2021. The result was a net revenue of \$96.0 million or 8% over our budget. Our expenses were only 1% over budget despite our increased volumes. This resulted in an operating income of \$12.2 million compared to our budget of \$5.7 million. After accounting for our non-operating income (which was a loss due to investment losses), our total net income was \$12 million. This was the best financial year in the history of the hospital if we exclude COVID-19 Relief Funds. This resulted in a total margin of 12.5% which far exceeds our Pillar Goal of 6.0%. As a result of these positive financial results, we experienced a positive cash flow in 2022 of \$4.9 million despite making a significant investment in our replacement facility. We also saw our cash balances remain strong and grow. Finally, it is important to note that the largest payor class for services at PMH in 2022 was commercial insurance. This along with our strong financial performance throughout 2022 positions us well for the future.

2. PMH Clinic Financial Report

Financial reports for each of the PMH Clinics are attached in the Board Packet for your review, including a consolidated report of all the clinics (**Attachment TT**). Most of the clinics exceeded their

budgeted and prior year volumes and in total, the PMH Clinics provided 61,668 total visits in 2022 compared to 56,481 visits in 2021. As a result of these strong volumes, the clinics in total exceeded their budgeted contribution margin of (\$3,519,237) as they combined for a positive contribution margin of \$1,262,099 which was 136% better than budget and 148% better than last year. Outstanding! It is also important to note that these clinics, and their providers, accounted for \$106,801,117 or 41.8% of all PMH gross revenue in 2022 through all their patient visits, surgeries, lab work, radiology procedures, rehab, etc. Without the clinics we would not experience the financial success we have today.

3. Audits

We recently met virtually with representatives from the Washington State Auditor's office to open their 2022 audit. They reviewed the areas they will be auditing (**Attachment U**) and outlined their audit process, which will once again be virtual. We will be required to send them all the information they need, which is fine, but can be challenging when we are also working on other major projects such as financing and constructing a new facility. We anticipate the audit will take several months to complete and at the same time, we will be working with DZA on our 2022 Financial Audit. Our financial staff deserve a lot of credit for providing outstanding financial services to all of us throughout the year in addition to special projects such as these audits. Well done!

4. PMH Foundation Update

Save the Date for Bottles, Brews, Barbecues June 9 & 10. A steering committee made up of Foundation Board members, PMH staff, and community members held their first planning meeting last week. The Wine Country Classic will be Friday, September 8 at Canyon Lakes Golf Course once again. The shotgun start time will be announced as we get closer to the event date. The capital campaign for the new hospital has raised \$1.5 million of our \$3 million goal. I have asked each Foundation Board member to schedule one meeting with a community member or business to discuss the project and campaign with by the end of February. The Prosser Record Bulletin published a Letter to the Editor from Craig Marks in response to some questions that were raised about our project after the groundbreaking event in November (**Attachment V**). The Foundation Board is asking the Hospital to approve the proposed appointment of Belem Grey, wife of John Grey owner of the Prosser House, to the PMH Foundation Board. This will be acted on in January.

QUALITY

1. Department of Health (DOH) Survey

On Tuesday, January 10, 2023, we had the pleasure of hosting the Department of Health (DOH) for our State survey which occurs approximately every 18 months. (Our last survey was June 15-18, 2021.) There were two nurse surveyors, an environment of care surveyor, and a Fire Marshall. The two nurse surveyors reviewed every patient care unit in the hospital as well as the Specialty Clinic. The environment of care surveyor reviewed all patient care units, laundry, HR employee/provider files, environment of care files, and even visited the Physical Therapy Clinic. These three surveyors were here from January 10th through January 12th. The Fire Marshall was here January 12th. The exit conference was held in the Vineyard on Thursday, January 12th at 3:15pm. Overall, the survey results that they were able to share went very well. As expected, they always find something, but nothing that hasn't either already been fixed or is an easy fix, such as exposed drywall, policies that need updating, missing reassessments for pain and restraints, expired items from ultrasound gel to needles/syringes, infection control issues such as donning and doffing PPE, etc. The surveyors take all their notes back to their offices for a complete and thorough review. We can expect to receive a final Statement of Deficiencies (SOD) within 10 business days (not including weekends or holidays). Once received, we have 10 calendar days to return our Plan of Corrections to them. I would like to thank all those who participated in the survey and to everyone at PMH for keeping us survey ready every day!!!

2. 2023 Board Work Plan

Included in your Board Packet is a draft 2023 Board Work Plan (**Attachment W**). This document is a plan of routine, regulatory, and special projects that the Board will need to address throughout the year based on our 2023 Strategic Plan. This Plan is not carved in stone and could change if our priorities change. The Plan is a good reminder of what we would like to accomplish each month this year and will be included in every Board Packet. If the Board would like to make any additions or deletions to the 2023 Board Work Plan, please let me know.

3. 2023 PMH Strategic Plan and Patient Care Scorecards

With the new year upon us it is time to draft new 2023 Scorecards based on our Pillar Goals, 2023 Strategic Plan, and regulatory (e.g., CMS) requirements. These draft scorecards will enable all of us to track several measures related to our Strategic Plan and Quality Goals monthly (**Attachment X**) (**Attachment Y**). Each scorecard goal for 2023 is developed based on our 2022 actual performance, with an expectation of improvement on each metric. We are recommending that we change how the quality metric is calculated as described in (**Attachment Z**). We shared these documents with the Joint Conference Committee and asked them for suggestions and/or other measures. We would also like the Board to review these documents and let us know if you would like to see changes. Like the Board Work Plan, these documents will be in all future Board Packets and reviewed with the Board on a quarterly basis. In addition, these documents will be distributed throughout the hospital and

clinics and will enable everyone to determine with a quick glance, how Prosser Memorial Health is performing.

4. 2023 Quality Assurance and Risk Management Program Plans

The PMH 2022 Quality Assurance Program (**Attachment AA**) and Risk Management Program (**Attachment BB**) Plans will be presented to the Board for approval at the January Board Meeting. These Program Plans outline how, in 2023, PMH will maintain and enhance our quality performance and reduce our risk by developing and maintaining a culture of continuous improvement and safety. There have been no substantive changes to the Program Plans from last year.

5. Board Self-Evaluation

In December, the Board was asked to complete a Board Self-Evaluation, which is an activity the Board completes every year. All Commissioners completed the survey, and the results are in the Board Packet (**Attachment CC**). The results show both the results from this year and prior years. The results will be discussed with the Board in the Executive Session of the January Board Meeting. Based on the survey results and discussion, a Board Action Plan will be developed and presented to the Board for approval in February. The 2022 Board Action Plan, complete with actions taken, is included in your packet for your review (**Attachment DD**).

6. Regulatory Requirements

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

7. Board Officers & Committee

Per the Prosser Memorial Health Bylaws, the Board of Commissioners are required to annually elect officers for the coming year (**Attachment GG**) and review their committee structure and membership. The Board is required to hold an election each January and elect a President, Vice President, and Secretary. The 2022 PMH Board Officers were President-Steve Kenny, Ph.D.; Vice

President-Keith Sattler; and Secretary-Glenn Bestebreur. The term of these offices is one year and there are no term limits thus there is no requirement for changes to be made to the current officers. The Board is also tasked with periodically evaluating their committee structure and the membership on the committees. The current Board Officers, committees, and membership are included for your review (**Attachment HH**). These items will be on the January Board Meeting Agenda for the Board to consider.

8. January Board Work and Regular Session

The January Board Work Session will be used for a presentation of our Employee and Medical Staff Engagement Survey results by Quinton Barrett from People Element. We will also review a replacement facility update regarding the design, construction, schedule, and budget from bcDG, NV5, and Bouten Construction. The Board will also go into Executive Session to discuss employee evaluations. The January Board Meeting will be used to take formal action on the 2023 Quality Assurance and Risk Management Program Plans, elect Board Officers for 2023 and Board committee structure, and membership for 2023. The Board will also go into Executive Session to discuss the Board Self-Evaluation results.

9. Reminder-February Board Meeting

I would like to remind the Board that because five of us will be attending the AHA Rural Healthcare Leadership Conference in San Antonio on Tuesday February 21st, 2023, there will not be a Board Work Session in February. There will, however, be a regular Board Meeting as scheduled on Thursday February 23, 2023.

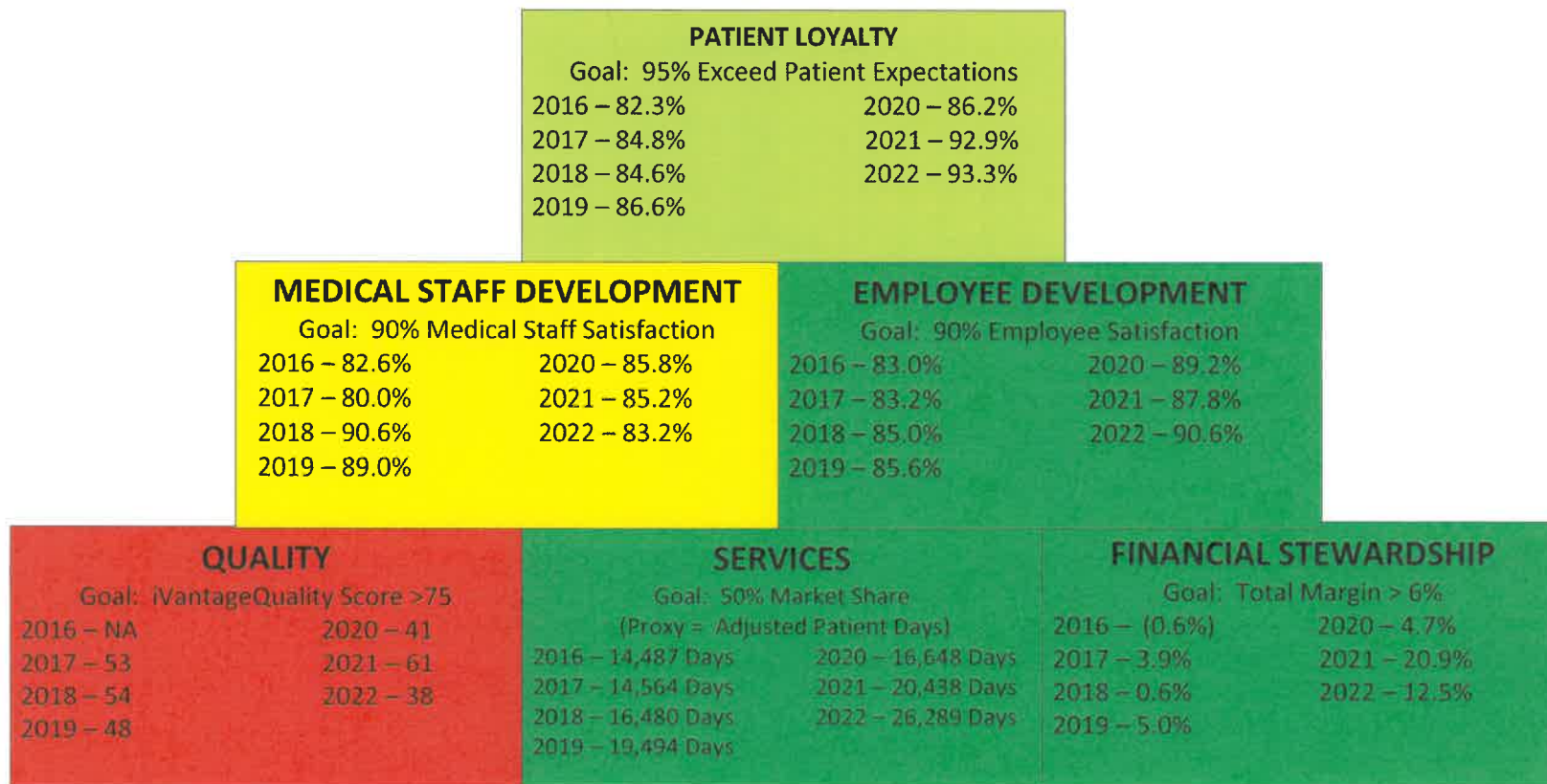
If you have any questions regarding this report, or other hospital activities, please contact me at (269) 214-8185 (cell), (509) 786-6695 (office), or stop by and see me at the hospital.

Mission:

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

Vision of Success FY2016 to 2022

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



Our Values

- ASPIRE -

Accountability Service Promote Teamwork Integrity Respect Excellence



PROSSER MEMORIAL HEALTH
2022 STRATEGIC PLAN

2022 Strategic Plan

	Strategic Goal	1-Year Objective Metrics	Annual Update	Objectives/Strategies	Annual Update	Timing	Accountable
<p>MISSION Prosser Memorial Health will improve the health of our community.</p> <p>VISION Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country.</p> <p>VALUES Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p>Patient Loyalty Goal</p> <p>Prosser Memorial Health (PMH) will provide outstanding customer service, aspiring to treat those we serve the way they want to be treated.</p> <p>Goal: PMH will achieve a patient satisfaction rate of 95% or higher.</p>	<ol style="list-style-type: none"> Demonstrate a 2% improvement in overall patient satisfaction over 2021. Demonstrate a year over year incremental improvement (0.1% or greater) in all survey types and locations. Increase discharge phone call compliance to 80%. Implement pre-discharge follow up scheduling (OR, AC, FBP, OSP, ED). Reduce the time from ED Admission decision to bedtime to ≤ 55 minutes. Reduce LWBS to ≤ 0.5%. 100% of complaints or grievances will be followed up within 72 hours, a grievance letter acknowledgement sent within 7 days and a follow-up or closure letter within 30 days. Ensure access to interpreter services (all locations) within 5 minutes 24/7. 	<ol style="list-style-type: none"> Overall patient satisfaction was 0.33% over 2021: 92.9% vs 93.3%. All survey types and locations improved over 2021, except for Acute Care which decreased from 91.8% to 90.87% in 2022. Discharge phone call compliance significantly rose in all service lines, but we did not hit 80% compliance: ED - 58.3%; OB – 62%; AC – 85.3%. Pre-discharge appointment scheduling was implemented in all departments except the ED. ED scheduling was deferred until after the Call Center implementation is completed in Q1 2023. ED admission decision to bedtime was 54 minutes in 2022. LWBS increased in 2022 to 3.17% Patient complaint follow up was not reliably done within 72 hours. Grievance follow up was completed within 72 hours for initial communication, 7 days for initial letter, and closure within 30 days. All existing staff providing interpreter support have completed a competency assessment by a third-party 	<ul style="list-style-type: none"> Provide Patient Satisfaction Education and Press Ganey Website training to all leaders and stakeholders. Each department leader will focus on one key strategic initiative each quarter based on the relevant patient survey results. Publish a monthly Patient Loyalty dashboard which will provide additional survey data comparable to what is publicly recorded (including Top Box and percentile ranking) and strategic initiatives by each department. Complete FMEA on post discharge phone calls, take corrective action, provide training, and track compliance. Establish process for scheduling clinic follow-up prior to hospital discharge. Continue PDSA cycles with current interdisciplinary Admissions Task Force. Continue PDSA cycles with current ED Flow Task Force. 	<ul style="list-style-type: none"> Press Ganey website training was provided to 100% of department leader and stakeholders. Each department has been reporting department level survey results and patient comments with staff to utilize that data to improve care. A monthly dashboard was provided each month and included percentile rank, but not Top Box results. A high-risk analysis was completed on post discharge laboratory follow up from the Emergency Department. An action plan was developed and implemented. Monthly audits are being completed to track compliance. Pre-hospital discharge scheduling for clinic follow up has been established for all department except the ED. Ongoing improvements by the interdisciplinary Admissions Task Force has resulted in a 54-minute decision to be time in 2022. Ongoing assessment, action planning, and staff training has occurred to develop a “Super Track” for periods of high census in the ED. PDSA cycles will continue in 2023 on this project. 	<p>1/22</p> <p>1/22</p> <p>2/22</p> <p>2/22</p> <p>3/22</p> <p>2/22</p> <p>3/22</p>	<p>M. Fuller</p> <p>All Department Leaders</p> <p>M. Fuller</p> <p>S. Thomasson</p> <p>M. McGregor</p> <p>M. Davis</p> <p>C. Doornink-Osborn</p>

2022 Strategic Plan

	9. Complete \geq 50 patient education visits each month: Medicaid Wellness, Diabetic education, Dietician, Transitional care, etc.	9. Due to the inability to hire additional Population Health RNs the current number of visits is an average of 29 a month.	<ul style="list-style-type: none"> Provide education on addressing complaints and grievances to all stakeholders and report monthly compliance by department on Patient Loyalty Dashboard. 	<ul style="list-style-type: none"> Monthly data on compliance was not provided in 2022 but will begin in 2023. Staff education was provided with the implementation of a new incident tracking program in Q4 which has created an easier reporting process for end users. 	1/22	M. Fuller
	10. Increase whiteboard compliance to 80%.	10. Based on a direct observation audit is approximately 60% in AC and OB.	<ul style="list-style-type: none"> Complete FMEA on referral and obtaining authorization all departments, take corrective action, provide training, and track compliance. 	<ul style="list-style-type: none"> The referral and authorization process are being actively managed by a multidisciplinary team. Actions have included hiring additional staff, education to staff and providers, feedback reports to stakeholders regarding compliance. 	7/22	M. McGregor
	11. Increase Bedside Shift report compliance to 80%.	11. Based on a direct observation Measure of success audit bedside shift report including the patient is approximately 50%.	<ul style="list-style-type: none"> Complete a Risk Assessment on interpreter services across the organization, take corrective action, provider training, and track compliance. 	<ul style="list-style-type: none"> The Interpreter assessment has been completed and corrective actions fully implemented. DOH assessed our program at the January DOH survey. 	5/22	M. Fuller
	12. Demonstrate a 5% increase in the HCHAPS Transition of Care Metric.	12. The Transition of Care composite metrics went down by 3.28% in 2022. From 55.49% in 2021 to 52.21% in 2022.	<ul style="list-style-type: none"> Identify needs and hire: nurse educators, patient navigators, financial and social service support. 	<ul style="list-style-type: none"> We have identified the need and posted positions for nurse educators but were unable to recruit in 2022. 	12/22	M. Davis
			<ul style="list-style-type: none"> Complete FMEA on Bedside Shift report, take corrective action, provide training, and track compliance. Provide re-training on white board utilization and track compliance. 	<ul style="list-style-type: none"> Staff education on bedside shift report and white board utilization has been initiated, but not completed in 2022. This work will continue in 2023. A white board above the patient's bed has been implemented to write down how each patient prefers to be addressed. This ensures everyone coming into the room address the patient in preferred manner. 	1/22	T. Palomarez
			<ul style="list-style-type: none"> Establish an interdisciplinary Transition of Care Task Force to assess our current practice and implement and assess changes using PDSA cycles. 	<ul style="list-style-type: none"> Two additional staff were added to the Care Transitions department to help support discharge planning and insurance authorizations. 	3/22	S. Thomasson

2022 Strategic Plan

	Strategic Goal	1-Year Objective Metrics	Annual Update	Objectives/Strategies	Annual Update	Timing	Accountable
<p>MISSION Prosser Memorial Health will improve the health of our community.</p> <p>VISION Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country.</p> <p>VALUES Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p>Medical Staff Development</p> <p>PMH will respond to Medical Staff concerns and needs in a timely manner, pursue initiatives in collaboration with our Medical Staff and ensure the availability of the appropriate providers for those we serve.</p> <p>Goal: PMH will achieve and maintain an annual Medical Staff satisfaction rate of 90% or higher.</p>	<ol style="list-style-type: none"> Demonstrate a 3% improvement in Medical Staff satisfaction. Increase Medical Staff participation in the Annual Medical Staff Engagement survey by 5%. Recruit 75% of the providers identified in the 2022 Medical Staff Recruitment Plan. Achieve the budgeted number of Active Medical Staff members. Maintain the annual Medical Staff turnover rate at <5%. (Actual 2021-13.5%). Meet budgeted PMH Clinic volumes and financial goals. Improve the provider productivity (visits/provider) by 5% in the Specialty Clinic and 75% of all RHC providers will meet/exceed Medicare productivity standards. 	<ol style="list-style-type: none"> Medical Staff Satisfaction with PMH was 85.2% in 2021 and 83.2% in 2022, 2.1% short of our goal. PMH Medical Staff participation in the Annual Medical Staff Engagement Survey was 74% in 2021 and 54.2% in 2021 19.8% short of our goal. In 2022 we successfully recruited 57.1% (four out of seven) of the providers identified in the 2022 Medical Staff Recruitment Plan. We ended 2022 with 54 Active Medical Staff Members compared to our budget of 51 and 52 in 2021. The medical staff turnover rate in 2022 was 7.4% (7/52), over expectations and 6.1% better than 2021. In 2022 we provided 60,398 total PMH clinic visits compared to our budget of 61,290 visits for a variance of .2%. Total visits were also 8.1% greater than 2021 (55,882). Our visits by specialty provider were 1,074 in 2022 compared to 1,575 in 2021 for an increase of 8.2%. 9.7% 3/31 of our providers in the PMH RHCs met or exceeded Medicare productivity standards. 	<ul style="list-style-type: none"> Develop the 2022 Medical Staff Recruitment Plan and recruit the identified providers. Enhance the Medical Staff Engagement Plan and conduct monthly Medical Staff Engagement Team meetings. Develop and implement provider productivity standards and monthly reports based on Medicare expectations and share them with all providers at monthly one-on-one meetings. Maintain the DYAD Management structure throughout all PMH Clinics and conduct monthly clinic staff/provider meetings. 	<ul style="list-style-type: none"> The 2022 Medical Staff Recruitment Plan was developed and approved by the Board and the Medical Staff. Due to changes in priorities and available space, we did not recruit for a physiatrist or endocrinologist as identified in the Plan. Instead, we successfully recruited a radiologist, several part-time emergency medicine physicians and two full-time Advanced Practice Clinicians (APC). We also successfully recruited a gastroenterologist an orthopedic surgeon, a family physician and an emergency medicine physician. The Medical staff engagement committee had its first meeting in May which included reviewing and approving the team's charter. The overall objective of this team is to improve our Medical Staff's experience at Prosser Memorial Health. The team decided to meet on a bimonthly basis. We have also hired Dr. Rivero to work with the Engagement Team to enhance medical staff satisfaction/engagement. A provider specific productivity system was developed in November and will be implemented in 2023 in addition to monthly one-on-one meetings. We continue to implement and enhance the Dyad Management Structure in the PMH Clinics and expect significant improvement in 2023 as the result of a renewed commitment to the structure and focus on improving communication. 	<p>12/22</p> <p>3/22</p> <p>2/22</p> <p>2/22</p>	<p>A. Tiemersma</p> <p>A. Tiemersma</p> <p>Clinic Directors</p> <p>Dr. Sollers/PMH Clinics Director</p>

2022 Strategic Plan

				<ul style="list-style-type: none"> Develop and implement a comprehensive 2022 PMH Clinic Marketing Plan which will promote various PMH Medical Staff services. 	<ul style="list-style-type: none"> A comprehensive 2022 PMH Marketing Plan, which included the marketing of our clinics, was approved by the Board in December. Marketing campaigns are scheduled and implemented each quarter by provider, service line and clinic. A return-on-investment (ROI) report was created to measure the effectiveness of our marketing efforts and the impact on our volume and revenue growth as well. 	1/22	S. Hitchcock/PMH Clinics Director
				<ul style="list-style-type: none"> Develop and implement a comprehensive GI Service Line. 	<ul style="list-style-type: none"> Under the direction of Dr. Cohen, a comprehensive GI Service Line was developed and implemented. The service line has grown so fast that we expanded our capacity with the addition of a second GI physician (Dr. McDonnell). 	6/22	S. Dawson
				<ul style="list-style-type: none"> Implement a formal On-Boarding Program for all new providers. 	<ul style="list-style-type: none"> Throughout the year, the provider onboarding process has continued to evolve and improve. The overall goal of onboarding new providers is to provide them with the support, resources, and tools to be successful at Prosser Memorial Health. There is now a template for onboarding providers as well as a checklist to include a tailored experience based on each provider's specialty. Feedback is collected after onboarding a new provider to identify areas to improve. 	2/22	A Tiemersma
				<ul style="list-style-type: none"> Continue to utilize the PMH CMO Model to engage the Medical Staff and enhance Medical Staff satisfaction (e.g., rounding, mentoring, education). 	<ul style="list-style-type: none"> We continue to utilize the PMH CMO model to enhance Medical Staff Engagement. We have added Dr. Jacobo Rivero as an Assistant Chief Medical Officer (ACMO) to lead us with Medical Staff engagement and may add additional providers in 2023 to assist. In 2022 we did not meet as often as in previous years, but plan to return to our quarterly meeting schedule in 2023. 	6/22	C. Marks/Dr. Sollers

2022 Strategic Plan

			<ul style="list-style-type: none"> Implement and launch a Rural Health Clinic FPPE/OPPE process. 	<ul style="list-style-type: none"> To maintain CMS and RHC certification and provide the best quality of care, the CQO and Clinic Operations director developed a PMH Clinics Chart Review Process. This policy was approved by the Community Clinics Committee and MSQIC and implemented in January 2022. 	3/22	PMH Clinics Director/Dr. Sollers
			<ul style="list-style-type: none"> Develop and implement an Annual Evaluation Process for all providers. 	<ul style="list-style-type: none"> An Annual Evaluation Process has been developed for all PMH employed providers and will be implemented in 2023. 	3/22	PMH Clinics Director/B. Dirkes
			<ul style="list-style-type: none"> Continue to generate and maintain Epic-specific training and support for the Medical Staff, including on-call Epic staff. 	<ul style="list-style-type: none"> Providence has brought many new HealthStream modules (EPIC) online which PMH is using to enhance education to providers for their specific areas in an on-demand mode. In addition, we have added new EPIC informatics staff to provide more EPIC support. 	12/22	P. Braem
			<ul style="list-style-type: none"> Enhance and expand the Telehealth Program within PMH Facilities, especially primary care. 	<ul style="list-style-type: none"> No actions taken in 2022. 	6/22	P. Braem/PMH Clinics Director
			<ul style="list-style-type: none"> Develop a system for UR and coding documentation feedback for all providers. 	<ul style="list-style-type: none"> Provider specific education and feedback is being provided during admission by the new UR/Case Management Staff. Summary education is being provided to the MEC quarterly via the UR report. In addition, HIM has completed an assessment with an outside consultant who is providing provider education. 	6/22	PMH Clinics Director/S. Thomasson
			<ul style="list-style-type: none"> Continue to explore and implement new PMH Clinic Services as appropriate (e.g., Endocrinology). 	<ul style="list-style-type: none"> In 2022, we implemented a new gastroenterology service. We also significantly expanded our wound care program. 	12/22	Dr. Sollers/PMH Clinic Director

2022 Strategic Plan

	Strategic Goal	1-Year Objective Metrics	Annual Update	Objectives/Strategies	Annual Update	Timing	Accountable
<p>MISSION Prosser Memorial Health will improve the health of our community.</p> <p>VISION Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country.</p> <p>VALUES Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p>Employee Development</p> <p>PMH will encourage and provide ongoing development of our employees by selecting talent effectively, communicating efficiently, creating a work atmosphere that values the individual talents of every employee resulting in a highly engaged workforce.</p> <p>GOAL: PMH will achieve and maintain an annual employee satisfaction rate of 90% or higher.</p>	1. Achieve an Employee Satisfaction rate of 90% or higher.	1. The 2022 Employee satisfaction rate was 90.6%.	<ul style="list-style-type: none"> Ensure continued open communication including multiple mediums by first establishing a communications calendar that identifies topics, content, delivery methods and where possible, routinely measuring the effectiveness of the communication effort. Ensure the practice of offering competitive wages and benefits by participating in identified surveys and using results to drive strategic compensation and benefits decisions, for both annual planning and just-in-time adjustments, where warranted. Ensure effective selection and retention of values-aligned, caring staff using values-based selection tool in selecting talent. Promote on-going required and elective education opportunities through the development and use of annual education calendar. 	<ul style="list-style-type: none"> All employee events were marketed on our intranet, with additional details appearing on the PMH Facebook page. To further enhance employee engagement, we published twelve (12) monthly employee newsletters, The Pulse. We implemented weekly distribution of Clinic-Based Newsletters in Q4 of this year. Following employee engagement activities, we survey the staff and request feedback on how we can improve upon events going forward. PMH participated in all pre-identified staff and executive wage & benefits surveys for the 2022 year. The results were used to address identified recruitment / retention hot-spots and to adjust Exempt salary grades for 2023. We will focus on wage competitiveness in 2023 in order to ensure market competitiveness given the pace of inflation across the U.S., labor shortages in Healthcare and other financial market forces impacting our workforce. This area of focus was confirmed as a top-priority through the results of the 2022 Employee Engagement survey conducted this last October. The creation of the ASPIRE values-based selection tool continues to be used when selecting talent. This tool and processes are completely implemented. Educational offerings were and continue to be posted on the PMH intranet for employees to review. The Education Assistance Policy was promoted to all staff to support their on-going formal education. PMH provided financial tuition assistance for education in Healthcare-specific fields and related Bachelors and Masters degrees deemed of value to the organization. 	3/22	B. Dirkes / S. Hitchcock
		2. Achieve an annual employee turnover rate of 9% or less.	2. The 2022 turnover rate was 8.2%			7/22	B. Dirkes
		3. Achieve an average recruitment time of 34 days.	3. The average time to recruit for a position at PMH in 2022 was 21 days.			4/22	B. Dirkes
		4. Reduce the number of hours of overtime/total hours worked to less than 4.5%.	4. The average number of hours of overtime/total hours worked in 2022 was TBD.			3/22	B. Dirkes
		5. Implement an employment selection tool for 90% of all new employees.	5. The PMH values-based selection tool is 100% complete, been implemented and available for use with all new hires. PMH leadership has been educated on the use of the tool.				
		6. Achieve an annual 95% 403(b) participation rate.	6. The 2022 annual average 403(b) participation rate was 98%.				

2022 Strategic Plan

				<ul style="list-style-type: none"> • Ensure employee recognition continues through established committees and recognition programs and develop a process to measure the effectiveness of selected programs, making revisions as needed. 	<ul style="list-style-type: none"> • The Award and Recognition team met monthly to select ASPIRE winners. At the December Holiday party, the annual award winners were drawn/announced and celebrated by their peers and received financial awards based on their Gold, Silver or Bronze award status. 	4/22	B. Dirkes
				<ul style="list-style-type: none"> • Revise the non-exempt (unionized) performance evaluation to include measurement of performance rather than “meets or doesn’t meet” measures. 	<ul style="list-style-type: none"> • The goal was modified to move the non-exempt (unionized) performance evaluation from paper format to electronic format in UKG. The document content remained the same. The electronic format has been implemented in pilot departments and continued roll-out will occur in 2023. 	11/22	B. Dirkes
				<ul style="list-style-type: none"> • Develop and hardwire the follow-up process to the Employee/Provider engagement to include: action planning sessions with teams, communication methods to ensure one-up visibility into progress and methods to capture and routinely report on plan(s) status / progress. 	<ul style="list-style-type: none"> • PMH has developed a standard process to support and follow-up on Employee Engagement results. This includes: Analysis of results, all employee results debrief, team-level review and action planning and year-long tracking of results at the departmental level. In 2023, the department action plans will be loaded into the People Element tool allowing greater visibility by leadership and make it easier for leaders to update their plan progress. 	6/22	B. Dirkes / C. Marks
				<ul style="list-style-type: none"> • Develop standardized requirements for “Lead” responsibilities within PMH to ensure that “Lead” duties are consistently applied in all lead roles where lead pay is applied. 	<ul style="list-style-type: none"> • The standardized “Lead” job duties is complete and has been communicated to all PMH leadership for use. 	6/22	B. Dirkes
				<ul style="list-style-type: none"> • Conduct three (3) Leadership Development Institutes (LDI). Continue Administrative Rounding (e.g., enhance relationships, trust, teamwork, etc.). 	<ul style="list-style-type: none"> • There were two (2) full day LDI’s held in 2022. The June LDI focused on the topics of Personal Self-Development using competency-based resources and Innovation at work. At the September LDI leadership reviewed and updated the PMH mission, vision, values, and standards of behavior. There was also a brief education session provided at the December leadership meeting focused on Emotional Intelligence. 	12/22	B. Dirkes / C. Marks
				<ul style="list-style-type: none"> • Design and implement a Leader Assessment and Development program 	<ul style="list-style-type: none"> • An assessment and development process has been put into place for all 	6/22	B. Dirkes / C. Marks

2022 Strategic Plan

				<p>that supports identification of developmental opportunities for in-assignment and/or future role(s).</p> <ul style="list-style-type: none"> Develop and implement an accountability resource tool that supports leaders by ensuring that core leadership responsibilities, due dates, projects, and other key milestones are available in a single location easily referenced by all leaders to support meeting deadlines. Implement an organization-wide Uniform Policy. 	<p>PMH leaders as of 7/15/2022. The process includes competency-based self and one-up assessment, development planning and resources that support in-assignment experiential learning and development.</p> <ul style="list-style-type: none"> This goal was started and then determined it would not be pursued. On July 1, 2022, PMH implemented the Departmental Uniform & Color-Coding policy which standardized the attire that specific job types are expected to wear while performing work at PMH. The uniform vendor / partner that was chosen is Smart Scrubs. Existing and new employees covered under the policy are provided seed money for their first order. This policy will be reviewed for effectiveness in 2023. 	<p>5/22</p> <p>7/22</p>	<p>B. Dirkes / M. Fuller</p> <p>B. Dirkes/R. Wilson</p>
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2022 Strategic Plan

	Strategic Goal	1-Year Objective Metrics	Annual Update	Objectives/Strategies	Annual Update	Timing	Accountable
<p>MISSION Prosser Memorial Health will improve the health of our community.</p> <p>VISION Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country.</p> <p>VALUES Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p>Quality</p> <p>Continue to support the systemic organization-wide approach to plan, design, measure, assess and improve organizational performance. Objectives are designed to:</p> <ul style="list-style-type: none"> Attain optimal patient outcomes and patient and family experience Support an engaged and safe workforce Enhance appropriate utilization Minimize risks and hazards of care Develop and share best practices <p>Goal: PMH will achieve an INDEX Quality score of 75 or higher.</p>	<p>1. Achieve an overall medication bar code scanning compliance rate of 93.5% or greater for the hospital.</p> <p>2. Achieve an overall patient bar code scanning compliance rate of 94.7% or greater for the hospital.</p> <p>3. Maintain the Healthcare Associated Infections (HAI) rate per 100 inpatient days at <0.1%.</p> <p>4. Achieve and maintain a Hand Hygiene compliance goal of 100%.</p> <p>5. Achieve <0.5% goal of patients leaving the ED without being seen (LWBS) (OP22). (As indicated by the <i>Hospital Strength INDEX</i>)</p> <p>6. Achieve or exceed the goal of 114 minutes (median time) for patients arriving to the ED to their departure time (OP18b). (As indicated by the <i>Hospital Strength INDEX</i>)</p> <p>7. Be 100% compliant with regulatory standards of applicable agencies (State of WA, CMS, etc.).</p>	<p>1. Medication bar code scanning compliance year-end 2022 is 93.28% which is just below our goal of 93.5%. This is a standing agenda item for the monthly Quality Committee.</p> <p>2. Patient bar code scanning compliance year-end 2022 is 93.82% which is just below our goal of 94.7%. This is a standing agenda item for the monthly Quality Committee.</p> <p>3. The Healthcare Associated Infection rate per 100 inpatient days year-end 2022 is 0.08% which is better than our goal of <0.1%. This metric is reported at each P&T Committee meeting.</p> <p>4. Hand hygiene compliance year-end 2022 is 90%. This is a standing agenda item for the monthly Quality Committee.</p> <p>5. Patients leaving the ED without being seen year-end 2022 is 3.17% which does not meet our year end goal of <0.8%.</p> <p>6. The median time for patient arriving to the ED to their departure time year-end 2022 is 124 minutes which is does not meet our year-end goal of 107 minutes.</p> <p>7. Ongoing regulatory readiness of all staff is expected with regular environmental surveys being conducted annually on all departments of the organization</p>	<ul style="list-style-type: none"> Maintain an organization-wide Strategic Plan Scorecard of key performance indicators. Maintain a Patient Care Scorecard to measure and trend selected Quality measures. Develop a Regulatory Readiness Manual. Conduct hospital tracers in all departments twice a year and share results with the unit Directors and staff. Pass all applicable regulatory surveys (e.g., DOH, Laboratory, RHC) 	<ul style="list-style-type: none"> The first six month of 2022 have been tracked and trended on the Strategic Plan Scorecard. As of June 2022, we had ___ out of ___ metrics that are within 10% of goal or were meeting the goal. As of December 2022, we have ___ out of ___ metrics that are within 10% of goal or are meeting the goal = ___% The first six month of 2022 have been tracked and trended on the Patient Care Scorecard. As of June 2022, we had ___ out of ___ metrics that are within 10% of goal or were meeting the goal. As of December 2022, we have ___ out of ___ metrics that are within 10% of goal or are meeting the goal = ___% A Regulatory Readiness Manual was developed and published in Q1 2022. An 8 1/2 x 11 copy was given to all departments in February 2022 and a smaller version is given to all new hires during New Employee Orientation along with education on regulatory compliance. There was a total of 11 Environmental Rounding tracers conducted in 2022 on the following departments. All findings are discussed with the department director who then completes a plan of correction. <ul style="list-style-type: none"> Prosser Clinic 3/21/22 Patient Financial Services 12/21/22 Lab 5/23/22 HIM 1/20/22 Grounds 2/23/22 Grandview Clinic 8/23/22 Food Services 12/8/22 Cardiopulmonary 6/30/22 Benton City 2/28/22 Administration 12/8/22 An RHC survey occurred on 12/12/2022 at the Grandview Clinic. There were six findings of which a Plan of Correction 	<p>12/22</p> <p>12/22</p> <p>3/22</p> <p>12/22</p> <p>12/22</p>	<p>K. Mellema</p> <p>K. Mellema</p> <p>K. Mellema</p> <p>K. Mellema</p> <p>K. Mellema</p>

2022 Strategic Plan

		<p>8. ED will direct schedule follow-up appointments for 50% of ED discharges needing a follow-up with a PMH care provider.</p>	<p>to ensure that all areas are compliant with all regulatory rules. As part of regulatory readiness, a Risk Assessment was conducted by Physicians Insurance on all three primary care clinics and the specialty clinic in June 2022.</p> <p>8. With a new Clinic Operations Director and a new Scheduling/Registration Director in early 2022, this project was tabled to allow them to assess their new roles, team, and areas of opportunity. This is an ongoing project and will be carried forward to the 2023 Strategic Plan.</p>	<ul style="list-style-type: none"> • Report medication and patient bar code scanning compliance at each monthly Quality meeting and at clinical staff meetings. • Report hand hygiene compliance rates at each monthly Quality meeting. • Formalize Medication Reconciliation and Antimicrobial Stewardship (AMS) programs. • Research other incident reporting systems with the intent of replacing UHC. • Implement ED scheduling Clinic follow-up appointments. • Continue PDSA cycles with current ED Flow Task Force. 	<p>was completed for each finding. The Plan of Correction was accepted on 1/4/2023 granting us continued Medicare deemed status. There were no other regulatory surveys conducted in 2022.</p> <ul style="list-style-type: none"> • This is accomplished by having the medication and patient bar code scanning compliance at each monthly Quality meeting where the Pharmacy director reviews the data with all the leaders. • This is accomplished by having the hand hygiene compliance rate data at each monthly Quality meetings where the Laboratory director reviews the data with all the leaders. • PMH teamed with three DNP students from WSU to review and implement education to all providers and staff on AMS programs. The timeline for education rollout was August 2022 with follow up surveys in November 2022 to determine the effectiveness of the education. This objective will carry forward to the 2023 Strategic Plan. • Three separate incident reporting systems were reviewed and a demonstration of each was provided to the CQO, CND and Specialty Clinic director. It was the decision of the group to go with Performance Health. Implementation date was November 7, 2022. • An initial kick-off meeting occurred in July 2022 to discuss this project. Plan is to add this to the workflow of the call center and will be for both hospital and ER follow up appointment scheduling. This is an ongoing project and will carry forward to the 2023 Strategic Plan. • The following changes have been initiated and/or implemented by the ED Flow Task Force: 	<p>12/22</p> <p>12/22</p> <p>6/22</p> <p>8/22</p> <p>10/22</p> <p>3/22</p>	<p>L. McKie</p> <p>S. Miklas</p> <p>L. McKie</p> <p>K. Mellema</p> <p>M. McGregor/ C. Doornink/A. Parker</p> <p>C. Doornink</p>
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2022 Strategic Plan

					<ul style="list-style-type: none"> • Trial of APC coverage started spring of 2022. Two full-time APCs were onboarded 3rd Quarter 2022 with daily 10-hour coverage. • A mid-shift RN and mid-shift ED Tech were successfully implemented 3rd quarter 2022. • Admitting hours were extended with 24-hour coverage. • Afterhours Security was implemented in Q1. • Nurse Driven protocols were implemented in Q2. • A triage nurse was implemented in July 2022. 		
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2022 Strategic Plan

	Strategic Goal	1-Year Objective Metrics	Annual Update	Objectives/Strategies	Annual Update	Timing	Accountable
<p>MISSION Prosser Memorial Health will improve the health of our community.</p> <p>VISION Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country.</p> <p>VALUES Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p>SERVICES</p> <p>Prosser Memorial Health (PMH) will develop appropriate facilities, technology, and services to meet the needs of those we serve.</p> <p>Goal: Achieve 2022 budgeted adjusted patient days.</p> <p>Adjusted Patient Days: 26,289 vs. budgeted 22,796.</p>	<p>1. Meet budgeted clinic volumes.</p> <p>2. Increase aesthetic service volumes by 15%.</p> <p>3. Increase website traffic by 10%.</p> <p>4. Raise \$3 million for the capital campaign.</p> <p>5. Increase surgical volumes by 10%.</p> <p>6. Increase staff satisfaction with Epic by 5%.</p> <p>7. Increase inpatient Medicare market share by 5%. <i>(As indicated by the Hospital Strength INDEX)</i></p> <p>8. Measure Marketing ROI quarterly to ensure campaigns have a positive impact on net revenue.</p>	<p>1. Budgeted clinic volumes were 61,290 vs. actual volumes were 60,398.</p> <p>2. 2022: 2,641 2021: 1,799 Increase: 214%</p> <p>3. Website traffic decreased 19% from 139,700 in 2021 to 112,850 in 2022.</p> <p>4. We have raised \$1.5 million toward this goal.</p> <p>5. Surgical volume was 3,334 in 2022 compared to 2,148 in 2021. A 43% increase.</p> <p>6. These results will be provided by Providence in February 2023.</p> <p>7. We went from 40 to 33 a decrease of</p> <p>8. This was tracked and completed. We ended up pulling</p>	<ul style="list-style-type: none"> • Create a comprehensive, multi-channel marketing plan for inpatient and outpatient services to meet and exceed budgeted volumes. • Implement the public phase of the capital campaign for the new hospital. • Create the communication plan for the new hospital project. • Redesign and create new content for the website. Create new functionality that allows for enhanced communication with the public. • Develop and implement a comprehensive dietetic program to include hiring a Dietician. • Develop and implement a comprehensive diabetic education program to include hiring a Diabetic Educator. • We have a campaign running promoting Annual Wellness visits with Laura Montanaro at the Prosser Clinic. Her volume is strong. • Study the feasibility of providing home health services and implement, if appropriate. • Develop and implement a customer service training program with Studer/Heron Group across the organization to reduce patient complaints and increase patient loyalty and satisfaction. 	<ul style="list-style-type: none"> • Campaigns were created and run throughout the year. Budgeted volumes have exceeded budget. • The public phase of the capital campaign was launched in November with the groundbreaking. • Multiple assets and communications were developed for this. • The new website design was completed in December. The Spanish version is under review. The entire site will be launch January 16, 2023. • A dietician was hired and is rounding on in-patients and an outpatient plan is being developed. • We have a per diem diabetic educator. We are currently recruiting for a full-time position to support the outpatient demand. • We will market this service again once we have Population Health RN's hired at the Grandview and Benton City Clinics. • This has been tabled until 2023. • With the launch of the call center and the referral coordinators we have decided to table this until Q.2 of 2023. 	<p>Completed</p> <p>Ongoing</p> <p>Completed</p> <p>01/23</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>07/23</p> <p>04/23</p>	<p>S. Hitchcock</p> <p>S. Hitchcock</p> <p>S. Hitchcock/ C. Marks</p> <p>S. Hitchcock/ A. Tiemersma</p> <p>D. Rollins</p> <p>M. Fuller/M Davis</p> <p>A. Parker</p> <p>M. Fuller</p> <p>S. Hitchcock PMH Clinics Director M. Fuller B. Dirkes</p>

2022 Strategic Plan

				<ul style="list-style-type: none"> Assess overall OR utilization to meet needs of PMH surgeons and the patients. 	<ul style="list-style-type: none"> This is ongoing with the arrival of Dr. McDonnell and adding ERCP's. 	01/23	S. Dawson/M. Davis
				<ul style="list-style-type: none"> Complete implementation of virtual desktop throughout the organization. 	<ul style="list-style-type: none"> The first phase is complete, but the project is going. 	6/22	P. Braem
				<ul style="list-style-type: none"> Continue the development process for the construction of the Replacement Hospital to include completing the bidding process and begin construction. 	<ul style="list-style-type: none"> This has been completed. 	Completed	C. Marks
				<ul style="list-style-type: none"> Develop a plan for future use of the current hospital site. 	<ul style="list-style-type: none"> This is ongoing. We are pursuing any potential leads. At this time the plan is to use the existing building for storage once the new facility opens. 	6/22	C. Marks
				<ul style="list-style-type: none"> Develop and implement a comprehensive wound care program. 	<ul style="list-style-type: none"> This has been completed. 	Completed	M. Davis
				<ul style="list-style-type: none"> Develop and implement a comprehensive pain management program to include the EMG studies. 	<ul style="list-style-type: none"> We are still recruiting for a pain management provider. 	Ongoing	PMH Clinics Director
				<ul style="list-style-type: none"> Develop and implement an Information Technology Plan. 	<ul style="list-style-type: none"> This has been completed and approved by the Board of Commissioners in December 2022. 	12/22	P. Braem

2022 Strategic Plan

	Strategic Goal	1-Year Objective Metrics	Annual Update	Objectives/Strategies	Annual Update	Timing	Accountable
<p>MISSION Prosser Memorial Health will improve the health of our community.</p> <p>VISION Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country.</p> <p>VALUES Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p>Financial Stewardship Goal</p> <p>Prosser Memorial Health (PMH) will strengthen its financial stewardship to enhance the ability to develop new services, obtain needed technology, modernize technology, recruit physicians, and ensure long-term viability.</p> <p>Goal: PMH will achieve and maintain an annual total margin of 6% or more.</p>	<ol style="list-style-type: none"> The 2022 Budgeted Total Margin will meet or exceed 6.21%. Net Accounts Receivables Days will be lower than 48 Days. Days of Total Cash on Hand will exceed 111 Days. Increase Point of Service Collections by 50%. Increase Pre-Registration of Ancillary Outpatient Visits to greater than 50%. Implement 340b program for OP and Contract Pharmacies. Reduce Average Expense per Adjusted Patient Day by >1%. Increase Average Net Revenue per Adjusted Patient Day by >3%. Reduce Medicare Adjusted Average Costs for both inpatient and outpatient by 5%. <i>(As indicated by the Hospital Strength INDEX)</i> Reduce Medicare Adjusted Average Charges for both inpatient and outpatient by 5%. <i>(As indicated by the Hospital Strength INDEX)</i> 	<ol style="list-style-type: none"> 2022 Total Margin is 12.5%. 2022 Net AR Days are at 56 driven by staffing shortages in Patient Financial Services. Days Cash on Hand is 168 driven by delay in construction spending. YTD Point of Service Collections increased by 86%. All Imaging and OSP patients are now pre-registered 100% unless they are a walk-in or stat. Not started yet. Average Expense per Adjusted Patient Days decreased year over year by 9.9%, driven by a 29% increase in Adjusted Patient Days versus a 16% increase in Total Operating Expenses. Average Net Patient Revenue per APD decreased by (6.1%) but the margin improved by 3.8%. Calculation not complete pending final cost report. Calculation not complete pending final cost report. 	<ul style="list-style-type: none"> Improve Revenue Cycle functions by utilizing charge audits, workflow improvements, staff training and coordination of activities. Reduce denials through a more effective Utilization Review team structure. Improve Payer Contract Compliance through improved EHR tools. Utilize coding audits to improve clinical documentation through education of physicians and staff. Expand Call Center to manage scheduling more effectively for visits, tests, and procedures. 	<ul style="list-style-type: none"> Implemented numerous quality improvements that include multiple coding audits; shift to 3rd party surgery/anesthesia coding which significantly increased anesthesia revenue; initiated the creation of a training program for patient access staff initially and then expanding in 2023 throughout the organization; expanded Hospital Patient Access to 24x7; expanded scheduling staff to OSP in 2022 and to Surgery in 2023. Increased Utilization Review Team staffing from 1 RN, 1 Discharge Planner, 1 Social Services to 1 Director that also oversees House Supervisors who are also trained in UR, 2 RN, 1 MA, 1 Discharge Planner, 1 Social Services which have reduced denials. Requested in February 2022 for EPIC build of 55 new adjustment codes that would enable PMH to effectively track which payers are denying claims or lines for what reasons. Providence is expected to finally complete this build in early 2023. Hired consulting firm to assist with new contracts, amendments, and payer negotiations (assist several Washington hospitals). Completed two audits of providers in 2022 and improvement noted as accuracy increased to over 80%. Resulted in change of methodology of focusing on Clinical Documentation Improvement that will drive coding improvements by Coders and reduce reliance on Providers coding – have budgeted for new CDI program integrated into UR, Medical Records and Physician Education. Scheduling department expanded to include OSP/Wound Care in 2022 and to include Surgery in 2023. Call Center went Live in December 2022 with Benton City Clinic and Prosser Clinic with Grandview Clinic, Women's 	<p>12/22</p> <p>06/22</p> <p>03/23</p> <p>12/22</p> <p>12/22</p>	<p>S. Titus</p> <p>S. Thomasson</p> <p>M. Smith</p> <p>A. Valle</p> <p>M. McGregor</p>

2022 Strategic Plan

				<ul style="list-style-type: none"> Implement and utilize Labor Productivity System to enable improvements in the efficiency of labor utilization by departments. Reduce unscheduled leave through positive changes to paid leave policies. Implement new GL/AP/MM software that allows for more effective and efficient expense management. Implement a robust 340b program to reduce OP drug expenses and increase revenue thru contract pharmacies. Develop Patient Friendly Billing program with PFS. 	<p>Health Clinic and Specialty Clinic going Live in 2023.</p> <ul style="list-style-type: none"> Went Live with Premier in late 2022 and working through final logistics with rollout to all leadership in 1st quarter 2023. Have been reporting productivity trends to Administration since July 2022. Implemented new PTO model with all Non-Union employees excluding Providers in April 2022. Initial push to Unions was unsuccessful as IAFF rejected PMH PTO model; although SEIU and AFSCME have shown greater interest and AFSCME contract negotiations are in 2023. New vendor has been identified and have initiated contract review for Multiview. Conducted reviews of proposals from 3 major vendors (Multiview, Oracle NetSuite and Premier) in 2021-2022. Conducted multiple demos and reference calls for the vendors and concluded with a hospital site visit to finalist selection. Delayed from 2021 by staffing shortages and COVID. Pharmacy has been unsuccessful in hiring new Pharmacist and reducing workload on current staff to enable the roll-out of a new 340b program. Targeted for 2023. Have improved patient statements, improved timely statements, and refined policies related to patient discounts. Focus in PFS has been on reducing A/R complicated by rapid growth in claims outstripping staffing improvements and shortages. Project targeted for 2023. 	<p>03/23</p> <p>12/22</p> <p>09/23</p> <p>12/23</p> <p>12/23</p>	<p>D. Rollins / S. Titus</p> <p>B. Dirkes/D. Rollins</p> <p>D. Rollins/S. Titus</p> <p>L. McKie</p> <p>M. Smith</p>
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**Prosser Public Hospital District
Prosser Memorial Health Replacement Hospital
Progress Report**

DATE: January 16, 2023

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	General Counsel
R&B Genesis (Mitchell)	Medical Equipment Planner
GeoProfessional Innovation	Geotechnical Engineering Services and Construction Materials Testing & Inspection Services
CBRE Heery	Commissioning Agent
OpenSquare	Furniture Vendor
Bouten Construction	General Contractor as Construction Manager

II. PROGRESS:

- A. Contracts – The following is a status of professional services agreements:
 - a. Agreements, contracts and/or amendments *executed this period*:
 - i. None.
 - b. Agreements, contracts and/or amendments *in process this period*:
 - i. Benton Public Utility District (BPUD), Developer's Agreement to provide electric utility service to the replacement hospital. A similar agreement was previously executed December 21, 2021, but it expired after one year without any utility construction activity due to the delay in the overall project construction commencement. This agreement also incorporates a new service configuration proposed by BPUD, which will provide a redundant feed to the facility, a benefit that would increase the resiliency of the hospital if a utility pole were compromised on North Gap Road, for example. The agreement is currently under review with bcDESIGNGROUP and Henderson Engineering, and will be executed by PMH administration once the design team offers their concurrence with the document.
- B. Site Development and Coordination
 - a. Sunnyside Valley Irrigation District (SVID) – As noted in previous board reports, the project team is proceeding with moving the SVID overflow canal underground in its current location. SVID and Bouten Construction continue their coordination efforts regarding new utilities that will cross the ditch and the undergrounding of the ditch itself. Currently, SVID intends to start the undergrounding work the week of January 23, 2023 and complete the work in February, 2023.
- C. Financing
 - a. On January 12, 2023, the USDA approved PMH's first budget draw on the project, which formally recognizes over \$7.5 million in equity contribution spending by the District on this project, against a total minimum equity contribution of roughly \$25 million. This is a significant milestone for the District, as it legitimizes all monies spent on the project from the land purchase in 2017 through current spending in November, 2022, and sets the course for monthly recognition of project costs moving forward. NV5 and PMH will continue



to work in collaboration to present budget draws to the USDA on a monthly basis moving forward.

D. Design – Building

- a. bcDG issued an updated set of drawings—approaching a “conformed set”—on November 11, 2022. They are now focused on resolving the remaining comments from the Department of Health’s review process, as well as finalizing the design of the imaging suite. These two efforts will be issued as two separate drawing issuances, likely one before the end of January and the other in February.

E. Permitting

- a. Local and state authorities having jurisdiction have permitted the project for construction.
- b. The project team continues to wait for a final signed copy of the Intersection Control and Evaluation (ICE) report that the project team sent to the Washington State Department of Transportation (WSDOT) in May. bcDG’s traffic consultant, TranspoGroup, understands that WSDOT has completed their review and has no further comments, but that getting physical signatures is taking longer than anticipated. The project team hopes to receive a signed copy of the ICE by the end of this month.
- c. In conjunction with the ICE study noted above, the City of Prosser and PMH are negotiating a deferral agreement for road improvements along North Gap Road. The agreement will stipulate terms and timeline for addressing the “mitigation measures” identified during the City’s SEPA (State Environmental Policy Act) review process. These measures include traffic infrastructure, which in summary require PMH to contribute to the modernization of North Gap Road along its property frontage. This process is being led by PMH’s counsel, Perkins Coie, and currently, a draft of the agreement is with the City for their review and comment. The project team intends to complete this process and present a deferral agreement to the Board by the end of the first quarter 2023.

F. Construction

- a. PMH provided Bouten Construction with Notice to Proceed with construction on November 21, 2022. Since that time, Bouten’s site work subcontractor, Big D’s Construction, has grubbed and cleared the site and commenced rough grading. The weather in December was unseasonably cold, and days with precipitation were above the ordinary amount. These two factors inhibited sitework as the ground became unworkable—whether frozen or saturated as mud. Accordingly, and under the advisement of PMH’s Geotechnical Engineer, GeoProfessional Innovation (GPI), Bouten has ceased sitework until the weather improves. Per the executed contract for construction, this delay is a valid reason for which the construction duration shall be adjusted, and the project team is currently negotiating the terms of this adjustment in the schedule and GMP/MACC (cost). The current 10-day weather forecast shows little-to-no precipitation and warmer temperatures, which will hopefully allow the site to dry out to the extent that construction can recommence. While this delay does present an increase in project cost, the project team is confident that it is less impactful than if Notice to Proceed were not provided in November and the GMP/MACC pricing had expired.

G. Operations / Activation

- a. The project team has reconvened monthly operations meetings, which are intended to plan and strategize for the operational shift that will occur when PMH moves from their existing facility to the new facility in 2024.
- b. This effort is led by NV5’s Paul Kramer and Kim Cunningham, their proposed Transition Coordinator, who are facilitating the operational transition and physical move from the existing facility to the new facility.
- c. The Operations team will continue to develop the ‘Functional Program Document’, as requested and required by the Department of Health, to act as an ‘Owner’s Manual’ for this process.

III. PROCUREMENT:

- A. Upcoming project team members to procure include:
 - a. Art Consultant, 2023.
 - b. Signage Design and Fabrication vendor, 2023.

IV. SCHEDULE:

See 4-month look ahead schedule, attached herewith.

V. BUDGET

- A. NV5 maintains a comprehensive project budget and is currently updating its contract and invoice tracking system to align with the approved final budget. As the project moves into the Construction phase, and the USDA has approved the overall financing of the project, NV5 will include a budget update at the January board work session.

VI. PROJECT CHALLENGES / RISKS:

- A. **Construction** – Now that the project is in the Construction phase, some potential risks to successful project completion are as follows:
 - a. **Weather.** The Prosser area experienced an unseasonably cold and humid December. Where the average high for the month would typically be 39°F, the recorded average high for December, 2022, was 31.65°F. While seemingly a difference of only a few degrees, this indicates that the average maximum temperature was almost continually below freezing. The project team planned for construction activities in December based on an expectation of above-freezing temperatures—which is the norm—but unfortunately the actual weather was less conducive to sitework. As the winter season carries on, the project team is meeting once or twice each week to discuss current site conditions, weather forecasts, and agree to a prudent approach to continuing sitework. Until the building pads and foundations are complete, the project will be quite vulnerable to adverse weather conditions. The project team hopes to pass beyond this point in March.
 - b. **Excavation and site development.** While PMH engaged a geotechnical engineer to survey the soils within the project area and inform the design process, there remains a risk of encountering foreign debris under the surface (such as agricultural debris, trash and other discarded materials, polluted soils, etc.), and unforeseen rock. The current excavation efforts have demonstrated that the site appears to be both relatively undisturbed and free of unforeseen rock; the project team hopes this bodes well for the remainder of excavation.
 - c. **SVID construction.** While SVID intends to complete the irrigation ditch undergrounding work in early February 2023, it is not possible to hold them accountable for timely construction as they are essentially a public utility. If SVID delays this work by several months or more, this would in turn prevent Bouten from completing their sitework (roads and parking lots, for example) as planned. While the likelihood of this occurring appears remote based on SVID's previous performance, the risk remains until the undergrounding effort is complete.
 - d. **Lead times.** Throughout the pre-construction phase, the project team has attempted to identify risk to project completion due to extended lead times for equipment and materials. Fortunately, this disruption in the industry appears to be waning; however, the team will continue to monitor this risk, plan as reasonably as possible, and keep the PMH Board informed of schedule or costs impacts due to this phenomenon.
- B. **Imaging Department final design.** During the development of the design documents, the imaging department could not be fully designed until PMH had selected all of its imaging equipment and those manufacturers had provided drawings specific for our project. This is somewhat typical of healthcare construction, and as such, the current construction contract includes an allowance (an allotment of

money without any associated, well-defined and contracted construction scope) for the construction of the imaging department. At this time, the design team indicates that they have all of the information they need from the imaging equipment manufacturers to design the department, and that they will issue drawings for construction in early 2023. Bouten will then have their subcontractors provide a proposal to construct the department. Only once the project team reviews and approves this proposal will the true cost be apparent—and ideally within the designated allowance. Until this happens, there is a risk the cost could exceed the allowance.

- C. **Design Coordination.** As we enter the construction phase of the project, any imperfections in the design documents will be identified by the general contractor as they arise, and the design team will assist the general contractor with developing a solution. This is a normal part of the construction process, as no design is 100% perfect, and to that end we've carried a contingency to cover these unforeseen issues. The project team feels strongly that they've created a well-coordinated design and associated document set, which should create very few coordination issues; however, there is always a risk of a large unforeseen design issue that could consume a large portion of contingency. The project team will endeavor to keep PMH informed of these issues as they arise and resolve.
- D. **Traffic Study** – The project team continues to wait for the State to sign off on the Intersection Control Evaluation (ICE) study that PMH's consultant, TranspoGroup, completed earlier this summer. This is the last step in approving the traffic mitigation measures identified by the project team and the City of Prosser. The team is hopeful that the WSDOT will return a signed copy this month. Ahead of this milestone, the team understands that the State has approved the Hospital's proposal to install a 4-way stop at N Gap Road and the I-82 westbound on/off ramps, though WSDOT requested PMH to pay a fee in lieu of the improvements, since WSDOT is in fact slated to construct a traffic circle in that intersection in the near future.
- E. **Road Improvement Deferral Agreement** – As noted in this report, the project team is working to finalize the deferral agreement for improvements to North Gap Road. The team is advocating for the best interests of PMH and the community, but as this is a negotiated process, the City could require any number of scenarios, including: construction of a portion of the road improvements concurrent with the building construction; payment now in lieu of construction; future payment in lieu of construction; future construction concurrent with road improvements to the north and south of PMH's parcel. The project team is hopeful for the latter, and will keep the Board informed of any developments.

VII. NEXT STEPS:

- A. Continue to manage and monitor the Construction Phase.

VIII. ATTACHMENTS:

- A. 4-month look ahead schedule

Owner Team Meeting Minutes

Meeting #	20230113	Date:	Meeting: Friday, January 13, 2023 Issued: Friday, January 13, 2023	
Time & Location:	9:00amCT/8:00amMT/7:00amPT MS Teams Video Call	Prepared by:	Adam Trumbour - NV5	
Attendees: ✓ = <i>Attended Meeting</i>	<u>PMH</u> Craig Marks ✓ David Rollins Merry Fuller Phillip Braem Byron Dirkes ✓ Steve Broussard Dr. Brian Sollers			
	<u>NV5</u> <u>BCDG</u> <u>Finance Consult.</u> <u>Bouten</u> Paul Kramer Kurt Broeckelmann ✓ Gary Hicks ✓ Brandon Potts Adam Trumbour ✓ Brooke Cinalli Mac McGrath ✓ Braden Demmerly ✓ Hilary Beashore Josh Belt Lance White ✓ Nick Gonzales ✓			
	Attendees			

PMN = Post Meeting Note

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

No	Item	Date Due By	Ball in Court
1.	GENERAL / ADMINISTRATION		
1.1.	<u>Project Goals, Objectives, & Strategies</u> 21Oct22 - NV5 to review the sheet and resurrect during construction.	INFO	Team
1.2.	5Mar21 - Graham Team	CLOSED	
1.3.	5Mar21 - NV5 Transition	CLOSED	
1.4.	Contracting Realignment	CLOSED	
2.	SCHEDULE		
2.1.	4-Month Look Ahead Schedule	INFO	
2.2.	In-Person Meetings - as noted at the end of meeting minutes.	INFO	
2.3.	Overall Project Schedule	INFO	
3.	BUDGET		
3.1.	Budget Development	CLOSED	
3.2.	Medical Equipment (Major and Minor) (moved to item 4.12)	CLOSED	
3.3.	DZA Feasibility Study	CLOSED	
3.4.	Financing 13Jan23 - USDA approved Outlay Report (Draw) #1 on January 11, 2023, which formally recognized over \$7.5MM in equity contribution spent by the District to date.	INFO	
4.	PROCUREMENT / OWNER-LED ACTIVITIES		
4.1.	GC/CM RFP	CLOSED	
4.2.	Furniture & Demonstration Furniture 18Nov22 - PMH returned comments from the Fair to OpenSquare for their consideration. 2Dec22 - Need to review feedback from fair with OpenSquare and PMH Admin on 12/13/22. NV5 to coordinate with OpenSquare. 13Jan23 - NV5 to check with OS on status. PMH had requested samples for alternates.	INFO	
4.3.	Site Clearing	CLOSED	
4.4.	Geotechnical Engineer	CLOSED	
4.5.	Commissioning Agent	CLOSED	
4.6.	Security Design Consultant	CLOSED	

Owner Team Meeting Minutes

4.7.	<u>New Facility Operational Meetings</u> 13Jan23 – First Ops meeting occurred in December; series will resume on January 23.	INFO	NV5, Merry
4.8.	bcDG Contract	CLOSED	
4.9.	<u>Landscape Consultant</u> 11Mar22 – The Foundation would like to incorporate a donor patio/bricks, etc., and would like to know when the landscape contractor will be engaged. As of now, plan is to contract with them during April MACC process. Team to involve the Foundation thereafter. 22Apr22 – Graham received one bid for this work. (PMN) Graham indicates the bid was not compliant and therefore they did not accept it. 6May22 – Close out pending new contractor. 13May22 – PMH requests wildflower planting on fallow parts of the property, as part of the final site landscaping. 17Jun22 – Adam to send plan to Bouten. PMH needs a reasonably landscaped site but understands there might be potential to continue to enhance the landscaping once construction is complete. 5Aug22 – Bouten spoke with prospective landscaping, who recommended that any seeded areas also be irrigated. This is best addressed by the landscape design-build team once they are onboard as a subcontractor, though. 2Dec22 – Bouten to facilitate a meeting with PMH and project team to finalize landscaping scope (drop dead date ~Sept. 2023).	INFO	
4.10.	<u>Telecommunications Provider</u> 6May22 – PMH working on existing facility contract. USAC funding cannot apply until a facility is constructed, so PMH will proceed without USAC financing. 2Dec22 – NV5 to restart conversations on installation. 13Jan23 – Phillip indicates LS Networks has an agreement for new service. NV5 to plan a kickoff with LSN, Bouten, etc.	INFO	NV5
4.11.	Flooding from Neighbor	CLOSED	NV5

Owner Team Meeting Minutes

4.12.	<p>Medical Equipment (Major and Minor) 14Jan22 – We need to competitively bid all new equipment (lights/booms (Stryker), imaging). Note: lights from current ORs will be moved to new Procedure Rooms, for example. RBA advises against bidding the Steris system and Pyxis system. Need to provide specific dates for “required on site” for all equipment. 04Mar22 – NV5 to check in with RBA for next steps. 11Mar22 – NV5 is conducting a meeting with RBA on 3/17. 18Mar22 – Meeting was moved to 3/18. 8Apr22 – Next steps occur after MACC is approved. 6May22 – Adam to check with RBA on updated budget pricing. PMH may increase leased equipment by an additional \$1.4MM. 13May22 – RBA will revisit their cost estimate and send to team for review. They will also review lease options to capture the additional \$1.4MM in leasing PMH would like to pursue. 20May22 – NV5 to check on RBA progress. 3Jun22 – R&B sent a list of proposed leased equipment. NV5 to send to Steve, Dave, Merry, Craig. PMH is also working on reusing more imaging equipment vs. buying or leasing new. 17Jun22 – Adam to send to Gary. PMH team to review internally and determine which items are appropriate. NV5 to add this review to the on-site agenda for board week. 24Jun22 – NV5 to review lease list from David. 22Jul22 – RBA stresses the importance of executing procurement contracts this year to avoid unpredictable price increases. 2Dec22 – Need to review imaging scope and status. 13Jan23 – RBA will meet with NV5 on 1/24 to kickoff procurement for the project.</p>	IN PROGRESS	NV5
4.13.	<p>Food Service Equipment 29Jul22 – NV5 will procure a FSE vendor once NTP date is set. 5Aug22 – Team reviewed FSE plans with Morrison, who provided minor comments. 2Dec22 – bcDG needs to know if we are switching from quarry tile in the kitchen. David Rollins is working with Morrison to make a determination.</p>	INFO	PMH
4.14.	<p>Imaging Equipment 18Nov22 – NV5 to send out email with summary on imaging needs etc. 13Jan23 – bcDG is working through the imaging equipment needs.</p>	IN PROGRESS	NV5
5.	DESIGN / PERMITTING		
5.1.	Annexation & Zoning	CLOSED	
5.2.	Certificate of Need	CLOSED	
5.3.	Water & Sewer (City)	CLOSED	
5.4.	City Permit Review	CLOSED	

Owner Team Meeting Minutes

5.5.	<p>State Permit Review 18Nov22 – On November 8, the DoH issued A2BC, which authorized the project to proceed into construction. PMH needs updated functional program that addresses all comments in the review document—especially in the clinic area “Clinical Health Risk Assessment (HRA)”. PMH to update functional program accordingly. Sean Otley is CNO and Ken Peters is Facilities at Chelan; Bouten to share their contact information with Merry Fuller. 13Jan23 – PMH, NV5 and bcDG are still working with DoH on finalizing FunPro. bcDG has been trying to reach Kevin Scarlett with DoH for several weeks in order to close out remaining A2BC questions.</p>	IN PROGRESS	bcDG, PMH
5.6.	Electric Service	CLOSED	
5.7.	Program Review	CLOSED	
5.8.	Nurse Server Mockup	CLOSED	
5.9.	NV5 DD Review	CLOSED	
5.10.	<p>Design Progress Update 4Nov22 – Conformed set will be issued on 11/11/22. 18Nov22 – Review set sent on 11/11; bcDG working on revisions to this set and will reissue it next week. Imaging Suite will be issued as a Pricing Request (PR). 13Jan23 – PR1 included all VE items. PR 2 should be issued next week with remaining A2BC items. PR3 will be imaging suite. Helipad is “officially” back in the project.</p>	IN PROGRESS	bcDG
5.11.	<p>SVID coordination 18Nov22 – 10" supply work complete. 12/5 ETA on SVID materials (manholes and culvert ends). Bouten working on finalizing quantities with Jason (ECWE), SVID and Big D’s on final quantities for all pipe materials and will provide ETA EOD today. 13Jan23 – SVID plans to start work on January 23, in coordination with Bouten’s construction schedule.</p>	IN PROGRESS	Bouten
5.12.	PAR Process	CLOSED	
5.13.	<p>Traffic Study 4Nov22 – Team would like ICE to review the proposed cost \$55,000 for the stop signs, including nuance of PMH being a public entity/funded. bcDG coordinating with TranspoGroup on this. 18Nov22 – bcDG (Kurt) to report back on verifying the \$55k figure with TranspoGroup. 2Dec22 – bcDG to report back on status of ICE. 13Jan23 – bcDG to check on signed copy of ICE, as well as how the improvement fees will be handled.</p>	IN PROGRESS	TranspoGroup
5.14.	Helipad	CLOSED	
5.15.	Pneumatic Tube System	CLOSED	
5.16.	USDA Review	CLOSED	
5.17.	<p>Bulk Oxygen System 4Nov22 – Team to review Oxarc proposal for engineered drawings and proceed accordingly, though this should not be a requirement for A2BC. Bouten needs slab penetrations info prior to construction. 18Nov22 – NV5 returned signed proposal to Oxarc. NV5 to check with Oxarc on timing of deliverable. 13Jan23 – Oxarc drawings are in PR2.</p>	IN PROGRESS	Oxarc
5.18.	New Address	CLOSED	
5.19.	Lot Consolidation of Site	CLOSED	
5.20.	Benton County Noxious Weed Mitigation	CLOSED	

Owner Team Meeting Minutes

5.21.	Stormwater Permit (SWPPP)	CLOSED	
5.22.	Development Agreement 18Nov22 – Team met and finalized draft; NV5 to share with PerkinsCoie today for their final review, then send to the City. 13Jan23 – NV5 to check on status.	IN PROGRESS	NV5
5.23.	Signage 2Dec22 – Need to coordinate with DOT to change highway signage.	INFO	NV5
6.	PRE-CONSTRUCTION		
6.1.	Value Engineering (VE) Process	CLOSED	
6.2.	ECCM/MCCM Procurement	CLOSED	
6.3.	Preconstruction Contract Amendment	CLOSED	
6.4.	CM Estimating	CLOSED	
6.5.	Early Procurement	CLOSED	
6.6.	MACC prep	CLOSED	
6.7.	Construction Commencement	CLOSED	
6.8.	Building Permit – See item 5.4 above.	CLOSED	
6.9.	Graham Wind-Down	CLOSED	
6.10.	Groundbreaking Ceremony	CLOSED	
6.11.	Team Management	CLOSED	
6.12.	Builder’s Risk Insurance 2Dec22 – Bouten to share a copy of the policy with NV5 when it is executed. Need to review coverage of owner-furnished equipment; NV5 to get a cost from RBA on value of equipment that will be installed. Mac to determine if PMH can pay direct. 13Jan23 – Bouten will bind the policy and share a copy of the policy within the next few days. Effective date should be 1/16/2023.	INFO	Bouten
6.13.	Owner-Architect-Contractor (OAC) Meeting Cadence	CLOSED	
6.14.	Constructability Review 4Nov22 – There are still open comments from Bouten’s third-party constructability reviewer. Bouten to share with the team for review and incorporation. 18Nov22 – Mac (Bouten) to circle back with their 3 rd party reviewer; likely week of 11/28. 2Dec22 – Nick will reach out to design team after they meet with reviewer. This needs to happen before bcDG is “pencils down” with the project in early Q1 2023. 13Jan23 – bcDG responded last week; should be complete.	IN PROGRESS	Bouten, bcDG
6.15.	BPUD Coordination 4Nov22 – NV5 and Bouten to coordinate with BPUD re permanent power. Need to greenlight BPUD before 12/22/2022 or else pricing expires. BPUD proposes an alternative route which would provide redundant power. 18Nov22 – Power trenches need to be in place prior to 12/22 so that BPUD can start work on 12/22. The revised route would need to be resolved before then. NV5 to review today. 2Dec22 – Team recommends proceeding with BPUD’s proposed loop feed. ECE to update the site plan to show new route. The easement agreement currently in place between BPUD and PMH is a blanket agreement and will cover this additional loop feed. 13Jan23 – Bouten needs to send PMH pricing for the new BPUD route for approval since BPUD work needs to have commenced prior to March, or the current proposed agreement would no longer apply.	IN PROGRESS	NV5, Bouten, ECE, Henderson
6.16.	USDA/Project Signage	IN PROGRESS	Bouten, PMH
6.17.	Draft SOV Review	CLOSED	

Owner Team Meeting Minutes

6.18.	OACs at Whitehead 2Dec22 – Future team meetings under the Owner-Architect-Contractor format, or “OAC”, will be held in the Whitehead conference room until Bouten has a site office large enough to accommodate all attendees. 13Jan23 – OAC scheduled for 1/17 will move to 1/24.	INFO	
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The above represents the writer's understanding of the items discussed and/or conclusions reached. It is requested that any questions, comments, omissions, and/or errors to these meeting minutes be directed in writing to this office within three (3) business days. Please contact NV5.

Next Online Meeting

Date: [Tuesday, January 24, 2023, at 12:00pm CT / 11:00am MT / 10:00am PT; Whitehead Conf. Room](#)
****Concurrent with Bouten OAC meeting on this day****

Upcoming In-Person Meetings

[None noted.](#)



Bouten Construction Company
 1060 Jadwin Ave.
 Suite 300
 Richland , Washington 99352
 P: (509) 943-7677
 F: (509) 943-7877

Attachment E

Project: K-825 PMH REPLACEMENT HOSPITAL
 200 Prosser Health Drive
 Prosser, Washington 99350

OAC Meeting Minutes: Meeting #2

Meeting Date	Jan 3, 2023	Meeting Time	10:00 AM - 11:00 AM Pacific Time (US & Canada)
Meeting Location	Whitehead Conference Room, Prosser Memorial Hospital	Video Conferencing Link	https://teams.microsoft.com/l/meetup-join/19%3ameeting_YjJmZjU1Y2YtMWRiOS00MWUzLTkyYWMtOWFhYjI1ZWVjMjRi%40thread.v2/0?context=%7b%22Tid%22%3a%2231860f8f-210d-4c34-8de6-95c92e3f2a92%22%2c%22Oid%22%3a%229856971a-524a-4d39-9d27-e09a28da3541%22%7d
Overview	Owner, Architect and Bouten Team status meeting during construction.		
Notes			
Attachments	2023.01.03 - K825 Open RFI Log.pdf , 2023.01.03 - K825 Open Submittal Log.pdf , 2023.01.03 - K825 Open Change Logs.pdf		

Scheduled Attendees

Name	Phone Number	Name	Phone Number
Hilary Beashore (BCDESIGNGROUP, LLC)	P: (913) 232-2123 ext. 806	Kurt Broeckelmann (BCDESIGNGROUP, LLC)	P: (913) 232-2123
Lance White (BCDESIGNGROUP, LLC)	P: (913) 232-2123	Joshua Belt (BOUTEN CONSTRUCTION COMPANY)	P: (509) 713-0586
Heather Dunton (BOUTEN CONSTRUCTION COMPANY)	P: (509) 943-7677	Blake Ellingsen (BOUTEN CONSTRUCTION COMPANY)	P: (509) 535-3531
Nick Gonzales (BOUTEN CONSTRUCTION COMPANY)	P: (509) 535-3531	Mac McGrath (BOUTEN CONSTRUCTION COMPANY)	P: (509) 943-7677
Craig Niemela (BOUTEN CONSTRUCTION COMPANY)	P: (509) 535-3531	Cody Shepherd (BOUTEN CONSTRUCTION COMPANY)	P: (509) 943-7677
Gary Hicks (G.L. HICKS FINANCIAL, LLC)	P: (801) 225-0731	Braden Demmerly (NV5)	P: (303) 220-6400
Paul Kramer (NV5)	P: (303) 220-6400	Adam Trumbour (NV5)	P: (303) 220-6400
Merry Fuller (PROSSER MEMORIAL HEALTH)	P: (509) 786-6695	Craig Marks (PROSSER MEMORIAL HEALTH)	P: (509) 786-6695

Attendees

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
1.1	1	Attendees - Unscheduled			Low	Open
		Official Documented Meeting Minutes GeoPro Corp: Andy Abrams				

Safety

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
2.1	1	Project Safety Update	Joshua Belt (BOUTEN CONSTRUCTION COMPANY)		Medium	Open
Official Documented Meeting Minutes						
<ul style="list-style-type: none"> No current update 						
Previous Meeting Minutes						
Dec 13, 2022						
<ul style="list-style-type: none"> Heavy equipment on site, pay attention to your surroundings. Potential slick conditions with snow and ice. 						

Schedule

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
3.1	1	Schedule Review/Construction Phasing	Joshua Belt (BOUTEN CONSTRUCTION COMPANY)		High	Open
Description						
Review the current 6 week look ahead schedule.						
Official Documented Meeting Minutes						
<ul style="list-style-type: none"> Weather Constraints - Bouten walked the site there is approx. a 1in frost layer and then it seems to be fine. Big D's is concerned about turning the site into mud and then that mud freezing over. This scenario will cause compaction issues. Andy with GeoPro Corp - looking at the forecast for the next 10 days. It's going to be mid to high 40's with the lows around freezing. This should be suitable conditions to start the earth work back up. Bouten will get back with Big D's and set a realistic date for getting back to work. 						

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
3.2	1	Lead Time Impacts	Cody Shepherd (BOUTEN CONSTRUCTION COMPANY) Blake Ellingsen (BOUTEN CONSTRUCTION COMPANY)		High	Open
Official Documented Meeting Minutes						
<ul style="list-style-type: none"> Bouten received the submittal for the generator, and it states a 18-month lead time. This will be a high priority to release ASAP. 						

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
3.3	1	Design Team Site Visits	Mac McGrath (BOUTEN CONSTRUCTION COMPANY)		Low	Open
Official Documented Meeting Minutes						
<ul style="list-style-type: none"> BCGD will wait until there is more significant project progress before scheduling an appointment on site. 						

Submittals

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
4.1	1	Submittal Log	Blake Ellingsen (BOUTEN CONSTRUCTION COMPANY)		Medium	Open
<p>Description Review the current open submittal log and high priority items.</p> <p>Official Documented Meeting Minutes</p> <ul style="list-style-type: none"> • The following submittals are high priority due to lead times and length of issue date: <ul style="list-style-type: none"> ◦ 05 1200 Area A Structural Steel Shop ◦ 05 2100 Steel Joists Shop Drawing ◦ 22 1100 Water Distribution Piping and Specialties ◦ 22 1111 Mechanically Joined Plumbing System Product Data ◦ 26 3213 Generators Product Data ◦ 31 2000 Top and Base Course Rock ◦ 33 1000 <ul style="list-style-type: none"> ▪ Water Distribution Product Data ▪ Water Distribution Shop Drawings ◦ 33 3000 <ul style="list-style-type: none"> ▪ Sanitary Sewer Product Data ▪ Grease Trap Product Data & Shop Drawings ▪ Sanitary Sewer Pipe & Fittings Product Data ◦ 33 4000 Trench Drain Product Data 						

RFI's

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
5.1	1	RFI's			Medium	Open
<p>Description Review the current open RFI log.</p> <p>Official Documented Meeting Minutes</p> <ul style="list-style-type: none"> • The following RFI's are High Priority <ul style="list-style-type: none"> ◦ RFI 011 Whirlpool Bath Manufacturer ◦ RFI 040 Door Hardware Conformed Confirmation ◦ RFI 010 Storefront Door Hardware <ul style="list-style-type: none"> ▪ Reopened due to incoming trade partner questions. ◦ RFI 019 AHU-3 Humidifier Clarification <ul style="list-style-type: none"> ▪ Reopened due to incoming trade partner questions. 						

Budget

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
6.1	1	Open Changes	Mac McGrath (BOUTEN CONSTRUCTION COMPANY)		Medium	Open

Official Documented Meeting Minutes

- Mac reviewed the Change Log
 - CUA's
 - No update from last week
 - COP's
 - COP 001 PR 01 Conformed Drawings - still pending Trade Partner responses.
 - COP 003 Storm & Sanitary Sewer Changes - Trade Partner changes have been received Mac will work up and get it sent in.
 - COP 005 PUD Reroute - the RFI has been followed up on Mac will work up and send out.
 - Potential - Pneumatic Tubes - Final decision is yes on BIM
 - Undecided on full scope. TBD
 - Potential - Kitchen Tile to Epoxy - Mac will follow up to get the answers requested
 - Update on the Canal
 - SVID is scheduled to be on site January 30th. Josh to follow up and confirm that date is still a go.

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
6.2	1	Builder's Risk	Mac McGrath (BOUTEN CONSTRUCTION COMPANY)	Dec 30, 2022	Medium	Open

Official Documented Meeting Minutes

- Mac to review the open string of emails and get it brought back into everyone's attention. Need final answer on whether or not we can exclude the terrorism clause.

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
6.3	1	SVID Pipe Payment	Mac McGrath (BOUTEN CONSTRUCTION COMPANY)	Dec 30, 2022	Low	Open

Description

Tracking of payment to Big D's from PMH.

Official Documented Meeting Minutes

- All pipe is on site, including last 200 ft. Everything is ready for SVID.
- Payment is being done directly through PMH, Big D's needs to send over a W9.

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
6.4	1	Alternate Approvals	Mac McGrath (BOUTEN CONSTRUCTION COMPANY)		Low	Open

Official Documented Meeting Minutes

- Mac will put together a log with all of the alternates and their final decision dates.

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
6.5	1	Deferred Alternates Decisions	Mac McGrath (BOUTEN CONSTRUCTION COMPANY)	Dec 30, 2022	Low	Open
Description Drop dead dates for deferred alternates before schedule impact.						
Official Documented Meeting Minutes <ul style="list-style-type: none"> Mac will put together a log with all of the alternates and their final decision dates. 						

AHJ's

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
7.1	1	City of Prosser			Low	Open
Description Open items with City of Prosser						
Official Documented Meeting Minutes <ul style="list-style-type: none"> Mac requested a new copy of the stamped drawings printed for on site. Will follow up. 						

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
7.2	1	DOH				Open
Description Open items with DOH						
Official Documented Meeting Minutes <ul style="list-style-type: none"> Lance is addressing open comments with Kevin at DOH. 						

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
7.3	1	USDA				Open
Description Open items with USDA						
Official Documented Meeting Minutes <ul style="list-style-type: none"> No current update 						
Previous Meeting Minutes Dec 13, 2022 <ul style="list-style-type: none"> No update this week. 						

Design Documents and Revisions

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
8.1	1	ASI's		Dec 30, 2022	Low	Open

Official Documented Meeting Minutes

- BCDG received prelim drawings from GE last week for the imaging department. Meeting for review being set up.

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
8.2	1	Constructability Review		Dec 30, 2022	Medium	Open

Official Documented Meeting Minutes

- Lance received the comments and is incorporating all that he can into the next set drawings.
 - Lance will mark up the excel sheet and let the team know which ones he is able to address and which ones he cannot by weeks end.

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
8.3	1	Landscape Design	Mac McGrath (BOUTEN CONSTRUCTION COMPANY)	Sep 29, 2023	Low	Open

Description

Landscape design set to begin approximately September 2023 upon finalization of landscape budget.

Official Documented Meeting Minutes

- No current update

Previous Meeting Minutes

Dec 13, 2022

(None)

Contract/Documentation

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
9.1	1	Pay Applications	Adam Trumbour (NV5)	Dec 13, 2022	High	Open

Official Documented Meeting Minutes

- Pay App 01 - Comments from Adam have been included and officially sent. Bouten will also include a spot for USDA to sign off on the cover sheet.
- Pay App 02 - Mac to prepare draft for review.

Owner Coordination

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
10.1	1	Major Medical Equipment	Lance White (BCDESIGNGROUP, LLC)	Dec 30, 2022	Low	Open

Official Documented Meeting Minutes

- Equipment Coordination meetings to begin starting early 2023.
- Vendor site specific drawings will be received prior to final design of the imaging department.

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
10.2	1	Food Service Equipment		Jan 31, 2023	Low	Open

Official Documented Meeting Minutes

- Bouten/NV5 to review if scope remains OFVI or CFCI.

Field Observations & Miscellaneous

These meeting minutes are believed to be an accurate reflection of those items discussed and the conclusions that were reached during the referenced meeting.
Please contact Bouten Construction Company if there are any discrepancies or questions with the content of these minutes.



PROSSER MEMORIAL HEALTH REPLACEMENT HOSPITAL



Construction Progress Report 01: 01.18.23

Project Overview:

After reaching a GMP the project planning and contracts got off to a strong start in October while the start of construction onsite incurred an initial delay due to USDA concurrence to begin construction. After receiving the concurrence, the team and community gathered for a chilly groundbreaking ceremony on November 29th with the target of completing mass excavation and building pad activities prior to winter weather.

Earthwork activities, shown in the progress photos, progressed in early December before encountering an early snow and uncharacteristically cold temperatures for December. The weather conditions brought the field activities to a halt, see below Schedule Variance for further explanation.

The project team has weekly meetings to monitor weather/soil conditions and evaluate potential paths forward. Check-ins with the geotechnical engineer have not provided any opportunities to progress work on the building pad. Procurement and planning efforts continue to proceed at full steam and take advantage of the field downtime as best as possible.

Subcontractor Buyout:

Total trades to be bought out: 34
 Trades bought to date: 30
 Value of buyout: \$55,023,858 of \$62,541,367

Submittal Log:

Total submittals required: 757
 Total submittals in for review: 23
 Total submittals approved: 74
 Total submittals currently marked for revision: 7

Schedule Variance:

Data date: 01/13/2023
Critical milestones this month: None
Percent of critical milestones hit: N/A (0 of 0 To Date, 0 of 30 Total)
Schedule variance in days: 42 days, final duration pending soil and weather conditions
Reason for variance: USDA approval to proceed and weather/soil condition delays

Summary Report for Progress Schedule: (dated—January 16, 2023):

The project baseline schedule was created with all trade partners' input and has been issued. Additional schedule validation has occurred with multiple pull plan meetings for sitework and building structure through foundations complete. Pull plan meetings will continue and occur approximately 60 days prior to the start of each major area or new scope of work.

The building pad must be built up approximately 6'-9" prior to starting foundations and underground utilities within the building footprint, the material for that will be borrowed from other areas of the site. Mass excavation and grading for these activities started on 11/28/23 and were stopped due to early snow the week of 12/5/23; weather bank days were used to cover that downtime. Through discussions that week the OAC team made the decision to clear the snow and proceed on 12/12/23. With the bulk of the snow cleared, a sunny day melted the residual snow creating standing water and muddy conditions which froze roughly 4" deep overnight. On 12/13/23 the team was shutdown by the 3rd party inspector, GPI, due to site conditions being unsuitable for the conditions needed to build the grade for the building pad. The team attempted again on 1/4/23 to achieve compaction on the building pad but oversaturated soils resulted in 'pumping' of the ground and GPI rejecting the soil conditions. The team continues to meet weekly and monitor the weather for a window that will allow for the pad to proceed; non-critical site utilities are being evaluated to start in the downtime.

Change Order and Contingency Use:

No allowance use authorizations submitted this month.

One contractor contingency use authorization has been submitted this month totaling \$2,686. A number of potential contingency uses are under evaluation and projected at \$53,000. The GCCM Contingency Balance is \$2,249,672. The projected GCCM contingency balance is approximately 2.49% of the original construction contract value.

No owner change order requests have been approved this month. Three change order requests are currently under review totaling \$80,504. A number of potential change orders are under evaluation and projected at \$524,000.

Unresolved Issues:

None

RFI's (Outstanding)

12 (4 High Priority)

Progress Photos



Clearing and grubbing site



Clearing and grubbing site



Starting building pad



Starting building pad



Proof rolling building pad



Soil conditions on 12/12/22



Frozen chunks on 12/13/22



Proof rolling for GPI on 1/4/23



Unsuitable compaction 1/4/23

Project Risks and Outstanding Questions:

- Continued weather/soil delay on the building pad.
- Deferred alternates and added scope determinations; matrix with decision dates being created.
- Trade partner manpower availability due to the delay adjustment in the schedule.

Permit Status:

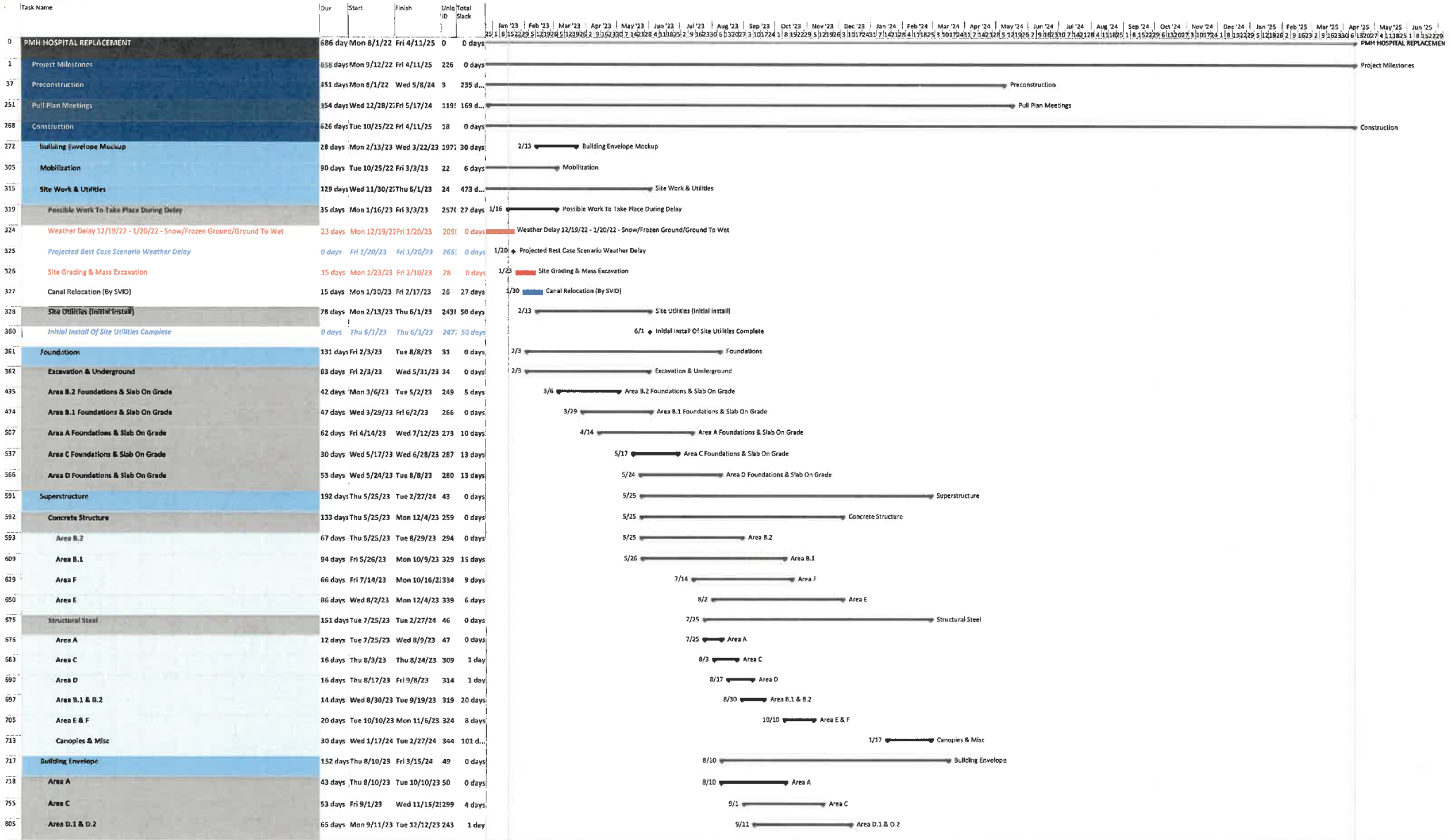
- Permit 1: Grading Permit Closed
- Permit 2: Building Permit Approved
- Permit 3: DOH A2BC issued. Permit will remain open until construction completion.
- Permit 4: FAA Heliport pending.

Attachment G

PMH REPLACEMENT HOSPITAL
Prosser Memorial Health

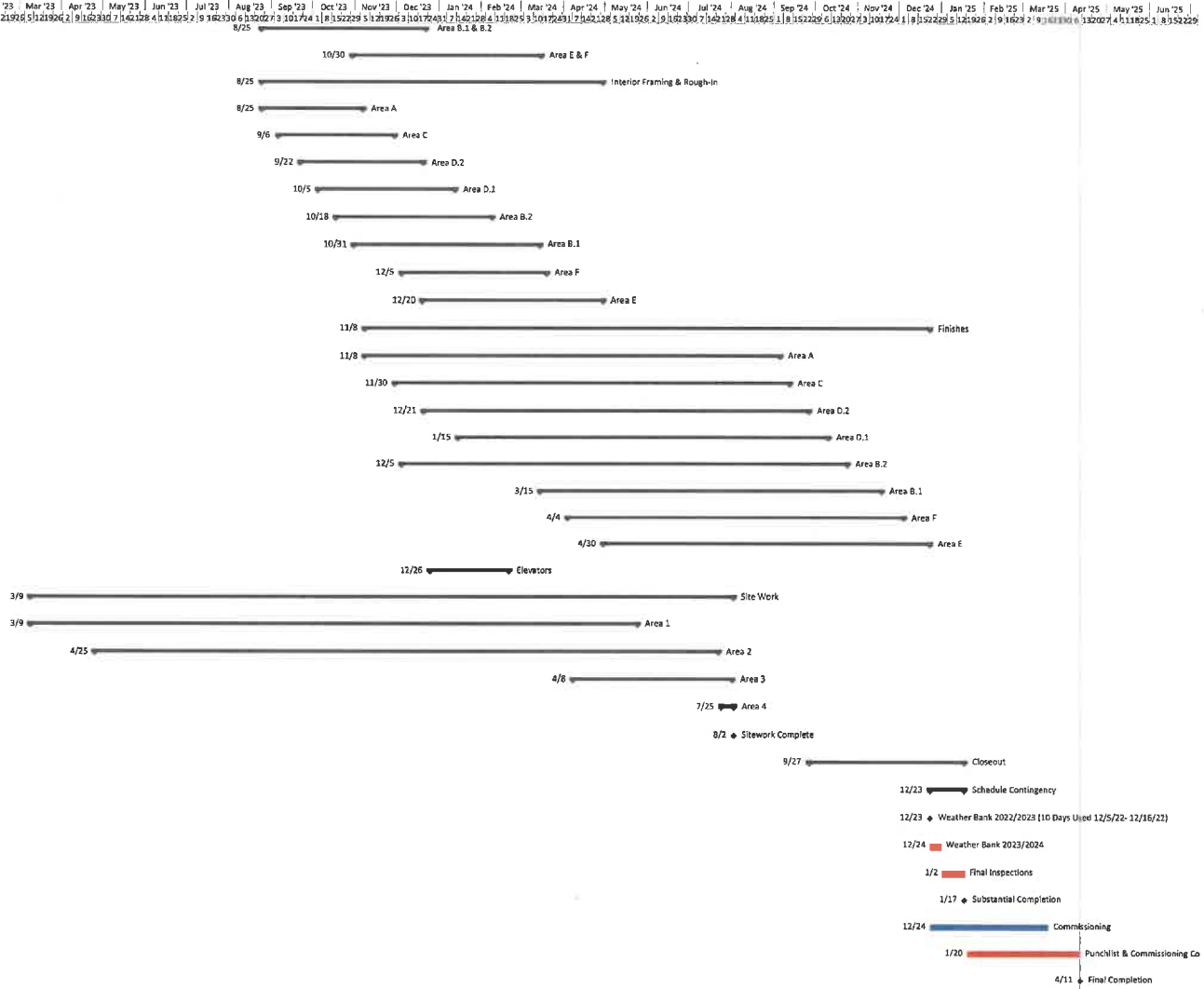
Data Date: Fri 1/13/23

SUMMARY CONSTRUCTION SCHEDULE - BEST CASE SCENARIO



SUMMARY CONSTRUCTION SCHEDULE - BEST CASE SCENARIO

Task Name	Dur	Start	Finish	Uniq ID	Total Slack
Area B.1 & B.2	83 days	Fri 8/25/23	Fri 11/2/23	357	4 days
Area E & F	96 days	Mon 10/30/23	Fri 3/15/24	349	8 days
Interior Framing & Rough-in	172 days	Fri 8/25/23	Mon 4/29/24	55	0 days
Area A	51 days	Fri 8/25/23	Mon 11/6/23	56	0 days
Area C	59 days	Wed 9/6/23	Wed 11/29/23	385	3 days
Area D.2	62 days	Fri 9/22/23	Wed 12/20/23	379	1 day
Area D.1	68 days	Thu 10/5/23	Fri 1/12/24	391	1 day
Area B.2	78 days	Wed 10/18/23	Thu 2/8/24	409	1 day
Area B.1	94 days	Tue 10/31/23	Thu 3/14/24	403	1 day
Area F	74 days	Tue 12/5/23	Tue 3/19/24	397	7 days
Area E	92 days	Wed 12/20/23	Mon 4/29/24	373	0 days
Finishes	285 days	Wed 11/8/23	Mon 12/23/24	30	0 days
Area A	210 days	Wed 11/8/23	Thu 9/5/24	80	3 days
Area C	201 days	Thu 11/30/23	Thu 9/12/24	455	3 days
Area D.2	196 days	Thu 12/21/23	Thu 9/26/24	448	5 days
Area D.1	191 days	Mon 1/15/24	Thu 10/10/24	441	9 days
Area B.2	228 days	Tue 12/5/23	Thu 10/24/24	434	10 days
Area B.1	174 days	Fri 3/15/24	Mon 11/18/24	469	0 days
Area F	170 days	Thu 4/4/24	Wed 12/4/24	462	0 days
Area E	165 days	Tue 4/30/24	Mon 12/23/24	427	0 days
Elevators	40 days	Tue 12/26/23	Tue 2/20/24	91	11 days
Site Work	358 days	Thu 3/9/23	Fri 8/2/24	97	98 days
Area 1	310 days	Thu 3/9/23	Fri 5/24/24	249	146 d...
Area 2	316 days	Tue 4/25/23	Mon 7/22/24	250	107 d...
Area 3	82 days	Mon 4/8/24	Thu 8/1/24	249	98 days
Area 4	7 days	Thu 7/25/24	Fri 8/2/24	249	98 days
Sitework Complete	0 days	Fri 8/2/24	Fri 8/2/24	255	98 days
Closeout	77 days	Fri 9/27/24	Fri 1/17/25	118	0 days
Schedule Contingency	17 days	Mon 12/23/23	Fri 1/17/25	123	0 days
Weather Bank 2022/2023 (10 Days Used 12/5/22-12/16/22)	0 days	Mon 12/23/23	Mon 12/23/23	485	0 days
Weather Bank 2023/2024	5 days	Tue 12/24/24	Tue 12/31/24	174	0 days
Final Inspections	12 days	Thu 1/2/25	Fri 1/17/25	125	0 days
Substantial Completion	0 days	Fri 1/17/25	Fri 1/17/25	127	0 days
Commissioning	60 days	Tue 12/24/24	Wed 3/19/25	119	17 days
Punchlist & Commissioning Corrections	60 days	Mon 1/20/25	Fri 4/11/25	126	0 days
Final Completion	0 days	Fri 4/11/25	Fri 4/11/25	128	0 days



Attachment H

Project Summary Report
Replacement Hospital

Budget Code	Original Budget	Reallocations	Current Budget	Committed Costs	Approved Changes	Non-Forecasted Invoices	Requested Changes	Uncommitted Costs	Estimated Costs at Completion	Projected Over/(Under)	Previous Costs to Date	Current Draw Total	Total Costs to Date	% Complete	Balance to Finish
	A	B	A+B	C	D	E	F	G	C+D+E+F+G	(C+D+E+F+G) - (A+B)	H	I	H+I	(H+I) / (C+D+E+F+G)	(C+D+E+F+G) - (H+I)
Project Total	112,048,033.00	0.00	112,048,033.00	87,752,483.68	208,107.59	2,614,578.51	1,608,108.18	15,277,916.12	107,461,194.08	(4,586,838.92)	8,871,880.90	5,512.65	8,877,393.55	8.00%	98,583,800.53
1.00.00. Soft Costs	8,274,447.50	(7,500.00)	8,266,947.50	5,740,045.94	(16,892.41)	707,387.33	1,608,108.18	720,245.14	8,758,894.18	491,946.68	6,033,878.55	5,512.65	6,039,391.20	69.00%	2,719,502.98
1.01.00 - A/E Team Basic Services	3,965,132.00	(53,340.85)	3,911,791.15	2,777,774.00	(33,708.00)	0.00	1,593,446.25	0.00	4,337,512.25	425,721.10	3,117,796.19	0.00	3,117,796.19	72.00%	1,219,716.06
1.01.01. Basic Design Services Value	3,828,282.00	(19,632.85)	3,808,649.15	2,640,924.00	0.00	0.00	1,593,446.25	0.00	4,234,370.25	425,721.10	3,039,154.19	0.00	3,039,154.19	72.00%	1,195,216.06
1.01.02. Supplemental - Food Service Design	12,800.00	1,292.00	14,092.00	12,800.00	1,292.00	0.00	0.00	0.00	14,092.00	0.00	14,092.00	0.00	14,092.00	100.00%	0.00
1.01.03. Supplemental - Traffic Study	12,000.00	24,500.00	36,500.00	12,000.00	24,500.00	0.00	0.00	0.00	36,500.00	0.00	12,000.00	0.00	12,000.00	33.00%	24,500.00
1.01.04. Supplemental - Estimating	109,650.00	(59,500.00)	50,150.00	109,650.00	(59,500.00)	0.00	0.00	0.00	50,150.00	0.00	50,150.00	0.00	50,150.00	100.00%	0.00
1.01.05. Supplemental - Survey	2,400.00	0.00	2,400.00	2,400.00	0.00	0.00	0.00	0.00	2,400.00	0.00	2,400.00	0.00	2,400.00	100.00%	0.00
1.02.00 - Other Consultant Services	622,606.58	72,452.22	695,058.80	393,550.00	21,143.63	144,778.59	0.00	135,586.58	695,058.80	0.00	473,850.64	5,512.65	479,363.29	69.00%	215,695.51
1.02.01. Pre-Design Architecture Services	0.00	41,340.85	41,340.85	0.00	0.00	41,340.85	0.00	0.00	41,340.85	0.00	41,340.85	0.00	41,340.85	100.00%	0.00
1.02.02. Environmental Engineer	20,000.00	0.00	20,000.00	20,000.00	0.00	0.00	0.00	0.00	20,000.00	0.00	20,000.00	0.00	20,000.00	100.00%	0.00
1.02.03. Graphics & Signage	35,000.00	0.00	35,000.00	0.00	0.00	0.00	0.00	35,000.00	35,000.00	0.00	0.00	0.00	0.00	0.00%	35,000.00
1.02.04. Artwork Consultant	20,000.00	0.00	20,000.00	0.00	0.00	0.00	0.00	20,000.00	20,000.00	0.00	0.00	0.00	0.00	0.00%	20,000.00
1.02.05. Medical Equipment Planner	132,080.00	0.00	132,080.00	120,560.00	11,520.00	0.00	0.00	0.00	132,080.00	0.00	115,516.57	0.00	115,516.57	87.00%	16,563.43
1.02.06. Radiation Shielding Physicist	15,000.00	0.00	15,000.00	1,900.00	0.00	0.00	0.00	13,100.00	15,000.00	0.00	0.00	0.00	0.00	0.00%	15,000.00
1.02.07. Commissioning Agent	120,000.00	0.00	120,000.00	91,538.00	0.00	0.00	0.00	28,462.00	120,000.00	0.00	19,177.00	504.50	19,681.50	16.00%	100,318.50
1.02.08. IT/AV Security Systems Consultant	148,426.58	0.00	148,426.58	109,402.00	0.00	0.00	0.00	39,024.58	148,426.58	0.00	105,790.00	4,023.00	109,813.00	74.00%	38,613.58
1.02.09. Materials Management Consultant	8,600.00	0.00	8,600.00	8,600.00	0.00	0.00	0.00	0.00	8,600.00	0.00	8,600.00	0.00	8,600.00	100.00%	0.00
1.02.10. Mock-up Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
1.02.11. Appraisal Consultant	18,500.00	0.00	18,500.00	18,500.00	0.00	0.00	0.00	0.00	18,500.00	0.00	28,300.00	0.00	28,300.00	153.00%	(9,800.00)
1.02.12. CON Application Consultant — Health Facilities	25,000.00	7,673.63	32,673.63	23,050.00	9,623.63	0.00	0.00	0.00	32,673.63	0.00	32,673.63	0.00	32,673.63	100.00%	0.00
1.02.13. CON Legal & Filing Fees	80,000.00	11,437.74	91,437.74	0.00	0.00	91,437.74	0.00	0.00	91,437.74	0.00	90,452.59	985.15	91,437.74	100.00%	0.00
1.02.14. Miscellaneous Consultant Allowance	0.00	12,000.00	12,000.00	0.00	0.00	12,000.00	0.00	0.00	12,000.00	0.00	12,000.00	0.00	12,000.00	100.00%	0.00

Budget Code	Original Budget	Reallocations	Current Budget	Committed Costs	Approved Changes	Non-Forecasted Invoices	Requested Changes	Uncommitted Costs	Estimated Costs at Completion	Projected Over/(Under)	Previous Costs to Date	Current Draw Total	Total Costs to Date	% Complete	Balance to Finish
	A	B	A+B	C	D	E	F	G	C+D+E+F+G	(C+D+E+F+G) - (A+B)	H	I	H+I	(H+I) / (C+D+E+F+G)	(C+D+E+F+G) - (H+I)
Project Total	112,048,033.00	0.00	112,048,033.00	87,752,483.68	208,107.59	2,614,578.51	1,608,108.18	15,277,916.12	107,461,194.08	(4,586,838.92)	8,871,880.90	5,512.65	8,877,393.55	8.00%	98,583,800.53
1.03.00 - Reimbursable Expenses	198,257.00	0.00	198,257.00	0.00	0.00	94,608.64	0.00	103,648.36	198,257.00	0.00	94,608.64	0.00	94,608.64	48.00%	103,648.36
1.03.01. A-E Team Reimbursables	198,257.00	0.00	198,257.00	0.00	0.00	94,608.64	0.00	103,648.36	198,257.00	0.00	94,608.64	0.00	94,608.64	48.00%	103,648.36
1.04.00 - Agency and Permit Fees	509,561.82	(17,500.00)	492,061.82	214,442.30	0.00	238,497.33	14,661.93	53,564.49	521,166.05	29,104.23	340,494.61	0.00	340,494.61	65.00%	180,671.44
1.04.01. A.H.J. Plan Review Fees — City of Prosser	199,915.08	0.00	199,915.08	0.00	0.00	199,915.08	0.00	0.00	199,915.08	0.00	199,915.08	0.00	199,915.08	100.00%	0.00
1.04.02. Inspection Fees (if separate from Plan review)	60,911.74	0.00	60,911.74	0.00	0.00	7,347.25	0.00	53,564.49	60,911.74	0.00	7,347.25	0.00	7,347.25	12.00%	53,564.49
1.04.03. State of Washington Project Review Fees	38,735.00	(7,500.00)	31,235.00	0.00	0.00	31,235.00	0.00	0.00	31,235.00	0.00	31,235.00	0.00	31,235.00	100.00%	0.00
1.04.04. Notice of Commencement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
1.04.05. Department of Health / CON Fees	10,000.00	(10,000.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
1.04.06. Utility Assessment Fees — Electric, Internet and SVID	200,000.00	0.00	200,000.00	214,442.30	0.00	0.00	14,661.93	0.00	229,104.23	29,104.23	101,997.28	0.00	101,997.28	45.00%	127,106.95
1.05.00. - Testing and Inspection Fees	200,000.00	0.00	200,000.00	111,998.00	1,500.00	0.00	0.00	86,502.00	200,000.00	0.00	18,200.00	0.00	18,200.00	9.00%	181,800.00
1.05.01. Geotechnical Study & Soils Testing	30,000.00	(4,980.00)	25,020.00	16,700.00	1,500.00	0.00	0.00	6,820.00	25,020.00	0.00	18,200.00	0.00	18,200.00	73.00%	6,820.00
1.05.02. Materials Testing & Inspection	150,000.00	0.00	150,000.00	95,298.00	0.00	0.00	0.00	54,702.00	150,000.00	0.00	0.00	0.00	0.00	0.00%	150,000.00
1.05.03. Air Balance Testing	20,000.00	4,980.00	24,980.00	0.00	0.00	0.00	0.00	24,980.00	24,980.00	0.00	0.00	0.00	0.00	0.00%	24,980.00
1.06.00. - Project Management Fees and Expenses	2,346,454.10	(4,476.04)	2,341,978.06	2,235,885.10	(5,828.04)	74,413.29	0.00	37,507.71	2,341,978.06	0.00	1,827,442.45	0.00	1,827,442.45	78.00%	514,535.61
1.06.01. Out-Sourced Services — NV5	1,117,000.00	0.00	1,117,000.00	1,116,779.00	0.00	0.00	0.00	221.00	1,117,000.00	0.00	639,751.10	0.00	639,751.10	57.00%	477,248.90
1.06.02. Out-Sourced Services Expenses — NV5	111,700.00	0.00	111,700.00	0.00	0.00	74,413.29	0.00	37,286.71	111,700.00	0.00	74,413.29	0.00	74,413.29	67.00%	37,286.71
1.06.03. RCW 39.10 Consultant	15,000.00	(4,476.04)	10,523.96	16,352.00	(5,828.04)	0.00	0.00	0.00	10,523.96	0.00	10,523.96	0.00	10,523.96	100.00%	0.00
1.06.04. CM Pre-Construction Services — Graham + Bouten Precon	1,102,754.10	0.00	1,102,754.10	1,102,754.10	0.00	0.00	0.00	0.00	1,102,754.10	0.00	1,102,754.10	0.00	1,102,754.10	100.00%	0.00
1.08.00. - Other Owner Responsibilities	432,436.00	(4,635.33)	427,800.67	6,396.54	0.00	155,089.48	0.00	303,436.00	464,922.02	37,121.35	161,486.02	0.00	161,486.02	35.00%	303,436.00
1.08.01. Project Specific Legal Fees	100,000.00	0.00	100,000.00	0.00	0.00	151,659.27	0.00	0.00	151,659.27	51,659.27	151,659.27	0.00	151,659.27	100.00%	0.00
1.08.02. Temporary Utilities	53,436.00	0.00	53,436.00	0.00	0.00	0.00	0.00	53,436.00	53,436.00	0.00	0.00	0.00	0.00	0.00%	53,436.00
1.08.03. Document Reproduction	10,000.00	0.00	10,000.00	0.00	0.00	27.37	0.00	0.00	27.37	(9,972.63)	27.37	0.00	27.37	100.00%	0.00
1.08.04. Moving Costs	200,000.00	0.00	200,000.00	0.00	0.00	0.00	0.00	200,000.00	200,000.00	0.00	0.00	0.00	0.00	0.00%	200,000.00
1.08.05. Operations 'Start-Up' & Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00

Budget Code	Original Budget	Reallocations	Current Budget	Committed Costs	Approved Changes	Non-Forecasted Invoices	Requested Changes	Uncommitted Costs	Estimated Costs at Completion	Projected Over/(Under)	Previous Costs to Date	Current Draw Total	Total Costs to Date	% Complete	Balance to Finish
	A	B	A+B	C	D	E	F	G	C+D+E+F+G	(C+D+E+F+G) - (A+B)	H	I	H+I	(H+I) / (C+D+E+F+G)	(C+D+E+F+G) - (H+I)
Project Total	112,048,033.00	0.00	112,048,033.00	87,752,483.68	208,107.59	2,614,578.51	1,608,108.18	15,277,916.12	107,461,194.08	(4,586,838.92)	8,871,880.90	5,512.65	8,877,393.55	8.00%	98,583,800.53
1.08.06. Clinical Cleaning / Final 'White Glove' Cleaning	50,000.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00	50,000.00	0.00	0.00	0.00	0.00	0.00%	50,000.00
1.08.07. Staff Training	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
1.08.08. Community Events / Public Relations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
1.08.09. Owner Reimbursable Expenses	14,000.00	(2,740.52)	11,259.48	6,396.54	0.00	297.65	0.00	0.00	6,694.19	(4,565.29)	6,694.19	0.00	6,694.19	100.00%	0.00
1.08.10. Procurement Advertisements	5,000.00	(1,894.81)	3,105.19	0.00	0.00	3,105.19	0.00	0.00	3,105.19	0.00	3,105.19	0.00	3,105.19	100.00%	0.00
2.00.00. Hard Costs	92,682,542.50	7,500.00	92,690,042.50	81,542,437.74	0.00	1,766,441.18	0.00	9,381,672.98	92,690,551.90	509.40	1,859,856.22	0.00	1,859,856.22	2.00%	90,830,695.68
2.01.00. - Real Estate	1,725,619.18	0.00	1,725,619.18	0.00	0.00	1,725,619.18	0.00	0.00	1,725,619.18	0.00	1,725,619.18	0.00	1,725,619.18	100.00%	0.00
2.01.01. Property Cost	1,718,119.18	0.00	1,718,119.18	0.00	0.00	1,718,119.18	0.00	0.00	1,718,119.18	0.00	1,718,119.18	0.00	1,718,119.18	100.00%	0.00
2.01.02. Brokerage / Transaction Fees	7,500.00	0.00	7,500.00	0.00	0.00	7,500.00	0.00	0.00	7,500.00	0.00	7,500.00	0.00	7,500.00	100.00%	0.00
2.02.00. - Due-Diligence	25,375.00	12,765.60	38,140.60	0.00	0.00	38,650.00	0.00	0.00	38,650.00	509.40	38,650.00	0.00	38,650.00	100.00%	0.00
2.02.01. Environmental Studies	18,875.00	19,265.60	38,140.60	0.00	0.00	38,650.00	0.00	0.00	38,650.00	509.40	38,650.00	0.00	38,650.00	100.00%	0.00
2.02.02. Title Research / Support	6,500.00	(6,500.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
2.02.03. Civil Engineering Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
2.03.00. - Site Improvements & Utilities	60,000.00	(5,265.60)	54,734.40	52,562.40	0.00	2,172.00	0.00	0.00	54,734.40	0.00	52,562.40	0.00	52,562.40	96.00%	2,172.00
2.03.01. Engineering Support	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
2.03.02. Tree Clearing for Geotech & Survey Work	60,000.00	(5,265.60)	54,734.40	52,562.40	0.00	2,172.00	0.00	0.00	54,734.40	0.00	52,562.40	0.00	52,562.40	96.00%	2,172.00
2.03.03. Temporary Conditions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
2.04.00. - Construction by GC	81,320,048.32	0.00	81,320,048.32	81,320,048.32	0.00	0.00	0.00	0.00	81,320,048.32	0.00	0.00	0.00	0.00	0.00%	81,320,048.32
2.04.01. Construction GMP / MACC by Bouten	81,320,048.32	0.00	81,320,048.32	81,320,048.32	0.00	0.00	0.00	0.00	81,320,048.32	0.00	0.00	0.00	0.00	0.00%	81,320,048.32
2.06.00. - Medical/Clinical Equipment Costs	7,000,000.00	0.00	7,000,000.00	117,270.00	0.00	0.00	0.00	6,882,730.00	7,000,000.00	0.00	22,526.70	0.00	22,526.70	0.00%	6,977,473.30
2.06.01. Medical/Clinical Equipment	5,352,356.00	0.00	5,352,356.00	0.00	0.00	0.00	0.00	5,352,356.00	5,352,356.00	0.00	0.00	0.00	0.00	0.00%	5,352,356.00
2.06.02. Planning, Procurement, S&H, Tax, Storage, Installation	1,647,644.00	0.00	1,647,644.00	117,270.00	0.00	0.00	0.00	1,530,374.00	1,647,644.00	0.00	22,526.70	0.00	22,526.70	1.00%	1,625,117.30
2.07.00. - Signage, Graphics, Artwork	640,000.00	0.00	640,000.00	0.00	0.00	0.00	0.00	640,000.00	640,000.00	0.00	0.00	0.00	0.00	0.00%	640,000.00
2.07.01. Interior Wayfinding, Signage & Graphics	90,000.00	0.00	90,000.00	0.00	0.00	0.00	0.00	90,000.00	90,000.00	0.00	0.00	0.00	0.00	0.00%	90,000.00
2.07.02. Exterior Signage	300,000.00	0.00	300,000.00	0.00	0.00	0.00	0.00	300,000.00	300,000.00	0.00	0.00	0.00	0.00	0.00%	300,000.00

Budget Code	Original Budget	Reallocations	Current Budget	Committed Costs	Approved Changes	Non-Forecasted Invoices	Requested Changes	Uncommitted Costs	Estimated Costs at Completion	Projected Over/(Under)	Previous Costs to Date	Current Draw Total	Total Costs to Date	% Complete	Balance to Finish
	A	B	A+B	C	D	E	F	G	C+D+E+F+G	(C+D+E+F+G) - (A+B)	H	I	H+I	(H+I) / (C+D+E+F+G)	(C+D+E+F+G) - (H+I)
Project Total	112,048,033.00	0.00	112,048,033.00	87,752,483.68	208,107.59	2,614,578.51	1,608,108.18	15,277,916.12	107,461,194.08	(4,586,838.92)	8,871,880.90	5,512.65	8,877,393.55	8.00%	98,583,800.53
2.07.03. Original Artwork	150,000.00	0.00	150,000.00	0.00	0.00	0.00	0.00	150,000.00	150,000.00	0.00	0.00	0.00	0.00	0.00%	150,000.00
2.07.04. General Artwork	100,000.00	0.00	100,000.00	0.00	0.00	0.00	0.00	100,000.00	100,000.00	0.00	0.00	0.00	0.00	0.00%	100,000.00
2.08.00. - IT & Telecommunications Direct Costs	430,000.00	0.00	430,000.00	0.00	0.00	0.00	0.00	430,000.00	430,000.00	0.00	0.00	0.00	0.00	0.00%	430,000.00
2.08.01. Desktop Hardware and Services	20,000.00	0.00	20,000.00	0.00	0.00	0.00	0.00	20,000.00	20,000.00	0.00	0.00	0.00	0.00	0.00%	20,000.00
2.08.02. Telephone Hardware and Services	60,000.00	0.00	60,000.00	0.00	0.00	0.00	0.00	60,000.00	60,000.00	0.00	0.00	0.00	0.00	0.00%	60,000.00
2.08.03. TV's and Cabling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
2.08.04. Network Hardware and Services	170,000.00	0.00	170,000.00	0.00	0.00	0.00	0.00	170,000.00	170,000.00	0.00	0.00	0.00	0.00	0.00%	170,000.00
2.08.05. Wireless Hardware and Services	180,000.00	0.00	180,000.00	0.00	0.00	0.00	0.00	180,000.00	180,000.00	0.00	0.00	0.00	0.00	0.00%	180,000.00
2.09.00. - IT & Telecommunications Indirect Costs	21,500.00	0.00	21,500.00	0.00	0.00	0.00	0.00	21,500.00	21,500.00	0.00	0.00	0.00	0.00	0.00%	21,500.00
2.09.01. Freight / Shipping	10,750.00	0.00	10,750.00	0.00	0.00	0.00	0.00	10,750.00	10,750.00	0.00	0.00	0.00	0.00	0.00%	10,750.00
2.09.02. Project Management Service Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
2.09.03. Installation	10,750.00	0.00	10,750.00	0.00	0.00	0.00	0.00	10,750.00	10,750.00	0.00	0.00	0.00	0.00	0.00%	10,750.00
2.10.00. - Communications & Non-Clinical Equipment	755,000.00	0.00	755,000.00	0.00	0.00	0.00	0.00	755,000.00	755,000.00	0.00	0.00	0.00	0.00	0.00%	755,000.00
2.10.01. Kitchen Equipment	600,000.00	0.00	600,000.00	0.00	0.00	0.00	0.00	600,000.00	600,000.00	0.00	0.00	0.00	0.00	0.00%	600,000.00
2.10.02. Patient / Staff Television & Cable	75,000.00	0.00	75,000.00	0.00	0.00	0.00	0.00	75,000.00	75,000.00	0.00	0.00	0.00	0.00	0.00%	75,000.00
2.10.03. Security Equipment	70,000.00	0.00	70,000.00	0.00	0.00	0.00	0.00	70,000.00	70,000.00	0.00	0.00	0.00	0.00	0.00%	70,000.00
2.10.04. Time & Attendance Clock System	10,000.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00	10,000.00	0.00	0.00	0.00	0.00	0.00%	10,000.00
2.11.00. - Furniture	705,000.00	0.00	705,000.00	52,557.02	0.00	0.00	0.00	652,442.98	705,000.00	0.00	20,497.94	0.00	20,497.94	3.00%	684,502.06
2.11.01. Furniture Selection and Layout	52,557.02	0.00	52,557.02	52,557.02	0.00	0.00	0.00	0.00	52,557.02	0.00	20,497.94	0.00	20,497.94	39.00%	32,059.08
2.11.02. Furniture Material Cost	652,442.98	0.00	652,442.98	0.00	0.00	0.00	0.00	652,442.98	652,442.98	0.00	0.00	0.00	0.00	0.00%	652,442.98
2.11.03. Temporary Storage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
2.11.04. Freight / Shipping	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
2.11.05. Installation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
3.00.00. Contingency & Financing	11,091,043.00	0.00	11,091,043.00	470,000.00	225,000.00	140,750.00	0.00	5,175,998.00	6,011,748.00	(5,079,295.00)	978,146.13	0.00	978,146.13	16.00%	5,033,601.87
3.01.00. Owner Project Contingency	4,526,045.00	0.00	4,526,045.00	0.00	0.00	0.00	0.00	0.00	0.00	(4,526,045.00)	0.00	0.00	0.00	0.00%	0.00
3.01.01. Original / Approved Value	4,526,045.00	0.00	4,526,045.00	0.00	0.00	0.00	0.00	0.00	0.00	(4,526,045.00)	0.00	0.00	0.00	0.00%	0.00
3.02.00. Financing	6,564,998.00	0.00	6,564,998.00	470,000.00	225,000.00	140,750.00	0.00	5,175,998.00	6,011,748.00	(553,250.00)	978,146.13	0.00	978,146.13	16.00%	5,033,601.87

Budget Code	Original Budget	Reallocations	Current Budget	Committed Costs	Approved Changes	Non-Forecasted Invoices	Requested Changes	Uncommitted Costs	Estimated Costs at Completion	Projected Over/(Under)	Previous Costs to Date	Current Draw Total	Total Costs to Date	% Complete	Balance to Finish
	A	B	A+B	C	D	E	F	G	C+D+E+F+G	(C+D+E+F+G) - (A+B)	H	I	H+I	(H+I) / (C+D+E+F+G)	(C+D+E+F+G) - (H+I)
Project Total	112,048,033.00	0.00	112,048,033.00	87,752,483.68	208,107.59	2,614,578.51	1,608,108.18	15,277,916.12	107,461,194.08	(4,586,838.92)	8,871,880.90	5,512.65	8,877,393.55	8.00%	98,583,800.53
3.02.01. Financing – Capitalized Interest	5,175,998.00	0.00	5,175,998.00	0.00	0.00	0.00	0.00	5,175,998.00	5,175,998.00	0.00	0.00	0.00	0.00	0.00%	5,175,998.00
3.02.02. Cost of Issuance & Finance Consultant	1,389,000.00	0.00	1,389,000.00	470,000.00	225,000.00	140,750.00	0.00	0.00	835,750.00	(553,250.00)	978,146.13	0.00	978,146.13	117.00%	(142,396.13)
Project Total	112,048,033.00	0.00	112,048,033.00	87,752,483.68	208,107.59	2,614,578.51	1,608,108.18	15,277,916.12	107,461,194.08	-4,586,838.92	8,871,880.90	5,512.65	8,877,393.55	8.00%	98,583,800.53

4 Month Outlook

JANUARY 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
01	02 NEW YEAR'S DAY (OBS.)	03 OAC / CONSTRUCTION MEETING (TBD)	04	05	06	07
08	09	10	11	12	13 PROJECT TEAM MEETING	14
15	16	17	18	19	20	21
22	23	24 OAC / CONSTRUCTION MEETING (TBD) BOARD WORKSESSION	25	26 BOARD MEETING	27	28
29	30	31	01	02	03	04
05	06	07	08	09	10	11

FEBRUARY 2023

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

LEGEND

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

4 Month Outlook

MARCH 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26	27	28	01	02	03	04
05	06	07	08	09	10	11
		OAC / CONSTRUCTION MEETING (TBD)				
12	13	14	15	16	17	18
					PROJECT TEAM MEETING (TBD)	
19	20	21	22	23	24	25
		TEAM CHECK IN (5-week month)				
26	27	28	29	30	31	01
		OAC / CONSTRUCTION MEETING (TBD)		BOARD MEETING		
02	03	04	05	06	07	08

APRIL 2023

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

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

(Data pulled: 1. 09.23 mf)

Survey Group	2022 Goal	Dec 2022	# Of Surveys	YTD 2022	# Of Surveys	% Rank	Patient Survey Comments
Emergency Depart.	>84.0%	86.25	20	85.83	284	68 th	“Dr. Smith was fantastic. I really enjoyed him. He was professional, friendly, and explained things in a good manner.” “Very professional and caring to my son’s needs.”
HCAHPS-Inpatient	>93.1%	98	25	92.47	239	85 th	“I have lived in the area for 40 years and this was the best experience I’ve ever had.” “Your nurses are top of the line.”
Acute Care	>91.8%	95.83	12	90.87	126	73 rd	“I liked my care. I felt they all cared. I was listened to and given any help I needed.” “The occupational therapist was excellent. Jill the social worker was also excellent and efficient.”
Family Birthplace	>93.6%	100	6	96.72	61	98 th	“My nursing staff was AMAZING. My delivery nurse Lori was spectacular and Madi.” “All was very well, and I appreciated the attention of the doctors, nurses, pediatricians, and cooks. Thank you for all your kind attention.”
Out-Patient Surgery	>96.6%	96.05	19	96.11	167	24 th	“I prefer Prosser Memorial over all other medical providers in our region. The staff is obviously well trained in people skills.” “The best care I have probably ever received!! I will use this hospital again! I have told everyone to come her.”
Clinic Network	>91.0%	90.28	18	92.56	484	15 th	“Dr. Tieu is an excellent urologist.” “Best clinic around from the front desk to the exam room.” “Great experience, friendly staff, and awesome doctor!”
Out-Patient Services	>94.1%	95.37	27	94.55	482	46 th	“So glad for our LOVELY LOCAL hospital.” “Registration was easy. They had my information form previous visits and just needed to verify.” “Mara is so good! I didn’t even feel the needle enter my arm!”
	2022 Goal	YTD Score	Equation				*Composite score based on 2020 departmental revenue contributions
Composite Score	92.9%	93.23%	ED	0.13x	85.83	11.16	ED: 13%
			IP	0.16x	92.47	14.80	IP: 16% (Includes AC, OB)
			OR	0.23x	96.11	22.11	OP-Surgery: 23%
			Clinics	0.11x	92.56	10.18	Clinic: 11%
			OP	0.37x	94.55	34.98	Outpatient: 37%

Celebrating YEARS OF SERVICE

5 YEARS

- Brittney Balmes
- Rachel Boyle
- Brian Brindle
- Kayla Campbell
- Angela Carey
- Dr. David Carl
- Sara Dawson
- Courtney Estell
- Merry Fuller
- Jessenia Garcia
- Malissa Garcia
- Erica Garza
- Annabelle Hansen
- Peter Lewis
- Jessica Luther
- Sergio Merino
- Heather S. Morse
- Carolina Pineda-Perez
- Griselda Ponce-Verduzco
- Christine Rivero
- Dr. Jacobo Rivero
- Margarita Sanchez
- Kaylee Swan
- Christopher Wells
- ShaRhonda Wild

10 YEARS

- Cynthia Alaniz
- Felicia Flores
- Alan McLaughlin
- Mara Ripplinger

15 YEARS

- Crystal Blanco
- Jessica Chavez
- Mary Clark
- Dr. Jared Clifford
- Cecilia Garcia
- Angela Garcia
- Amanda Hibbs
- Christopher Huston
- Jennifer Kernan
- Susan Miklas
- Ernestina Salguero
- Jennifer Smith
- Jennifer Trevino
- Aurora Weddle

20 YEARS

- Sara Benitz
- Maria I. Cardenas
- Gaylin Griffiths
- Dorene Jones
- Rebecca Pettis

35 YEARS

- Mary Castilleja



Prosser
Memorial Health





Prosser Memorial Health Engagement 2022 Dashboard Report

January 20, 2023

Report based on

Engagement 2022
Data from 08/18/2022 - 11/18/2022

Data level access applied

Pulse Survey does not include YES

Report filters applied

Employee Type : Employees

Dashboard

Total Invited

412

Total Response

347

Overall Favorability



Total Questions

66

Total Comments

668

Suggested Areas of Action

Compensation & Benefits
My compensation is competitive with other healthcare organizations in the area

Compensation & Benefits
I am paid fairly for the work I do

Communication
Communication between departments is effective

Highest and Lowest Rated Items

High

- 96% I agree with the Mission, Vision, and Values of Prosser Memorial Health
- 96% I feel proud to work for Prosser Memorial Health
- 96% I would recommend Prosser Memorial Health to my friends and family for care
- 94% Patient satisfaction is a top priority at Prosser Memorial Health
- 94% I would recommend Prosser Memorial Health as a good place to work

Low

- 64% My compensation is competitive with other healthcare organizations in the area
- 64% I am paid fairly for the work I do
- 71% Communication between departments is effective
- 75% My supervisor is effective in resolving issues
- 76% The EPIC EMR/EHR training helps me better understand the Epic software and my department's Epic workflow

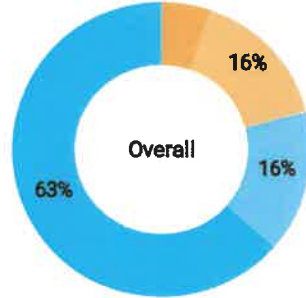
Summary

View By Question	Category	N	Mean	%Favorable	Comparison to Company	Engagement 2021
Administration actions show they care about employees and medical staff	Administration	343	4.31	85	2	▲9
Administration communicates a clear vision and plan for Prosser Memorial Health's future	Administration	345	4.33	85		▲4
Communication between departments is effective	Communication	337	3.88	71		▲8
I agree with the Mission, Vision, and Values of Prosser Memorial Health	Culture & Climate	342	4.69	96	-1	▲1
I am encouraged to share ideas for improving service and quality	Service & Quality	340	4.34	87	1	▲2
I am given flexibility in my schedule when I need it	Staffing & Resource Management	339	4.50	90		▲1
I am motivated to go beyond what is normally expected of me to help Prosser Memorial Health be successful	Job Satisfaction	346	4.57	93		▲2
I am paid fairly for the work I do	Compensation & Benefits	344	3.76	64		▼-2
I am satisfied with the EPIC EMR/EHR	Training & Career Development	325	4.03	76		▲4
I don't consider looking for a new job elsewhere	Culture & Climate	332	4.27	77		0
I feel comfortable voicing my opinion and offering suggestions	Communication	342	4.16	78	1	▲6
I feel proud to work for Prosser Memorial Health	Culture & Climate	344	4.63	96		▲1
I have the resources and equipment I need to be successful at my job	Staffing & Resource Management	340	4.31	85		0
I plan to be with Prosser Memorial Health at least 1 year from now	Culture & Climate	339	4.62	92		▲1
I receive adequate training to be successful at my job	Training & Career Development	343	4.24	84	-1	▼-2
I receive important company information in a timely manner	Communication	343	4.37	87		▲5
I trust the information I receive from Prosser Memorial Health	Communication	345	4.48	92		▲3
I would recommend Prosser Memorial Health as a good place to work	Culture & Climate	346	4.58	94		▲3
I would recommend Prosser Memorial Health to my friends and family for care	Culture & Climate	341	4.62	96		▲3
My benefits are clearly communicated so that I understand them	Compensation & Benefits	327	4.24	83		▲6
My benefits are competitive with other healthcare organizations in the area	Compensation & Benefits	325	4.31	84		▲2
My compensation is competitive with other healthcare organizations in the area	Compensation & Benefits	339	3.73	64		▼-8
My coworkers are committed to delivering high quality work	Service & Quality	343	4.30	87		▲5
My ideas and suggestions are given consideration	Communication	335	4.12	77	1	▲5
My supervisor clearly communicates expectations for my performance	Immediate Supervisor	346	4.30	83		▲2

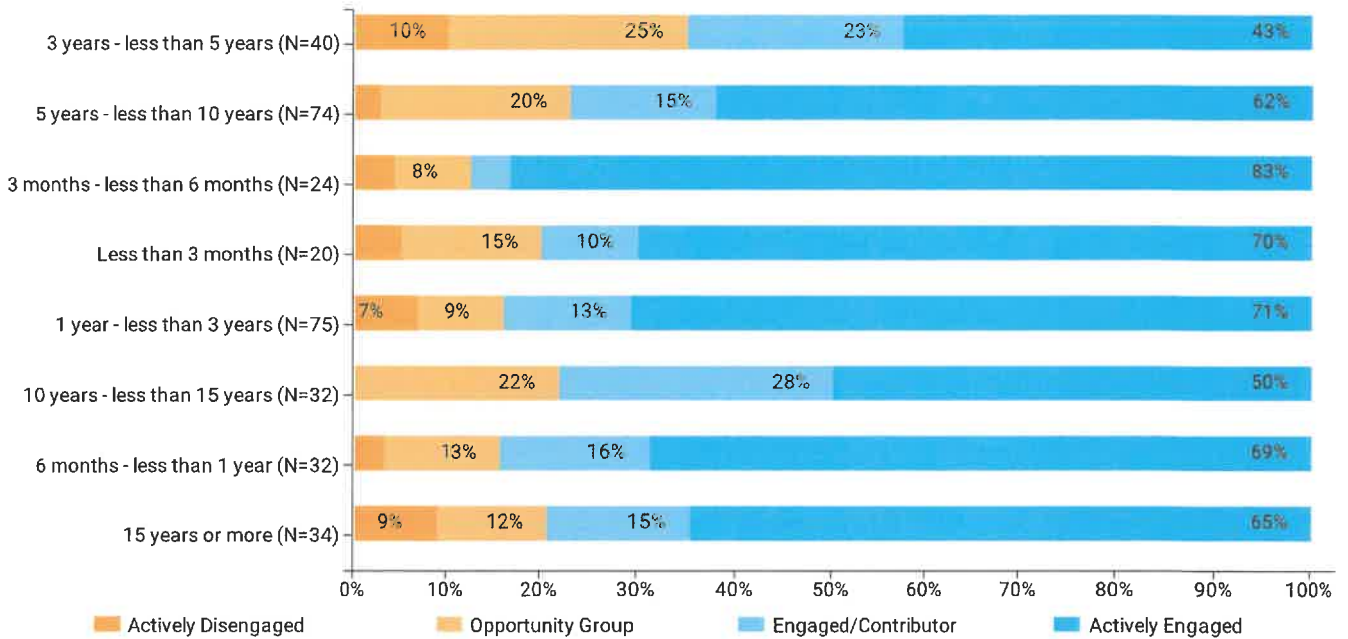
View By Question	Category	N	Mean	%Favorable	Comparison to Company	Engagement 2021
My supervisor gives me useful feedback on my performance	Immediate Supervisor	341	4.31	85		▲6
My supervisor is effective in resolving issues	Immediate Supervisor	342	4.11	75		▲1
My supervisor provides recognition for good work	Immediate Supervisor	344	4.24	82		▲6
My supervisor supports my professional development	Immediate Supervisor	344	4.38	85		▲1
My supervisor treats employees respectfully	Immediate Supervisor	346	4.51	88		▲1
My work gives me a sense of personal accomplishment	Job Satisfaction	346	4.51	92		▲2
My workload allows me to maintain a good work/life balance	Job Satisfaction	346	4.19	78	1	▲2
Overall, I am satisfied working at Prosser Memorial Health	Culture & Climate	337	4.53	91		▲4
Overall, the benefit package meets my needs	Compensation & Benefits	330	4.34	88		▲2
Patient satisfaction is a top priority at Prosser Memorial Health	Service & Quality	343	4.62	94		▲1
Prosser Memorial Health does a good job of recruiting quality people	Staffing & Resource Management	340	4.20	83		▲6
Prosser Memorial Health emphasizes the importance of safety	Service & Quality	343	4.49	91		▼-1
Prosser Memorial Health provides me with opportunities to grow professionally	Training & Career Development	339	4.25	84		▲3
Prosser Memorial Health shows recognition for meeting goals	Culture & Climate	336	4.38	88		▲9
Prosser Memorial Health's communication tools are useful (i.e. newsletters, bulletin boards, emails, company website)	Communication	343	4.48	92	1	▲2
Safety standards are consistently enforced	Service & Quality	342	4.40	89	1	▲2
The EPIC EMR/EHR training helps me better understand the Epic software and my department's Epic workflow	Training & Career Development	319	4.01	76		▲8
The amount of work I am expected to do is realistic	Staffing & Resource Management	340	4.19	81		0
There is a high level of respect between medical staff and employees	Culture & Climate	341	4.27	80		▲2
There is sufficient communication from Administration	Administration	342	4.16	79	1	▲8
There is sufficient staff in my department to maintain quality work	Staffing & Resource Management	340	4.03	76		▲12

Engagement

79% Engaged



Engagement index for demographics (Tenure Groupings)



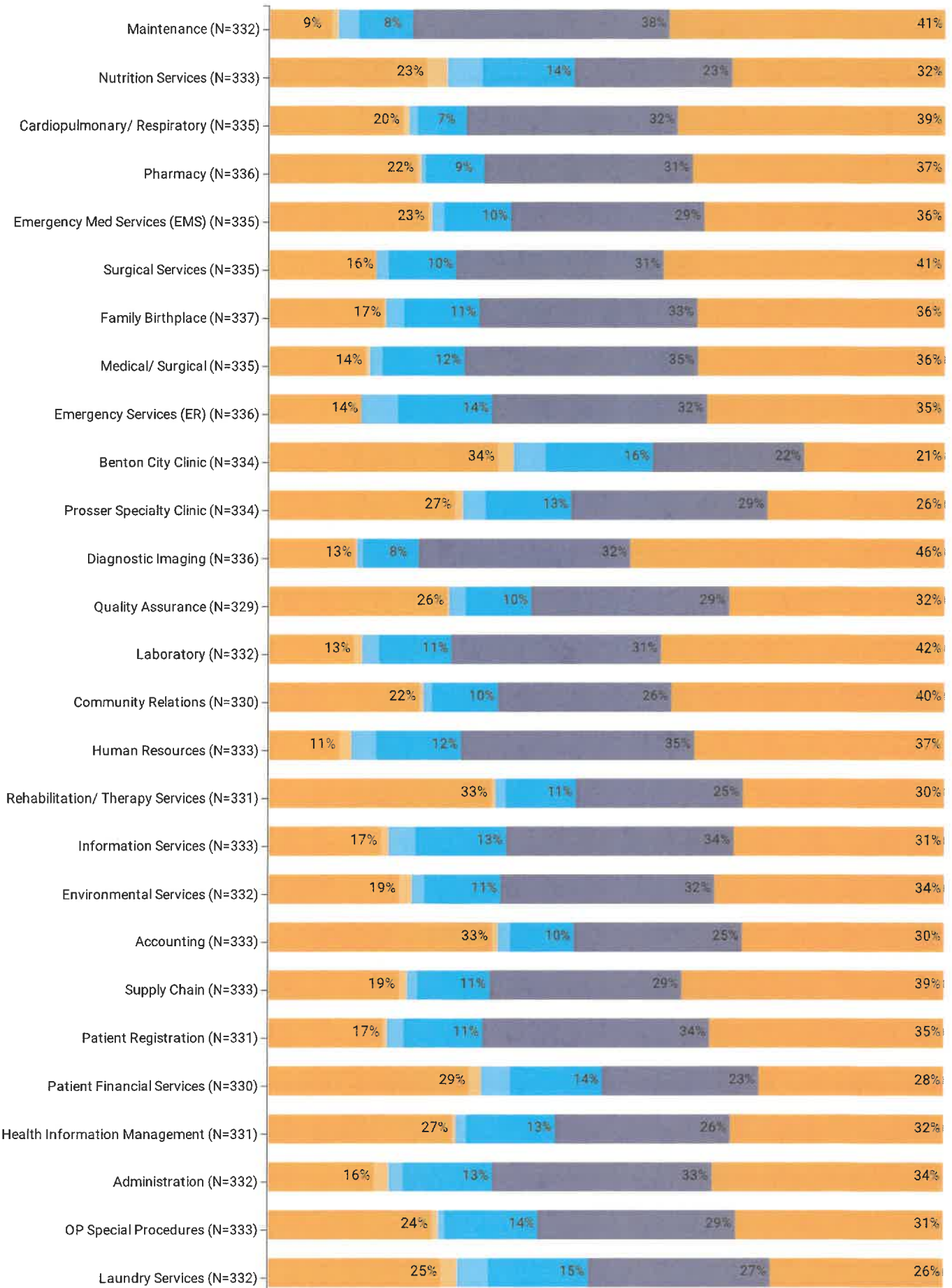
Hotspot (Tenure Groupings)

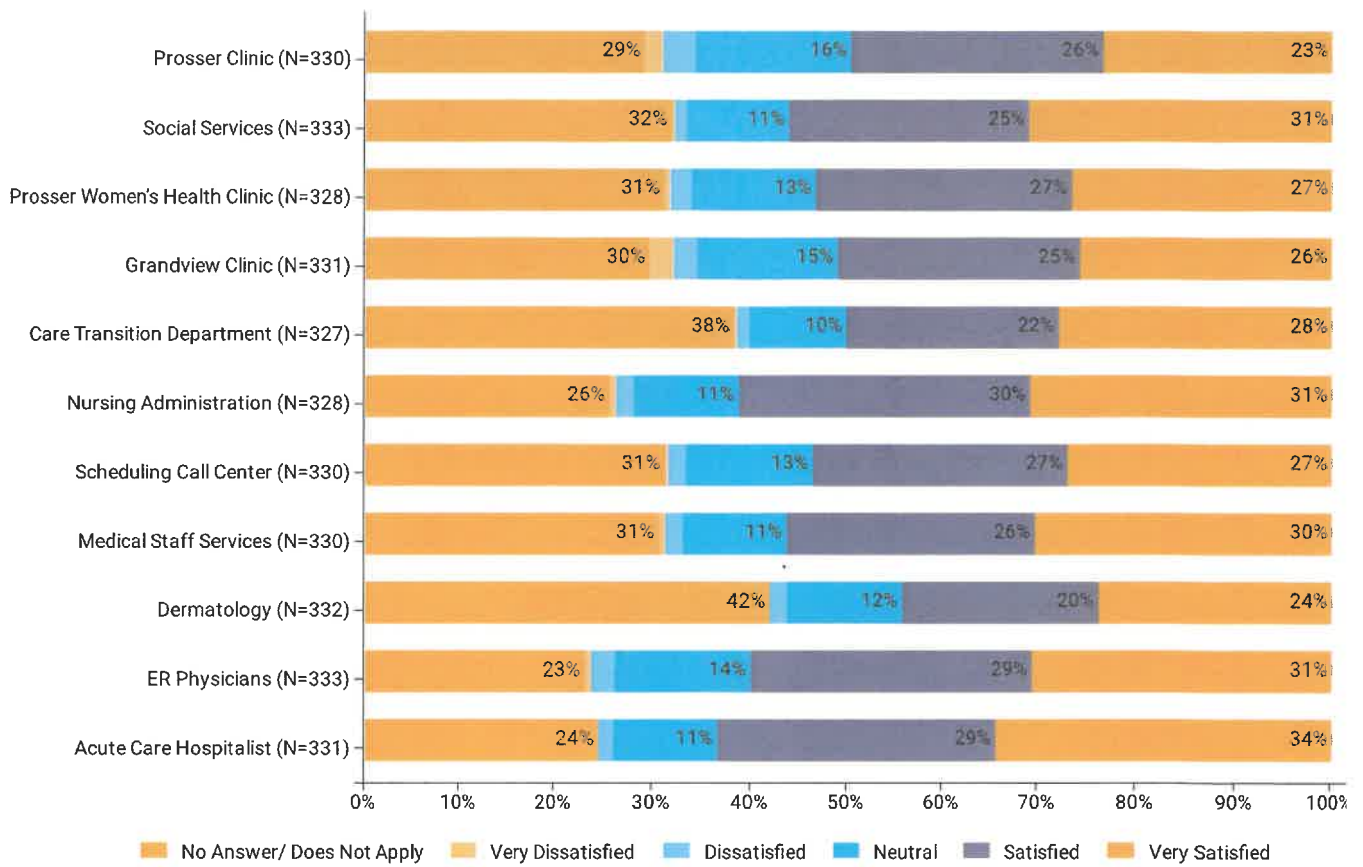
Category	Overall	15 years or more	3 years - less than 5 ye	1 year - less than 3 year	5 years - less than 10 ye	10 years - less than 15 y	Less than 3 months	6 months - less than 1 ye	3 months - less than 6 mo
Respondents	347	35	40	82	76	35	23	32	24
Overall	84%	77	79	84	85	85	87	90	90
Administration	83%	76	75	83	84	84	80	93	92
Communication	83%	71	78	85	85	82	88	86	86
Compensation & Benefits	76%	78	68	71	80	75	81	85	83
Culture & Climate	90%	85	84	92	91	90	88	94	94
Immediate Supervisor	83%	76	80	82	81	84	89	91	92
Job Satisfaction	88%	86	86	86	88	92	88	90	92
Service & Quality	90%	78	87	92	89	92	93	91	94
Staffing & Resource Management	83%	72	75	82	84	87	85	92	90
Training & Career Development	80%	69	75	82	83	79	86	84	82

Minimum Median Maximum

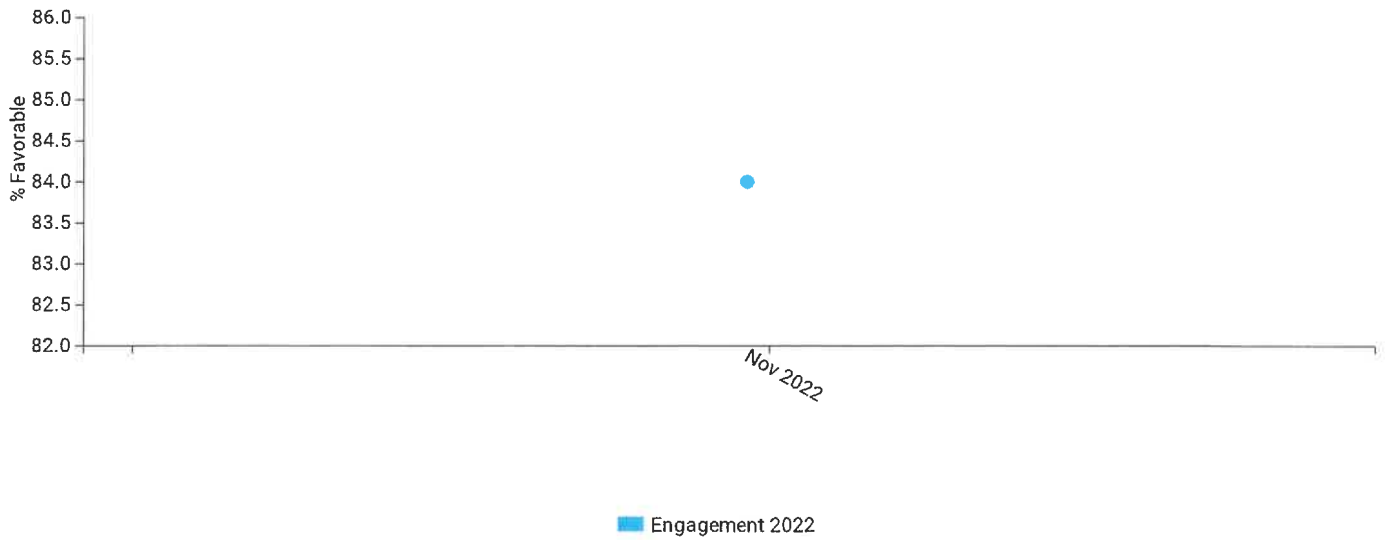
Matrix Questions

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





Trends Over Time





Prosser Memorial Health

Comment Report

January 20, 2023

Report based on

Engagement 2022
Data from 08/18/2022 - 11/18/2022

Data level access applied

Pulse Survey does not include YES

Report filters applied

Employee Type : Employees

If you answered less than five to the above question, what needs to be addressed for you to be more satisfied?(80)

A larger raise to compete with inflation.

A more manageable workload

A raise

As we grow and become busier, some need to get out of this attitude of "this is how we've always done it", and start being more open to ideas of how we can change our processes to become more efficient.

At this time I make more at my regular job than I do working pre diem. Makes it difficult to justify coming here when I make more elsewhere.

Better appreciation for Family Practices, Better pay for over work staff

better coverage so I do not feel guilty when needing to call out sick or take vacation days; competitive pay as compared to facilities in tri cities for same position/experience, as well as to offset inflation.

Better pay for the Medical Assistants. Most (including myself) are struggling with such low income and the economy inflation.

Better work life balance, dont like working 12 days to only have 2 days off.

changes in healthcare

Communication from ED OR PCC about getting admits in a timely manner. Most of the time, we only have a few minutes between being aware that an admit is coming and they show up in their room On Acute Care. I understand that ED can be busy but so is Acute care. It would ne nice to have just 15-20 minutes finishing up what we are doing so we can safely welcome the new admit to their room. A lot of times, we find out we are getting an admit and not even one minute later, ED nurse is calling for report and the patient is on their way to the floor or we don't even get a report.

communication.

Compensation

Considering the pay amount of experienced workers

Consistent communication from Administration

Different solutions for the floating issues

Don't love the uniform policy, don't love the food service changes

Employees are not robots, personalities vary, Give them latitude to be themselves as long as the patient is a top priority.

Equal treatment of all employees including employed physicians. Holding some people accountable to do their jobs but not others isn't fair treatment. .

Even though I have been given the resources that I need, I am still not 100% comfortable with floating to ACS.

healthcare is tenuous, previous employment has led me to not completely trust in any facility that they will not make bad changes, and with the new facility being built i do not fully trust that things aren't going to change in ways that are not in the best interest of the staff

Honesty and openness with administration and department managers. I don't feel that I can openly voice concerns or that my concerns matter.

I am new to the Prosser Memorial team and from my outside experience I believe there are some changes that could drastically improve efficiency in my department. It takes over 10 minutes to send a single echo study to the servers. If you have 7 studies per day that is over an hour of time that could be used toward productive work. The printer always jams despite multiple service calls which adds additional time to troubleshoot and create service tickets. Also, despite the GE ultrasound machine rep working toward image optimization with our team, the images are subpar compared to the Philips and Canon machines I had been working with. This leads to the use of more contrast which equates to more time needed from nursing and other staff to assist with IV starts and administering the agent. It also presents a possible safety issue as suboptimal images can lead to missed diagnoses both in adult, pediatric and especially with our new fetal echo program (imagine how tiny 22 week fetal pulmonary veins are to evaluate!). As critical congenital heart disease is the major contributor to death and morbidity in infants and congenital heart disease is the most common form of congenital malformation; it is imperative to have reliable, quality equipment to aid in this detection. A more efficient work process and more reliable trusted equipment would change my above answers to 5s. I would be 100% confident in staying with PMH and providing the standard of care our community deserves.

I am per diem so I don't get enough hours, therefore I need another job.

I am tired of my schedule and would like to possibly transition from 12 hour shifts.

I believe that Pay for medical assistant's needs to be reevaluated as we are underpaid, full staffing, per diem for coverage, managing staff that is consistent

I feel like PMH is a great place to work at but I feel like we could use a pay increase especially the Medical assistant's that do so much. The cost of living is increasing and the pay for the workers stay the same I don't feel like the receptionists should be getting paid more when the MA's are the ones who are up and down assisting the providers and the patients. It is very said that the medical assistants have to go to college to get a degree to work her but reception doesn't and they pay is the same or even less.

I feel like the pay for medical assistants should be raised. Medical assistants do a lot for what they get paid for, with expenses going up it makes it harder to provide.

I feel that as a employee when things are being suggested over over again it should be address!

I have a full time position but I have had problems with communication from my manager causing me to have shortage of hours and I have a family to support so at times I have wanted to look for other jobs but I really love working for PMH so I am trying to transfer within the company to have a little more job security with my hours

I have been here more than 10 years and I absolutely love it here!!

I love working for PMH, but I do consider other jobs only because the pay for medical assistants is very low compared to almost any other clinic/hospital.

I think sometimes there tends to be favoritism and I hope that will change.

I would like the opportunity to do disaster relief and have the hospital support employees wishing to be involved in this type of relief effort by donating our hours so we don't have to use vacation time to participate.

I would like to work less hours, more flexibility with schedule.

I'm happy working at PMH as we all know the volume has increased; that being said we need more coverage especially in the swing/evening shifts.

IM PER DIEM. NEED MORE HOURS

Increase in compensation.

Increase in pay, no standard color of scrubs. PTs don't care who helps them they just want their needs met. IT needs to be on the computers, they are a real deterrent and do not work consistently

inflation has caused a big difference in wages, many community hospitals around us now are receiving better wages. I would like for our facility to make our wages comparable with other facilities around us.

It appears there are always exemptions for employees, there is no consistency.

It is difficult to always stay satisfied in such a fluid job. I feel like PMH has a lot to offer for employees and treats it's employees very well, making us feel valued. It is difficult to trust and value the opinions/decisions of a non-clinic person in charge. It seems that what is best for the patient is not always reflected in the decisions that are being made.

Its a great environment but some people can have bad attitudes or complain a lot and makes the work environment stressful

Just because of school.

Leadership team should be included in these spontaneous bonuses, they are employees of the hospital and are affected by inflation just like everyone else, makes one feel very unappreciated.

Management being more transparent and forward. Wages needed to be increased

More accountability from staff---less pushing off responsibility to others.

More caring staff

more communication with management

More opportunities for growth and advancement, fairness across the board with staff, everyone should have the opportunity for salary raises/increases and not just a select few while everyone else has to go through the proper wage steps.

More training there for more room for improvement.

Most of the time I am proud to work at PMH. However, when I hear of bad reviews due to how the staff treat patients and visitors or how staff can't get along it makes me less proud. Its due to those people that makes me not want to recommend PMH as a place to work. There are only a handful of those people throughout the facility but those few bring down moral

My role to be better defined.

n/a

NO dress code. we are adults and should be able to wear the color we want!!

Note, all are answered but I have an interim position. The program here is one of the best ran companies I have ever worked for.

nursing has very competitive wages currently. while i enjoy prosser's work environment basically nursing took a pay cut during contract negotiations that left a sore taste in my mouth

pay grades for the economy we are living in now

Pay rates in comparison to other facilities

Prosser is the best hospital in the state. The only problem is it is in Washington state. The WA nursing. Commission dose not hold my conservative views and I feel threatened to have honest conversation with patients and family as my work place now sensors speech.

PTO is not adequate and less than new hires at other organizations in the area.

QUESTION #2 - It would depend on which dpt they were applying for. Some are better than others.

Recognition for ALL departments, Admin adhere to ASPIRE as we all are

RN salaries and more accountability for those not working to potential

Safety. Stop treating people that need higher level of care. For instance, sending people to MedSurg that are ICU type patients. MedSurg does not have the nursing staffing to acomodate a one-to-one critically ill patient. Additionally, don't do a critical surgery that will most likely need an ICU level recovery and care. That is NOT how you care PMH by setting your patients up for failure.

Sometimes management and administration doesn't always support staff and provide realistic expectations of staff. There are many shifts where I leave feeling defeated and unsatisfied so I often question if the hospital is as committed to employees as we are to our jobs.

Staffing and wages.

staffing, and wages. Too often we are short staffed, with no resource to pull from for coverage. Wages are lower than a lot of places in the valley.

Teamwork, training new hires more (shadowing more instead of just leaving them alone),

The culture in the business office needs to change. We have had meeting to improve our interaction with each other. But people in the office are still very rude and disrespectful towards each other.

The hospital/med staff managing physician complaints and behavior.

The organization actually following and implementing the ASPIRE values on all employees regardless of the knowledge or "asset" the employee seems to be to the organization. Every employee should be held responsible for their actions and how they treat everyone. The "Golden rule" PMH has revamped is not realistic - stop trying to change the way people are.

The pay scale with PMH is well below what other medical facilities in the area are paying. It is very tempting to take another job somewhere is when the pay is 3-5 dollars above what PMH pays

There could be better pay for certain departments as well a more organized way of training.

There has been many changes this last year with what seems to be little communication or involvement of staff directly related. Past processes don't seem to be followed by all any longer. Like the chain of command, hiring of directors or higher without interviews involving all leadership.

We aren't perfect, but everyone across the organization works hard to do their best on behalf of our patients and our team.

we need better pay. we are over worked; we need medical staff. Kadlec is offering \$20 for new MA's and \$2,000 sign in bonus. if our pay doesn't go up, a lot of us MA's have suggested to leave and go elsewhere where we do get paid for our work, because at PMH we are not

We need more active per diem employees. We especially need more active EMT level per diem employees.

While I appreciate, and understand the importance of remaining financially sound, it is constantly harped upon of how well "financially" we are doing as compared to other facilities, I wonder what our positioning would be without the critical access designation and loan forgiveness? let's focus on what we provide, not the money we make from providing it. I never decline the opportunities that are presented to me, so I cannot say that I 100% never consider looking elsewhere, that would be disingenuous.

Working with certain employee's who have a bad attitude.

If you answered 3 or below to the previous item, please explain how communication between departments could be improved(61)

#27, Craig justifies his position when challenged, leadership LDI retreat.

ACS needs an educator / physician liaison to ensure that the physician requests for pt care are being heard and that best practice guidelines (that are always evolving) are being taught to the staff. This allows physicians for be heard, staff to feel respected, and pts to receive the best care possible.

Administration should have mini department specific feedback meetings quarterly instead of once a year sessions with all staff.

All clinics should be involved in the changes that are coming or in the works even if not enough information is provided. Just so everyone is informed.

Better communication---feel like departments pit against each other rather than working together

Cameras on as much as possible, identify self with your name and department, be willing to be wrong, be willing to do what is best for the patient instead of what is easier.

Collaboration in a meeting setting with different relative departments is detrimental to the success of any program. Establishing a meeting once a month with our team would help further PMH's vision by fostering communication and build trust between team members. Setting up a case study. Providing educational topics or discussing departmental concerns would align our department with accreditation standards and improve our quality of care.

Communication between departments can be improved if the staff's workflow is well balanced so they have time to communicate in between workflow.

Communication between departments does not come across as we are here to help each other. Its very you did this wrong, why and fix it!

communication between departments is getting better but needs some more work

communication between departments is inconsistent and varies depending on who is working

Communication between manager and departments are never great.

Communication concerning admits needs to happen in a more timely fashion. Often we're getting a call from the ED before the house supervisor is aware.

Communication continues to improve between departments however I see there is room for improvement. Always remembering who needs to be at the table when meetings are held. And remembering that with all of our growth and expansion that both hospital and clinics are considered.

communication in general

Communication is something that can always be worked on. Some departments won't answer calls or do what you ask of them. Some patients will get dropped and you have to keep bothering that department in order to get things done.

Diagnostic imaging is hard to talk to as well as RT. I understand that they are buys and over worked but that does not give the right to speak to other in a rude matter. If they are unhappy with their current situation, then they need to speak with their managers.

Everyone should be held to the same standards, as to not create unneeded bitterness and resentment between departments.

Give your name when answering the phone. Pass information on the other staff.

I am not sure how to change it but the communication between PCC, OB, and OR staff/on call crew needs improvement

I believe relationships between departments needs to improve in order for communication to improve.

I believe that there are department/organizational silos that staff work within, and employees get so focused on their tasks and department that it causes a breakdown of collaboration and effective communication between other departments. Breaking down the silo mentality needs to come from a leadership/management position and find ways to effectively and efficiently bridge the gaps between the departments to allow for better collaboration and in turn better communication because we will be working as an interdepartmental and interdisciplinary team and not individually. This can improve not only communication but can positively impact patient care and patient satisfaction.

I believe there is tension between most depts regarding floating

I don't have an answer to this, I do know that I feel no of the nursing departments communicated effectively. A lot of it is the feeling that one department is treated better than another.

I feel like no matter what we never can give the input of things. Seems like you have to be the favorite or be in the view of a supervisor or admin to be heard here at work which totally sucks because admin or supervisor do not know what goes on on the floor where actual patient care is taken place at

I feel like the communication between departments could be better. Maybe a message board in case things are not passed along during report or if it is forgotten in the PCC report.

I feel that communication between departments could improve

I feel that we have come a long way from when I first started here. I think that maybe some type of formal training with employees on ways to effectively communicate would be a good idea.

I feel the new letters and emails from admin are helpful. If it is information we need to get from our current manager - we don't always get it. there is very little communication

I feel this is an area that could use improvement everywhere and I am not quite sure how this would be improved. I feel as though we forget we are on the "same team", forget to appreciate one another and value our team members from other departments for the skills and experience they have. We are all fighting on the same tea., not against one another.

I think each department needs to work as a team better. If there are issues between departments then all managers need to work together to solve the issues.

If changes are being considered in one department but it impacts another department. The impacted department should be informed of the change, so they can discuss the areas of impact. Then maybe a resolution could be found that both departments agree to.

If suggestions are made, sometimes it is acknowledged that it was received, but no feedback on what the outcome is. There seems to be a lot of "not yet" and "we are working on it" answers that never seem to get answered.

interdepartmental communication can ALWAYS be improved.

IT could afford to be in the loop more on changes inside of departments, such as people coming back after being gone for a long period of time, or other various changes. Usually not a problem, but it comes up occasionally.

It seems to that sometimes departments make changes\ Plans without consulting with other departments that might need to provide services, or hardware for the project. Not enough lead time on some of the projects.

Letting ACUTE CARE nurse aware of admits in a timely manner so we can rearrange our workload also to be available to welcome the new admit instead of being in the middle of taking care of our other patient.

many issues are not always transparent, and when things are reported and being looked into we never get any kind of progress or information on when issues were addressed or resolved.

more department meetings and not focused on one department issues included the other department as well

My opinion tends to be downplayed, even though i'm right, not according to my self but those who's opinion matters. Once they validate what i say then people listen. But i feel like i'm not listened to until then, thus causing a waste of my time and energy on my part.

Need better communication from surgery /pacu

no newsletters or bulletin boards that help staff that work outside of the hospital at offsite clinics. Little to no communication creates many barriers and consequences. For example, no information with updated information regarding insurances with the people who work frontline registration then having consequences for services being written off. Also, ideas are thrown out and are strictly made by non-clinical staff without feedback from those who will be affected by the changes. Implementing changes by those who are unaware of how it will impact patient care and providing quality or "personalized care" for our patients. This will cause employee turnover when employees feel unheard voice when expressing concerns and ideas to those in administration.

Process that are needed need to be clearer when we are talking with other dept and not just expected we know how thing are. Things change often everyone needs to be updated.

Putting in diet orders before serving out time, calling departments that need to be called on time or as soon as they possibly can.

Responding to email in a timely manner.

Social teambuilding between departments that dont typically interact.

Some information can be delayed through departments especially when adding tests.

team work, work together

the communication from administration is one sided the majority of the time, which brings down morale in a clinical setting. Sorry to say but I hear that one clinic is considered as the worse clinic, instead of bringing suggestions on how to make this better in a clinic setting instead issues are seen as pointing fingers at staff

the telephone directory is never updated with correct employees, they are missing or still on directory after being gone for extended period

There are many times when a single email is considered communication on important matters. It is really tough when you are someone who gets a couple hundred emails a day or you have a job (or team) who are not at a computer. Maybe instead of more communication we focus on how to make communication more accessible. For example, AC just started a new shift change safety huddle. It is a great time to communicate time sensitive information

to everyone on shift. Maybe there is a way to leverage our ASPIRE boards better as well. (A single source place where you know you can catch up with anything you missed over the last 7 days...).

There is no communication between departments and even within the clinics.

There is not always communications between dept.

We are still lacking in communication with certain departments when it comes to bringing patients for tests.

We need a list of who our go to is in each department. a lot of times we ask the same question because no one knows how to help

We recently got told that clinic hours are going to be stranded across all clinics and Everyone schedules we're going to change at certain time frame (stranded hours) which that did not happened. While others had to change there FTE hours!! While others continue to have there same schedules hours!

We seem to be stuck on "well it worked" or "it got paid" those are not reasons to say that the process or workflow is correct and compliant. If someone's idea goes against the employee that has been here the longest then the idea gets thrown out because that employee does not agree. Being stuck on "historically" and not willing to listen to other's knowledge and experience.

we've mention we are overworked, and nothing is being done about this. we come in on our days off, we stay late, etc. our pay DOES NOT REFLECT OUR PAY.

When emailing other departments it can take awhile to hear back from them. When emailing other departments it is regarding patient accounts and it is important. They need to respond in a timely manner.

When notifying floor that patient's will be up it is a lengthy process to get help with transferring patient's and finding the correct staff to report to. I feel my report is not appreciated but challenged

When someone points out something on an account and sends to the department manager.....rarely is there acknowledgement of ever receiving the email. The emails are ignored. .

What do you enjoy most about working at Prosser Memorial Health?(278)

I have Been working for PMH for a long time I have learn so much, this place is like home especially knowing we have so much to help our community.

1. Friendly atmosphere 2. helpfulness of staff 3. communication 4.How all departments are included in activities. And efforts are made to include night shifts 5. The willingness to do fun things/activities 6. staff is approachable and not grumpy

A supportive environment with open and honest communication. I feel like my managers care about me and my professional development and help to accommodate my work life balance needs.

Adequate staffing

Admin's vision and work efforts to pull the vision together, Support of the staff

All of my coworkers are amazing!!

All of the staff are very friendly and make it a very good learning experience

as of today, not much. I am upset at our pay rate, I am upset that I've been so overworked, i should want to come to work because this is what i love to do, but now i don't because there is so much work to do and NOT ENOUGH MEDICAL STAFF

Being able to help pt's even by just listening to how their day is going.

Caring for my community

Co-Workers

co-workers

co-workers and provider's and manger

Co-workers are awesome.

co-workers, my current supervisor

Communication

communication among coworkers and other departments

Comradery between staff. Our excellent Leadership & Administration teams.

Coworkers make it fun

Employee engagement events; most of my coworkers are great.

Everyone at PMH is so welcoming and treated like family. I have had some health issues in the past year and my coworkers in the lab have been so supportive and helpful in helping me with my recovery. I just love job and the people I work with. I could not have asked for a better place to work for or the people I work with. I enjoy coming to work on the days I come in and when I am not working, I wish I was. Thank you so much PMH for everything you do for me.

Everyone at Prosser Memorial Health is very team oriented and are all kind and courteous and respect the needs of its employees and patients.

Everyone is really nice.

Everyone works as a team

Everyone works as a team and helps each other out.

family orientated

Family-like environment

Feeling like I'm making a positive difference in the lives of our patients is the BEST part of my job

For the most part the relationship I have with the people who I have met throughout the years, I enjoy my clinic manager

For the most part we work well as a team and staffing has improved dramatically in the last few months, which has helped us give better care to our patients.

Friendly co-workers, good management and compensation

Friendly Environment among other staff feels very welcoming

Friendly Staff

good coworkers and teamwork

great staff and manager

Great work life balance, benefits and pay are my top likes.

Helping others

Helping people when they are having a bad day.

Hours of operation plus Bounous

How administration show appreciation for employees. Such as fun activities, bonuses, celebrations

how everyone treats everyone like family

How family oriented it is. How everyone cares about eachother.

How involved they are in the communities, how much they involve staff in anything that they do and the benefit package.

i am overall satisfied with co Wokers, patient care administration DR. ON STAFF. VERY SATISFIED.

I am very happy with the path we are on

I enjoy and love my workplace and team.

I enjoy being able to help the community and working with good coworkers.

i enjoy coming to work and helping patients with questions and concerns, time goes by so fast, our office is high very paced.

I enjoy coming to work and the team I'm on. Great place to work.

I enjoy helping others and interacting with patients

I enjoy how everyone knows each other and takes time to say hello in the hallway.

I enjoy knowing that we are growing and constantly trying to bring in new specialties to offer our community.

I enjoy my coworkers, my manager, and our patients.

I enjoy my job at PMH for multiples reasons, but most we are a small enough facility that we get to personalize the care that we give to our patients and feel PMH has a huge impact on our community as a whole.

I enjoy that the hospital shows it's employees that they are all truly appreciated

I enjoy that we all share the same vision.

I enjoy that we are all working toward a common goal and vision.

I enjoy the close knit family atmosphere and the support we receive from each other!

I enjoy the collaboration between the leadership team. We have a really good team right now and it evident. I also enjoy all the activities that we do during the year for all of our staff!! To watch them smile and have a good time, warms my heart!

I enjoy the environment w/my work rotation and interaction w/other depts.

I enjoy the flexibility of my job

I enjoy the friendly atmosphere and all the kind and fun personalities.

I enjoy the majority of my coworkers and the team-work they put forward.

I enjoy the opportunities to grow as a person as well as the community.

I enjoy the overall work environment! Everyone I have had communication with has been super nice.

I enjoy the people I work with

I enjoy the people I work with and enjoy what I do.

I enjoy the people I work with as well as the patients I take care of. I appreciate the doctors and how they show respect for staff and make this place a great place to work.

I enjoy the people I work with the most.

I enjoy the relationship the employees have with administration. I also enjoy that Administration goes out of it's way to make us feel special on holidays and encourages others to participate which promotes teamwork.

I enjoy the staff and being able to make a difference in peoples lives

I enjoy the staff I work with.

I enjoy the supportive team I work with and the great teamwork environment.

I enjoy the team that I work with.

I enjoy what i do and that it is so close to home

I enjoy working for an organization that cares for its employees and community.

I enjoy working for PMH, because the care our patient's received is great!

I enjoy working in a Hospital where the community says we make them feel welcomed and heard. I enjoy putting my skills to use and hearing good feedback from patients. I appreciate hearing back from the hospital about how good we are doing.

I enjoy working in a place that I think Genuinely (even with flaws and all) cares about our community and taking care of its medical needs

I enjoy working in such a fast-paced environment with such wonderful nurses on acute care

I enjoy working with my team.

I enjoy working with our department

I enjoy working with people who care about our facility. Our growth and the quality of care we can provide has made a substantial impact on the community. Seeing the positive reviews and recommendations on local community forums makes me proud to part of PMH.

I enjoy working with some of my fellow employee's, as well as helping patients when its needed.

I feel like we are seen and like we are important to the care given to the patients. I feel like administration considers our input and implements things when possible.

I feel seen and appreciated for the work I do. I love the people I work with and feel that I am in a supportive environment that encourages growth and learning.

I feel supported and heard by the clinic I work in, and each individual here is helpful and friendly. I am always getting feedback from patients of how friendly the staff are, and how relaxed they feel when waiting in the lobby. I am proud of the clinic I work in and everyone that works here loves to serve the people in our community. They are all very outstanding!

I feel that pmh takes good care of us.

I feel valued as an employee and love being recognized as an employee, almost on a monthly basis. I like being a part of an organization who appreciates and recognizes their employees, as well as asking for their input. I feel like our upper management really believe that happy employees equal quality patient care. I am excited to be a part of a growing and thriving organization that is moving forward. I refer all my friends and family here, and also anyone looking for a job!

I have been in two different departments in them I have worked with incredible co workers!

I have enjoyed the supportive and positive environment as well as the engaged leadership.

I have never felt so appreciated and heard. I love serving patient and am certain they are receiving quality care. I enjoy the team I work with; I feel valued and respected.

I like most of the staff is very respectful and honest and tries to help when possible. I like everyone enjoying their job even if its a stressful day they make it work.

I like the environment of caring that permeates all levels of staff and all departments. I feel like I am an important part of the organization.

I like the forward thinking and the support to do the same. There is a positive culture here where I feel every employee is valued.

I like the team work!

I look forward to coming to work every day. i enjoy doing what i do and that i live so nearby.

I love atmosphere around PHM. As a new employee, I was welcomed by everyone I met and was made to feel at home!

I love feeling appreciated when I come to work.

I love having the ability to do meaningful work with skilled, committed co-workers. I like that we can have open communication, disagree with one another, and that the ability to do so means we do better and accomplish more.

I love the benefits package I get working here and I also enjoy working with the staff.

I love the feeling of family and teamwork that comes with my job here at PMH!!! Its awesome to know that my coworkers have my back...always!

I love the people I work with -- the teamwork between co-workers is what keeps me coming back.

I love the work that I do and I love working with ALL the staff. Very friendly place to work

I love working for my local hospital; family oriented; patient care is a high priority;

I most enjoy working in a place that puts patients care first and giving the best

I really feel appreciated here.

I thoroughly enjoy my coworkers. I feel well supported by them even when I am not at work. I feel like PMH has a great reputation in the valley for providing great quality care and resources to our patients and community.

I truly appreciate my coworkers, my supervisor and pcc for working with me.

I work at the Specialty Clinic and it is such a "family" atmosphere here. All the providers and staff treat each other with such respect. The relationships we have with our patients is also one of the best things about working here. We get the routine patients and it's like they're family.

Individuals that I work with.

It gets very busy during clinic days and my co workers are always willing to jump in and help which helps in very stressful situations.

It is like working with your best friends. Everyone is friendly and helpful. I know people in almost every dept.

It's like my second home and family. I just love all the people here.

Live and work in the same community

Living in the same community and being able to help our own community.

Love that you can communicate directly with Admin staff, and they encourage us to have fun at work.

make are patience feel happy and welcome

Most people are so friendly and welcoming!

My boss Terra Palomarez

My co workers and manager

my co-workers

My co-workers

My co-workers

My co-workers

My co-workers and all the fun things they do for us

My co-workers and our providers

My co-workers and the PMH Medical Staff

My co-workers! I believe the majority of our staff truly believe in our mission, vision, and values and do their best to always deliver high quality and personalized care to every patient.

my co-workers, doctors are always helpful.

My co-works, They are like family.

My coworkers

My coworkers

my coworkers and immediate team I work with.

My coworkers and providers i work with.

MY COWORKERS AND THE CLIENTS

My coworkers and the variety

My coworkers are awesome to work with very caring.

my coworkers are family, and we get along great

My coworkers are like a family. All departments seem to want what's best for our patients. I work ACS I feel the staffing patient ratio has been much better in the last few months. ♥

My coworkers are very helpful.

My coworkers make sure everyone is staying afloat as best they can even in stressful times.

My coworkers, and prosperous hospital environment

my coworkers.

My environment

My favorite thing about PMH in my opinion is that we are able to voice our concerns to the manager and our prodders Molly,Dr. Sollers, Bailey And Dr. Weaver.

My patients

My schedule

My schedule and health insurance!

my work environment, makes me feel great.

n/a

n/a

Night shift availability. Job. I feel our job makes a difference to those in need.

No comment.

Of all the hospitals that I've worked with, PMH is the most that values there employees.

our benefits are amazing

Our community, the appreciation shown us by administration, my coworkers.

Our strategic plans seem to stay in line with our mission/vision/values which is fantastic. The family environment that is caring and respectful of each other. I do not ever want to see that leave. That is what makes us so unique right now compared to so many others.

Overall, it's a friendly place and fellow employees will smile and say "hello" when passing in the hall.

people are good to work with here

pmh cares about employees, incentives, pay

PMH does go things for the community. PMH is one big family.

PMH has been more than work for me they have been a family and I have been here 10 years and I love the atmosphere and the ability to grow and continue this journey with PMH. Thank you for all you do.

PMH is a big family, we all know eachother personally. administration shows that they see our hard work and compensates us for it.

Quality staff, quality equipment , friendly co workers (for the most part)

Right at this moment, not a whole lot. Inadequate training, unclear expectations and job roles, workloads increasing with little pay, PMH has strayed away from being patient focused and has become money focused, constant changes in administration that are being poorly communicated with directors to be able to communicate information with staff has created frustration among staff.

Sense of community. Willingness of employees to make patients feel valued.

since of family environment. the honor rounding and cards of appreciation from supervisors

Sma

small, well run company where employees are treated like family members and not disposable objects.

Staff is friendly. Benefits are excellent, good place to work.

taking care of the patients

Team

Team work

teamwork

Teamwork

That the company itself is very nice to work for and how they notice their employees

That we provide very good care to patients in the area that is where I was raised, have raised my own family, and continue to live here.

The activities all year round that makes us feel we belong to this family. Bonuses!

The appreciation from admin.

the area I work in and the people I work with.

The caring team I have

The closeness of staff and ability to work well together very sufficiently! Very high quality care and it's great to work with team members like that.

The commitment to ASPIRE for our patients. I enjoy being a part of an organization that has a positive reputation in the community.

The courteousness, friendship

the coworkers

The employee appreciation and the friendly staff

The employee appreciation and the positive environment

the employees

The environment does not feel toxic.

The environment here is great! Everyone is willing to help and take patient care very seriously.

the family connection

The family environment

The family environment.

The family feeling between staff and co-workers.

The family feeling.

The feeling of pride that comes from working with such a skilled and competent group of people.

The feeling that we are truly helping patients. We believe and live our mission and vision and we celebrate our employees

The flexibility and understanding of work/life balance. That is very important to me as I have small children and sometimes life just happens that is out of our control, but when my employer is understanding I feel I work better and more concentrated at my job.

The friendliness from all PMH employees with one another.

The friendly atmosphere and activities.

The friendly some people are here.

The good environment and my co-workers make working here a breeze. I love that the management/administration gives importance to the employees well being.

The great working environment.

The mom & pop atmosphere and teamwork that comes with it

The moral is high and I feel appreciated.

the opportunities that the organization offers

The opportunity to help the community in providing quality healthcare they deserve.

The organizational values are in alignment with mine and are exemplified from the administrative team and throughout every level of the organization.

The overall joy of working for a committed hospital to community

The patient centered focus most employees demonstrate.

the people

The People

the people

The people and good attitudes that help continue with a positive working environment.

The people and the healthy work environment created by all staff members.

The people are amazing! My co workers are extremely helpful, kind and compassionate. I love that PMH has big ambitions and strives to provide quality healthcare and new services to our community.

The people are the best to work with: kind, considerate, compassionate and respectful.

The people I work with and different depts I get to interact with

The people I work with and that our patient population is typically kind and appreciative.

The people I work with and the opportunities to do good work.

The people I work with makes it a lot nicer to come to work

The people I work with, my job, and my schedule. I enjoy helping the community and watching the procedures we do change a person's bad to a better day.

The people I work with.

The people I work with.

The people I work with.

The people I work with. PMH does an outstanding job in caring for their patients and employees!

The people that I have the pleasure of working with, the activities, and the focus on patient and staff satisfaction

The people that work at PMH

the people!

The people.

The people. Also administration/board seem to care about the employees.

The people. Everyone cares about our patients and each other.

The People. I really enjoy the Grandview clinic and the weekend crew at the hospital.

The positive work environment and amazing staff.

the pride every employee shows in their work

The Professionalism

The providers in our office in BCC are very welcoming, communicate well, are respectful.

The respect for employees.

The sense of community/family the employees have.

the sense that things are handled on a local level and our opinions matter

The small community aspect!

The small town feel of knowing everyone on a first name basis.

The staff and patients. Small town family feeling.

The staff here is like a family to me it is nice to work where one feels appreciated. The benefits package is nice also.

The staff I work with in my immediate department.

The staff!

The staff.

the staff.

The system in place, people I worked with and competitive salary and benefits.

The team approach is very nice. I have not had that at my previous employment, so this is a really nice change of pace

The team atmosphere is very strong right now in my department. The new hires over the last year, have been Great!

The team work among staff, nurses, and providers is amazing. The support from leadership is also great.

The teamwork and positive attitude of coworkers

The teamwork, dedication to each other & patients, and the overall quality of care delivered to our patients.

The thing I enjoy most about working for Prosser Memorial Health is the friendliness of staff. It is nice to come to work with cheerful coworkers.

The values and care for patient and employees

There are a few really great people that want to work COLLABORATIVELY in solving issues. Additionally, there are many people that have a tremendous amount of knowledge/experience but are underutilized.

They appreciate employees and show it in many ways

They care about making sure the employees on all shifts feel appreciated and apart of events whether through benefits and compensation or by administration staying to make night shift feel part of the team during staff food events/holidays.

They recognize their employees and treat them like family.

To me it's everything about Prosser Memorial Health

Very welcoming place, and getting good feedback on your work..

We are constantly striving for growth and to become the facility of choice in the region, I want to be a part of that.

We are like family, that's what I enjoy the most. From staff to patients

Welcoming feeling

what I enjoy most about working here at PMH is the recognition that they do for there employees for example like for the holidays they always give out treats, also when its like a certain department day to recognize they do little gifts. For holiday's they provide you with gift cards like Visa's just like a little gratitude for the work you do here. So they do take care of there employees in that aspect. I have worked with many different company's and I haven't seen none do that so far so that really makes you feel grateful to be able to work here with them.

What I enjoy most at prosser memorial health, is everyone is all about teamwork.

What I enjoy most is the small community friendly environment.

What I enjoy the most about working at PMH is that I work with so many amazing staff that is able to come as a team and be ready to provide the necessary care for anybody that is needing care in the Hospital. Another thing I absolutely enjoy the most is being able to provide the baby baths to the newborns at PMH.

What I enjoyed most about working for prosser memorial health is learning new skills everyday

What I like most is they consider your experience and pay well.

Working for a team that cares and provides for our community

working with a team

Working with employees.

Working with my co workers that have become my second family. I love how we all take care of each other. I love how much the admin staff interacts and shows appreciation of their employees.

What 1 or 2 things would most improve Prosser Memorial Health as a place to work? (249)

-we need a place to eat our lunch

1) The ability to work from home 1-2 days a week. 2) A new hospital!!!!

1) Offer short term disability especially for those of us needing to have surgeries and not of childbearing age

1. A better incentive for floating to different units. 2. Better pay for nursing staff. Many hospitals are providing big incentives and bonusus for speacialy departments.

1. Supervisors should never supervise their friends and/or family 2. Holding people accountable regarding completion of their work. The "too busy" excuse only works for so long.

1. Being more respectful towards one another. 2. That is it everything else is good for me.

1. Better pay for nurses 2. Supply chain able to order all of our supplies and be on top of backordered items so we don't run out.

1. competitive pay

1. Competitive salaries for positions that are hard to recruit and that PMH pays less than other organizations in the area. 2. Training and onboarding programs.

1. Give Radiology 10 or 12 hour shifts. Why are we the only department in hospital that is on 5x8's? 2. Don't make people feel guilty for calling out if they have available time.

1. Inconsistency in available food options. I enjoy the grab and go items like the protein packs and yogurt parfaits, but they are rarely available and seem to go fast when they are there. 2. A more systematic approach to employee onboarding and orientation.

1. Listen to your employees and act on it not just say you will and put it on the back burner. 2. Help in the managing staffing as they do not stick around. 3. Pay what we are deserved

1. More awards recognition for night shift staffing, such as aspire awards, etc. I'm not sure how we even get nominated or how we can nominate someone.

1. More food options for employees 2. More availability and flexibility to cross train to other units.

1. Not everyone is treated fairly, but as said from administration "haven't our mothers taught us not everything in life is fair" 2. some departments are understaffed for the heavy workload/ high volume patients

1. Reliable, trusted, quality imaging equipment 2. Improved connection speed for sending imaging studies (it takes 10 minutes to send one study to 2 server locations currently) 3. A printer that doesn't jam several times a day

1. Seek Joint Commission Accreditation. 2. Support staff for leaders to ensure successful regulatory readiness and process improvement.

1. SOME Clinic Directors need to stop making decisions in isolation, disregarding staff or patient impact. End result, they will lose providers and staff. 2. SAME OLD ISSUE: Managers/Directors need to include ALL members at the table when the decisions impact other departments/or staff. Decisions without appropriate parties at the table will ultimately fail. Any department/manager working in isolation with poor communication results in failure. We are running out of space, remote work for some disciplines/& managers needs to be considered. In addition to freeing up space, it saves on utilities at the hospital. EXAMPLE: The OSP department is BULGING at the seams, space is so tight, and there is little to no privacy for patients.

1. When new programs, processes or policies are going to be released. There needs to be a system to assure that all the affected employees and departments have been educated and trained on them. 2. Improved Manager follow up when an issue has been reported from an employee in another department.

1.) A nurse educator 2.) point of care testing in the ED (or a second CBC and CMP machines like Sunnyside has but POCT is way cheaper than those big machines) We can't leave a unit behind while beefing up every other dept, the LAB is CRITICAL and not a unit that can be left on the back burner

1. We need an Employee Health and Wellness Program. 2. Communication, Direction and Enthusiasm with Clinic Directors needs improvement

A better pumping room for moms who are breastfeeding. The HR benefits coordinator is not helpful and does not provide the correct information. She should be reeducated, or another individual should be provided the position. .

A bigger facility but that is in the works. My departments involvement in hospital functions, there needs to be more active involvement.

a decent break room and cafeteria.

A larger facility to accommodate our increasing patient numbers so we can better care for our community. 24 Hour cafeteria for patients and staff.

A newer and bigger hospital

Additional active EMT per diem employees would help so one person does not have a monopoly on the open shifts.

All the great services that are provided and now targeting Diabetes education awesome.

Annual Cost of living increases to help combat inflation. Get new HR staff that actually understands the laws, policies, and benefits and can explain them kindly, respectfully, and patiently to staff.

Appearance and quality of items.

As all prices continue to increase, Wage increases without having to fight for them would be very nice. As a business, the hospital must increase its charges to keep up with the increase in overhead costs. Our homes also have overhead. I'm not sure why that is treated like a non-issue. The 3% "cost of living " comes nowhere close to keeping up with demand.

Being able to use or request in person interpreters, especially with new Borns. so hard to hear the interpreter on the screen while baby is crying.

Better communication between departments as well as within departments

Better communication, and understanding between depts.

Better communications between all departments.

Better community education about ER wait times and managing expectations of ER visits.

Better on-boarding for new employees and wages that are comparable to other facilities around our area.

BETTER PAY

Better pay and safety for employees

BETTER PAY, MORE MA'S,

better service in the ER. I hear alot of negative comments from my friends and family about their own personal experiences with an ER visit. I encourage them to fill out the customer survey but I havent seen a change. I hear comments about nursing staff being rude, physicians being rude, short, or accusing.

Better union negotiations at contract time. Stop the intimidation and hardball tactics.

Better Work/Life Balance (work 4 10's or etc).

Bigger break room

Bonuses for picking up extra shifts and taking time away from our families when PMH is in need.

can't think of anything

Caring staff

Casual Fridays and look into ways to compare wages year to year to stay competitive with current staff wages.

cleaning out those with negative attitudes

Clinic communication, customer service training

Coffee shop open for night shift? At least until 9pm maybe?

Coming back to being patient focused, and providing compensation based on performance and NOT on years employed. Many people have a higher performance then those who have been here for years but get paid more than those who have high quality work, and performance.

Communcation with the clinics from the lab.

communication

communication and another Ultrasound tech and room

Communication between departments and managing space better as a hospital

communication between supervisor and employees...

Communication between supervisors.

Communication from Supervisors

Communication with department manager. Improve process recruiting new hires.

Communication with employees. Pay rate.

Communication within departments.

Compensation. Ability to work remote.

Compentency check annually

competative wages, and flexible schedules.

competitive pay to offset inflation; adequate staffing to provide employees with proper coverage in case of sickness or vacation time

Competitive wages. Cost of living increases. The ability to grow in within the Corporation. Holding people accountable.

Consistency

Consistent and clear communication from Administration. Communication has a tendency to change and is not consistent among Admin

Continue to hire qualified and caring workers. Good communication between departments. Keep up the caring and respect between departments.

continue to support clinical staffing needs for better pt. care.

Continue with responsible growth. Continue to educate the community.

Continued improvement in communication between departments.

continuing to grow and learn from one another

continuity of care processes between physicians (orders change greatly doctor to doctor when they turn over care at times) and a more clearly defined visitor policy for everyday visitors both for comfort of double roomed patients and clearly defined expectations staff can have for things like masking, behavior, age of visitors, etc.

customer service

Customer service across the organization. We have been so busy and had so many changes in workflows and leadership in some departments that the customer service has taken a hit.

definitely and desperately need more office work space.

Department communications

Dress code. i dislike wearing the same color every day.

encourage volunteer work

Ensuring that when staff activities are planned, that adequate time/staffing is provided for the staff (such as those with constantly full outpatient schedules) to participate, and enjoy, the activities without having to feel a time-crunch to get back to the next appointment, thereby negating the intended show of appreciation.

Everything is great!

friendly environment, more training

Get a bigger hospital, we are seriously out grown our hospital.

Get rid of the colored uniforms.

Give a better raise to the ones that deserve and have earned it.

Have an employee gym on site or offer employee discount or incentive for gym. Have more help with patient calls and incoming referrals.

Having a rule or policy put in for aggressive or difficult patients.

having enough staff in departments so they don't get burnt out.

Higher wage for surgical Techs

Higher wages.

hire quality people and having managers who manage their staff.

Hire within our facility - give opportunity to grow within the organization.

Hiring people with positive attitudes first and foremost.

Housekeeping, laundry and nutritional services need alot of improvements.

i am overall satisfied working for PMH

I can't think of any, I feel very content as is.

I cannot think of anything that needs improvement

I couldn't think of any as of the moment. :) Oh.. Just wishful that we get to use our PTO (vacation) for more than 15 days straight. hehe

I don't have any

I feel like supervisors are not recognized enough for big projects that they accomplish. Not just a "thank you" but acknowledging with the whole hospital. I also think that not giving the directors an inflation bonus was a slap in the face. The thinking was that we could handle the inflation financially more than the regular employees. The logic doesn't make sense. We are dealing with inflation as well AND I can guarantee some of our nurses make way more money than some of our directors. Maybe the C-suite shouldn't get the bonus because of their wages, but certainly the directors should. I have nurses in my unit that make the same and/more than I do. It felt a lot like a "we don't really care about you".

I feel like the one thing they need to really look into and consider is doing an increase pay that is how they will be able to keep their employees. Yes they fill the spots when there is an opening but they are not able to keep their employees because they start looking for a different job position somewhere else because all the other competitors have increased pay. The cost of living is going up so much that PMH used to be the highest paying job but now that's not the case. So I feel like this is a good company to work with just that the low wage in pay is the only thing that really sucks but other than that feel like it's a decent company to work with not a company we can work for long term with the same pay wage but def a company I can start at to gain experience at in the working field.

I feel like we need someone that is involved in direct patient care who can see the value in some of the aspire award nominations. We have had some incredible events that I feel have gone unnoticed.

I feel that some staff need motivation to go that extra mile on their job. For example, with my previous employer we were given an incentive or commission from the Net profits of every quarter. That pushed me to always go above and beyond to get every single claim paid by either the insurance or the patient because I knew that getting that paid meant that I would also get a percentage of those earnings. From the short amount of time that I have been here I can clearly see that some staff lack that motivation to go the extra mile but it's because they are not given a reason to go the extra mile.

I have concerns about non-clinic staff leading clinic areas. I think people who have actually worked in direct patient care can fully understand and grasp the unique needs of a clinic and be able to make more informed decisions, meeting patient's needs in the best way possible. I believe that decisions affecting patient care are best made by those who have experience with direct patient care. Sometimes making changes that save money can cost more in the long run, especially when it comes to quality patient care. If a new provider or new practice is starting, having staff for them when they start would be nice, so current staff don't get overwhelmed.

I have enjoyed everything about PMH since day one of becoming an employee. But I feel like the pay is still not enough .

I have not noticed anything since hire to report.

I honestly and personally don't have any issues at the moment but if I do come across something I will most definitely let administration know.

I think improving communication between departments would be a big help.

I think it is important for direct management in the clinics to have respect for others, speak respectfully, not being indifferent. Better overall communication and tone of delivery.

I think that a big improvement to our employees would be to bring back our food choices. I like to be able to give the providers what they want to eat and have it taste good in the process. The employee staff work really hard and sometimes really long hours so being able to give them the food that think like would be a big improvement.

I would improve NO favoritism and be fair to everyone. PMH employees are very RUDE when you don't have openings to schedule.

I would like to see consideration given to flexibility in work schedules for leaders. Being able to work from home and also 4 day work week option. For the most part the leaders here work very hard and are committed to the growth and expansion of our organization. Not to mention the effects of rising costs in fuel for transportation and trying to find places for everyone to work !

I would try to improve the people we recruit to work at PMH, try to recruit more people that are committed to serving our community for a longer time as it does take time to train, and get everyone started. I think our patients would be happy if we could keep providers longer, and staff would be glad if we could keep MA's longer for example. I would also suggest when we do the Holiday meals the clinics have to travel to the hospital but a lot of times there is nowhere to eat at the Hospital when its cold out. So maybe food can be delivered to us or a place could be organised for us to eat. If there is a location a lot of staff that are not from the Hospital have no idea where to go. So maybe that can be communicated a little better.

I wouldn't change much.

I wouldn't improve anything at prosser memorial health.

If administration actually took or comments to heart and didn't just give us lip service

improve the laundry service, we are constantly out of scrubs

Improving efficiency as we grow.

In our department in particular we could use more good help. Both full-time and per diem help. Hard to get days off when we do not have enough bodies to cover when needed. I feel like focusing on having the best patient care should trump all things..as long as we are caring for the patients the best we can everything is good!

Incentive shifts with incentive pay would be amazing. An increase in accrual of vacation hours.

Increase the pay for Medical Assistants. We have lost multiple candidates due to our pay being lower than YCFW, places in Tri-Cities, etc. While other people get pay increases ours has stayed the same for many years. We have also lost amazing people in our clinics due to the pay.

Increase wages to be competitive with other hospitals so we don't loose good staff.

Increased PTO

Increased PTO; combined vacation/sick leave banks.

Increased wages and staffing to include resource staffing for coverage when people are out sick, on vacation, etc.

Infection Control enforcement, Proper mask and PPE use in my opinion were not monitored or really enforce in multiple departments and nothing really changed or improved when PSNs were placed or management was informed

It would be helpful if the schedule was more solidified; I know this is affected by adequate staff.

Keep the employe appreciation ..

Kitchen services need improvement

Less gossiping about others or people feeling they have to blurt things out about what is happening instead of letting it be.

management communication

Me personally nothing best places to work for and at. I don't have any complains

Medical devices are not of greatest quality.

More choice of shift hours, -ten hour shifts, and more staff on weekends.

more communication in upcoming changes especially if it involves a certain department

More communication with workers, calling a specific department for any needs whenever they need anything and being respectful about it.

More flexibility with work schedule. Needs better orientation and education.

More incentives for picking up extra shifts. Updating the rooms/ equipment (this will come with the new hospital).

More IV pumps,

More IV pumps. When you have a Pt on multiple drips and needing blood, one pump is not enough.

more lockers for employees

More money to face these hard times. No double-standards. equality throughout.

More pay for MA so we would be competitive with other organizations and retain current MAs and hire the best MAs in the area. More manageable workload.

more space

More space

More staff, pay better. 8+ years' experience, pay rate slightly over \$20.

More thorough training for new hirers and or when training in a new department.

N/A

n/a

N/A

n/a

NA

NA

NEW BUILDING.

No comment.

None

None at the moment.

Not having Call

Not really a change, but the cme offerings have been add to the department. I can recall two this year. An IV start class and QBL. were very informative. I hope we get more in the future. Also the staffing in Surgical services department has been a lot better than years past. I hope we can continue this as well. We are definitely growing.

Not sure

nothing

nothing

Nothing

Nothing

Nothing every good energy

Nothing to improve. Prosser is such a great place to work. I would recommend Prosser Memorial Health to anyone.

Now they are many new specialty services available for the community.

Of course, a new facility which is in the works!

Once the new hospital is done. I think most of the problems will get better. Like the parking and larger working space. And updated spaces.

One thing that would most improve PMH as a work place would to revamp or revise our schedules to alternate weekends so we can have a better work to life balance.

Option to work from home on days where in-person meetings are not required.

Our facility really needs to be updated but at this point it sounds like a new hospital will be built soon.

Our patient numbers / volumes have exceeded our parking availability.

our pay and schedules

Our pay had been competitive, although with recent increases and premiums at surrounding facilities this may need to be revisited.

patients menus in spanish.

pay would be nice if night shift was honored more with the aspire awards or at least recognized

Pay around valley had increased from nurses but not at prosser hospital

Pay for employees who have been there a while compared to new hires

Pay increase, heat in the building, pharmacy mixing meds, computers working would be a great asset.

Pay rate, possibly working 4-10's

pay scales

Peds equipment, a treatment room for peds.

People meeting the standards of their job description and not to except others to do their jobs would be great

physical plant, purchasing system, food

Plant based non processed food options from the cafe.

professionalism by all leaders and management when it comes to hiring and dealing with employees.

Provide a waiting room for Surgery Patient Families

Providers/doctors should be provided forums/training or be made aware of how they communicate with staff and peers specially when patients are present.

Providing the infrastructure (support/resources) so staff can meet the standards/expectations of their job. Improving manager communication with staff.

Recognition of the growth impact on admin departments as well as clinical. Plan for growth in the admin areas to meet the clinical growth. Beef up IT resources to meet the demand. Invest in Prov's report writing programs to pull meaningful data out of the system for operating directional support.

regular wage increases and continuing with managing staffing (you are doing well, don't cut it back to save money)

Respect coworkers and team members from other departments instead of commenting that other employees/team members are better than others in front of a rapid response team and guests.

Retain good, quality providers who work hard and do their jobs well and stop enabling providers who don't. Turnover is exhausting.

revamp imaging department schedules!! we are the only department that does 5 8s.

Review cost of living expense and salary pay

salary increase.. :)

Scheduling of shifts. 4, 10s or 3 12s. providing a better work life balance, and added benefit of schedule flexibility of out patients and extended inpatient and ED coverage.

smile and make everyone feel welcome

Sometimes I miss out on some of the emails.

Space and continued equipment up grades

Staff could be eager to improve their practices

Staffing is hard, it is very hard to provider great care with not enough staff. I know the ones that have been here I am sure must be overwhelmed daily, not fun for sure! I am unsure of the changes currently going on, we have received some communication, but more would be better for sure! I am very concerned about providers leaving the clinics and I am concerned these are not the only ones leaving. I am highly concerned it may have to do with new management. It is hard to find providers and I know that quality providers may even be harder to find.

Staffing, we need more people in order to run successful clinics. Overworked and underpaid staff does not make for a happy workplace/environment. Having competitive wages and something to work towards makes individuals want to stay here. If we do not increase, we will continually lose people and it will be difficult to find new people to hire.

Supervisors that care when you express that the workload is unfair. I was expected to do my regular workload and split another area with one coworker for two months. When I expressed my concern about not getting my breaks, I was told that they would rather pay me overtime than me not take my breaks. The problem was not resolved and I was left feeling unheard.

temperature control in the ER- night shift very cold in winter

That Admin don't take employees for granted especially the employees that have been loyal to PMH for years.

That ALL departments are moved to the new hospital and left behind

that communication in the department that your are working in is better to be able to work together and help each other

The amount of gossip.

the cafeteria being open on the weekends to staff

The Cafeteria. I know the new manager is trying her hardest, but why can't we have the old menu back?

the lack of communication can improve and the fact that we are lowest paying organization in the valley and no sign on bonuses or cost of living increase which was taken away about 3 years ago, if we had that back that would help with the pay

The New Hospital

The new hospital :)

The New Hospital will fix many issues that I believe will make us better.

The new hospital will provide improved convenience for office workers when it is necessary to go to the hospital.

The organization actually following and implementing the ASPIRE values on all employees regardless of the knowledge or "asset" the employee seems to be to the organization. Every employee should be held responsible for their actions and how they treat everyone. The "Golden rule" PMH has revamped is not realistic - stop trying to change the way people are. We seem to be stuck on "well it worked" or "it got paid" those are not reasons to say that the process or workflow is correct and compliant. If someone's idea goes against the employee that has been here the longest then the idea gets thrown out because that employee does not agree. Being stuck on "historically" and not willing to listen to other's knowledge and experience.

The pay could be a little better for the amount of work experience in your field of practice.

The pay scale needs to be higher. Cost of living is very high at this point & we did not receive a raise to accommodate all of the employees.

The reassurance of knowing you will have a job for the near future

The travelers brought on need to be let go if they receive too many incident reports against them. There have been many safety concerns and if there has been any follow up regarding it, I don't feel as if it has been resolved. The uniform policy needs to go away. The patients enjoyed our varied scrubs and no

one I have talked to enjoys being told what color to wear. If you plan on keeping this policy, there needs to be a budget large enough for a person's entire rotation (6 sets). Many of us do not have time in the middle of our work rotation to wash clothes as we work 6 days in a row.

The uniform policy has removed our individuality. Only other employees even know what color is for which department. The food service changes are disappointing. The menus are limited and not appealing.

The uniform policy is dumb, you want each department to have their own colors, where is the pamphlet to let the patients and family know which department if what? More vacation/sick time to match hospitals around us!

The wage and later hours for the busy bean on the weekends

There are a lack of policies in place. There need to be policies in place for patient safety, for consistency in practice standards, to make sure they are maintained and upheld to the most current evidence-based practice standards. Regular education workshops to make sure the nurses and staff are all practicing safely. Skills and policies need to be updated and maintained regularly. They keep us all safe.

There are times when staffing levels seem to be a little low.

There has been heightened stress in nursing for the past few years and helping to reduce stress by staffing every department accordingly versus floating nurses back and forth would help. There is a push to be able to utilize nurses from other departments to help but often nurses don't feel adequately prepared for a different unit. It doesn't matter how many hours of orientation we receive; if it's not something we do or encounter regularly, it really creates more stress and job dissatisfaction. There also needs to be a continued effort to provide competitive wages and benefits to recruit and retain good employees.

Think processes all the way through and involve all those needed to be involved, so we don't have to clean things up after the process has begun.

To accrue more PTO per pay period.

Training and communication between departments.

Transparency. Treat all employees fair, not only the few that are chosen.

treating every one as equal in any department

treating everyone the same not have favorites

We need a bigger hospital.

We need more parking spaces.

When it comes to changing policies or procedures, have people involved that actually do the work. They can give more insight and recommendations.

When PMH has an employee who is no longer needed in a particular role, and does not have qualifications for another role(s) in our hospital or clinics, that employee should leave employment, not be moved from one department to another.

When voicing

Work here because you actually like what you do not just for the money.

Work on making it a more friendly environment

Work on managers being more accountable. Not all, there are just a few.

Working together as a team

working towards better streamlined processes

Employee Engagement Team

Purpose

The Employee Engagement Team is responsible to help Prosser Memorial Health (PMH) become the employer of choice in the area, where employees feel they are doing worthwhile work, making a difference, and finding purpose in their jobs. The Team will focus on implementing employee selection and orientation processes, employee forums, town hall meetings, employee engagement activities (e.g., holiday celebrations, Hospital Week activities, employee/department competitions, special events, etc.) and the employee survey action plans from the annual Employee Engagement Survey.

Functions

- Develop and implement a program where Human Resources (HR) performs a screening interview process of all applicants to determine their organizational fit with the PMH mission, vision and values.
- Identify ways to involve staff in the hiring process for new employees.
- Develop suggestions/proposals for a “Make Work Fun” initiative.
- Collect and use feedback from employee events to continually refine and design future events.
- Plan and implement employee engagement activities such as recognized holidays or special events in unique ways that celebrate staff throughout the year.

Report Frequency and Format

The Employee Engagement Team will document minutes of meetings and report summary level items to the Leadership Team or appropriate committees as determined or requested by Administration.

Frequency and Time

The Employee Engagement Team will meet on the 2nd Friday of each month from 10:00 AM to 11:00 AM unless determined the meeting is not needed by the Team Lead.

Procedure

Robert’s Rules of Order Revised (latest edition) shall govern procedures at the committee meetings.

Quorum

The presence in person of at least fifty percent (50%) of the committee members shall be necessary to constitute a quorum for committee transaction of business. In the absence of such a quorum, any meeting may be adjourned from time to time by a majority vote of present members.

Voting

Questions at the committee meeting at which a quorum is present shall be decided by majority vote of the team members. Team members shall not appoint a proxy or vote via proxy.

2021 Employee Engagement Team Members

Bryon Dirkes – Leader	Annie Tiemersma	Kristal Oswalt
Nora Newhouse	Stephanie Titus	Kaylee Swan
Kristi Mellema	Shannon Hitchcock	Terra Palomarez
Melanie McGregor	Oscar Vela	Claudia Blackburn
Angela Carey	Rosemary Mendoza	

2023 Prosser Memorial Health – Employee Engagement Event Plan

January

- 1/18 Years of Service recognition event
- 1/19 National Popcorn Day
- 1/24 Employee Engagement Debrief for employees: Multiple Sessions
- 1/30 Departmental Employee Engagement survey follow-up and planning begins

February

- 2/12 Superbowl Game Day
- 2/14 Superbowl Football (Grids) Game: Winners announced
- 2/14 St. Valentine's Day – Distribution of treats to staff by Administration

March

- 3/14 – 4/3 March Madness, PMH Style Basketball Brackets competition
- 4/9 March Madness winners announced, and final prizes awarded
- 3/17 St. Patrick's Day: Costume contest and Administration delivers treats to staff

April

- 4/13 Easter: Administration delivers treats to staff, with a visit by the Easter Bunny
- 4/28 Departmental Employee Engagement survey follow-up and planning concludes

May

- 5/5 Cinco de Mayo: Administration delivers treats to staff
- 5/8-12 Hospital Week: Multiple Events
 - 5/9 Blissful Bites

June

- 6/2 National Donut Day – Blissful Bites (Main Campus & Benton City Clinic)
- 6/28 Leadership Car Wash & Tailgate BBQ with A.C.'s BBQ

August

- 8/18 Summer Pool Party & Picnic – Prosser Aquatic Center/EJ Miller Park

October

- 10/23 Staff Forums for 2023 Strategic Plan Development begins
- 10/31 Blissful Bites, Halloween Costume contest & Chili Contest Judging

November

- 11/1-30 No Shave November Competition
- 11/10 Staff Forums for 2023 Strategic Plan Development concludes
- 11/10 Veterans Day Breakfast
- 11/6-17 2023 Employee and Medical Staff Engagement Survey Launch

December

- 12/9 Off Site Holiday Party and Festivities / Lunch & Dinner service for employees working this day
- 12/14 Employee Holiday Meal and contests - Ugly Sweater Contest / Holiday Cookie Contest /
- 12/25 Christmas Meal for employees working the Christmas (compliments of Nutrition Services)



PROSSER MEMORIAL HEALTH EMPLOYEE NEWSLETTER

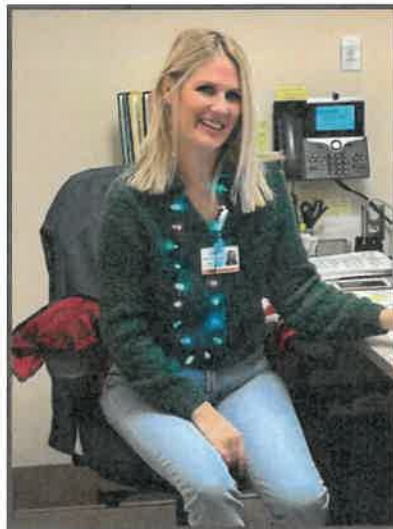
THE PULSE

News & Events

Holiday Festivities



NEWS & EVENTS



News & Events



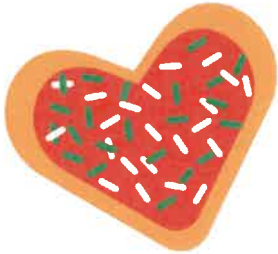
Holiday Festivities

This IS How We Care!

Thank you to everyone that supported those in need this season! With your help, Prosser Memorial Health provided bags of necessities & goodies to nearly 40 local teenagers from the Boys & Girls Club, over 15 families, and countless animals. The local animal shelter received nearly \$1,000 worth of supplies plus a \$1,000 cash donation. There is also a local teenager that will be supported not just for Christmas, but the remainder of the school year.



Cookie Contest Winners



1st Place: Carling Vaux, Molasses Ginger Cookies
Prize: Six (6) movie tickets

2nd Place: Ashley Gunderson, Hot Cocoa Cookies
Prize: Four (4) movie tickets

3rd Place: Savannah Capener, Decorated Christmas Sugar Cookies
Prize: Two (2) movie tickets

See HR for prizes.



News & Events

Box Decorating Winners

See HR for prizes.



1st Place: Supply Chain
Prize: Pizza Party



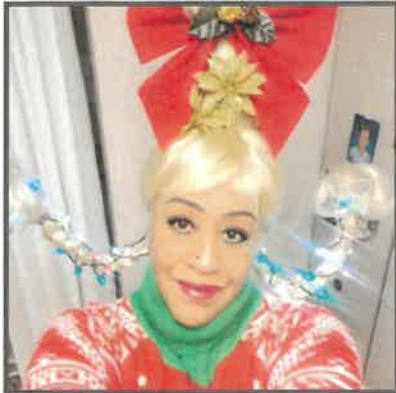
**2nd Place:
Pharmacy**
Prize: Pizza Party



**3rd Place:
Patient Financial Services**
Prize: Pizza Party

Ugly Sweater Winners

See HR for prizes.



1st Place:
Janie Gonzalez
Prize: \$100 Amazon Card

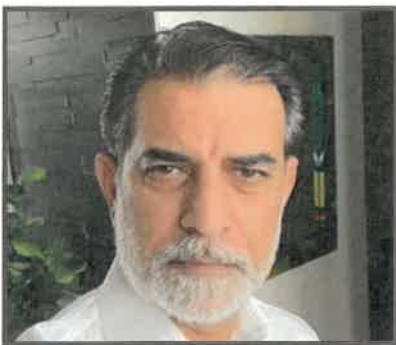


2nd Place:
Bonnie Bair
Prize: \$50 Amazon Card



3rd Place:
Ashley Gunderson
Prize: \$25 Amazon Card

No Shave November Winners



1st Place:
Dr. Syed Hashmi
Prize: \$100.00



2nd Place:
Ryan McDonald
Prize: \$50.00



3rd Place:
Brian Fischer
Prize: \$25.00

News & Events



Holiday Party

On December 10, 2022, PMH held its staff holiday party at the HAPO Center. Here are some of the highlights from the night.





All Clinics Retreat

On December 6, 2022, PMH held an All Clinics Retreat at Bethel Church. We hope to hold this retreat every December so the clinics can spend a day celebrating the year's successes, focus on the next year's goals, and to build teamwork.



Steve Broussard Retirement

Happy retirement Steve! Thank you for your outstanding service. On behalf of your entire PMH family, it has been an honor and a privilege to work with you. Have fun on your next adventure!

News & Events



Groundbreaking

Another groundbreaking was held at the hospital so those who couldn't attend the formal ceremony could still participate. If you took your picture here, please email to Annie Tiemersma at atiemersma@prosserhealth.org.

#ThisIsHowWeGrow



Christmas Baby

Congratulations to the Gutierrez Valles Family on the arrival of Baby Isabella born at Prosser Memorial Health's Family Birthplace on Christmas Day!



Year End Video

We look forward to 2023, because the future of healthcare is here, and this is how we grow! Go to ProsserHealth.org to watch now!



New Years Baby

Help us welcome New Years Baby Janelle! She was born at Prosser Memorial Health's Family Birthplace at 12:30am on January 1, 2023, weighing 8lbs. 10.2 ounces. Happy New Year!

Go Red for Women Luncheon

Save the date! The luncheon will be held Friday, February 3, 12pm at Desert Wind Winery. Tickets will be available for purchase at prosserhealth.foundation. Pre-order your shirts and wine glasses now!

Presale

- Women's V-Neck Short Sleeve Shirt (Sizes S-4XL): \$20
- Unisex Long Sleeve Shirt (Sizes S-2XL): \$20
- Men's Polo (Sizes XS - 6XL): \$25
- Stemless Wine Glass: \$12

To place an order, email Annie Tiemersma at atiemersma@prosserhealth.org. Payroll deduct available. Orders due January 15th.





HAVE FUN AS YOU AGE

Participating in activities you enjoy is a good way to maintain your well-being as you get older. You may lower your risk of developing health problems, including dementia, if you engage in social and productive activities and hobbies you enjoy.

If you're already involved in a number of enjoyable activities, great! If not, here are some suggestions to help you have more fun and remain healthy.

Get Active

Staying physically active is one of the best things you can do for your health. It can help improve your physical fitness, manage and prevent diseases, improve your mood, and increase your chances of living longer. No matter your limitations, you can benefit from doing some form of exercise. It's important to choose activities that you enjoy and match your ability level.

Think about the activities you enjoy, such as:

- Walking
- Gardening
- Golfing
- Taking an exercise class
- Swimming
- Biking
- Dancing

Getting out and being physically active is great for your overall well-being. If you can have a friend or spouse join you in these activities, even better. Socializing while participating in an activity can increase your enjoyment of the activity, help you stay motivated, and prevent you from feeling isolated.

R
E
A
C
H

Get Together with Friends and Family

Doing things with friends and family is fun and good for you. Seniors who are isolated may suffer from more health issues than seniors who have strong social connections. Interacting with others may reduce your stress level, feelings of depression, dependency, and risk of developing dementia. If you need help establishing more frequent social interactions, the following ideas may help.

- Joining a senior center
- Inviting a friend to lunch or dinner
- Babysitting your grandchildren
- Getting a part-time job
- Taking a continuing education class at your local high school
- Visiting relatives

Volunteer

Participating in a meaningful activity, such as volunteering, may help you feel healthier and happier. Once you retire, you may have the time to volunteer in your community. And volunteering can help you feel productive and valuable to others. Think about your skills and the activities you find enjoyable when looking for opportunities to volunteer. Places you may be able to volunteer include your:

- Hospital
- Church
- School
- Homeless shelter
- Library
- Animal shelter
- Red Cross
- Senior center

If you need help finding opportunities to volunteer, the following resources may be helpful:

- America's Natural and Cultural Resources Volunteer Portal (www.volunteer.gov)
- Corporation for National and Community Service (www.nationalservice.gov)
- VolunteerMatch (www.volunteermatch.org)

This content is for general informational and educational purposes only and should not be relied upon as the only source of information. It is not intended to represent advice or a recommendation of any kind, as it does not consider the specific investment objectives, financial situation and/or particular needs of any individual or client.

Neither USI nor its affiliates and/or employees/agents/registered representatives offer legal or tax advice. Prior to acting on this information, we recommend that you seek independent advice specific to your situation from a qualified legal/tax professional.

Anniversaries

Happy Anniversary!

Thank you for being an essential part of Prosser Memorial Health's success.

Happy 1 Year

- **Jill Dodson**
Medical/Surgical RN
- **Gabriela Torres**
Grandview Clinic CMA
- **Anna Marie Tacadao**
Lab Microbiologist
- **Amber Herrera**
Prosser Clinic
Patient Services Representative
- **Yadira Chavez**
Wound Care & Infusion Care Center
RN
- **Donna Haydon**
Laboratory QA QC Technologist
- **Wendy Eller**
EMS Paramedic
- **Annie Parker**
Chief Clinics Operations Officer

Happy 2 Years

- **Ann Brunner**
Surgical Services Technician
- **Dr. Richard Unger**
Prosser General Surgery Center
- **Brian Fischer**
Supply Chain Director

Happy 3 Years

- **Jesse Hale**
Laboratory Medical Technician
- **Cindi Pineda**
Dermatology CMA
- **Judy McCormick**
Diagnostic Imaging
Mammographer- R
- **Sheryl Ricard**
Wound Care & Infusion Care Center
RN

Happy 4 Years

- **Kristi Shoman**
Nursing Administration RN
- **Kimberly Crosby-Orosco**
EMS Paramedic
- **Samantha Moncivaiz**
Diagnostic Imaging
CT Technologist - R
- **Christopher Murphy**
Cardiopulmonary
Respiratory Therapist - R

Happy 5 Years

- **Molly Schutt**
Grandview Clinic & Prosser
Women's Health Center
Clinic Director
- **Stephen Kenny**
Board of Commissioner

Happy 6 Years

- **Rachel Boyle**
Laboratory Assistant II

Happy 7 Years

- **Teresa Charvet**
Prosser Clinic &
Women's Health Center PA-C
- **Monica Ramirez**
Family Birthplace RN

Happy 8 Years

- **Marla Davis**
Prosser Specialty Clinic, Wound
Care & Infusion Care Center, ENT/
Allergy Center Director
- **Menalyn Herrero**
Medical/Surgical RN

Happy 9 Years

- **Ingrid Mortensen**
EMS Advanced EMT
- **Jonathan Friend**
EMS Paramedic

Happy 10 Years

- **Maria Rubalcaba**
Patient Financial Services
Biller

Happy 11 Years

- **Keith Sattler**
Board of Commissioner

Happy 13 Years

- **Casey Hollenbeck**
Care Transition Department
RN Resource Nurse

Happy 14 Years

- **Mariann Vanguardia**
Laboratory Microbiologist
- **Eric Heinlein**
Surgical Services RN

Happy 21 Years

- **Maria Cardenas**
Scheduling Call Center
Outpatient Hospital Scheduler

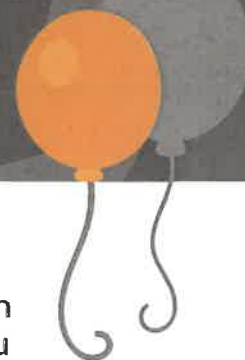
Happy 23 Years

- **William Wilson**
EMS EMT B2

Happy 27 Years

- **Suzanne Merk**
Emergency Department RN

Birthdays



Free 20oz Busy Bean Coffee on your birthday!

On your birthday, we just want to let you know that it is a great pleasure working with truly inspirational figures like yourselves. Thank you for all the incredible support you give towards Prosser Memorial Health. Happy Birthday to you all! #ThisIsHowWeCare

January 1

- **Lizbet Razo**
Prosser Women's Health Center
Patient Services Representative
- **Stephen Kenny**
Board of Commissioner

January 2

- **Michelle Morgan**
Medical/Surgical RN

January 3

- **Jennifer Cantu**
Medical/Surgical RN

January 4

- **Verna Yoes**
Cardiopulmonary
Respiratory Therapist
- **Kai Jones**
Emergency Department PA

January 5

- **Jason Raver**
EMS Advanced EMT

January 6

- **Maria Elena Gonzalez**
Medical/Surgical Technician
- **Meghan Luther**
Supply Chain
Inventory Control Specialist
- **Rosita Rivera**
Prosser Specialty Clinic CMA

January 7

- **Eileen Sheppard**
Surgical Services RN
- **Maryann Hildebrant**
Nursing Administration
RN Resource Nurse
- **Alysia Saenz Christensen**
Prosser Clinic
Patient Services Representative

January 8

- **Melissa Jensen**
Health Information Management
Technician I
- **Bernardo Trujillo-Perez**
Laboratory Medical Technologist

January 9

- **Susan Miklas**
Laboratory Director/
Infection Preventionist
- **Maria Padilla**
Pharmacy Technician II
- **Helen Blankenship**
Prosser Clinic LPN

January 10

- **Tabitha Breshears**
Family Birthplace OB Technician
- **Maria Amezquita**
Surgical Services
Pre-Op PACU Technician

January 11

- **Andrew Wickwire**
Cardiopulmonary
Respiratory Therapist - R

January 12

- **Jennifer Hare**
Emergency Department RN

January 13

- **Lynn Smith**
Medical Staff Coordinator

January 15

- **Hillary Baker**
Laboratory Assistant II
- **Cassandra Cazares**
Care Transition Department
Utilization Review Secretary

January 17

- **Kristie De La Rosa**
Care Transition Department
RN Resource Nurse

January 20

- **Sandi McCall**
Environmental Services Technician

January 22

- **Brianna Saenz**
Patient Registration
Patient Registrar
- **Demiah Moritzky**
Diagnostic Imaging
CT Technologist - R

January 24

- **Keith Sattler**
Board of Commissioner

January 25

- **Jessenia Garcia**
Patient Registration
Patient Registrar
- **Sheri Allen**
Emergency Department RN

January 26

- **Rocio Moran**
Emergency Department
Technician

January 28

- **Lorie Santoy**
Prosser Specialty Clinic
Surgery Scheduler Coordinator

January 30

- **Victoria Torrico**
Family Birthplace RN

ASPIRE Awards



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



Madison Benjert

Congratulations to Madison Benjert, RN in Family Birthplace, for receiving a Gold ASPIRE Award! Madison was recognized by a patient who is a little over halfway through her pregnancy and had a scare where she ended up in the Emergency Department. The patient said that she felt an instant connection with Madi, and she made her feel at ease, and she knew she could trust her. The patient wanted to thank Madi for everything she did to help her and her husband through a scary time. "She went above and beyond for someone who is on this new journey of pregnancy." On behalf of this patient and all of your patients and your team- thank you Madi!



Corina Montelongo

Congratulations to Corina Montelongo, CNA and Unit Secretary in our Acute Care Department, for receiving a Bronze ASPIRE Award! We had a patient who was not eating very much. When Corina asked him why he stated that the food being offered to him didn't sound good. Corina was able to work with the patient and find him something he did like to get his strength up and help him on the road to recovery! Corina always goes above and beyond to make sure our patients are well taken care of! Thank you, Corina, for the kindness and compassion you demonstrate for each of our patient!

ASPIRE AWARDS



Andy Vanguardia

Congratulations to Andy Vanguardia, in our Maintenance Department, for receiving a Bronze ASPIRE Award! Andy volunteered to help Community Relations with our first annual Turkey Trot on his day off and we are lucky he did! We couldn't get the generator working to power our Start/Finish Line arch, music, and race timer. After many tries with the generator we rented Andy "raced" back to the hospital and picked up the hospital's generator and saved the day! Andy stayed for the entire 5K helping to load our supplies so we could get out of the cold weather as quick as we could. This is just one of the many examples of Andy always going above and beyond for PMH, our staff, and patients. Andy takes great pride in his work and lending his time and talents wherever he can. Thank you for all you do Andy!



Ann Brunner

Congratulations to Ann Brunner, OR Technician, for receiving a Gold ASPIRE Award! During a difficult procedure, with an elderly patient, there were some added challenges getting an IV established. Ann was present with the patient the entire time holding her hand and talking to her about her family, hobbies, memories, and praying with the patient. Ann demonstrated the very example of care and concern for another human being when they need someone the most! We should all be lucky enough to have Ann by our side when we need someone to care for us during a very difficult time. On behalf of our patients, their families, and your PMH team, thank you Ann!

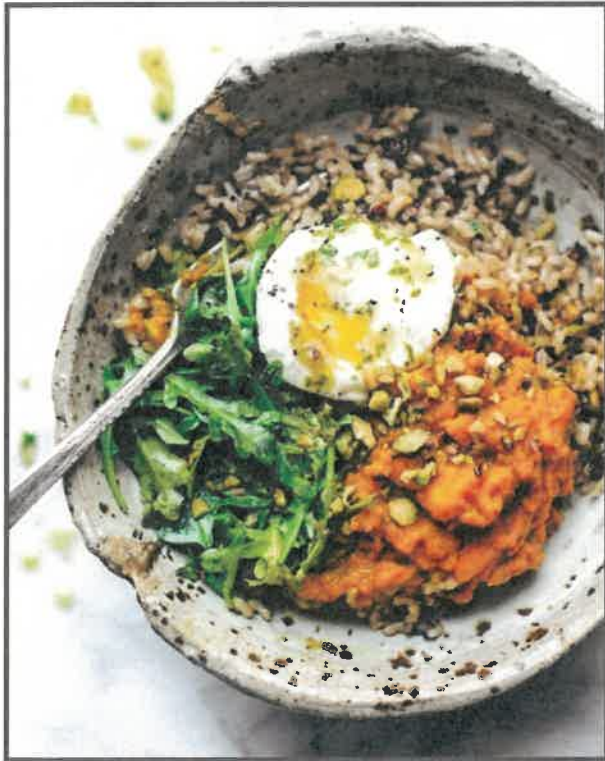


Nicky Garcia

Congratulations to Environmental Services Technician Nicky Garcia, who received a Bronze ASPIRE Award! Nicky was recognized by, not one, not two, but three co-workers for her great attitude, willingness to go above and beyond all the time, and for her famous smile. Nicky keeps the departments in the hospital sparkling clean and stocked with supplies. Nicky is efficient, thorough, kind, respectful and positive. Thank you, Nicky! We know how hard your job has been due to the high volumes in the hospital, but you would never know it with the big smile you share from one department to another. We couldn't do it without you, nor would we want to!

Health & Wellness

Healing Bowls



Turmeric Mashed Sweet Potatoes:

- 2 large sweet potatoes, cut into chunks
- a swish of olive oil
- 1–2 teaspoons turmeric
- 2 cloves garlic, minced
- 2 cups vegetable broth

Lemon Herb Dressing:

- ¼ cup lemon juice
- ⅓ cup olive oil
- 1 small clove garlic
- 2 teaspoons agave
- ¼ cup parsley leaves
- ¼ teaspoon salt (more to taste)

Healing Bowls:

- poached or scrambled eggs
- brown rice or quinoa
- arugula or spinach or greens
- pistachios or other nuts for topping

Instructions:

1. **TURMERIC MASHED SWEET POTATOES:** Heat the sweet potatoes with olive oil in a skillet over medium high heat. Add the turmeric and toss to coat. Add the garlic and vegetable broth. Simmer until the potatoes are soft and the liquid is almost all absorbed. Transfer to a small bowl and mash. Season with salt and pepper and/or a touch of cream if you want to be lush about it. Thaw and drain spinach thoroughly. You can use a strainer and a paper towel to absorb the liquid.
2. **DRESSING:** Pulse all ingredients in a blender or food processor. Season to taste.
3. **BOWLS:** Toss the greens with a little dressing. You can also stir a little dressing into the sweet potatoes – that’s yummy. Serve each bowl with the mashed sweet potatoes, brown rice, greens, and a scrambled or poached or fried egg. Top with more dressing and a handful of pistachios.

NOTES: This makes enough for 4 servings of mashed potatoes and dressing.

HEALTH & WELLNESS

January is the Month that everyone wants to experience a “New Year, New You” and start some sort of diet or exercise program. So, we thought we would share some fitness tips to keep you moving and getting results without hours spent at the gym.

If you are looking to lose weight and not just lose weight but burn fat, the absolute best exercise for that is anything that puts you in a “fat burning” heart rate. It ranges by age.

After your warmup, you should try to keep your heart rate between 65%-90% of your maximum heart rate (220-your age, so if you are 40 your max heart rate is 180).

But, how can you know if you are in the fat-burning zone? Try the ‘talk test.’ If you cannot talk during your exercise or immediately after, you are working at vigorous levels. If you can, however, maintain a conversation but are breathless, you are in your moderate level of heart rate and probably in your fat-burning zone.



Some examples of fat burning exercises could be, brisk walking, swimming, cycling, dancing, slow jogging, and tennis (doubles).

So, do not get overwhelmed on the task of a “New You”. Take one day at a time. Fill your daily menu with Nutrient Dense food, drink plenty of water, get 7-8hrs of sleep, and stress manage by moving your body.

Don't let 2023 happen to you. Be intentional and make this next year a memorable one.

Happy New Year!!



Prosser
Memorial Health

ProsserHealth.org



Prosser Memorial Health Engagement 2022 Dashboard Report

January 20, 2023

Report based on

Engagement 2022
Data from 08/18/2022 - 11/18/2022

Data level access applied

Pulse Survey does not include YES

Report filters applied

Employee Type : Medical Staff

Dashboard

Total Invited

59

Total Response

32

Overall Favorability



Total Questions

66

Total Comments

72

Suggested Areas of Action

Job Satisfaction

Prosser Memorial Health is effective in resolving staff concerns

Communication

My ideas and suggestions are given consideration

Administration

Administration actions show they care about employees and medical staff

Highest and Lowest Rated Items

High

- 100% I agree with the Mission, Vision, and Values of Prosser Memorial Health
- 94% I would recommend Prosser Memorial Health to my friends and family for care
- 94% Communication between medical staff and nurses is effective
- 93% Prosser Memorial Health information systems allow for timely and accurate reporting of information
- 91% Prosser Memorial Health emphasizes the importance of safety

Low

- 53% Prosser Memorial Health is effective in resolving staff concerns
- 61% My ideas and suggestions are given consideration
- 66% Administration actions show they care about employees and medical staff
- 67% The decision-making process at Prosser Memorial Health is fair
- 68% Prosser Memorial Health Administration and physicians are in agreement on organizational goals

Summary

View By Question	Category	N	Mean	%Favorable	Comparison to Company	Engagement 2021
Administration actions show they care about employees and medical staff	Administration	32	3.91	66	-17	▼-15
Administration communicates a clear vision and plan for Prosser Memorial Health's future	Administration	32	4.25	81	-4	▼-3
Administration effectively balances quality care and fiscal policy	Administration	32	4.00	75		▲5
Communication between departments is effective	Communication	31	3.84	71		▲7
Communication between medical staff and nurses is effective	Communication	32	4.28	94		0
Employees are adequately trained to help me be successful	Training & Career Development	32	3.94	75		▼-4
I agree with the Mission, Vision, and Values of Prosser Memorial Health	Culture & Climate	32	4.75	100	3	▲5
I am confident in the medical expertise of the specialists	Job Satisfaction	32	4.22	88		▼-2
I am encouraged to share ideas for improving service and quality	Service & Quality	32	4.06	81	-5	▼-1
I am satisfied with my current relationship with Prosser Memorial Health	Culture & Climate	32	4.16	75		▼-2
I am satisfied with the EPIC EMR/EHR	Training & Career Development	31	4.10	74	-2	▲7
I feel comfortable voicing my opinion and offering suggestions	Communication	32	4.00	72	-5	▼-10
I know the plans for improvement and my role	Service & Quality	31	4.16	77		▼-4
I receive adequate training to be successful at my job	Training & Career Development	30	4.47	90	5	▲4
I receive important company information in a timely manner	Communication	32	4.19	84	-3	▲3
I tell others that Prosser Memorial Health is a good place to practice	Culture & Climate	31	4.45	87		▼-8
I trust the information I receive from Prosser Memorial Health	Communication	32	4.34	91	-1	▲1
I would recommend Prosser Memorial Health to my friends and family for care	Culture & Climate	32	4.44	94	-2	▼-1
My ideas and suggestions are given consideration	Communication	31	3.68	61	-15	▼-17
My workload allows me to maintain a good work/life balance	Job Satisfaction	32	3.75	69	-8	▼-4
Other physicians treat me as an important element of the health team	Culture & Climate	32	4.25	84		▲2
Patient satisfaction is a top priority at Prosser Memorial Health	Service & Quality	32	4.41	84	-10	▼-8
Prosser Memorial Health Administration and physicians are in agreement on organizational goals	Administration	31	3.90	68		▼-2
Prosser Memorial Health emphasizes the importance of safety	Service & Quality	32	4.47	91		▼-1
Prosser Memorial Health information systems allow for timely and accurate reporting of information	Communication	30	4.33	93		▲4

View By Question	Category	N	Mean	%Favorable	Comparison to Company	Engagement 2021
Prosser Memorial Health is effective in resolving patient concerns	Job Satisfaction	30	4.23	87		▼-7
Prosser Memorial Health is effective in resolving staff concerns	Job Satisfaction	30	3.47	53		▲6
Prosser Memorial Health shows recognition for meeting goals	Culture & Climate	31	4.29	84	-4	▲2
Prosser Memorial Health's communication tools are useful (i.e. newsletters, bulletin boards, emails, company website)	Communication	32	4.34	88	-3	▲4
Safety standards are consistently enforced	Service & Quality	32	4.22	84	-4	▼-3
The EPIC EMR/EHR training helps me better understand the Epic software and my department's Epic workflow	Training & Career Development	28	4.04	75	-1	▼-1
The decision-making process at Prosser Memorial Health is fair	Administration	30	3.73	67		▲2
The hospital sees physicians as important resources	Culture & Climate	32	4.34	88		▲4
There is a high level of respect between medical staff and employees	Culture & Climate	32	4.16	81	1	▼-2
There is sufficient communication from Administration	Administration	32	3.69	69	-9	▲12

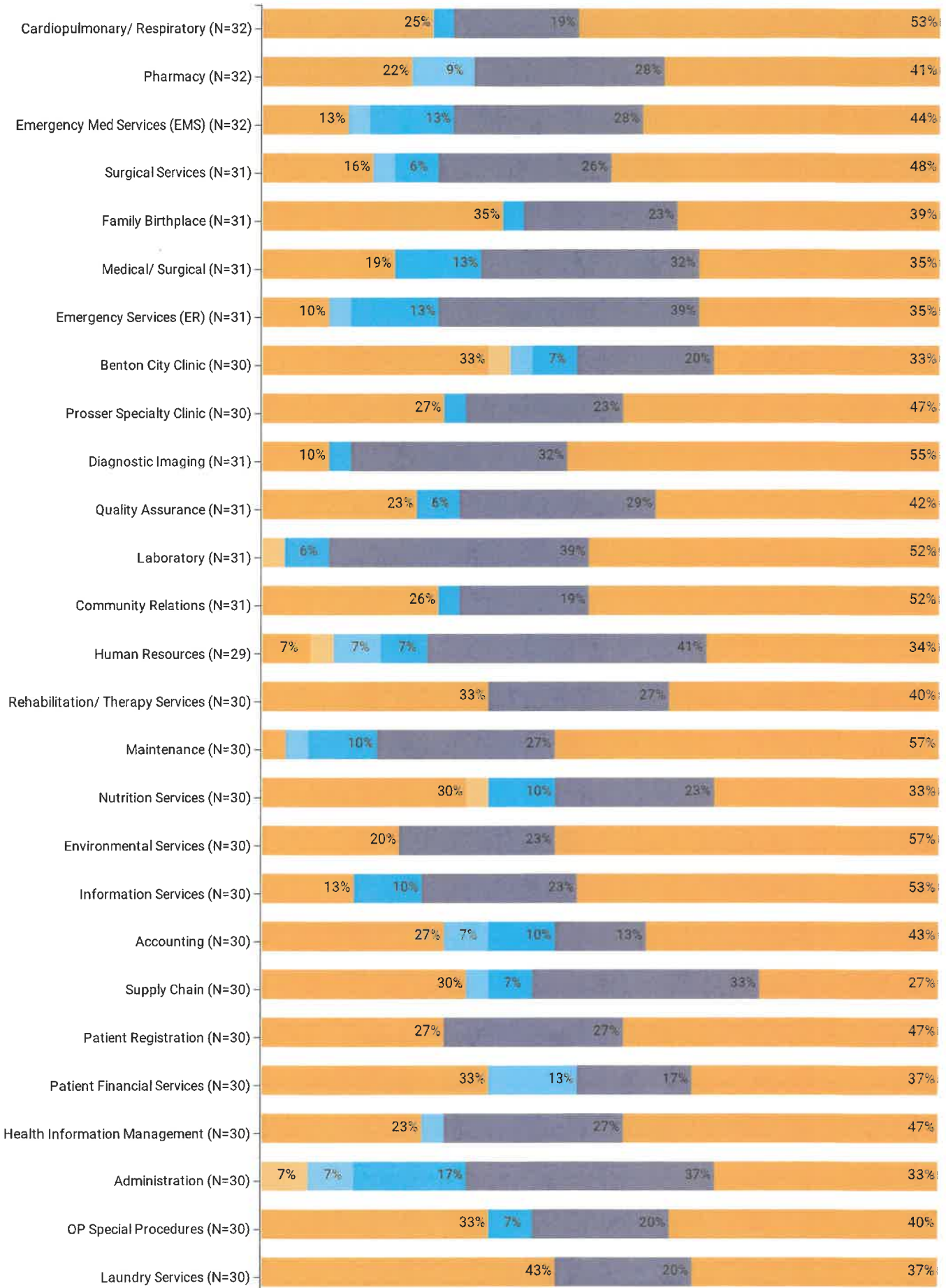
Hotspot (Tenure Groupings)

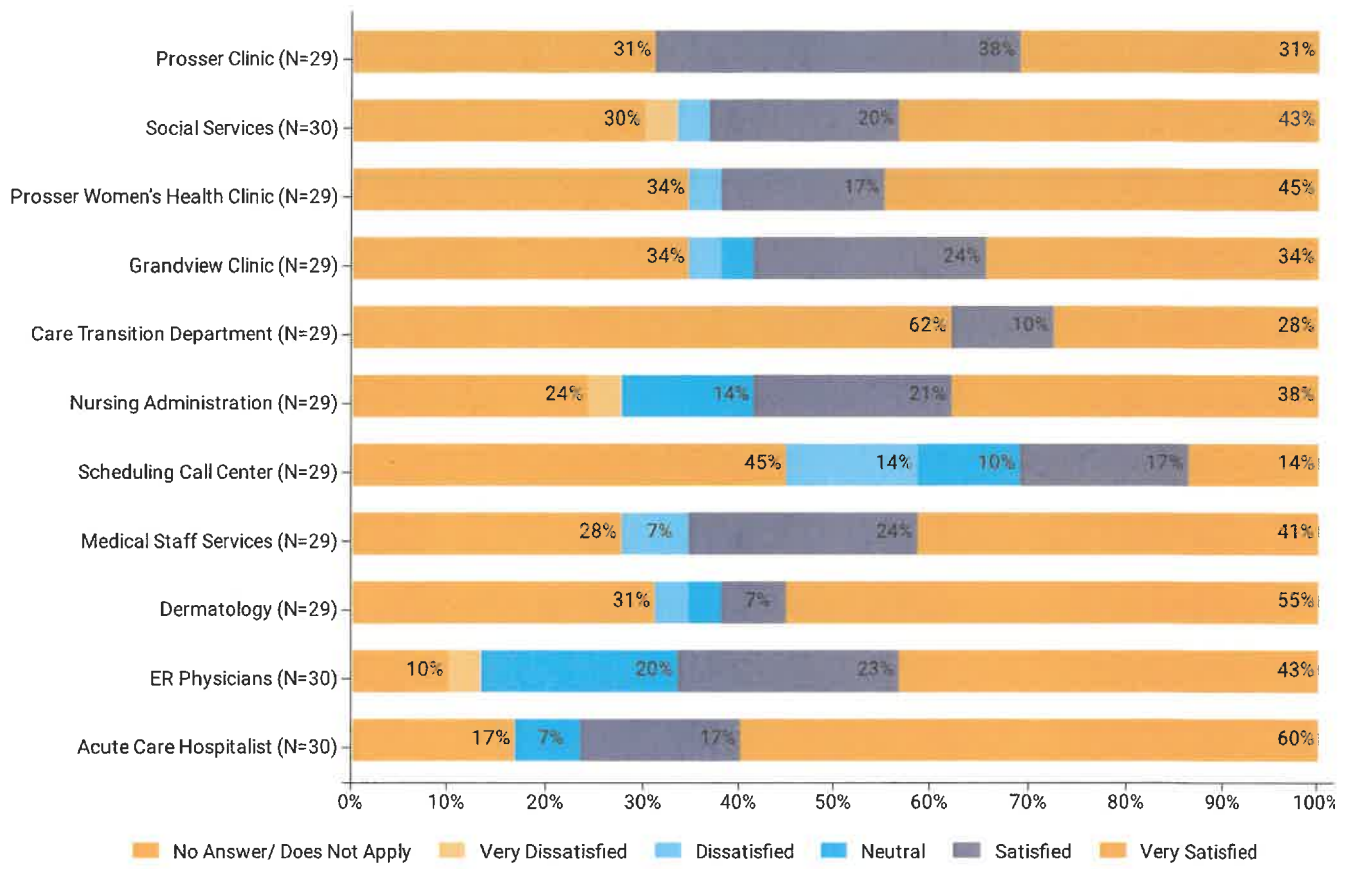
Category	Overall	5 years - less than 10 ye	3 years - less than 5 yea	6 months - less than 1 ye	1 year - less than 3 year
Respondents	25	3	8	4	7
Overall	79%	65	75	79	89
Administration	68%	39	60	71	88
Communication	80%	71	81	71	87
Culture & Climate	86%	78	78	94	95
Job Satisfaction	75%	33	69	94	86
Service & Quality	83%	80	80	75	91
Training & Career Development	77%	83	81	64	81

Minimum Median Maximum

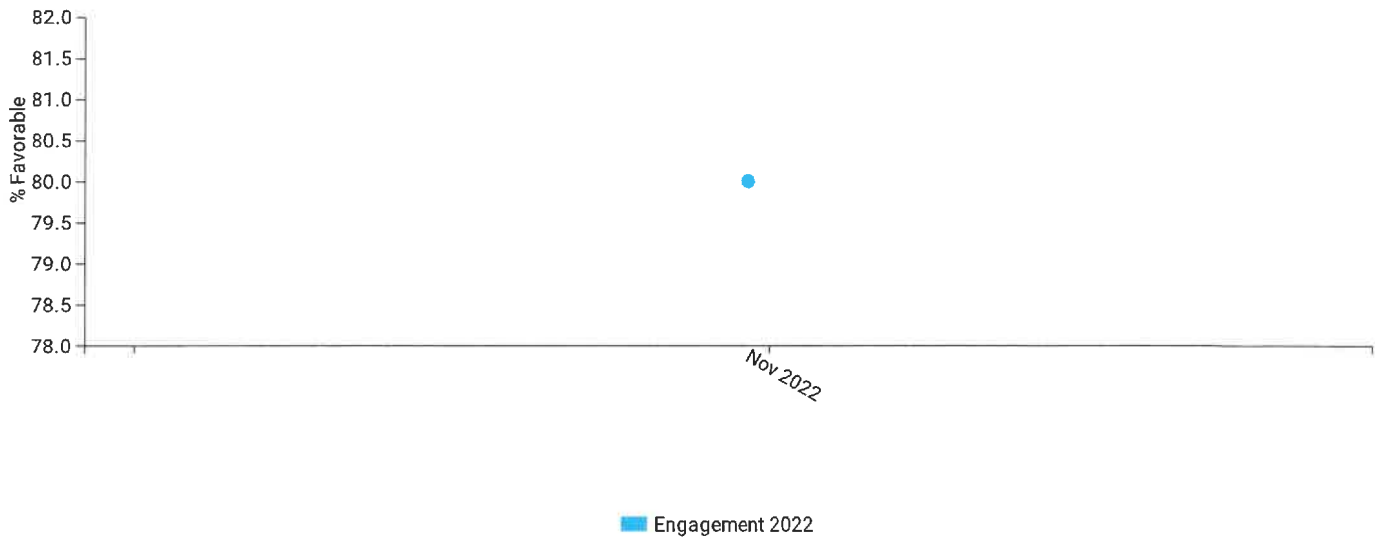
Matrix Questions

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





Trends Over Time





Prosser Memorial Health

Comment Report

January 20, 2023

?

↑

Report based on

Engagement 2022
Data from 08/18/2022 - 11/18/2022

Data level access applied

Pulse Survey does not include YES

Report filters applied

Employee Type : Medical Staff

If you answered less than five to the previous question, what needs to be addressed to improve the relationship?(11)

Adjust production pressure to reflect reality. Increase clarity regarding the organization's risk tolerance in caring for exceptionally ill patients with exceptional limitations to staff training and resources. Enhance PMH's search for accountability/responsibility in terms of punctuality and maintain consistency in such.

Better communication-decisions are made by management without discussing with staff-example being medicare wellness RN. Staff are unhappy due to unreasonable expectations like everyone wearing blue. We are constantly short staffed.

Better compensation, more functioning work stations in ER,

clear communication, following through with promises, being transparent, responding to requests

Contract change

I am not happy with schedule changes. Many of my patients have multiple medical problems, are on numerous medications and I am not able to adequately see them in 20 minutes and do a good job taking care of them. I rarely have time to do charting between patient visits now so I chart all through lunch and for 2-3 hours in the evening. I usually leave the office at 8:00-8:30 pm. This is not a good work-life balance for me and I will not be able to maintain it for very long.

I believe the focus is going more towards financial means and less pt focused.

I think it is better than other places I have worked at but there is still a feeling that NP's and nurses are not as important as doctors.

Needs to be collaboration rather than dictatorship

There are a few physicians who talk down on nurse practitioners and physician assistants. It is a harmful belief that physicians are more important than NPs/PAs and if it spreads and becomes more obvious, they will start to push them out. it might also be a good idea to change the wording of physician in this questioner to provider as not everyone taking this is a physician

There are so many good things about working at PMH that I would have a hard time listing them all. There are a few things that concern me and they primarily have to do with growing too much and too fast for the physical limitations of the hospital. For the most part I see this overstretching leading to a decrease in the quality we all take pride in and an overburdening of our physical resources and staff. But there are also situations where this overstretching leads to unsafe and almost unethical situations.

If you answered 3 or below to the previous item, please explain how communication between departments could be improved(7)

Continue to work on communication between OR and L&D. When it's good, it's great (majority of time), but there is still frequent poor communication between these departments.

I feel uncomfortable voicing concerns to some physicians in fear they will be deemed not important as I am not a MD or DO

more communication and more staff input, "picking what hill you are going to die on"-i.e. staff wearing blue uniforms

Start involving important medical personnel in decision-making that directly impacts medical practice.

There has been recent changes in department management so I'm hoping to see some improvement in that area.

There is lacking communication between clinics and departments. I work at Grandview Clinic and was not informed when the RN at the WC resigned. There are times when I would call her for help and was not aware that she was no longer available. Her knowledge was important and I feel like a valuable resource is missing now. There should be a binder with all of the knowledge that she had for those of us left to navigate without her to help. Changes in processes are made and I frequently do not find out until well after.

We have had poor leadership in the clinic and they cont to appear too busy to work with staff issues and concerns

What do you enjoy most about working at Prosser Memorial Health?(28)

Babies

Close relationship

Close working relationships with providers and support staff, open communication with specialty services

Comradery

Coworkers

EMR and people

Excellent colleagues and nursing staff with high priority in patient care.

Focus of organization on providing good care to patients

Good coworkers, sense of collegiality throughout hospital, Dr Hashmi

Good team

I enjoy my work schedule, time off, benefits, patients, colleagues.

I enjoy the patients and the staff at our clinic are great

I love being able to serve a small community and I do believe Prosser does great things for the local communities

It is a collegial, respectful environment with great staff

It's a wonderful place to work. Best place I have worked as a physician in 31 years.

Location. Good team and quality providers.

PMH has a ton of great people working for them in every department I've interacted with. In general people work hard and take pride in their jobs.

Prosser Memorial Health is an independent organization that prioritizes quality patient care and provides appropriate resources and support for staff to be successful.

Quality medical services. Family feel.

Seeing my patients

Staff and other physicians. I USED to enjoy having adequate time during appointments to meet my patients' needs , but that is gone now and I am not happy about it.

The administration that values and respects the autonomy and advice of physicians, work-life balance, local management that values the community.

The attitude of most people is good. I like the flow of caring for patients.

the commitment to providing competitive pay, a happy work environment, all while focusing on patient care and community needs

The people at PMH are amazing.

The techs

This is a great place to have as a career. I'm honored to be part of such a great organization

Work life balance, employee benefits, lots of employee engagement activities, small town feel/"family" of employees, company transparency, being treated as an important member of the team, appropriate independence with practice

What 1 or 2 things would most improve Prosser Memorial Health as a place to work? (26)

A practice manager with greater knowledge and effectiveness in my specialty would be of huge benefit for my practice and the hospital, would improve profitability and reduce my daily stress.

Better contract

Communication between departments and staff. I wish we had educational videos that the patients could watch in the waiting rooms while waiting to be seen.

Communication.

Consistency with medical assistants in clinics, ability to negotiate appropriate salary raises during contract negotiations

Dedicated programs for improving Work life balance

ER physicians are often rude when called, don't seem to want to accept patient, overall better communication between administration and other staff

Good communication between our managers. I fear we are heading in the same direction as our surrounding bigger health care facilities where money is the main focus and pt and provider care lessons.

Having a list of direct phone lines and cell phones for ALL providers. It is agony trying to call an urgent report to almost all of them.

I think the general surgery program needs upgrading in personnel

I think we still have room to improve in ED care (although I would say ours is better than average) and more consistent with good interdepartmental communication

include employees in the growth of PMH. Don't tell employees they will be involved and then shut them out, especially when they were involved in promoting the growth. Managers should appreciate staff that is working short staffed for so long. Prevent burnout: staff is burning out, they are saying it and we are seeing it.

Making patient care the # 1 priority.

making sure physician staff is not closed minded when it comes to NPs/PAs. over the last year it has become very obvious there is a group of them who does not feel we have a place at Prosser and should be treated as providers are.

More ER rooms, more inpatient and observation rooms, more consistently stocked physician lounge, functioning physician stations in ER with dragon, 10 hr ER physician shifts, new ED ultrasound machine

More MD primary physicians, fewer NPs. The massive knowledge deficiency of NPs pushes management of primary care issues onto specialists, creating a frustrating experience for specialists and patients.

MORE SPACE but that is coming with new hospital.

New Facility is very much needed and already in process.

Nurse training

Private office for hospitalists, easier to transfer patients to higher level of care

Providers having more input in decisions that affect them

See prior comments.

Strong, responsive, and supportive management. Increasing outpatient clinic sizes as appropriate to allow for growth of clinics.

That solutions to issues are created WITH and BY those directly affected, and not FOR those directly affected by administration leadership alone.

The hole in the wall used to be great. The new arrangement is not an improvement.

Understanding the physical limitations of our hospital and avoiding overstretching so that we can maintain good quality and quality of life for those working at PMH.

Craig Marks

From: Annie Parker
Sent: Thursday, January 12, 2023 3:01 PM
Subject: Dr. O'Connor and Pam Morris, ARNP are leaving PMH

Follow Up Flag: Follow up
Flag Status: Completed

Good afternoon.

It is with great sadness that I am writing to inform you that Dr. Carolyn O'Connor has left the Prosser Clinic and Pam Morris, ARNP, has given her notice. Dr. O'Connor's last day was December 14, 2022, and Pam's last day will be January 24, 2023. Both providers have been pivotal in growing the Prosser Clinic and providing excellent care to our community with passion and dedication! Both providers embody the spirit of **#ThisIsHowWeCare** with every patient encounter.

Dr. O'Connor is leaving family medicine to explore different opportunities in healthcare. Pam Morris is going to take some time off and enjoy her family. Pam will be staying on in a per diem role with us.

Please join me in thanking Dr. O'Connor and Pam Morris for all they have done for Prosser Memorial Health and the patients and families they have touched. They will be missed!

I apologize for the late notice to all staff and providers regarding this announcement. It was communicated to the clinic teams as soon as we received their resignations, however it was an oversight not to send a notice across the entire organization.

Sincerely,

Annie R Parker
Chief Clinics Operations Officer
PROSSER MEMORIAL HEALTH
723 MEMORIAL ST | PROSSER, WA 99350
o: (509) 786-1576 EXT 6067
aparker@prosserhealth.org | www.prosserhealth.org



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P.O. Box 160
905 Sheble Lane, Suite 102, Spring House, PA 19477
[215] 654-9110 | TheComplianceTeam.org

January 4, 2023

IMPORTANT NOTICE – PLEASE READ CAREFULLY

Rural Health Clinic Accreditation Program

Type of Survey: Re-Accreditation

Kristi Mellema

Prosser Public Hospital District of Benton County

Prosser Memorial Health Grandview Clinic

1003 Wallace Way

Grandview, WA 98930

CCN: 508588

Dear Kristi,

A Medicare re-accreditation survey was conducted at your facility by The Compliance Team, Inc. (TCT) on December 12, 2022, to determine if your facility was in compliance with the Medicare Conditions for Certification and the Exemplary Provider® RHC quality standards participating in the Medicare/Medicaid programs.

This survey found that your clinic was not in compliance with the Conditions for Certification in the Medicare Program and/or the Exemplary Provider® RHC quality standards at a Standard level. As instructed, you submitted a plan of correction (PoC) on December 30, 2022. This plan was reviewed and found acceptable December 30, 2022.

As a result of your submission of an acceptable PoC, TCT is awarding Prosser Public Hospital District of Benton County dba Prosser Memorial Health Grandview Clinic another three-year term of accreditation. The effective date of your accreditation is December 30, 2022. The accreditation expiration date is December 30, 2025.

The Compliance Team is recommending Prosser Public Hospital District of Benton County dba Prosser Memorial Health Grandview Clinic for continued Medicare deemed status. If you have any questions or concerns, you may contact management at (215) 654-9110.

To ensure continuous compliance with the Exemplary Provider® RHC Quality Standards and the Medicare Conditions for Certification, TCT will provide Prosser Public Hospital District of Benton County dba Prosser Memorial Health Grandview Clinic a mid-term self-assessment tool.

In the meantime, our entire team congratulates you on achieving your Exemplary Provider® status and wishes your organization continued success.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Simmerman". The signature is stylized with loops and a long horizontal stroke extending to the right.

Steve Simmerman

COO

The Compliance Team Inc

Attachment: Certificate

cc: CMS CO and CMS RO #10

Craig Marks

From: Rosemary Mendoza
Sent: Thursday, January 5, 2023 12:06 PM
To: !All Staff
Subject: Dr. Robert Wenger Resignation

Follow Up Flag: Follow up
Flag Status: Completed

Team,

It is with great sadness that I am writing to inform you that Emergency Department Physician and Emergency Department Medical Director Dr. Robert Wenger has given us his formal resignation. Dr. Wenger started at PMH five years ago to the date, and quickly became a pivotal leader in the ED and across the entire organization. We relied heavily on Dr. Wenger's expertise and advice to help navigate PMH through the COVID pandemic and to provide timely information to our community to educate them and keep them safe. As an Assistant Chief Medical Officer Dr. Wenger has brought his leadership and compassionate demeanor to help us grow and achieve the success we have.

Dr. Wenger and family are pursuing new adventures returning to his home state of Massachusetts to be closer to family. His last day will be in early spring. We will let you know when we have a farewell celebration planned.

Please join me in thanking Dr. Wenger for all that he has done for Prosser Memorial Health and the patients and families he has touched over his five years with us. He will be missed!

Sincerely,

Craig J. Marks

CEO

PROSSER MEMORIAL HEALTH

723 MEMORIAL ST | PROSSER, WA 99350

o: (509) 786 6695 | c: (269) 214-8185

cmarks@prosserhealth.org | www.prosserhealth.org

Rosemary P Mendoza

Executive Assistant

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Attachment T



Prosser
Memorial Health
Balance Sheet
December 31, 2022

	Assets				Liabilities & Fund Balance				
	12/31/2022	11/30/2022	12/31/2021	12/31/2021	12/31/2022	11/30/2022	12/31/2021	12/31/2021	
Cash & Temporary Investments	6,167,334	13,938,017	9,316,646	9,316,646	Current Portion of Bonds Payable	907,731	886,359	871,489	871,489
COVID Cash Holding	-	-	1,546,716	1,546,716	Current Portion of USDA	-	-	-	-
Gross Patient Accounts Receivable	40,530,516	42,090,356	31,324,657	31,324,657	Current Portion Capital Leases	255,104	254,546	248,495	248,495
Less Allowances for Uncollectible	(25,024,000)	(26,522,000)	(19,716,000)	(19,716,000)	Accounts Payable	2,241,224	2,645,862	1,797,177	1,797,177
Net Patient Receivables	15,506,516	15,568,356	11,608,657	11,608,657	Payroll & Related Liabilities	3,379,302	3,796,968	3,410,607	3,410,607
Taxes Receivable	39,636	40,946	23,641	23,641	Cost Report Payable	508,713	518,603	510,126	510,126
Receivable from 3rd Party Payor	-	248,250	241,933	241,933	Other Payables to 3rd Parties	1,346,364	1,346,364	969,467	969,467
Inventory	652,122	601,958	570,651	570,651	Deferred LEOFF Pension	483,233	483,233	483,233	483,233
Prepaid Expenses	1,265,798	1,315,420	1,152,815	1,152,815	Deferred Tax Revenue	-	76,197	-	-
Other Current Assets	15,331	27,643	4,746	4,746	Deferred EHR Medicare Revenue	-	-	-	-
Total Current Assets	23,646,737	31,740,590	24,465,805	24,465,805	Deferred COVID Revenue	-	-	1,546,716	1,546,716
LEOFF Net Pension Asset	1,106,851	1,106,851	1,106,851	1,106,851	Accrued Interest Payable	19,670	111,081	19,670	19,670
Whitehead Fund - LGIP	1,235,239	1,230,933	1,214,855	1,214,855	Other Current Liabilities	-	-	-	-
Funded Depreciation - Cash	960,471	9,209,672	1,003,653	1,003,653	Total Current Liabilities	9,141,341	10,119,213	9,856,980	9,856,980
Funded Depreciation - TVI	9,291,641	10,742,728	17,537,681	17,537,681	Non Current Liabilities				
Bond Obligation Cash Reserve	767,621	767,555	767,520	767,520	Bonds Payable net of CP	8,570,493	8,945,003	9,482,042	9,482,042
USDA Debt Reserve Fund	5,175,998	-	-	-	USDA Financing Payable net of CP	-	-	-	-
Construction Fund - Western Alliance	12,700,055	-	-	-	Capital Leases net of CP	350,723	372,238	605,826	605,826
Tax Exempt Lease Funds	-	-	-	-	Total Non Current Liabilities	8,921,216	9,317,241	10,087,868	10,087,868
Board Designated Assets	31,237,876	23,057,739	21,630,560	21,630,560	Total Liabilities	18,062,557	19,436,454	19,094,572	19,094,572
Land	478,396	478,396	478,396	478,396	Fund Balance				
Property Plant & Equipment	48,041,022	47,894,235	46,165,427	46,165,427	Current YR Unrestricted Fund Balance	12,019,015	10,525,319	16,487,111	16,487,111
Construction In Progress	6,211,075	6,106,471	4,226,277	4,226,277	Prior YR Unrestricted Fund Balance	49,065,095	49,065,095	32,577,984	32,577,984
Accumulated Depreciation	(33,208,424)	(32,992,082)	(30,725,767)	(30,725,767)	Restricted Fund Balance	-	-	-	-
Net Property Plant & Equipment	21,522,069	21,487,020	20,144,333	20,144,333	Total Fund Balance	61,084,110	59,590,414	49,065,095	49,065,095
Investment & Other Non Current Assets	994,545	996,079	1,023,805	1,023,805					
Land - Gap Road	1,745,440	1,745,440	1,745,440	1,745,440					
Net Investments & Other Non Current Assets	2,739,985	2,741,519	2,769,245	2,769,245					
Total Assets	\$ 79,146,667	\$ 79,026,868	\$ 69,009,943	\$ 69,009,943	Total Liabilities & Fund Balance	\$ 79,146,667	\$ 79,026,868	\$ 69,009,943	\$ 69,009,943



Prosser

Memorial Health

Statement of Operations December 31, 2022

Month Ending						Year to Date					
Actual	Budget	Variance	%	Prior Year	%	Actual	Budget	Variance	%	Prior Year	%
Gross Patient Services Revenue						Gross Patient Services Revenue					
\$ 4,640,973	\$ 3,890,040	\$ 750,933	19%	\$ 3,406,566	36%	\$ 45,664,634	\$ 46,310,005	\$ (645,371)	-1%	\$ 41,369,371	10%
19,884,201	14,519,117	5,365,084	37%	14,195,193	40%	209,759,013	172,846,632	36,912,381	21%	156,272,253	34%
24,525,174	18,409,157	6,116,017	33%	17,601,759	39%	255,423,647	219,156,637	36,267,010	17%	197,641,624	29%
Deductions from Revenue						Deductions from Revenue					
Contractual Allowances						Contractual Allowances					
5,363,484	3,781,513	(1,581,971)	-42%	3,200,913	68%	54,599,295	45,018,014	(9,581,281)	-21%	40,068,919	36%
5,481,000	4,043,943	(1,437,057)	-36%	3,909,940	40%	54,080,810	48,142,175	(5,938,635)	-12%	43,498,063	24%
4,119,440	2,302,310	(1,817,130)	-79%	2,549,312	62%	38,430,589	27,408,456	(11,022,133)	-40%	25,819,336	49%
421,974	360,200	(61,774)	-17%	398,392	6%	8,477,293	4,288,096	(4,189,197)	-98%	3,967,241	114%
15,385,898	10,487,966	(4,897,932)	-47%	10,058,557	53%	155,587,987	124,856,741	(30,731,246)	-25%	113,353,559	37%
337,833	306,090	(31,743)	-10%	599,602	-44%	4,347,939	3,643,925	(704,014)	-19%	3,361,653	29%
22,795	332,084	309,289	93%	(114,798)	-120%	1,459,272	3,953,382	2,494,110	63%	3,087,123	-53%
15,746,526	11,126,140	(4,620,386)	-42%	10,543,361	49%	161,395,198	132,454,048	(28,941,150)	-22%	119,802,335	35%
8,778,648	7,283,017	1,495,631	21%	7,058,398	24%	94,028,449	86,702,589	7,325,860	8%	77,839,289	21%
-	126,814	(126,814)	-100%	25,046	-100%	1,785,036	1,394,954	390,082	28%	10,222,943	-83%
18,123	52,980	(34,857)	-66%	28,650	-37%	250,345	462,574	(212,229)	-46%	424,536	-41%
8,796,771	7,462,811	1,333,960	18%	7,112,094	24%	96,063,830	88,560,117	7,503,713	8%	88,486,768	9%
Net Patient Services Revenue						Net Patient Services Revenue					
COVID Net Revenue						COVID Net Revenue					
Other Operating Revenue						Other Operating Revenue					
Net Revenue						Net Revenue					
Operating Expenses						Operating Expenses					
3,336,443	3,100,071	(236,372)	-8%	3,303,928	1%	37,450,106	36,905,609	(544,497)	-1%	33,330,878	12%
560,598	801,657	241,059	30%	68,030	724%	9,049,646	9,543,532	493,886	5%	7,491,314	21%
500,886	287,742	(213,144)	-74%	310,891	61%	4,310,091	3,425,505	(884,586)	-26%	3,444,907	25%
4,397,927	4,189,470	(208,457)	-5%	3,682,849	19%	50,809,843	49,874,646	(935,197)	-2%	44,267,099	15%
Sub-Total Labor Costs						Sub-Total Labor Costs					
484,073	348,831	(135,242)	-39%	399,338	21%	5,219,693	4,185,974	(1,033,719)	-25%	4,351,567	20%
17,626	78,309	60,683	77%	30,749	-43%	605,989	936,913	330,924	35%	737,773	-18%
1,331,388	1,216,922	(114,466)	-9%	1,080,455	23%	14,447,158	14,617,146	169,988	1%	12,121,116	19%
42,832	47,475	4,643	10%	33,590	28%	515,536	569,705	54,169	10%	498,907	3%
581,400	452,325	(129,075)	-29%	458,116	27%	4,915,693	5,427,905	512,212	9%	3,902,660	26%
143,787	161,302	17,515	11%	111,591	29%	2,137,254	1,935,627	(201,627)	-10%	2,087,854	2%
124,185	103,587	(20,598)	-20%	92,103	35%	1,256,143	1,243,052	(13,091)	-1%	1,050,516	20%
217,875	196,422	(21,453)	-11%	268,228	-19%	2,618,357	2,357,063	(261,294)	-11%	2,299,357	14%
124,370	141,720	17,350	12%	92,216	35%	1,305,255	1,699,356	394,101	23%	992,479	32%
3,067,536	2,746,893	(320,643)	-12%	2,566,386	20%	33,021,078	32,972,741	(48,337)	0%	28,042,229	18%
7,465,463	6,936,363	(529,100)	-8%	6,249,235	19%	83,830,921	82,847,387	(983,534)	-1%	72,309,328	16%
1,331,308	526,448	804,860	153%	862,859	54%	12,232,909	5,712,730	6,520,179	114%	16,177,440	-24%
Operating Income (Loss)						Operating Income (Loss)					
Non Operating Income						Non Operating Income					
80,307	76,314	3,993	5%	73,097	10%	941,175	915,762	25,413	3%	877,078	7%
87,682	2,935	84,747	2887%	(146,092)	-160%	(880,101)	35,214	(915,315)	-2599%	(184,571)	377%
(20,021)	(46,681)	26,660	-57%	(20,143)	-1%	(362,300)	(560,173)	197,873	-35%	(406,123)	-11%
14,420	347	14,073	4056%	6,000		87,332	4,167	83,165	1996%	23,287	275%
162,388	32,915	129,473	393%	(87,138)	-286%	(213,894)	394,970	(608,864)	-154%	309,671	-169%
\$ 1,493,696	\$ 559,363	\$ 934,333	167%	\$ 775,721	93%	\$ 12,019,015	\$ 6,107,700	\$ 5,911,315	97%	\$ 16,487,111	-27%
Net Income (Loss)						Net Income (Loss)					



Prosser
Memorial Health
Statement of Operations 13-month Trend

	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Gross Patient Services Revenue														
Inpatient	\$ 3,043,354	\$ 3,406,566	\$ 3,605,247	\$ 3,288,747	\$ 3,726,370	\$ 4,138,763	\$ 3,310,749	\$ 3,857,898	\$ 3,644,634	\$ 4,156,328	\$ 3,828,140	\$ 4,071,955	\$ 3,394,828	\$ 4,640,973
Outpatient	13,593,213	14,195,193	13,346,293	14,047,763	17,199,727	16,039,568	17,523,148	18,638,990	16,756,514	19,301,817	18,380,184	18,571,964	20,068,843	19,884,201
Total Gross Patient Services Revenue	16,636,567	17,601,759	16,951,540	17,336,510	20,926,097	20,178,331	20,833,897	22,496,888	20,401,148	23,458,145	22,208,324	22,643,919	23,463,671	24,525,174
Deductions from Revenue	39%	40%	38%	40%	38%	33%	38%	36%	35%	39%	40%	36%	35%	36%
Contractual Allowances														
Medicare	3,266,390	3,200,913	3,393,158	3,902,405	3,785,864	4,551,851	4,308,246	5,205,426	4,601,476	4,915,032	4,138,002	5,059,783	5,374,568	5,363,484
Medicaid	3,668,725	3,909,940	4,012,377	2,920,563	4,802,755	4,652,839	4,548,393	4,701,779	4,559,333	4,985,014	4,088,025	4,468,840	4,859,892	5,481,000
Negotiated Rates	2,412,022	2,549,312	2,379,307	2,584,862	2,978,601	2,714,651	2,834,178	3,257,683	2,888,068	3,416,698	3,394,502	3,863,693	3,998,907	4,119,440
Other Adjustments	368,145	398,392	199,926	624,993	626,880	1,328,948	654,495	818,520	652,908	598,097	1,110,368	877,059	563,124	421,974
Gross Contractual Allowances	9,715,282	10,058,557	9,984,768	10,032,823	12,194,100	13,248,289	12,345,312	13,983,408	12,701,785	13,914,841	12,730,897	14,269,375	14,796,491	15,385,898
Charity Care	296,306	599,602	341,961	354,814	452,226	343,536	438,650	521,022	351,581	287,801	358,727	281,005	278,784	337,833
Bad Debt	103,191	(114,798)	214,560	(24,155)	243,688	(92,400)	221,628	(133,838)	297,843	204,558	339,947	20,517	144,130	22,795
Total Deductions From Revenue	10,114,779	10,543,361	10,541,289	10,363,482	12,890,014	13,499,425	13,005,590	14,370,592	13,351,209	14,407,200	13,429,571	14,570,897	15,219,405	15,746,526
Net Patient Services Revenue	6,521,788	7,058,398	6,410,251	6,973,028	8,036,083	6,678,906	7,828,307	8,126,296	7,049,939	9,050,945	8,778,753	8,073,022	8,244,266	8,778,648
COVID Grant Revenue	1,496,853	25,046	455,985	107,900	50,843	712,772	52,506	249,375	107,208	38,580	-	-	-	-
Other Operating Revenue	19,922	28,650	118,972	(76,453)	23,220	50,187	23,821	15,152	27,206	15,458	9,756	19,941	14,803	18,123
Net Revenue	8,038,563	7,112,094	6,985,208	7,004,475	8,110,146	7,441,865	7,904,634	8,390,823	7,184,353	9,104,983	8,788,509	8,092,963	8,259,069	8,796,771
Operating Expenses	59%	52%	63%	52%	48%	63%	60%	51%	59%	45%	56%	55%	51%	50%
Salaries	2,734,884	3,303,928	2,972,517	2,772,043	2,865,229	2,980,200	3,595,919	3,007,956	3,130,198	3,030,073	3,603,843	3,188,743	3,128,147	3,336,443
Benefits	685,761	68,030	827,743	492,813	753,577	929,136	864,394	805,166	737,393	614,207	877,804	762,928	662,682	560,598
Purchased Labor	427,135	310,891	250,000	386,545	269,484	288,146	267,672	328,737	321,151	429,131	438,176	452,568	377,596	500,886
Sub-Total Labor Costs	3,847,780	3,682,849	4,050,260	3,651,401	3,888,290	4,197,482	4,727,985	4,141,859	4,188,742	4,073,411	4,919,823	4,404,239	4,168,425	4,397,927
Professional Fees - Physicians	333,691	399,338	407,364	333,806	386,705	382,778	391,045	482,125	424,354	533,096	496,634	492,531	405,214	484,073
Professional Fees - Other	82,246	30,749	41,222	61,379	103,229	64,244	(26,169)	54,282	41,765	58,784	63,768	75,491	50,368	17,626
Supplies	877,373	1,080,455	1,134,236	1,003,996	1,100,475	961,608	1,416,520	1,182,777	1,122,439	1,198,991	1,244,844	1,301,845	1,448,039	1,331,388
Purchased Services - Utilities	26,701	33,590	49,802	23,513	49,904	37,431	33,429	46,709	53,512	58,004	41,073	46,418	32,910	42,832
Purchased Services - Other	423,787	458,116	335,478	381,919	365,468	382,103	477,295	319,531	330,670	459,142	441,901	331,699	509,088	581,400
Rentals & Leases	180,858	111,591	181,248	191,423	236,771	216,425	119,924	159,032	149,762	210,436	171,163	177,974	179,309	143,787
Insurance License & Taxes	97,105	92,103	99,053	87,858	87,811	101,813	94,344	112,234	87,476	83,089	144,742	105,846	127,693	124,185
Depreciation & Amortization	204,290	268,228	212,599	211,565	215,248	220,087	207,039	222,140	223,071	223,551	223,632	223,677	217,873	217,875
Other Operating Expenses	152,045	92,216	158,066	105,914	110,506	100,267	78,539	133,508	79,775	120,741	78,687	98,663	116,844	124,370
Sub-Total Non-Labor Expenses	2,378,096	2,566,386	2,619,068	2,401,373	2,656,117	2,466,756	2,793,966	2,712,338	2,512,824	2,945,834	2,906,444	2,854,144	3,086,678	3,067,536
Total Operating Expenses	6,225,876	6,249,235	6,669,328	6,052,774	6,544,407	6,664,238	7,519,951	6,854,197	6,701,566	7,019,245	7,826,267	7,258,383	7,255,103	7,465,463
Operating Income (Loss)	1,812,687	862,859	315,880	951,701	1,565,739	777,627	384,683	1,536,626	482,787	2,085,738	962,242	834,580	1,003,966	1,331,308
Non Operating Income														
Tax Revenue	71,831	73,097	74,817	80,262	88,426	77,100	74,594	80,517	78,534	76,197	77,946	69,295	83,182	80,307
Investment Income	(24,802)	(146,092)	476	476	(571,938)	11,722	8,769	(186,482)	2,158	10,012	(268,189)	24,040	1,174	87,682
Interest Expense	(32,361)	(20,143)	(31,143)	(60,844)	(30,723)	(30,723)	(39,532)	(21,447)	(30,255)	(30,052)	(29,986)	(18,630)	(28,094)	(20,021)
Other Non Operating Income (Expense)	-	6,000	-	81,261	14,920	(2,497)	(20,347)	-	-	4,200	-	(4,625)	-	14,420
Total Non Operating Income	14,668	(87,138)	44,150	101,155	(490,164)	55,602	23,484	(127,412)	50,437	60,357	(220,229)	70,080	56,262	162,388
Net Income (Loss)	\$ 1,827,355	\$ 775,721	\$ 360,030	\$ 1,052,856	\$ 1,075,575	\$ 833,229	\$ 408,167	\$ 1,409,214	\$ 533,224	\$ 2,146,095	\$ 742,013	\$ 904,660	\$ 1,060,228	\$ 1,493,696
Total Margin	22.7%	11.0%	5.1%	14.8%	14.1%	11.1%	5.1%	17.1%	7.4%	23.4%	8.7%	11.1%	12.8%	16.7%
Margin (Non Operating Income)	22.5%	12.1%	4.5%	13.6%	19.3%	10.4%	4.9%	18.3%	6.7%	22.9%	10.9%	10.3%	12.2%	15.1%
Salaries as a % of Net Revenue	34.0%	46.5%	42.6%	39.6%	35.3%	40.0%	45.5%	35.8%	43.6%	33.3%	41.0%	39.4%	37.9%	37.9%
Labor as a % of Net Revenue	47.9%	51.8%	58.0%	52.1%	47.9%	56.4%	59.8%	49.4%	58.3%	44.7%	56.0%	54.4%	50.5%	50.0%
Operating Expense change from prior month	-4%	-4%	3%	-7%	1%	3%	16%	6%	10%	8%	21%	12%	12%	15%
Gross Revenue change from prior month	-12%	-7%	-10%	-8%	11%	7%	-10%	19%	21%	24%	18%	20%	24%	30%
Net Revenue change from prior month	-43%	-49%	-50%	-50%	-42%	-47%	-44%	-40%	9%	-35%	-37%	-42%	-41%	-37%



Prosser
Memorial Health
Statement of Cash Flows
December 31, 2022

CURRENT MONTH Actual	NET INCOME TO NET CASH BY OPERATIONS	YEAR TO DATE Actual
1,493,696	NET INCOME (LOSS)	12,019,015
217,875	Depreciation Expense	2,618,357
-	Amortization	-
-	Loss (Gain) on Sale of Assets	-
1,711,571	TOTAL	14,637,372
	WORKING CAPITAL	
323,170	Decrease (Increase) in Assets	(3,876,960)
(977,872)	Increase (Decrease) in Liabilities	(715,639)
1,056,869	NET CASH PROVIDED BY OPERATIONS	10,044,773
	CASH FLOWS FROM INVESTING ACTIVITIES	
(251,391)	Capital Purchasing	(3,860,393)
-	Proceeds on Capital Assets Sold	-
(396,024)	Investment Activity	(1,273,092)
(647,415)	NET CASH USED BY INVESTING ACTIVITIES	(5,133,485)
409,454	NET CHANGE IN CASH	4,911,288
	CASH BALANCE	
36,995,756	BEGINNING	32,493,922
37,405,210	ENDING	37,405,210
409,454	NET CASH FLOW	4,911,288



Prosser
Memorial Health
Direct Cash Flow Statement
December 31, 2022

	<u>December</u>	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>December</u>	<u>Year to Date</u>
	<u>2021</u>	<u>2022</u>	<u>2022</u>	<u>2022</u>	<u>2022</u>	<u>2022</u>	<u>2022</u>	<u>2022</u>	<u>2022</u>	<u>2022</u>	<u>2022</u>	<u>2022</u>	<u>2022</u>	<u>2022</u>
CASH FLOWS FROM OPERATING														
PAYMENTS RECEIVED														
Commercial	3,330,492	2,870,461	2,644,488	3,345,808	3,083,155	3,080,772	3,456,092	3,664,670	3,459,009	3,952,203	3,388,970	2,926,872	4,636,521	40,509,021
Medicaid	1,709,233	1,527,015	1,438,583	1,933,332	1,793,945	1,717,575	1,999,159	1,776,093	1,922,625	2,251,936	2,184,114	2,095,733	2,788,519	23,428,629
Medicare	1,813,966	1,682,223	1,406,927	1,706,618	1,682,098	1,847,438	2,223,897	1,689,671	2,244,129	2,489,423	1,890,580	2,193,475	2,262,862	23,319,341
VA	119,229	83,053	37,616	94,447	100,585	74,713	18,848	46,441	74,217	46,243	56,914	(1,510)	110,018	741,585
Worker's Comp	154,764	154,456	80,761	125,210	100,871	123,467	196,392	274,009	213,343	196,405	226,594	155,224	203,986	2,050,718
Self Pay	97,535	65,480	93,400	120,387	66,663	98,505	69,161	123,196	84,611	65,184	63,010	54,578	58,358	962,533
Other Non Patient Payments	112,073	266,052	212,934	467,464	425,160	996,244	538,087	218,554	253,270	55,276	297,476	353,683	108,764	4,192,964
Cash Received (Patients, Insurance, Other)	7,337,292	6,648,740	5,914,709	7,793,266	7,252,477	7,938,714	8,501,636	7,792,634	8,251,204	9,056,670	8,107,658	7,778,055	10,169,028	95,204,791
Patient Refunds	(30,265)	(37,922)	(9,381)	(52,430)	(26,079)	(30,262)	(15,402)	(15,948)	(12,661)	(52,077)	(15,728)	(67,027)	(85,933)	(420,850)
AP Expenses	(1,628,648)	(3,425,965)	(2,483,587)	(4,162,503)	(4,176,244)	(4,332,217)	(3,764,079)	(3,055,432)	(3,345,398)	(3,856,458)	(4,408,292)	(3,239,466)	(4,201,923)	(44,451,564)
Settlement LumpSum Payments	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Payroll Expenses	(4,109,423)	(2,878,211)	(2,861,203)	(2,826,391)	(3,848,358)	(2,937,045)	(3,013,974)	(4,355,448)	(2,911,511)	(3,896,145)	(3,605,304)	(3,063,019)	(4,751,166)	(40,947,775)
Loan/Interest Expense	(456,436)	(57,467)	(57,467)	(57,467)	(57,467)	(57,467)	(224,627)	(54,467)	(54,467)	(54,467)	(54,467)	(54,467)	(469,161)	(1,253,458)
NET CASH PROVIDED BY OPERATING	1,112,520	249,175	503,071	694,475	(855,671)	581,723	1,483,554	311,339	1,927,167	1,197,523	23,867	1,354,076	660,845	8,131,144
CASH FLOWS FROM INVESTING ACTIVITIES														
Capital Purchases	(386,876)	(641,743)	(216,418)	(134,128)	(249,106)	(371,445)	(658,291)	-	(390,385)	(75,524)	(80,562)	(150,863)	(251,391)	(3,219,856)
NET CASH USED BY INVESTING ACTIVITIES	(386,876)	(641,743)	(216,418)	(134,128)	(249,106)	(371,445)	(658,291)	-	(390,385)	(75,524)	(80,562)	(150,863)	(251,391)	(3,219,856)
NET CHANGE IN CASH	725,644	(392,568)	286,653	560,347	(1,104,777)	210,278	825,263	311,339	1,536,782	1,121,999	(56,695)	1,203,213	409,454	4,911,288
CASH BALANCE														
BEGINNING	31,768,278	32,493,922	32,101,354	32,388,007	32,948,354	31,843,577	32,053,855	32,879,118	33,190,457	34,727,239	35,849,238	35,792,543	36,995,756	32,493,922
ENDING	32,493,922	32,101,354	32,388,007	32,948,354	31,843,577	32,053,855	32,879,118	33,190,457	34,727,239	35,849,238	35,792,543	36,995,756	37,405,210	37,405,210
NET CASH FLOW	725,644	(392,568)	286,653	560,347	(1,104,777)	210,278	825,263	311,339	1,536,782	1,121,999	(56,695)	1,203,213	409,454	4,911,288



Prosser

Memorial Health

Key Operating Statistics December 31, 2022

Month Ending					Year to Date				Prior Year	Change
Actual	Budget	Variance	%		Actual	Budget	Variance	%		
Key Volumes										
353	256	97	38%	Inpatient Acute Days	3,476	3,017	459	15%	3,472	0%
109	153	(44)	-29%	Inpatient Swing Days	1,224	1,800	(576)	-32%	806	52%
462	409	53	13%	Total Inpatient Days	4,700	4,817	(117)	-2%	4,278	10%
110	153	(43)	-28%	Inpatient Admissions	1,309	1,800	(491)	-27%	1,397	-6%
134	153	(19)	-12%	Inpatient Discharges	1,329	1,800	(471)	-26%	1,398	-5%
8	12	(4)	-32%	Swing Bed Discharges	75	138	(63)	-46%	73	3%
2,441	1,936	505	26%	Adjusted Patient Days	26,289	22,796	3,493	15%	20,438	29%
14.90	13.20	1.71	13%	Average Daily Census	12.88	13.20	(0.32)	-2%	11.72	10%
708	723	(15)	-2%	Adjusted Discharges	7,434	8,518	(1,085)	-13%	6,679	11%
2.63	1.68	0.96	57%	Average Length of Stay - Hospital	2.62	1.68	0.94	56%	2.48	5%
13.63	13.04	0.58	4%	Average Length of Stay - Swing Bed	16.32	13.04	3.28	25%	11.04	48%
60%	53%	7%	13%	Acute Care Occupancy (25)	52%	53%	-1%	-2%	47%	10%
57	51	6	12%	Deliveries	590	600	(10)	-2%	583	1%
211	124	87	70%	OR Surgical Procedures	2,208	1,462	746	51%	2,148	3%
96	67	29	44%	GI Procedures	1,126	787	339	43%		
1,636	1,104	532	48%	Emergency Dept Visits	16,543	13,000	3,543	27%	13,258	25%
16,725	14,268	2,457	17%	Laboratory Tests	182,998	168,000	14,998	9%	171,918	6%
3,074	2,906	168	6%	Radiology Exams	35,977	34,216	1,761	5%	35,907	0%
1,181	1,378	(197)	-14%	PMH Specialty Clinic	17,199	16,226	973	6%	15,819	9%
757	885	(128)	-14%	PMH - Benton City Clinic Visits	9,557	10,416	(859)	-8%	8,778	9%
1,005	1,316	(311)	-24%	PMH - Prosser Clinic Visits	13,861	15,496	(1,635)	-11%	14,724	-6%
821	987	(166)	-17%	PMH - Grandview Clinic Visits	11,524	11,625	(101)	-1%	9,334	23%
596	692	(96)	-14%	PMH - Women's Health Clinic Visits	7,160	8,152	(992)	-12%	7,227	-1%
LABOR FULL-TIME EQUIVALENT										
342.58	345.07	2.49	1%	Employed Staff FTE's	324.26	345.07	20.81	6%	289.42	12%
34.38	34.75	0.37	1%	Employed Provider FTE	34.04	34.75	0.71	2%	30.97	10%
376.96	379.82	2.86	1%	All Employee FTE's	358.30	379.82	21.52	6%	320.39	12%
318.74	303.86	(14.88)	-5%	Productive FTE's	313.83	303.86	(9.97)	-3%	280.85	12%
10.61	18.65	8.04	43%	Outsourced Therapy FTE's	13.76	18.65	4.89	26%	14.90	-8%
19.37	11.65	(7.72)	-66%	Contracted Staff FTE's	19.06	11.65	(7.41)	-64%	7.22	164%
29.98	30.30	0.32		All Purchased Staff FTE's	32.82	30.30	(2.52)	-8%	22.12	48%
8.67	12.00	3.33	28%	Contracted Provider FTE's	8.11	12.00	3.89	32%	7.35	10%
415.61	422.12	6.51	2%	All Labor FTE's	399.23	422.12	22.89	5%	349.86	14%



Prosser
Memorial Health
Financial Operations
December 31, 2022

	YTD 2021	YTD 2022	YTD Budget 2022
Utilization			
Admissions	1,397	1,309	1,800
Adjusted Admissions	6,674	7,322	8,518
Average Daily Census	9.5	9.5	8.3
Adjusted Occupied Beds	45.4	53.3	39.1
Average Length of Stay (days)	2.5	2.7	1.7
Outpatient Revenue %	79.1%	82.1%	78.9%
Total Yield (net patient revenue)	80.3%	57.3%	80.5%
Hospital Case Mix Index	0.99	0.99	1.00
Average Charge Per Patient Day	9,670	9,716	9,614
Financial Performance (\$000)			
Net Patient Revenue	77,839	94,028	86,703
Total Operating Revenue	88,487	96,064	88,560
Total Operating Expense	72,309	83,831	82,847
Income (Loss) from Operations	16,177	12,233	5,713
Excess of Revenue Over Expenses	16,487	12,019	6,108
EBIDA (Operating Cash Flow)	18,477	14,851	8,070
Additions to Property, Plant, and Equipment	6,445	3,860	745
Balance Sheet (\$000)			
Unrestricted Cash and Investments	10,863	6,167	16,686
Accounts Receivable (gross)	31,325	40,531	26,541
Net Fixed Assets	20,144	21,522	31,774
Current and Long-Term Liabilities (excluding LT debt)	9,857	9,141	7,884
Long-Term Debt	9,482	8,570	8,928
Total Liabilities	19,339	17,711	16,812
Net Worth	49,065	61,084	55,460

	YTD 2021	YTD 2022	YTD Budget 2022
Key Ratios			
Operating Margin (%)	18.3%	12.7%	6.5%
Total Margin (%)	18.6%	12.5%	6.9%
Operating EBIDA Margin (Operating Cash Flow)	20.9%	15.5%	9.1%
Average Expense per Adjusted Patient Days	3,538	3,189	3,634
Average Net Revenue per Adjusted Patient Days	3,809	3,577	3,803
Net Accounts Receivable (days)	51.33	55.61	48.87
Current Ratio (x)	2.48	2.59	3.80
Cash on Hand (days)	161	168	109
Cushion Ratio (x)	80.01	103.24	43.67
Return on Equity (%)	33.03%	19.68%	11.01%
Capital Spending Ratio	5.62	3.79	0.61
Average Age of Plant (Years)	13.36	12.68	10.52
Debt Service	14.72	10.34	6.55
Debt-to-Capitalization (%)	19%	14%	12.78%
Patient Revenue Sources by Gross Revenue (%)			
Medicare	32.2%	31.2%	32.2%
Medicaid	30.8%	30.6%	30.8%
Commercial Insurance	29.3%	32.0%	29.3%
Self-pay and Other	4.4%	2.8%	4.4%
Labor Metrics			
Productive FTE's (incl contract labor)	310.32	354.76	346.16
Total FTE's (incl contract labor)	349.86	399.23	422.12
Labor Cost (incl benefits) per FTE - Annualized	126,528	127,270	118,153
Labor Cost (incl benefits) as a % of Net Operating Revenue	50.0%	52.9%	56.3%
Net Operating Revenue per FTE - Annualized	252,921	240,623	209,798
Operating Expense per FTE - Annualized	206,681	209,982	196,265

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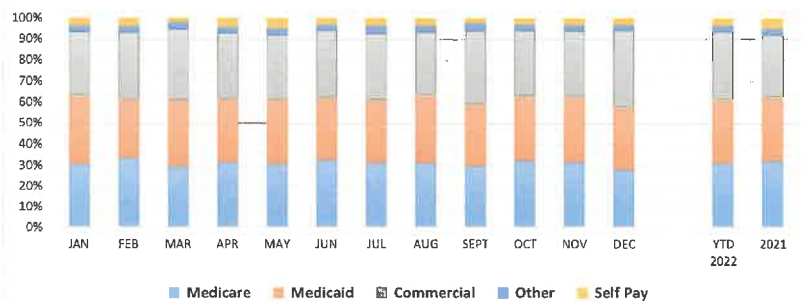
**Revenue by Financial Class
December 31, 2022**

Month	Medicare	Medicaid	Commercial	Other	Self Pay	Total
JAN	30.6%	33.1%	29.9%	3.4%	3.0%	100.0%
FEB	33.6%	28.3%	31.5%	3.4%	3.2%	100.0%
MAR	29.6%	31.8%	33.6%	3.5%	1.5%	100.0%
APR	31.5%	30.2%	31.5%	2.9%	3.9%	100.0%
MAY	30.9%	30.8%	30.5%	3.4%	4.5%	100.0%
JUN	32.8%	29.7%	31.8%	3.0%	2.6%	100.0%
JUL	31.6%	29.9%	31.5%	4.0%	3.0%	100.0%
AUG	31.4%	32.4%	29.7%	3.5%	3.0%	100.0%
SEPT	30.1%	29.4%	34.6%	4.2%	1.7%	100.0%
OCT	32.5%	30.7%	31.0%	3.3%	2.5%	100.0%
NOV	31.9%	31.2%	31.0%	3.2%	2.7%	100.0%
DEC	28.2%	29.9%	36.3%	3.0%	2.6%	100.0%
YTD 2022	31.2%	30.6%	32.0%	3.4%	2.8%	100.0%
2021	32.2%	30.8%	29.3%	3.3%	4.4%	100.0%

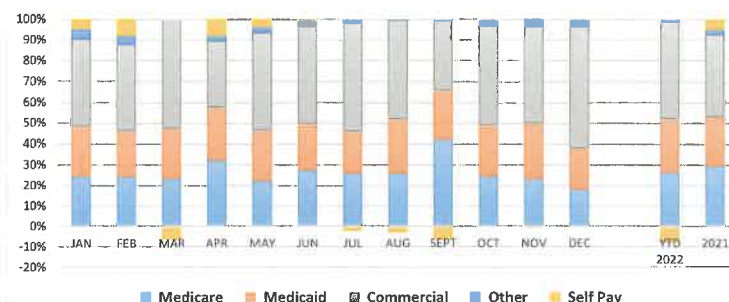
**Net Revenue by Financial Class
December 31, 2022**

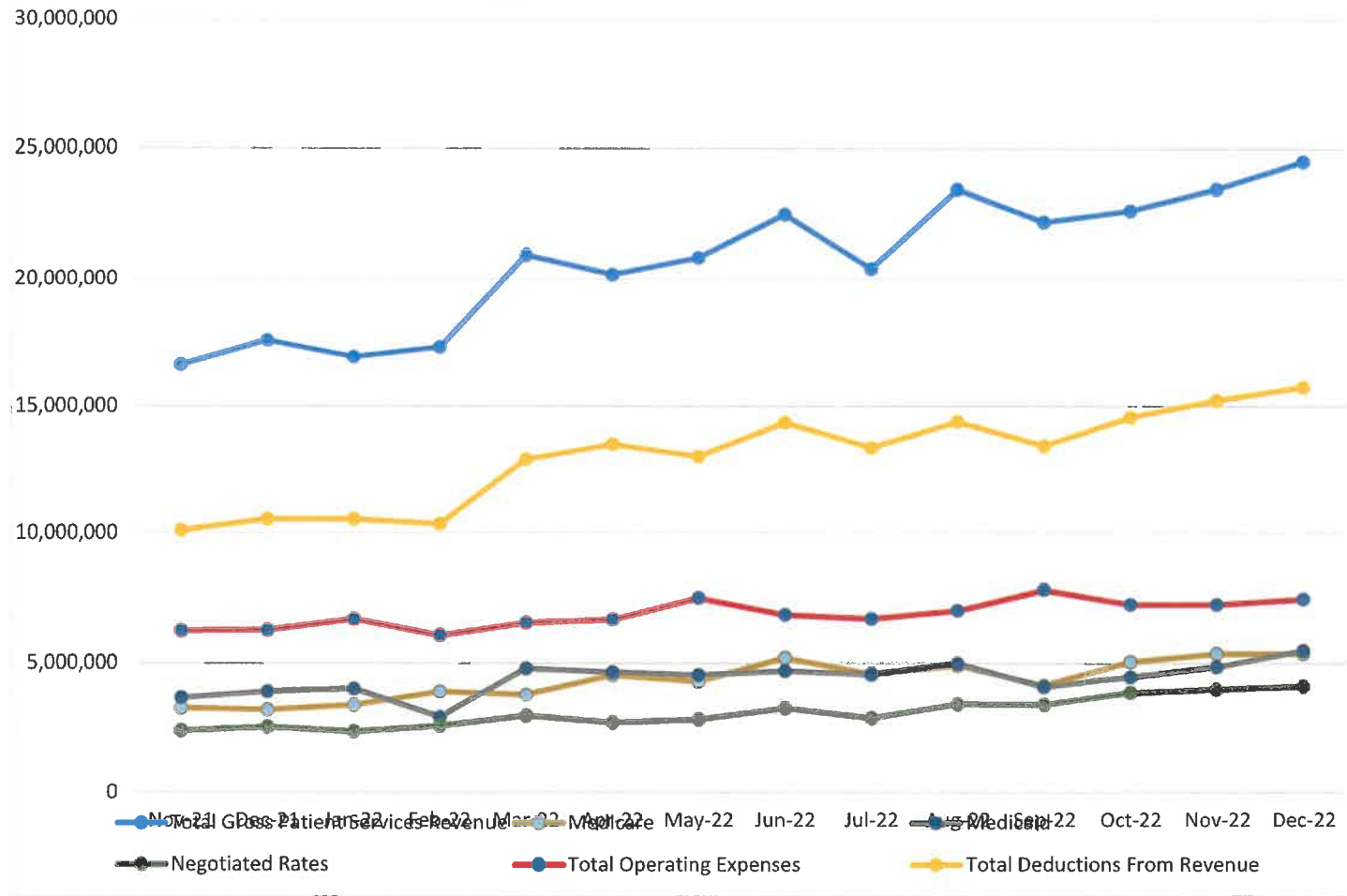
Month	Medicare	Medicaid	Commercial	Other	Self Pay	Total
JAN	24.9%	23.6%	42.0%	5.2%	4.3%	100.0%
FEB	24.7%	21.6%	41.5%	4.6%	7.6%	100.0%
MAR	23.6%	24.0%	54.5%	3.8%	-6.0%	100.0%
APR	32.6%	25.2%	31.8%	2.7%	7.7%	100.0%
MAY	22.7%	23.9%	47.1%	3.1%	3.3%	100.0%
JUN	27.6%	22.2%	46.8%	2.5%	0.8%	100.0%
JUL	26.3%	19.8%	52.1%	3.4%	-1.6%	100.0%
AUG	26.2%	25.9%	47.9%	2.4%	-2.4%	100.0%
SEPT	42.4%	23.7%	33.3%	6.1%	-5.6%	100.0%
OCT	25.0%	24.2%	47.6%	2.9%	0.3%	100.0%
NOV	23.7%	26.5%	46.6%	3.4%	-0.1%	100.0%
DEC	18.4%	19.6%	58.5%	3.2%	0.2%	100.0%
YTD 2022	26.7%	25.7%	46.6%	8.6%	-7.5%	100.0%
2021	29.8%	23.5%	39.5%	2.7%	4.5%	100.0%

2022 Gross Revenue by Financial Class

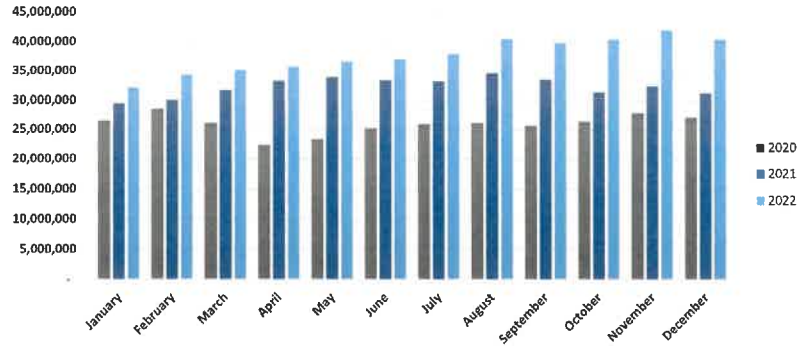


2022 Net Revenue by Financial Class

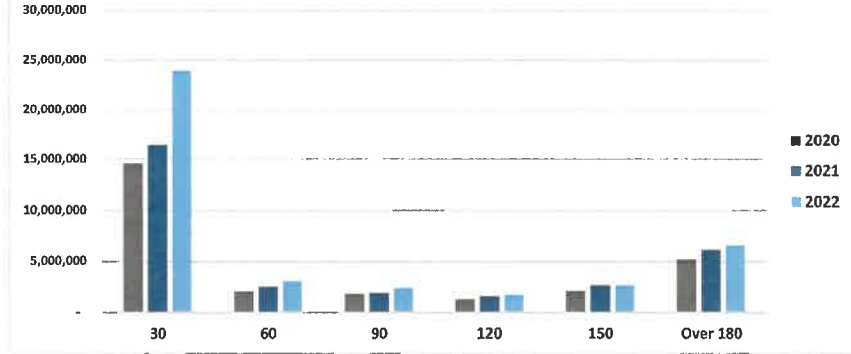




AR Balance Trend - 2020-2022



AR Age Comparative 2020-2022



AR Balance Trend

	2017	2018	2019	2020	2021	2022	% Change
January	13,660,199	16,931,510	19,428,531	26,540,403	29,542,976	32,260,939	9%
February	14,529,841	16,911,324	19,146,130	28,567,785	30,120,411	34,474,143	14%
March	15,115,376	14,989,166	19,513,147	26,130,696	31,816,016	35,287,961	11%
April	15,752,955	15,852,894	19,692,139	22,350,961	33,444,324	35,889,741	7%
May	15,131,907	16,812,980	19,455,887	23,319,876	34,107,637	36,813,211	8%
June	15,446,995	16,291,895	21,223,053	25,197,275	33,577,529	37,192,042	11%
July	15,918,959	15,979,415	20,206,074	25,943,825	33,378,224	38,080,535	14%
August	17,412,422	16,633,907	20,028,246	26,144,421	34,777,364	40,568,933	17%
September	17,547,651	17,129,789	23,681,156	25,640,562	33,643,597	39,883,272	19%
October	15,948,473	16,950,256	25,724,222	26,432,788	31,514,355	40,551,941	29%
November	16,292,336	17,374,013	25,655,024	27,862,474	32,541,479	42,090,356	29%
December	16,777,361	17,137,550	25,486,600	27,102,309	31,324,657	40,530,516	29%

AR Age Balance Comparative

	30	60	90	120	150	Over 180
2016	6,149,002	1,825,630	1,031,035	728,005	1,044,131	3,066,846
2017	7,498,852	2,294,256	1,421,659	723,037	1,214,169	3,625,389
2018	10,764,946	1,520,682	1,145,901	905,957	763,512	2,036,551
2019	14,060,850	2,317,368	1,828,448	1,663,080	1,609,797	4,007,056
2020	14,591,521	2,083,191	1,832,073	1,295,819	2,106,941	5,192,764
2021	16,432,645	2,567,854	1,915,430	1,596,519	2,685,562	6,126,647
2022	23,931,462	3,120,106	2,439,968	1,766,223	2,688,320	6,584,437

AR Percentage of Total Balance

	30	60	90	120	150	Over 180
2016	44%	13%	7%	5%	8%	22%
2017	45%	14%	8%	4%	7%	22%
2018	63%	9%	7%	5%	4%	12%
2019	55%	9%	7%	7%	6%	16%
2020	54%	8%	7%	5%	8%	19%
2021	52%	8%	6%	5%	9%	20%
2022	59%	8%	6%	4%	7%	16%



Prosser

Memorial Health

Lease Schedule

As of:

December 31, 2022

Building Rentals

Lease	Effective Date	Term Date	Auto Renew	Payment Amount		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	Total
Prosser Professional Center	May-17	April-32		20,687.55	RHC	253,240	255,698	260,838	263,369	263,369	268,663	271,270	276,722	282,174	287,790	45,020		3,222,270
Prosser Professional Center	May-17	April-32		9,583.00	Therapy	115,000	116,650	120,000	121,188	123,600	124,824	127,308	128,568	131,127	132,425	95,930		1,566,620
Prosser Family Fitness Pool	Jul-15	Jul-22		32,812.50	Therapy	73,625	16,000	16,000	16,000	16,000	8,000							408,125
Benton City Professional Center	May '12	2027		14,000.00	Family Med	168,000	168,000	168,000	168,000	168,000	56,000							1,232,000
Benton City Professional Center	May '12	2027		4,775.00	Pain Clinic	57,300	57,300	57,300	57,300	57,300	19,100							420,200
Yakima Valley Farmworkers	Oct-06	Oct-47		16,539.93	Spec Clinic	190,400	62,400	63,960	65,559	67,198	68,878	70,600	72,365	74,174	76,028	77,929	79,877	1,366,327
Chardonnay Building with Builder	Jun-13	Jun-28		9,082.00	OB/GYN	108,984	108,984	108,984	108,984	108,984	108,985	49,951						921,824
Total Building Leases						966,549	785,032	795,082	800,400	804,451	654,449	519,129	477,656	487,475	496,244	218,880	79,877	9,137,366

A -

- 41770060 BUILDING RENTAL -PT
- 41770721 BUILDING RENTAL -ST
- 41770722 BUILDING RENTAL -OT

Leased Equipment

Lease	Effective Date	Term Date		Payment Amount														Total
Stryker - Fee per Case agreement	Mar-18	Mar-23		7,739.16		92,870	23,217											394,697
Biomerieux	Dec-19	Dec-24		798.70		9,584	9,584	8,786										47,922
Flex Financial (MAKO)	Oct-19	Oct-24		21,157.04		233,779	233,779	175,335										1,168,897
Karl Storz	Mar-21	Aug-23		5,838.37		70,060	46,707											175,151
Leaf	Sep-16	Sep-20	Renewed	7,807.00		93,684	93,684	93,684										336,000
Baxter - Infusion Pumps	Aug-17	Aug-22		193.80		1,550												6,202
Baxter - Spectrum SW	Aug-17	Aug-22		60.00		480												1,920
Quadient	Apr-20	Jul-25		282.00		3,384	3,384	3,384	1,974									17,766
Total Equipment Leases						505,393	410,356	281,188	1,974	-	-	-	-	-	-	-	-	2,701,560
Total Future Leases						1,471,942	1,195,388	1,076,270	802,374	804,451	654,449	519,129	477,656	487,475	496,244	218,880	79,877	11,838,926

Capital Expenditure Budget

GL #	DEPARTMENT	YEAR	DESCRIPTION	APPROVED COST	Anticipated by YE	Spent To Date	Purchase Date
60700	Med/Surg	2022	Sit to Stand Chair	10,000	Yes		
		2022	Blanket warmer	6,000	Yes		
		2022	Child Cribs (x2)	18,000	Yes		
		2022	Sleeper Sofa - Room 4	5,500	Yes	28,329	12/1/2022
		2022	Zoll Monitor	50,000	Yes		
70100	Family Birthplace	2022	Dräger Infant Warmer	13,224	Yes	14,298	8/1/2022
70200	Surgical Services	2021	Colonoscope Sterilizer	80,000	Yes	86,166	5/1/2022
		2022	Erbe	72,062	Yes	49,320	1/1/2022
		2022	Olympus Colonoscopes (x4)	185,038	Yes	185,038	11/24/2021
		2022	Stryker SPY-PHI (blood flow monitor)	115,000	Yes	121,951	6/1/2022
		2022	Megadyne Ace Blade	13,500	Yes		
		2022	Gastroscopes (x2)	46,000	Yes	50,662	7/1/2022
		2022	Flexible Uteroscope	15,500	Yes		
70700	Laboratory	2021	Nova Biomedical Stat Profile	13,227			
		2022	Chemistry Freezer	6,658	Yes	6,332	5/1/2022
		2022	RALS middleware interface	29,363			
		2022	Bugsy - EPIC module IC surveillance	90,000			
71400	Diagnostic Imaging	2021	TEE Service Line	132,234	Yes	110,812	Various
		2022	i-STAT blood analyzer	11,868			
71800	Cardiopulmonary	2022	Phillips V60 BIPAP Interface	43,327			
		2022	PFT Interface (Easy Pro)	15,000			
		2022	Hamilton Ventilator Interface	15,000	Yes	34,852	7/1/2022
72000	Physical Therapy	2022	Chattanooga Vectra GENSYS	5,736			
72300	Emergency Dept	2022	Stryker Stretchers (x3)	22,300	Yes	20,567	11/1/2022
		2022	ED EHR Module	10,000	Yes		
		2022	Metro Carts (x2)	15,000	Yes		
		2022	Altrix Unit	30,000	Yes		
		2022	Level 1 Unit	8,000	Yes		
		2022	Zoll Monitor	50,000	Yes		
72500	OSP	2021	Exam Chair	11,000			
		2021	Blanket Warmer	5,000			
		2022	New Patient Care divider curtains	7,000			
72600	Benton City	2021	Security Cameras	12,000			
		2022	Repainting of Building	38,622			
		2022	Remodel for Provider Office	7,020	Yes	Incl. in Derm	10/1/2022
72630	Grandview	2022	Venue Go Ultrasound	44,890	Yes		
		2022	Cabinet and Desk Remodel	15,000	No		
72640	Women's Health	2022	Blanket Warmer	5,000	Yes		
		2022	Fluid Warmer	5,000	Yes		
72700	Specialty Clinic	2022	Medtronic Pill Capsule	17,889	Yes	16,019	1/1/2022
		2022	Provation Prof Fees Documenting SW	26,405	Yes	26,405	1/31/2022
		2022	Olympus Scopes	56,104			
84600	Environmental Services	2022	Carpet Shampooer	13,000	Yes	13,530	11/1/2022
		2022	Floor Scrubber	15,000			
85400	Information Technology	2022	Virtual Desktop Expansion	91,471	Yes	98,871	12/1/2022
		2022	Replacement Firewall	33,201	Yes	42,975	6/1/2022
		2022	Server Storage Archiving	14,000	Yes	Incl. in VDE	12/1/2022
		2022	Interpreter Compliance HW/SW	20,000	Yes	24,998	*ongoing
85600	Scheduling Call Center	2022	Call Center Cubicle Set up	30,000	Yes	13,742	4/30/2022
87400	Employee Health	2022	@Net Health Agility	18,500	Yes	Amortized	9/1/2022
			2022 Capital Items	1,401,400		\$ 65,339	
			2021 Carryover Approved Capital Items	212,234		\$ 110,812	
			TOTAL	\$ 1,613,634		\$ 944,867	
NON BUDGETED CAPITAL - BOARD APPROVED DURING 2022							
70100	Family Birthplace	2022	Fetal Cart Core Kit			7,110	10/1/2022
70100	Family Birthplace	2022	Fetal Monitor			19,586	12/1/2022
70200	Surgery	2022	Universal Driver (Stryker)			26,728	1/1/2022
70200	Surgery	2022	WM-DP# Mobile Workstation			70,539	2/1/2022
70200	Surgery	2022	Neptune 3 Rover			17,157	3/1/2022
70200	Surgery	2022	Electrosurgical Unit			12,588	9/1/2022
70200	Surgery	2022	Smartpump Dual Channel			7,738	9/1/2022
70200	Surgery	2022	Core 2 Console			22,208	10/1/2022
70200	Surgery	2022	Yellofin Stirrups (L) & *			6,657	11/1/2022
85100	Accounting	2021	Kronos			7,500	8/1/2022
85300	Patient Financial Svcs	2021	COVID Business Office Remodel			64,749	4/1/2022
85400	Information Technolo	2022	Cooling System			9,291	8/1/2022
						\$ 271,851	
						\$ 1,216,718	



Prosser

Memorial Health

As of:

December 31, 2022

Capital Project Expenditures

<u>Project Name</u>	<u>Budget</u>	<u>Oct-22</u>	<u>Nov-22</u>	<u>Dec-22</u>
CIP - New Prosser Hospital		5,788,818	5,953,933	6,018,063
CIP - Gap Rd Land Improvement		118,571	118,571	118,571
	78,400,000	5,907,389	6,072,504	6,136,634
CIP - Dermatology Clinic	235,000	260,157	-	-
CIP - 1511 Meade Ave		12,378	12,378	12,378
CIP - PFS Office Remodel	35,328	-	-	-
Asset Clearing:				
<i>TD100 System Additional Cost</i>		-	-	-
<i>Zoll Medical - Remote View X-series</i>		5,000	5,000	-
<i>Aquaplus Steamcleaner</i>		12,459	-	-
<i>Hill-Rom Left Allen Yellofin Elite</i>		2,786	-	-
<i>Hill-Rom Right Allen Yellofin Elite</i>		2,786	-	-
<i>Hill-Rom Yelofin Rerusable Pad Set</i>		552	-	-
<i>Stryker Gynnie Stretcher</i>		19,221	-	-
<i>Telecore Software (50%)</i>		16,589	16,589	16,589
<i>Megadyne Elect gen/Smoke Evac</i>		-	-	-
GE Healthcare:				
<i>Voluson Swift USA System</i>				32,046
<i>C1-5RS Convex Array Probe</i>				7,560
<i>IC9-RS Probe</i>				5,040
<i>C1-5-RS Probe Activation</i>				21
<i>Side Basket</i>				84
<i>Black & White Printer Set & Paper</i>		-	-	722
	81,093,614	6,239,317	6,106,471	6,211,074



**Physician Clinics Consolidated
Income Statement As Of: December 31, 2022**

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	30,961,048	22,989,053	7,971,995	35%	20,791,494	10,169,554	49%
Deductions From Revenue	(12,755,954)	(9,054,311)	(3,701,643)	41%	(8,994,330)	(3,761,624)	42%
Net Patient Revenue	18,205,094	13,934,742	4,270,352	31%	11,797,164	6,407,930	54%
Other Operating Revenue	-	-	-	0%	1,028	(1,028)	-100%
Provider Salaries	9,519,935	10,017,479	497,545	5%	8,395,026	1,124,909	13%
Clinical Support Salaries	3,375,249	3,403,949	28,700	1%	2,981,994	393,255	13%
Benefits	831,557	858,663	27,106	3%	571,850	259,707	45%
Purchased Labor	30,693	34,500	3,807	11%	28,985	1,708	6%
Total Salaries and Benefits	13,757,434	14,314,591	557,157	4%	11,977,856	1,779,579	15%
Professional Fees	720,615	242,200	(478,415)	-198%	253,764	466,851	184%
Supplies	1,097,949	1,352,419	254,470	19%	891,326	206,623	23%
Utilities	60,363	78,200	17,837	23%	68,703	(8,339)	-12%
Purchased Services	311,669	303,604	(8,065)	-3%	279,955	31,714	11%
Rentals & Leases	856,884	911,621	54,737	6%	820,884	36,001	4%
Other Direct Expenses	138,079	251,343	113,264	45%	158,755	(20,676)	-13%
Total Non Salary Expenses	3,185,561	3,139,387	(46,173)	-1%	2,473,387	712,174	29%
Total Expenses	16,942,995	17,453,978	510,983	3%	14,451,242	2,491,753	17%
Contribution Margin	1,262,099	(3,519,237)	4,781,336	-136%	(2,653,050)	3,915,149	-148%
FTE's							
Provider Staff	28.94	29.10	0.16	1%	25.35	(3.59)	-14%
Clinic Staff	62.10	70.54	8.44	12%	54.66	(7.44)	-14%
Contracted	0.94	1.20	0.26	21%	1.06	0.12	11%
Total	91.98	100.84	8.86	9%	81.07	(10.91)	-13%
Employed							
Hours Paid	189,338	207,251	17,913	9%	166,009	(23,329)	-14%
Hours Worked	162,961	165,801	2,840	2%	141,967	(20,994)	-15%
Contracted							
Hours	1,964	2,080	116	6%	2,213	249	11%
Total Worked Hours	164,925	167,881	2,956	2%	144,180	(20,745)	-14%
Unit of Service (UOS) Total Visits	61,668	63,571	(1,903)	-3%	56,481	5,187	9%
Productivity (Worked Hours / UOS)	2.67	2.64	0.03	1%	2.55	(0.12)	-4.8%
<i>Avg Physician Productivity</i>	<i>60,195</i>	<i>1.02</i>			<i>52,728</i>	<i>1.07</i>	<i>-4.4%</i>
Clinic Providers' PMH Gross Revenue	\$ 106,801,117						



Prosser

Memorial Health

Prosser Family and Women's Health Clinic
Income Statement As Of: December 31, 2022

RURAL HEALTH CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	8,627,185	7,413,895	1,213,290	16%	6,998,772	1,628,413	23%
Deductions From Revenue	(2,156,796)	(1,853,474)	(303,322)	16%	(1,749,693)	(407,103)	23%
Net Patient Revenue	6,470,388	5,560,421	909,967	16%	5,249,079	1,221,310	23%
Other Operating Revenue	-	-	-	0%	1,028	(1,028)	-100%
Provider Salaries	2,076,467	2,292,600	216,133	9%	2,088,321	(11,854)	-1%
Clinical Support Salaries	1,140,958	1,172,876	31,918	3%	969,754	171,204	18%
Benefits	187,179	247,493	60,314	24%	178,145	9,033	5%
Purchased Labor	-	-	-	0%	28,985	(28,985)	-100%
Total Salaries and Benefits	3,404,603	3,712,969	308,366	8%	3,265,205	139,398	4%
Professional Fees	207,940	161,500	(46,440)	-29%	171,525	36,415	21%
Supplies	320,992	349,450	28,458	8%	355,534	(34,542)	-10%
Utilities	26,234	27,400	1,166	4%	25,508	726	3%
Purchased Services	118,878	80,300	(38,578)	-48%	118,452	426	0%
Rentals & Leases	364,632	363,000	(1,632)	0%	363,275	1,357	0%
Other Direct Expenses	26,285	63,780	37,495	59%	58,349	(32,063)	-55%
Total Non Salary Expenses	1,064,962	1,045,430	(19,531)	-2%	1,092,642	(27,681)	-3%
Total Expenses	4,469,565	4,758,399	288,834	6%	4,357,848	111,717	3%
Contribution Margin	2,000,824	802,022	1,198,802	149%	892,259	1,108,565	124%
FTE's							
Provider Staff	7.92	8.00	0.08	1%	7.79	(0.13)	-2%
Clinic Staff	21.32	22.25	0.93	4%	19.26	(2.06)	-11%
Contracted	0.94	1.00	0.06	6%	1.06	0.12	11%
Total	30.19	31.25	1.06	3%	28.11	(2.07)	-7%
Employed							
Hours Paid	60,806	62,920	2,114	3%	55,857	(4,949)	-9%
Hours Worked	52,475	50,336	(2,139)	-4%	47,287	(5,188)	-11%
Contracted							
Hours	1,964	2,080	116	6%	2,213	249	11%
Total Worked Hours	54,439	52,416	(2,023)	-4%	49,500	(4,939)	-10%
Unit of Service (UOS) Total Visits	21,021	23,648	(2,627)	-11%	21,951	(930)	-4%
Productivity (Worked Hours / UOS)	2.59	2.22	(0.37)	-17%	2.25	(0.33)	-15%



Prosser

Memorial Health

Benton City Clinic

Income Statement As Of: December 31, 2022

RURAL HEALTH CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	3,206,272	2,660,633	545,639	21%	2,288,309	917,963	40%
Deductions From Revenue	(801,568)	(665,158)	(136,410)	21%	(572,077)	(229,491)	40%
Net Patient Revenue	2,404,704	1,995,475	409,229	21%	1,716,232	688,472	40%
Other Operating Revenue	-	-	-	0%	-	-	0%
Provider Salaries	901,879	1,086,458	184,579	17%	902,074	(195)	0%
Clinical Support Salaries	596,766	603,213	6,447	1%	554,030	42,735	8%
Benefits	101,373	139,429	38,056	27%	92,181	9,193	10%
Purchased Labor	-	-	-	0%	-	-	0%
Total Salaries and Benefits	1,600,018	1,829,100	229,082	13%	1,548,285	51,733	3%
Professional Fees	2,143	-	(2,143)	0%	900	1,243	138%
Supplies	191,420	161,900	(29,520)	-18%	153,266	38,154	25%
Utilities	9,288	11,600	2,312	20%	10,336	(1,048)	-10%
Purchased Services	54,690	53,000	(1,690)	-3%	45,036	9,654	21%
Rentals & Leases	173,105	194,100	20,995	11%	193,727	(20,622)	-11%
Other Direct Expenses	21,575	37,789	16,214	43%	25,562	(3,987)	-16%
Total Non Salary Expenses	452,221	458,389	6,168	1%	428,828	23,393	5%
Total Expenses	2,052,239	2,287,489	235,250	10%	1,977,113	75,126	4%
Contribution Margin	352,465	(292,014)	644,479	-221%	(260,881)	613,346	-235%
FTE's							
Provider Staff	3.98	5.00	1.02	20%	4.49	0.51	11%
Clinic Staff	10.19	13.00	2.81	22%	10.41	0.22	2%
Contracted	-	-	-	0%	-	-	0%
Total	14.17	18.00	3.83	21%	14.90	0.73	5%
Employed							
Hours Paid	29,467	37,440	7,973	21%	30,986	1,520	5%
Hours Worked	24,961	29,952	4,992	17%	26,181	1,220	5%
Contracted							
Hours	-	-	-	0%	-	-	0%
Total Worked Hours	24,961	29,952	4,992	17%	26,181	1,220	5%
Unit of Service (UOS) Total Visits	9,557	10,416	(859)	-8%	8,778	779	9%
Productivity (Worked Hours / UOS)	2.61	2.88	0.26	9%	2.98	0.37	12%



Prosser

Memorial Health

Grandview Clinic

Income Statement As Of: December 31, 2022

RURAL HEALTH CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	4,375,556	2,893,167	1,482,389	51%	2,490,231	1,885,325	76%
Deductions From Revenue	(1,093,889)	(723,292)	(370,597)	51%	(1,444,334)	350,445	-24%
Net Patient Revenue	3,281,667	2,169,875	1,111,791	51%	1,045,897	2,235,770	214%
Other Operating Revenue	-	-	-	0%	-	-	0%
Provider Salaries	1,338,540	1,165,000	(173,540)	-15%	1,025,122	313,419	31%
Clinical Support Salaries	517,279	681,977	164,698	24%	489,695	27,584	6%
Benefits	145,093	147,384	2,291	2%	99,916	45,178	45%
Purchased Labor	-	-	-	0%	-	-	0%
Total Salaries and Benefits	2,000,912	1,994,361	(6,551)	-12%	1,614,732	386,180	24%
Professional Fees	-	43,200	43,200	100%	27,781	(27,781)	-100%
Supplies	168,094	189,885	21,791	11%	139,088	29,007	21%
Utilities	21,284	17,500	(3,784)	-22%	16,524	4,760	29%
Purchased Services	53,372	35,500	17,872	50%	39,006	14,366	37%
Rentals & Leases	223	600	(377)	-63%	299	(76)	-25%
Other Direct Expenses	22,087	35,700	(13,613)	-38%	27,899	(5,812)	-21%
Total Non Salary Expenses	265,060	322,385	65,089	20%	250,597	14,463	6%
Total Expenses	2,265,972	2,316,746	58,537	3%	1,865,329	400,643	21%
Contribution Margin	1,015,694	(146,871)	1,162,565	-792%	(819,432)	1,835,127	-224%
FTE's							
Provider Staff	6.95	5.90	(1.05)	-18%	4.97	(1.98)	-40%
Clinic Staff	10.89	14.60	3.71	25%	9.92	(0.97)	-10%
Contracted	-	-	-	0%	-	-	0%
Total	17.84	20.50	2.66	13%	14.89	(2.95)	-20%
Employed							
Hours Paid	37,104	42,640	5,536	13%	30,967	(6,137)	-20%
Hours Worked	31,483	34,112	2,629	8%	26,490	(4,993)	-19%
Contracted							
Hours	-	-	-	0%	-	-	0%
Total Worked Hours	31,483	34,112	2,629	8%	26,490	(4,993)	-19%
Unit of Service (UOS) Total Visits	11,524	11,625	(101)	-1%	9,334	2,190	23%
Productivity (Worked Hours / UOS)	2.73	2.93	0.20	7%	2.84	0.11	4%



Prosser

Memorial Health

Dermatology Clinic

Income Statement As Of: December 31, 2022

PROVIDER BASED CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	1,209,080	884,268	324,812	37%	291,493	917,587	315%
Deductions From Revenue	(713,357)	(512,875)	(200,482)	39%	(169,066)	(544,291)	322%
Net Patient Revenue	495,723	371,393	124,330	33%	122,427	373,296	305%
Other Operating Revenue	-	-	-	0%	-	-	0%
Provider Salaries	474,988	450,000	(24,988)	-6%	187,912	287,076	153%
Clinical Support Salaries	83,707	55,024	(28,683)	-52%	16,963	66,744	393%
Benefits	41,802	24,971	(16,830)	-67%	11,525	30,277	263%
Purchased Labor	-	-	-	0%	-	-	0%
Total Salaries and Benefits	600,496	529,995	(70,501)	-12%	216,400	384,097	177%
Professional Fees	-	-	-	0%	-	-	0%
Supplies	103,915	225,600	121,685	54%	10,183	93,733	921%
Utilities	3,558	4,200	642	15%	374	3,183	851%
Purchased Services	6,741	42,900	36,159	84%	11,698	(4,957)	-42%
Rentals & Leases	58,065	54,000	(4,065)	-8%	14,081	43,984	312%
Other Direct Expenses	6,812	15,138	8,326	55%	-	6,812	0%
Total Non Salary Expenses	179,091	341,838	162,747	48%	36,336	142,755	393%
Total Expenses	779,587	871,833	92,246	11%	252,736	526,851	208%
Contribution Margin	(283,864)	(500,441)	216,577	-43%	(130,309)	(153,555)	118%
FTE's							
Provider Staff	1.03	1.00	(0.03)	-3%	0.4	(0.63)	-158%
Clinic Staff	2.01	3.20	1.19	37%	-	(2.01)	0%
Contracted	-	-	-	0%	-	-	0%
Total	3.04	4.20	1.16	28%	0.40	(2.64)	-661%
Employed							
Hours Paid	6,330	8,736	2,406	28%	832	(5,498)	-661%
Hours Worked	5,522	6,989	1,467	21%	780	(4,742)	-608%
Contracted							
Hours	-	-	-	0%	-	-	0%
Total Worked Hours	5,522	6,989	1,467	21%	780	(4,742)	-608%
Unit of Service (UOS) Total Visits	2,461	1,656	805	49%	599	1,862	311%
Productivity (Worked Hours / UOS)	2.24	4.22	1.98	47%	1.30	(0.94)	-72%



Prosser

Memorial Health

Specialty Clinic

Income Statement As Of: December 31, 2022

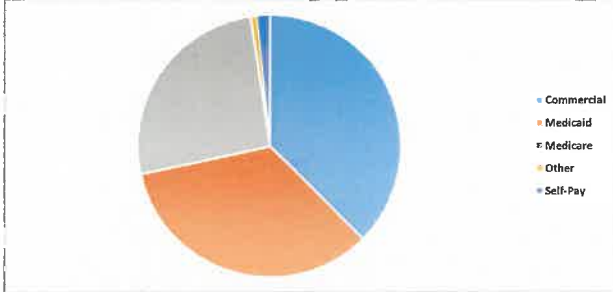
PROVIDER BASED CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	13,542,956	9,137,090	4,405,866	48%	8,722,690	4,820,266	55%
Deductions From Revenue	(7,990,344)	(5,299,512)	(2,690,832)	51%	(5,059,160)	(2,931,184)	58%
Net Patient Revenue	5,552,612	3,837,578	1,715,034	45%	3,663,530	1,889,082	52%
Other Operating Revenue	-	-	-	0%	-	-	0%
Provider Salaries	4,728,060	5,023,421	295,361	6%	4,191,597	536,464	13%
Clinical Support Salaries	1,036,540	890,859	(145,681)	-16%	951,552	84,988	9%
Benefits	356,111	299,386	(56,725)	-19%	190,084	166,027	87%
Purchased Labor	30,693	34,500	(3,807)	-11%	-	30,693	0%
Total Salaries and Benefits	6,151,404	6,248,166	89,149	-12%	5,333,233	818,172	15%
Professional Fees	510,532	37,500	(473,032)	-1261%	53,557	456,975	853%
Supplies	313,528	425,584	112,056	26%	233,255	80,272	34%
Utilities	-	17,500	17,500	100%	15,961	(15,961)	-100%
Purchased Services	77,989	91,904	13,915	15%	65,763	12,226	19%
Rentals & Leases	260,860	299,921	39,062	13%	249,502	11,358	5%
Other Direct Expenses	61,319	98,936	37,616	38%	46,945	14,374	31%
Total Non Salary Expenses	1,224,227	971,345	(252,882)	-26%	664,984	559,243	84%
Total Expenses	7,375,632	7,219,511	(163,734)	-2%	5,998,217	1,377,415	23%
Contribution Margin	(1,823,020)	(3,381,933)	1,558,913	-46%	(2,334,687)	511,667	-22%
FTE's							
Provider Staff	9.06	9.20	0.14	2%	7.7	(1.36)	-18%
Clinic Staff	17.69	17.49	(0.20)	-1%	15.07	(2.62)	-17%
Contracted	-	0.20	0.20	100%	-	-	0%
Total	26.75	26.89	0.14	1%	22.77	(3.98)	-17%
Employed							
Hours Paid	55,631	55,515	(116)	0%	47,366	(8,265)	-17%
Hours Worked	48,521	44,412	(4,109)	-9%	41,230	(7,290)	-18%
Contracted							
Hours	-	-	-	0%	-	-	0%
Total Worked Hours	48,521	44,412	(4,109)	-9%	41,230	(7,290)	-18%
Unit of Service (UOS) Total Visits	17,105	16,226	879	5%	15,819	1,286	8%
Productivity (Worked Hours / UOS)	2.84	2.74	(0.10)	-4%	2.61	(0.23)	-9%



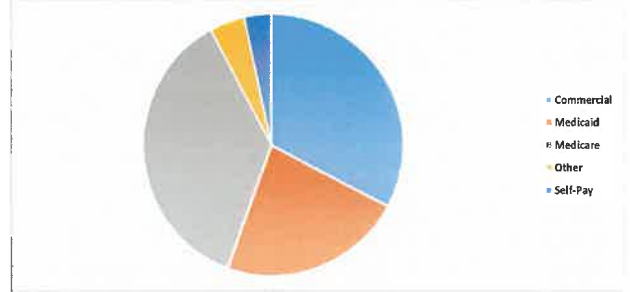
Revenue By Financial Class

Benton City Clinic



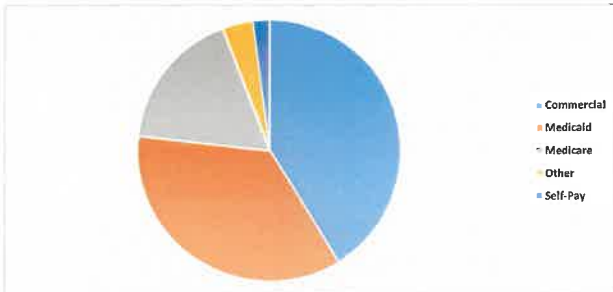
Revenue by Financial Class		
Commercial	1,203,909	38%
Medicaid	1,090,116	34%
Medicare	834,581	26%
Other	24,118	1%
Self-Pay	53,548	2%
Grand Total	3,206,272	

Specialty Clinic



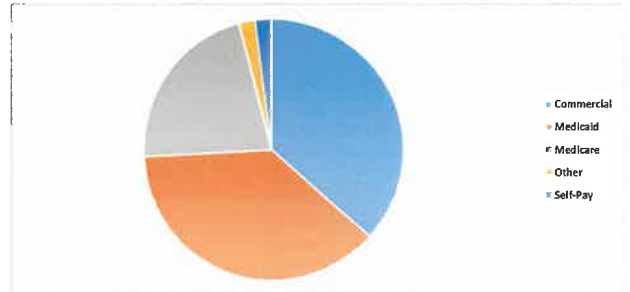
Revenue by Financial Class		
Commercial	4,439,006	33%
Medicaid	3,085,763	23%
Medicare	4,948,466	37%
Other	606,370	4%
Self-Pay	463,351	3%
Grand Total	13,542,956	

Prosser Clinic



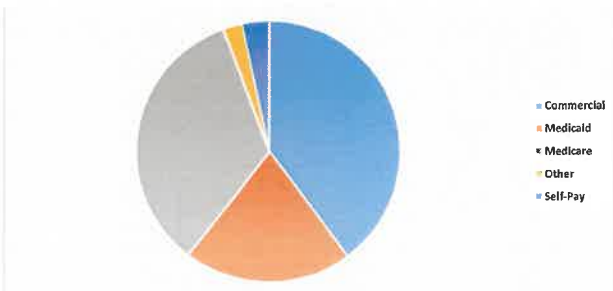
Revenue by Financial Class		
Commercial	3,561,481	41%
Medicaid	3,062,811	36%
Medicare	1,493,406	17%
Other	325,408	4%
Self-Pay	184,079	2%
Grand Total	8,627,185	

Grandview Clinic



Revenue by Financial Class		
Commercial	1,600,229	37%
Medicaid	1,645,817	38%
Medicare	949,748	22%
Other	88,460	2%
Self-Pay	91,302	2%
Grand Total	4,375,556	

Dermatology Clinic



Revenue by Financial Class		
Commercial	481,719	40%
Medicaid	248,914	21%
Medicare	408,977	34%
Other	28,609	2%
Self-Pay	40,861	3%
Grand Total	1,209,080	



CLINICAL PROVIDER VISITS BY MONTH

Benton City Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	2021 YTD
BRINDLE (BCC)	-	-	-	-	-	32	125	131	143	134	195	196	956	-
CARL	190	149	171	131	204	164	128	144	183	179	145	102	1,890	1,897
DUNHAM	-	-	-	-	-	-	-	-	-	-	-	-	-	7
LUTHER	209	204	236	116	260	120	179	27	230	176	121	205	2,083	2,170
MICROULIS	-	-	-	-	-	-	-	-	-	-	-	-	-	610
PADILLA	20	17	21	26	26	37	41	18	22	27	34	25	314	107
PETERS	52	54	64	55	67	40	54	82	73	71	70	41	723	208
SPOMER	-	32	70	85	69	86	45	12	-	-	-	-	399	-
STAUDINGER	179	121	195	163	191	199	46	47	56	169	220	138	1,724	2,048
ZHMUROUSKI (BCC)	-	-	-	-	-	-	-	-	-	-	-	-	-	164
ZIRKER	-	-	-	-	-	-	-	-	-	-	-	-	-	1,073
TOTAL	650	577	757	576	817	678	618	461	707	622	590	511	7,133	8,284

Prosser Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	2021 YTD
BRINDLE (PC)	-	-	-	-	-	-	-	-	24	-	-	-	24	-
CHARVET (PC)	150	109	128	115	95	139	92	124	120	146	94	202	1,514	1,782
CHARVET (WH)	7	12	21	10	22	23	-	13	8	14	-	17	147	197
COOKS	126	129	142	140	135	129	134	156	95	-	-	-	1,186	283
DENNIS	-	-	-	-	-	-	-	-	-	35	-	-	35	-
DUNHAM	-	-	-	-	-	-	-	-	-	-	-	-	-	1,138
GARLAND	126	158	191	149	168	118	182	170	141	180	185	130	1,898	823
GILSTAD	25	50	39	36	18	-	-	-	-	-	-	-	168	-
GLOVER	-	-	-	-	-	-	-	-	-	-	31	18	49	135
HANNAN (NC)	16	14	18	20	19	8	24	23	23	19	23	9	216	-
HANKS	-	-	-	-	-	-	-	-	-	116	-	-	116	-
MIN	-	-	-	-	-	-	-	-	-	-	-	-	-	1,173
P MORRIS (PC)	210	192	174	202	219	134	203	213	150	162	176	120	2,155	2,396
MORSE	203	178	229	102	131	121	177	211	167	-	143	140	1,802	2,216
OCONNOR	169	172	172	189	191	167	170	196	179	176	139	59	1,979	2,579
P MORRIS (WH)	14	3	-	1	9	-	-	-	-	4	22	4	57	369
PADILLA	179	141	173	158	250	212	120	189	178	-	222	207	2,029	1,614
PARK (PC)	-	-	-	-	-	-	-	-	-	-	31	24	55	18
PROCTOR (PC)	-	-	1	-	-	-	-	-	-	95	67	83	246	-
SOLLERS	168	251	297	163	139	254	242	196	211	177	228	158	2,484	2,780
THOMPSON	-	-	-	37	132	173	129	160	146	128	151	141	1,197	-
WEAVER	138	192	167	198	186	208	190	241	164	220	112	205	2,221	2,237
ZHMUROUSKI (PC)	-	-	-	-	-	-	-	-	-	-	-	-	-	1,017
ZIRKER	-	-	-	-	-	-	-	-	-	-	-	-	-	25
TOTAL	1,531	1,601	1,752	1,520	1,714	1,686	1,663	1,892	1,606	1,472	1,624	1,517	19,554	20,757

Specialty Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	2021 YTD
BHATTI	208	223	145	225	248	252	191	236	215	238	254	212	2,647	2,466
CLIFFORD	220	238	310	181	202	286	194	303	271	254	291	190	2,940	2,735
COHEN	22	72	104	95	81	75	61	97	42	60	86	54	849	-
DUNHAM	169	152	153	137	98	100	129	112	111	89	112	68	1,430	1,011
GARLAND	-	-	-	10	10	17	16	17	10	12	-	-	92	-
HALVORSON	158	136	146	153	125	154	106	148	151	181	186	104	1,748	1,679
HUANG	-	-	-	-	-	-	-	-	-	-	-	-	-	54
LIEBE	31	40	44	28	48	32	29	53	30	47	27	21	430	-
LOVATO	16	26	23	19	13	18	20	21	22	21	30	16	245	-
STREBEL	128	100	134	131	144	115	109	168	146	137	113	124	1,549	1,467
TIEU CORAL	144	155	194	165	152	194	151	202	104	157	325	135	2,078	2,029
TIEU THOMAS	164	149	214	149	95	54	149	202	162	185	-	139	1,662	1,831
UNGER	37	40	38	30	49	33	25	39	26	39	40	41	437	906
TOTAL	1,297	1,331	1,505	1,323	1,265	1,330	1,180	1,598	1,290	1,420	1,464	1,104	16,107	14,178

Grandview Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	2021 YTD
DENNIS	-	-	-	-	23	44	41	71	95	35	-	-	309	-
GARZA	148	159	187	109	150	194	101	128	126	160	169	88	1,719	1,579
GLOVER	95	100	142	134	99	137	118	203	147	158	78	160	1,571	839
HANKS	136	120	128	141	150	106	136	130	92	116	68	122	1,445	1,518
PARK (GC)	56	97	116	116	132	100	86	77	74	49	85	106	1,094	1,114
PROCTOR (GC)	102	98	129	139	104	170	157	109	187	122	192	130	1,639	343
R MORRIS	82	53	71	60	85	64	86	77	74	79	62	64	857	653
SANTA-CRUZ	222	176	215	147	218	130	125	210	197	212	172	104	2,128	2,066
ZHMUROUSKI (GC)	-	-	-	-	-	-	-	-	-	-	-	-	-	348
TOTAL	841	803	988	846	961	945	850	1,005	992	931	826	774	10,453	8,460

Dermatology Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	2021 YTD
BOWEN	-	-	-	-	-	-	-	-	-	-	54	84	138	-
NYLANDER	161	183	202	205	188	256	219	199	204	179	175	124	2,295	599

Footnote: Information above only includes visits by provider, not clinic staff/nurse visits



Prosser

Memorial Health

CLINICAL PROVIDER REVENUE BY QUARTER

	Q1	Q2	Q3	Q4	TOTAL	2021 YTD
BHATTI	1,521,709	1,840,057	1,505,042	1,630,723	6,497,531	5,494,846
BOWEN	-	1,298		65,265	66,563	-
BRINDLE	-	24,549	326,458	430,819	781,826	-
CARL	345,201	239,763	217,835	229,006	1,031,805	583,911
CHARVET	305,068	197,115	168,928	242,949	914,060	540,164
CLIFFORD	1,575,784	992,811	1,699,536	1,589,780	5,857,911	3,637,748
COHEN	1,309,405	2,678,339	2,998,264	3,058,290	10,044,298	-
COOKS	378,931	228,925	213,083	1,140	822,079	127,129
DENNIS	-	27,831	81,619	16,078	125,528	-
DUNHAM	307,630	296,312	341,317	572,167	1,517,426	585,787
GARLAND	421,446	238,499	360,972	664,375	1,685,292	265,028
GARZA	474,785	306,246	254,697	305,417	1,341,145	523,629
GILSTAD	142,533	53,457	1,243	-	197,233	-
GLOVER	244,127	200,783	275,953	262,166	983,029	131,896
HALVORSON	631,875	516,779	486,425	529,330	2,164,409	1,991,558
HANKS	179,056	186,530	158,839	113,670	638,095	445,793
HANNAN	83,093	51,159	65,676	67,796	267,724	132,022
HUANG	(1,020)	(210)	-	-	(1,230)	327,275
LIEBE	19,092	15,800	18,001	17,009	69,902	48,027
LOVATO	99	192	156	156	603	6,104
LUTHER	444,040	306,391	411,496	368,753	1,530,680	51,379
MICROULIS	480	-	-	332	812	187,810
MIN	421	(918)	(1,103)	915	(685)	379,584
R MORRIS	520,803	131,871	190,390	157,915	1,000,979	438,785
MORSE	197,871	122,052	184,852	154,915	659,690	513,647
NYLANDER	277,529	343,515	306,235	230,126	1,157,405	289,932
OCONNOR	763,116	545,538	533,196	391,624	2,233,474	1,072,069
P MORRIS	485,860	336,616	357,729	294,107	1,474,312	786,172
PADILLA	870,395	461,227	436,123	537,591	2,305,336	745,253
PARK	159,658	178,455	198,325	259,808	796,246	276,781
PETERS	36,332	33,468	44,305	37,579	151,684	32,812
PROCTOR	365,213	245,955	276,125	300,465	1,187,758	148,154
SANTA-CRUZ	548,945	340,503	343,150	355,114	1,587,712	849,585
SOLLERS	2,286,750	1,677,075	1,570,363	1,565,307	7,099,495	4,908,734
SPOMER	67,591	151,999	23,286	26,312	269,188	-
STAUDINGER	370,178	326,210	300,620	328,341	1,325,349	603,316
STREBEL	2,996,270	2,778,203	2,474,478	3,130,630	11,379,581	7,656,762
THOMPSON	-	212,625	304,484	297,492	814,601	-
TIEU CORAL	1,619,952	1,479,354	1,621,926	1,789,004	6,510,236	5,256,025
TIEU THOMAS	1,350,403	1,103,099	1,511,087	1,402,339	5,366,928	5,223,378
UNGER	5,093,169	5,350,563	4,336,799	4,431,725	19,212,256	13,322,986
WEAVER	1,672,515	1,468,658	1,245,530	1,334,055	5,720,758	4,559,013
ZHMUROUSKI	5,384	4,737	132	-	10,253	514,642
ZIRKER	990	403	114	333	1,840	230,865
TOTAL	28,072,679	25,693,834	25,843,686	27,190,918	106,801,117	62,888,601

CAPITAL BUDGET REQUEST FORM

Date: 1/10/2023

Requesting Department: Gastroenterology Cost Center: 70200 Project Lead: Sara Dawson, MSN

Budgeted: Yes No Amount \$ 113,546.86 + tax/shipping

Priority: Urgent Essential Replacement Desirable

Type of purchase: Purchase Capital Lease Operating Lease

Brief Description: 2 duodenoscopes to begin doing ERCPs. ERCP stands for endoscopic retrograde cholangiopancreatography. It is a procedure that treats problems with the bile and pancreatic ducts.

STATEMENT OF NEED: With addition of Dr. McDonnell, the hospital will have the ability to offer ERCPs at this facility. The ERCP is a highly sought-after procedure that is not performed in many hospitals. Patients in our community that need one, are currently sent to other facilities sometimes as far away as Portland, Spokane, Seattle or Boise. We would also be able to accept patients from other facilities for patients needing an ERCP.

Utilization: Times per day Times per week Times per month Times per year

Utilization Comments: Offering patients ERCPs in our facility will be doing the area a great service. From January to October 2022, we had to transfer out 16 patients that could have otherwise been treated here. There is also the large potential that we would acquire patients from outside facilities to perform an ERCP.

*In looking at the quotes, the Olympus scopes are the obvious choice to purchase because we already have all the other Olympus equipment and set up for ERCPs. Pentax and Fujionon would require us to obtain all equipment required including a couple of more gastroscopes. It would be setting an entirely new system if we were to go with either of these two.

Supply Chain Review: N/A

Equipment environmental needs or construction needs: No construction needs

Biomedical and Periodic Maintenance: We will have a service contract to take care of PM and maintenance

IT Support Required: No IT support needed

Please explain estimated revenue and/or savings: We will bring in more revenue by offering this service. Patients needing an ERCP are currently shipped to other facilities.

Cost associated with the capital item, where applicable: ERCP disposable supplies, budgeted for in the operating budget.

Proposed financing: Purchase

Items	Olympus	Pentax	Fujinon
Cost of capital item	113,546.86 (already have all other necessary equipment)	269,997.72 (gastrosopes included in quote)	161,078.71 (gastrosopes not included in quote)
Removal of old equipment	NA	NA	NA
Maintenance contracts (By warranty x monthly \$ of contract)	36 months	NA	NA
Start-up supplies + first year			
Training Costs	Included	Included	Included
Installation	NA	Included	Included
Site Preparation/Construction	NA	NA	
Shipping	TBD	TBD	TBD
Tax (8.6%)	9,765.02	23,219.80	13,852.77
TOTAL COST OF PURCHASE	123,311.89	293,217.52	174,931.48
Payback Period			
Return on Investment %			

OLYMPUS[®]

EVIS EXERA III

EVIS EXERA III DUODENOVideoscope

TJF-Q190V

Supporting Your Standard of Care



TJF-Q190V DUODENOVideoscope

Supporting Your Standard of Care



ERCP Solutions That Allow You to Focus on **Your Patient**

Endoscopic retrograde cholangiopancreatography (ERCP) procedures are highly challenging for all parties involved: **gastroenterologists, nurse managers, reprocessing technicians, and hospital administrators**. Most of all, it is a difficult time for your **patient**, both physically and mentally.

Leading up to the ERCP procedure, your patient and their family have already been through a long and taxing medical journey. There is a lot of uncertainty about what lies ahead, and they are counting on your team to help them through this process. The technical aspects of the procedure aren't necessarily top-of-mind for your patients in these moments. Rather, their questions are likely to be:



"Will this procedure be painful?"
"Will I get the answers I am looking for?"
"Will you be able to help me get better?"
"What is my prognosis?"

The next generation of Olympus duodenovideoscope, combined with our unique guidewire and sphincterotome technologies, is designed to provide a comprehensive solution to nearly all ERCP access procedures.

Helping **Gastroenterologists** Provide Quality Care

When performing an ERCP, you need tools and technologies that you can trust so you can focus on taking care of your patients. The Olympus TJF-Q190V duodenovideoscope has **maneuverability and imaging capabilities** to help you serve your patients and get the answers they need. With proven ERCP solutions, you can rest assured that you have the complete tool set you need to provide the care your patients deserve.

Our **high quality imaging** delivers sharp, clear images for easy viewing and observation during the procedure.

The new TJF-Q190V utilizes a **square image shape and 15° backward viewing**, allowing for expanded vertical field of view and improving cannulation efficiency. You can continue to rely on dual guidewire locking system at the distal end, enabling locking of 0.035 inch and 0.025 inch guidewires.



TJF-Q190V DUODENOVideoscope

Supporting Your Standard of Care

Supporting Nurse Managers and Their Teams

Nurse managers are ultimately responsible for overseeing effective and thorough reprocessing of duodenovideoscope, a critical component of patient safety before and after an ERCP procedure.

The **single-use distal cover** is designed for improved visualization of the distal end and reprocessing.



Providing Hospital Administrators

Safe & Effective Tools

The Olympus TJF-Q190V duodenovideoscope provides the latest advancements in ERCP technology to satisfy your physicians, as well as a design meant to provide efficient reprocessing to meet the needs of your nurse managers.

You can rely on **Olympus field service and clinical support** to ensure that you team is well-prepared and has all of the tools they need for success.

Our Newest Duodenovideoscope Offers the Following Features:



Single-use distal cover for improved visualization of the distal end and reprocessing.



Expanded field of view with a square display.

- Extended view area of TJF-Q190V
- View area of TJF-Q180V



Guidewire locking capability to facilitate 0.035 inch and 0.025 inch short guidewire locking.



High-quality imaging capabilities for viewing and observation.

TJF-Q190V DUODENOVideoscope

Features and Benefits

Single-use Distal Cover

Allows for visualization of distal end and access for reprocessing.

Guidewire Locking

Facilitate short guidewire locking with dual system at the distal end.

Improved Cannulation Efficiency

Square image shape and 15° backward viewing allow for expanded vertical field of view

Distal-end Flushing Adaptor

Designed for directed flushing during manual cleaning.

Waterproof One-touch Connector

190-series scopes allow a one-step connection to the video system.

High Force Transmission (HFT)

HFT, the scope handling technology designed to improve scope responsiveness and ergonomics in 190-series colonoscopes, is now incorporated into the TJF-Q190V.

Narrow Band Imaging (NBI)

NBI with the EVIS EXERA III system is significantly brighter than with the EVIS EXERA II System.

Overall Image Quality

The EVIS EXERA III System and endoscopes provide superior image quality to EVIS EXERA II System and endoscopes.



EVIS EXERA III DUODENOVideoscope OLYMPUS TJF-Q190V



**Office of the Washington State Auditor
Pat McCarthy**

December 7, 2022

Board of Commissioners and Craig Marks, CEO
Prosser Public Hospital District
723 Memorial St
Prosser, WA 99350

We are pleased to confirm the audit to be performed by the Office of the Washington State Auditor, in accordance with the provisions of Chapter 43.09 RCW, for the Prosser Public Hospital District. This letter confirms the nature and limitations of the audit, as well as responsibilities of the parties and other engagement terms.

Office of the Washington State Auditor Responsibilities

Accountability Audit

We will perform an accountability audit of compliance with applicable state laws, regulations, and policies, and of controls over the safeguarding of public resources for the fiscal year ended December 31, 2021. The audit will be conducted in accordance with provisions of RCW 43.09.260 and the Office's audit policies, which include policies specific to these types of audits and general audit policies. Our general audit policies apply to all our engagements and incorporate the requirements of *Government Auditing Standards*, as applicable, on topics such as communications with auditees, independence, audit evidence and documentation, and reporting.

An accountability audit involves performing procedures to obtain audit evidence about compliance and controls in areas selected for audit. In keeping with general auditing practices, we do not examine every transaction, activity, policy, internal control, or area. The areas examined and procedures selected depend on the auditor's judgment, including the assessment of the risks of fraud, loss, abuse, or noncompliance.

Upon completion of our audit, we will issue a written report describing the overall results and conclusions for the areas we examined.

Data Security

Our Office is committed to appropriately safeguarding the information we obtain during the course of the audit. We have entered into a data sharing agreement with the District to ensure compliance with legal requirements and Executive Directives (Executive Order 16-01, RCW 42.56 and OCIO Standard 141.10) in the handling of information considered confidential.

Responsibilities specific to this engagement

Additionally, we will:

- Provide management and the governing body with advanced notification if we identify issues that require further audit work and increase audit costs.
- Participate in weekly progress meetings to discuss the status of the audit plans for future weeks. At those meetings, we will provide information on the departments we will work in and the audit objectives we will be addressing.
- Conduct a formal entrance conference and exit conference to discuss the audit.
- Interact with staff professionally and respectfully and communicate needs and issues in a timely manner.
- Provide written correspondence during the course of the audit through email to the audit liaison, Stephanie Titus, Controller.
- Provide advance notice when a scheduled meeting is to be cancelled.
- Allow the District seven days to provide a written response to any findings.

Reporting levels for audit issues

Issues identified through the auditing process will be communicated as follows. Failure to appropriately address audit issues may result in escalated reporting levels.

- **Findings** formally address issues in an audit report. Findings report significant results of the audit, such as significant deficiencies and material weaknesses in internal controls; misappropriation; and material abuse or non-compliance with laws, regulations, contracts or grant agreements. You will be given the opportunity to respond to a finding, and this response, or a synopsis of it, will be published in the audit report.
- **Management letters** communicate control deficiencies, non-compliance, misappropriation, abuse, or errors with a less-than-material effect on audit objectives. Management letters are referenced, but not included, in the audit report.
- **Exit items** address control deficiencies, non-compliance, abuse, or errors that have an insignificant effect on audit objectives. These issues are informally communicated to management and are not referenced in the audit report.

Client's Responsibilities

Management is responsible for the accuracy and completeness of information provided to the auditor and will provide the Office of the Washington State Auditor with:

- Unrestricted access to people with whom the auditor wishes to speak.
- All information that is requested or relevant to auditor requests.
- Notification when any documents, records, files, or data contain information that is covered by confidentiality or privacy laws.
- Adequate workspace and conditions, including interacting with auditors professionally and respectfully and promptly communicating about any issues and concerns.

Moreover, our audit does not relieve management or the governing body of their responsibilities. Management's responsibilities, with oversight from the governing body, include:

- Selecting and applying appropriate administrative and accounting policies.
- Establishing and maintaining effective internal controls over financial reporting, compliance, and safeguarding of public resources.
- Designing and following effective controls to prevent and detect fraud, theft, and loss.

- Promptly reporting to us knowledge of any fraud, allegations of fraud or suspected fraud involving management, employees or others, in accordance with RCW 43.09.185.
- Ensuring compliance with laws, regulations and provisions of contracts and grant agreements.

Responsibilities at the conclusion of the audit

At the conclusion of our audit, the District will provide us with a letter to confirm in writing certain express and implied representations made during the course of the audit. This letter includes representations regarding legal matters. A separate letter may be needed from the District’s legal counsel.

Management and the governing body are also responsible for following up and taking corrective action on all audit findings, including, when applicable, preparing a summary schedule of prior audit findings and a corrective action plan on the District’s own letterhead.

Responsibilities specific to this engagement

Additionally, the District will:

- Interact with auditors professionally and respectfully and promptly communicate issues and concerns.

Estimated Audit Costs and Timeline

We estimate the cost of the audit work to be \$21,000, plus travel costs, and other expenses, if any. Invoices for these services will be prepared and presented each month as our audit work progresses.

We anticipate our reports will be published on our website www.sao.wa.gov and be available to you and the public as outlined below. These estimates are based on timely access to financial information and no significant audit reporting issues. The estimated cost and completion date may change if unforeseen issues arise or if significant audit issues are identified necessitating additional audit work. We will promptly notify you if this is the case.

Report	Date*
Independent Auditor’s Report on Accountability	January 2023

**Report Issuance Dates Are Estimates Only*

The audit documentation for this engagement, which may contain confidential or sensitive information, is the property of SAO and constitutes a public record under Chapter 42.56 RCW. Subject to applicable laws and regulations, appropriate individuals, as well as audit documentation, will be made available upon request and in a timely manner to appropriate auditors and reviewers, District’s management and governing body, and federal agencies, for purposes of a public records request, a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities.

The audit documentation for this engagement will be retained for a minimum of five years after the report release (publish) date in accordance with the public records retention schedule established by the Washington Secretary of State.

Expected Communications

During the course of the audit, we will communicate with the District’s selected audit liaison, Stephanie Titus, Controller, on the audit status, any significant changes in our planned audit scope or schedule and preliminary results or recommendations as they are developed. The audit liaison is responsible for regularly updating management and the governing body on these matters. We may also provide direct communication of these matters to management and the governing body as needed or upon request.

Please contact us if any events or concerns come to your attention of which we should be aware. We will expect the audit liaison to keep us informed of any such matters.

Audit Dispute Process

Please contact the Audit Manager or Assistant Director to discuss any unresolved disagreements or concerns you have during the performance of our audit. At the conclusion of the audit, we will summarize the results at the exit conference. We will also discuss any significant difficulties or disagreements encountered during the audit and their resolution.

By signing and returning this letter, you acknowledge that the foregoing is in accordance with your understanding. Please contact us with any questions.

We appreciate the opportunity to be of service to you and look forward to working with you and your staff.

Sincerely,



Ginny Waltman, Audit Manager
Office of the Washington State Auditor

December 7, 2022

District Response:

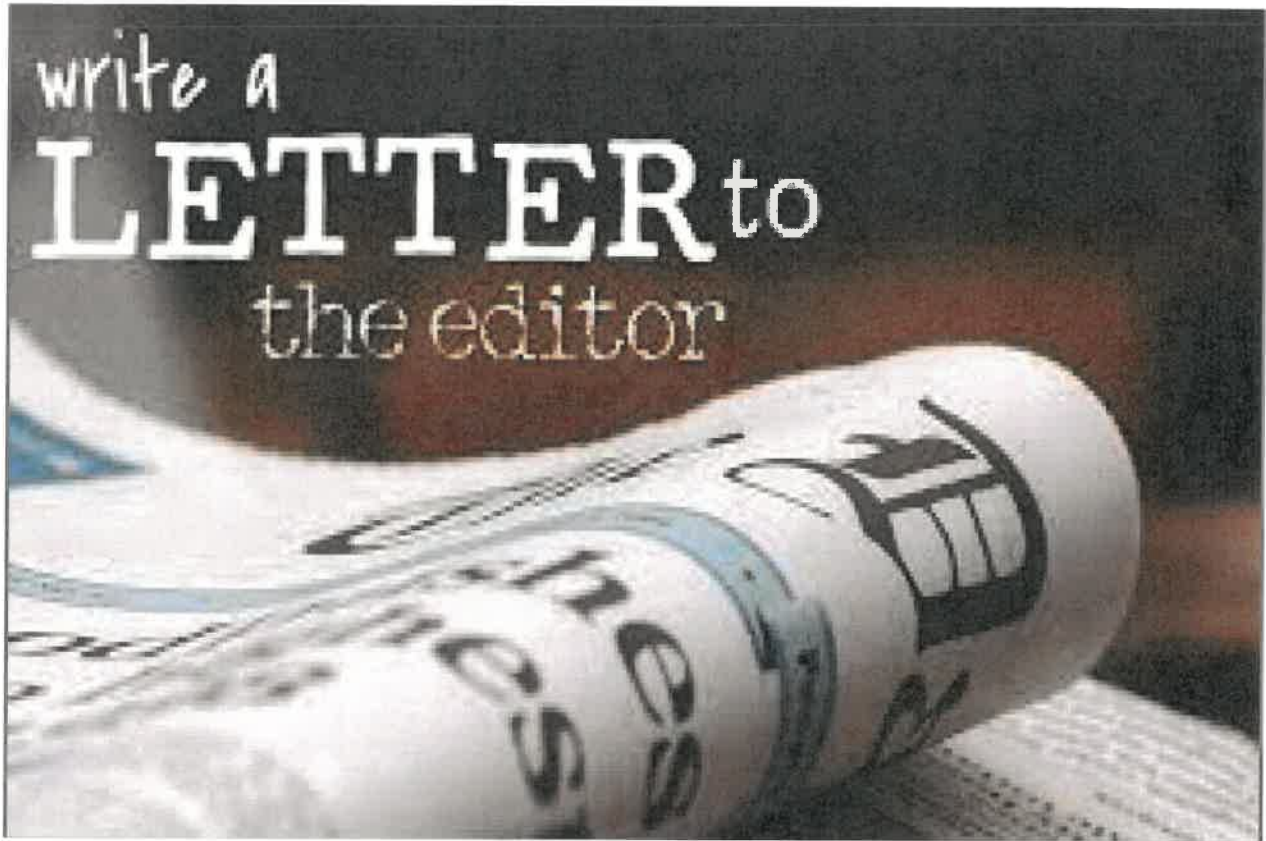
This letter correctly sets forth our understanding.

 12/9/22

[NAME, TITLE] [Date]
[KEY OVERSIGHT/GOVERNING BODY/
CEO/AUDIT COMMITTEE OFFICIAL]

 CFO 12/9/22

[NAME, TITLE] [Date]
[MANAGEMENT/AUDIT CONTACT]



Prosser Memorial Health's New Hospital Facility

Dear Editor,

I read with interest, the letter to the editor published last week regarding Prosser Memorial Health's new hospital facility and groundbreaking event. I would like to address any concerns members of our community have that Prosser Memorial Health is financing a new hospital without the necessary financial resources or fiscal foundation in place to support this needed facility improvement for our community. We agree with the sentiments shared from the previous Letter to the Editor that PMH needs to be prudent and judicious in our decision-making and fiscally responsible in the allocation of our resources so that we are always able to meet the financial commitments necessary to achieve our Mission of improving the health of our greater community.

I believe it is important to know, the leadership for Prosser Memorial Health has spent the last several years planning for a new facility after exhausting every other option to improve or expand our current facility that has served this community for the last 75 years. It was clear to the leadership team and the Board of Commissioners after exhaustive research and analysis that it was far more cost effective and fiscally responsible to build a new facility that was designed to meet the needs of how healthcare is practiced in the 21st century. Meanwhile, over the last several years, Prosser Memorial Health has experienced tremendous growth as it has focused on high-quality care provided by outstanding healthcare providers.

At the beginning of these discussions, it was decided that at no time would Prosser Memorial Health bring a levy or bond to the Prosser taxpayers. If, and when, we would proceed with this project it would be funded with our own cash contributions and outside financing.

As a clarification on the questions and concerns posed in the letter, we would offer the following points:

- PMH has conducted a multitude of financial studies, audits and reviews by independent audit firms, banks, state auditors, and federal reviews that have all consistently confirmed that our fiscal house is in order and we do have the financial foundation to meet our fiscal commitments.
- PMH is contributing \$26 million in cash out of our current operating and investment funds that we have spent the last several years accumulating in anticipation of this hospital project.
- PMH has already expended nearly \$9 million of the \$26 million to-date on the land purchase, architectural planning, and design, permits, and other costs associated with building a facility of this magnitude and complexity.
- PMH will spend an additional \$12 million of our own cash, which we already have, on direct construction costs over the next 4-6 months and \$5 million on interest costs for the interim construction loan over the next 24 months.
- PMH will enter into a \$5 million operating lease for select high-value equipment to be installed in the new hospital that includes a new MRI, CT, other diagnostic equipment, and a multitude of other equipment for a new advanced Surgical Center, a greatly expanded Emergency Department with a Helipad on-site, and on-site specialty clinics ranging from General Surgery, Orthopedics, GI, Podiatry, Urology, ENT, Cardiology, Pulmonology, and Oncology services.
- The United States Department of Agriculture (USDA) is contributing a \$1,000,000 grant for medical technology and the Prosser Memorial Health Foundation is contributing \$3,000,000 from community donors that is not included in the total PMH contribution.
- PMH will borrow \$80.5 million directly from the USDA at an average fixed rate of 2.38% over 35 years to finance the remaining costs associated with the new \$112 million facility and these loans will be paid utilizing the revenue generated by services provided in our new facility.
- There is \$7 million of the \$112 million project budget allocated strictly for contingency or cost overruns.

Here is a breakdown of the financing structure for this project:

Total Project Cost \$112,048,033

PMH Contributions:

Cash Purchase of land in 2017 (2% of Project Cost \$1,724,500

Cash Expenditures (21% of Project Cost) \$23,823,533

Capital Lease \$5,000,000

Contribution Total: \$30,548,033

USDA loan at a 2.39% Interest Rate \$80,500,000

USDA Grant \$1,000,000

**Weighted average for the USDA Loans: 2.39%*

Prosser Memorial Health has expanded at a rate of 10% or more for the last six years. We have broken records with our volumes and our financial performance. We are meeting a need in the community while other healthcare organizations in our area struggle. We have achieved this success because we offer high quality services at an affordable price and deliver this care with hope, compassion, and optimism. Our tagline, *This Is How We Care*, is not a public relations stunt or a gimmick we put on advertising. Simply put, it is hardwired into our Mission, Vision, Values, and our culture.

This is an important project to the Prosser community, and we take our commitment to its success and the promises we have made to our staff and taxpayers seriously. Since I have been the CEO of Prosser Memorial Health, we have operated with full transparency and open communication. My monthly CEO Memo, the monthly Board of Commissioners agendas and minutes are all available on our website: [Board of Commissioners, Prosser Memorial Health \(prosserhealth.org\)](http://prosserhealth.org). The monthly Board of Commissioners meeting is open to the public.

I am happy to answer any questions community members may have. You can contact me directly or a member of our Administration team by phone or email. We appreciate your questions and inquiries as we believe the new hospital is a community project capturing the same passion and dedication that the hospital founder's spirited 75 years ago this month.

Sincerely, Craig J. Marks

Chief Executive Officer Prosser Memorial Health

PMH
Board of Commissioners
Work Plan – FY2023

Vision

- Patients
- Employees
- Medical Staff
- Quality
- Services
- Financial



Prosser
 Memorial Health

Values

- Accountability
- Service
- Promote Teamwork
- Integrity
- Respect
- Excellence

Mission: To improve the health of our community.

Month	Goals & Objectives	Education
January	<p>QUALITY:</p> <ul style="list-style-type: none"> • Review/Approve 2023 Strategic Plan and 2023 Patient Care Scorecards • Sign Financial Disclosure and Conflict of Interest Statements • Approve 2023 Risk Management and Quality Assurance Plans • Select and Approve Board Officers • Review Board Committee structure and membership <p>SERVICES:</p> <ul style="list-style-type: none"> • 	<p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review 2022 Employee Engagement Survey Results • Review 2022 Medical Staff Engagement Survey Results • Review PMH Wage scales <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> <ul style="list-style-type: none"> Replacement Facility Update • Regulatory Agency Updates

Month	Goals & Objectives	Education
		<ul style="list-style-type: none"> • Schedule • Budget
February	<p>SERVICES:</p> <p>QUALITY:</p> <ul style="list-style-type: none"> • Approve 2023 Board Action Plan <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Approve 2023 Incentive Compensation Program 	<p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Attend AHA Rural Health Governance Conference • Review 2023 Incentive Compensation Program • Review 2023 Employee Engagement Calendar <p>PATIENT LOYALTY:</p> <ul style="list-style-type: none"> • Patient Loyalty Summary report • Review Patient Engagement Plan <p>SERVICES:</p> <p>Replacement Facility Update</p> <ul style="list-style-type: none"> • Schedule • Budget
March	<p>QUALITY:</p> <ul style="list-style-type: none"> • Review/Approve Board Policies • Approve 2023 Corporate Compliance Plan • Approve 2023 Infection Prevention Control Plan <p>EMPLOYEE DEVELOPMENT</p> <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 2022 Audit Report 	<p>PATIENT LOYALTY:</p> <ul style="list-style-type: none"> • Review 2022 Utilization Review Performance <p>QUALITY:</p> <ul style="list-style-type: none"> • Review 2022 Corporate Compliance Report and 2023 Plan • Review 2022 Infection Prevention Summary and 2023 Plan <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review Employee Performance Report

Month	Goals & Objectives	Education
	<p>SERVICES:</p> <p>PATIENT LOYALTY</p> <ul style="list-style-type: none"> • Approve the 2023 Utilization Review Plan 	<p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Presentation of the 2022 Audit Report by Auditors • Capital Campaign Update <p>SERVICES: Replacement Facility Update</p> <ul style="list-style-type: none"> • Schedule • Budget • Regulatory Agency Updates
April	<p>QUALITY:</p> <ul style="list-style-type: none"> • Approve 2023 Community Benefits Plan <p>EMPLOYEE DEVELOPMENT</p> <ul style="list-style-type: none"> • Conduct CEO Evaluation <p>SERVICES:</p>	<p>SERVICES: Replacement Facility Update</p> <ul style="list-style-type: none"> • Schedule • Budget <p>QUALITY:</p> <ul style="list-style-type: none"> • Strategic & Patient Care Score Cards • Review 2022 Community Benefits Report and 2023 Plan <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review 2022 Leadership Performance (LEM) • Review Employee Engagement Plan <p>MEDICAL STAFF DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review 2022 FPPE/OPPE Summary <p>PATIENT LOYALTY:</p> <ul style="list-style-type: none"> • Call Center Update

Month	Goals & Objectives	Education
May	<p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Support Hospital Week Activities 	<p>SERVICES:</p> <ul style="list-style-type: none"> • Replacement Facility Update <ul style="list-style-type: none"> • Schedule • Budget <p>MEDICAL STAFF</p> <ul style="list-style-type: none"> • Medical Staff Engagement Plan <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Employee Retirement Update <p>PATIENT LOYALTY:</p> <ul style="list-style-type: none"> • Review Customer Service Program
June	<p>QUALITY:</p> <ul style="list-style-type: none"> • Review/Approve Board Polices • Approve 2022 CAH Annual Report <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Approve 2022 Cost Report 	<p>QUALITY:</p> <ul style="list-style-type: none"> • Report 2023 Q1 Utilization Review • Review 2022 CAH Annual Report <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review Medical Assistant Practice Council Progress <p>SERVICES:</p> <ul style="list-style-type: none"> • Marketing Update <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Accounting Software Update

Month	Goals & Objectives	Education
July	<p>MEDICAL STAFF DEVELOPMENT:</p> <ul style="list-style-type: none"> • Attend BOC, Medical Staff and Leadership Engagement Activity <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Approve Single Audit 	<p>SERVICES:</p> <ul style="list-style-type: none"> • Replacement Facility Update <ul style="list-style-type: none"> · Schedule · Budget <p>MEDICAL STAFF</p> <ul style="list-style-type: none"> • Review PMH Clinic productivity <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"> • Review New Employee Orientation & Onboarding process • Attend Leadership Car Wash and BBQ Tailgate party <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Review Semi-Annual Financial Performance Report for PMH Clinics • Foundation Update
August	<p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Attend end of summer Engagement Activity for BOC, Medical Staff, and all staff 	<p>SERVICES:</p> <ul style="list-style-type: none"> • Replacement Facility Update <ul style="list-style-type: none"> · Schedule · Budget

Month	Goals & Objectives	Education
September	<p>QUALITY:</p> <ul style="list-style-type: none"> Review/Approve Board Polices 	<p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> Review New Leader Onboarding process Review Pre-employment screening program <p>SERVICES:</p> <ul style="list-style-type: none"> Replacement Facility update <ul style="list-style-type: none"> Schedule Budget <p>PATIENT LOYALTY:</p> <ul style="list-style-type: none"> Nurse Educator Update
October		<p>QUALITY:</p> <ul style="list-style-type: none"> Conduct 2024 Strategic Planning Strategic & Patient Care Score Cards <p>EMPLOYMENT DEVELOPMENT:</p> <ul style="list-style-type: none"> Review Employee Benefit Changes for 2024 Review 403(b) promotion campaign efforts of 2023 <p>PATIENT LOYALTY:</p> <ul style="list-style-type: none"> Patient Loyalty Summary
November	<p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> Approve 2024 Property Tax Request for County Commissioners 	<p>QUALITY:</p> <ul style="list-style-type: none"> iVantage Update <p>SERVICES:</p> <ul style="list-style-type: none"> Review draft 2024 Strategic Plan; 2024 Marketing and IT Plans; and Medical Staff Model/2024 Provider Recruitment Plan

Month	Goals & Objectives	Education
		<ul style="list-style-type: none"> • Replacement Facility Update <ul style="list-style-type: none"> · Schedule · Budget <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review Leadership & Exempt Wage scales for 2024 • Review LDIs and status update on key Studer initiatives <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Review draft 2024 Budget
December	<p>QUALITY:</p> <ul style="list-style-type: none"> • Complete Board Self-Evaluations • Review/Approve Board Policies • Approve the 2024 Environment of Care Plan <p>SERVICES:</p> <ul style="list-style-type: none"> • Approve 2024 Strategic Plan; 2024 Marketing and IT Plans; and Medical Staff Model/2024 Provider Recruitment Plan <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Approve 2024 Operating and Capital Budgets <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Attend holiday celebration 	<p>QUALITY:</p> <ul style="list-style-type: none"> • Review the 2023 Environment of Care results and 2024 Plan.

Attachment X

2023 - Strategic Plan Scorecard																
Major Goal Areas & Indicators	2023 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2023 YTD	2022 Avg	2021 Avg
Patient Loyalty																
IP - "Would Recommend"	>92.5%														92.50%	93.10%
ED - "Would Recommend"	>85.8%														85.80%	84.00%
Acute Care - "Would Recommend"	>90.9%														90.90%	91.80%
OB - "Would Recommend"	>96.7%														96.70%	93.60%
Outpatient Surgery - "Would Recommend"	>96.1%														96.10%	96.60%
Clinic - "Would Recommend"	>92.6%														92.60%	91.00%
Outpatient - "Would Recommend"	>94.6%														94.60%	94.10%
Composite Score	>93.2%														93.20%	92.90%
Medical Staff Development																
Medical Staff Turnover	<7%														7%	12%
Prosser Specialty Clinic Visits	1,433														1,433	1,318
Benton City Clinic Visits	796														796	732
Prosser RHC Clinic Visits	1,155														1,155	1,227
Grandview Clinic Visits	960														960	778
Women's Health Center	597														597	602
*# of Active Medical Staff	>54														54	51
Employee Development																
403(B) Participation Rate	>98%														98%	98%
Average Recruitment Time (days)	<22														22	21
# of Open Positions (Vacancies)	<37														37	32
Hours of Overtime - Overtime/Total Hours Worked	<6.5%														6.50%	6.10%
Agency - Cost/Total Labor	<8.5%														8.50%	7.70%
Turnover Rate	<0.7%														0.70%	0.90%
Timely Evaluations	>86.70%														86.70%	71.80%
Education Hours/FTE	>1.12														1.12	1.05
New Hire (Tenure) < 1 year	<50%														0.50%	10%
* Lost Workdays due to On-the-Job Injuries	<7														7	19.49
Quality																
ED Encounters - Left Without Being Seen	<3.17%														3.17%	1.40%
*Falls with Injury	<2														2	3
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.08%														0.08%	0.00%
All-Cause Unplanned Readmissions within 30 Days	<5.63%														5.63%	6.10%
Diabetes Management - Outpatient A1C>9 or missing result	<21.67%														21.67%	21.88%
Services																
ED Visits	1,379														1,379	1,105
Inpatient Admissions	109														109	116
OB Deliveries	49														49	49
Surgeries and Endoscopies	278														278	179
Diagnostic Imaging Procedures	2,998														2,998	2,992
Lab Procedures	15,250														15,250	14,327
Adjusted Patient Days	2,195														2,195	1,697
Therapy Visits	1,466														1,466	1,453
Outpatient Special Procedures Visits	350														350	324
Financial Performance																
Net Days in Accounts Receivable	56														56	51
*Total Margin	12.00%														12.00%	18.40%
Net Operating Revenue/FTE	\$20,399														\$20,399	\$20,682
Labor as % of net Revenue	54.49%														54.49%	57.00%
Operating Expense/FTE	\$17,866														\$17,866	\$16,940
*Days Cash on Hand	163														163	155
Commercial %	31.60%														31.60%	29.00%
Total Labor Expense/Total Expense	60.60%														60.60%	61.00%

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

Attachment Y

		2023 - Patient Care Scorecard															
Major Goal Areas & Indicators	2023 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2023 YTD	2022	2021	
Quality																	
Left Without Being Seen	<3.17%														3.17%	1.47%	
Median Admit Decision Time to ED Departure Time for Admitted Patients	<54 min														54	60	
Median Time from ED Arrival to Departure for Discharged ED Patients	<124 min														124	117	
Severe Preeclamptic Mothers: Timely Treatment Rate	>68.75%														68.75%	N/A	
All-Cause Unplanned 30 Day Inpatient Readmissions	<5.63%														5.63%	5.80%	
Sepsis - Early Management Bundle	>96.67%														96.67%	94.40%	
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.08%														0.08%	0%	
Diabetes Management - Outpatient A1C>9 or missing result	<21.67%														21.67%	21.89%	
Surgical Site Infection	<0.03%														0.03%	0.19%	
Bar Code Scanning: Medication Compliance	>93.28%														93.28%	93.50%	
Bar Code Scanning: Patient Compliance	>93.82%														93.82%	94.70%	
*Overall Quality Performance Benchmark (INDEX Report)	>59.5														59.5	68.5	
*Falls with Injury	<2														2	3	

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

Attachment Z

Since 2019, we have been working with The Chartis Group (aka iVantage). The Chartis Group is the organization that publishes the Top 100 Critical Access Hospital list every year which aligns with our Vision to “become one of the top 100 Critical Access Hospitals in the country”. You will recall that on the Patient Care Scorecard there is a metric entitled “Overall Quality Performance Benchmark (iVantage)” that we have been tracking. Previously, that quality number would come from the Chartis INDEX Performance Summary Report under the Quality pillar. Within that pillar are the following metrics:

- IMM3 Staff Flu Vaccination
- OP18b Median Time for ED Arrival to Departure
- OP22 Patients Left w/o Being Seen
- PSI 6 Iatrogenic Pneumothorax
- PSI 9 Peri Operative Hemorrhage/Hematoma
- PSI 11 Post Operative Respiratory Failure
- PSI 13 Post Operative Sepsis

After further review and discussion, the Outcomes measure ^{also} contains metrics that would be considered quality, such as:

- 30-day Pneumonia Readmission
- 30-day COPD Readmission
- 30-day Pneumonia Mortality
- 30-day COPD Mortality
- Hospital-Wide 30-day Readmission
- Hospital All-Cause Mortality Score

Therefore, in 2023, we will be calculating our Quality score as an average of the INDEX Quality + Outcome measures. For instance, the end of 2022, our Quality score was 38 and Outcomes was 81. When added together, the total is 119 divided by two and the total Quality score is 59.5 which is where we will set our Quality goal for 2023 (see below).

INDEX Performance Summary Report



CHARTIS

CHARTIS RURAL HOSPITAL PERFORMANCE INDEX™ SUMMARY REPORT

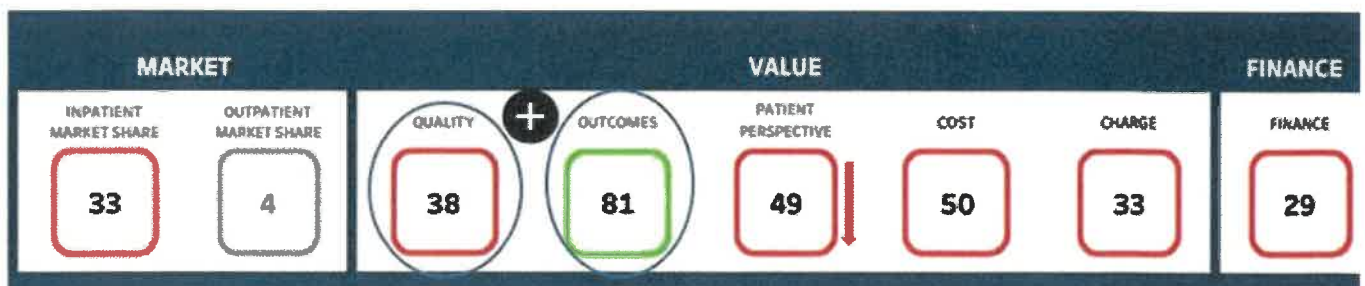
PERFORMANCE SUMMARY

Provider Name: PROSSER MEMORIAL HOSPITAL
 Medical Provider: 501312
 Location: PROSSER, WA 99350
 Release Date: Fall 2022

INDEX RANK



QUARTILE RATING SCALE



Vision

Patients
Employees
Medical Staff
Quality
Services
Financial



Prosser
Memorial Health

Mission: To improve the health of our community.

Values

Accountability
Service
Promote Teamwork
Integrity
Respect
Excellence

2023 Quality Assurance Program Plan

A. Purpose

Prosser Memorial Health (PMH) is committed to serving the needs of its constituents with the highest quality services available. The Board of Commissioners encourages and supports the Administration and Staff in consistently improving the quality and safety of care, the patient and family experience, and the scope of services provided to the community. The Board of Commissioners shall have the final authority and responsibility for the assurance of a comprehensive, compatible, and integrated Quality Assurance Program.

This Quality Assurance Program Plan provides a systematic, organization-wide approach to monitoring, analyzing, and improving quality performance to continually enhance quality of patient care, service, and experience.

B. Plan Overview

Quality Assurance involves continuous processes that focus on outcomes of care, treatment, and services. They involve measuring the performance of important processes and services, and further identify improvements to enhance performance.

These improvements are incorporated into new or improved work processes and monitored to ensure the improvements are sustained.

The Joint Conference Committee that has a charter to perform this function, along with senior leadership, establishes priorities for performance improvement and ensures the disciplines representing the scope of care, treatment, and services across the hospital work collaboratively to plan and implement improvement activities.

This Quality Assurance Program Plan is intended to guide staff in a consistent approach to process and quality design and improvement, measurement, and analysis, as well as reporting and communicating both internally and externally, consistent with PMH's Mission, Vision, and Values.

The Board of Commissioners shall receive reports of quality and process improvement activities through the approved organizational structure of the Committee Network and PMH Leadership.

C. Objectives

The Quality Assurance Program Plan guides senior leadership and staff in monitoring the appropriateness, safety, and quality of patient care; implementing continuous improvement strategies; and encouraging a culture of patient safety. The following objectives apply to patient care services:

- To meet or exceed professionally accepted standards for quality and safety guided by evidence-based practice.
- To deliver care and services in compliance with regulatory policies and standards.
- To assure the quality and safety of patient care through ongoing monitoring and other quality activities.
- To assure that identified problems are objectively evaluated, and when indicated, Process/Quality Improvement Teams are initiated to recommend appropriate actions to assure sustained resolution of the problem.
- To assure effective and appropriate communication of quality-related information among persons involved in the assurance of quality care.
- To identify and recognize areas of excellence in patient care.
- To assure confidentiality and coordination of all quality activities through the Quality Committee, or equivalent committee that has a charter to perform this function.
- To demonstrate continuous improvement of the quality and safety of patient care through an annual Quality Program Evaluation (Critical Access Hospital Annual Review) and culture of patient safety at PMH.

D. Prioritization, Strategic Alignment and Requirements

Annual quality priorities aligned with national and state quality initiatives, regulatory standards, and strategic areas of focus and goals as identified in the Fiscal Year 2022 Strategic Plan. Consideration will be given to how improvement in those areas will impact patient-centered dimensions of quality described by the Institute of Medicine (safe, effective, patient-centered, equitable, timely, and efficient) and the Critical Access Hospital National Patient Safety Goals.

Criteria for identifying and prioritizing performance improvement opportunities may include critical components of care; patient safety; high-risk processes; high volume areas; impact on the mission, vision, and values; problem-prone areas; and/or regulatory compliance.

A key driver for this Quality Program Plan is WAC 246-320-171. Please see Attachment 1: WAC 246-320-171 for a detailed breakdown of WAC 246-320-171.

This Quality Assurance Program Plan strategy aligns with the requirements represented in the following graphic:



E. Scope and Plan Development

The scope of the Quality Assurance Program Plan is comprehensive and includes departments, services, disciplines, and practitioners. The Quality Assurance Program Plan supports the provision of quality care and services by continuously seeking to improve processes and outcomes. Examples of areas include:

- Patient, family, and customer satisfaction/experience
- Patient and employee safety
- Patient care, including assessment, care planning, and treatment
- Quality, content, and completeness of patient care documentation
- Use of medications, including adverse drug and anesthesia events
- Operative and invasive procedures
- Infection Control
- Compliance
- Risk Management

The Quality Assurance Program Plan is reviewed and revised annually based on the Strategic Plan and the review of the previous year CAH Annual Review Plan. This plan will remain in effect until superseded by the 2024 PMH Quality Assurance Program Plan.

F. Program Goals for 2023

The Joint Conference Committee that has a charter to perform this function, in selecting Quality Assurance Program goals for 2023, give consideration to both national and state patient safety and quality initiatives, as well as the need to build a strong foundation for continued growth of services provided at PMH. In addition, the Quality Assurance Program goals will be in alignment with the following:

- Mission, Vision, Values & Standards of Behavior
- Fiscal Year 2023 Strategic Plan
- Medical Staff Model & Provider Recruitment/Succession Plan FY 2017-2025
- PMH 2023 Operating and Capital Budgets FY2023

Departments will be expected to implement quality goals in accordance with the current Quality Improvement Policy and PMH's Policy, Mission, Vision, Values & Standards of Behavior.

Examples of goal types are as follows:

- Patient Loyalty
- Medical Staff Development
- Employee Development
- Quality
- Services
- Financial Stewardship
- ASPIRE
 - a) Accountability
 - b) Service
 - c) Promote Teamwork
 - d) Integrity
 - e) Respect
 - f) Excellence

The following are ongoing long-term commitments of PMH Quality Assurance:

- To implement quantitative measurement to assess key processes or outcomes.
- To bring directors, clinicians, and staff together to review quantitative data and major clinical adverse occurrences to identify problems.

- To carefully prioritize identified problems and set goals for their resolution.
- To achieve measurable improvement in the highest priority areas.
- To meet internal and external reporting requirements.
- To educate directors, clinicians, and staff.
- To develop or adopt necessary tools, such as practice guidelines, consumer surveys, and quality indicators.
- To support a continuous learning organization.
- To provide transparent Quality and Process Improvement methodologies.

G. PMH Quality Strategy/Patient Care Scorecard

Annually, the PMH Leadership team will evaluate quality measures (required and non-required) from the following agencies and make the determination if the measures should/need to be included on the Patient Care Scorecard. The measures may come from the following agencies: The Chartis Group, Center for Medicare/Medicaid Services (CMS), National Hospital Safety Network (NHSN/CDC), Washington Rural Health Collaborative (WRHC), Medicare Beneficiary Quality Improvement Project (MBQIP), Washington State Hospital Association (WSHA), Obstetric Clinical Outcomes Assessment Program (OBOCAP).

Note: Throughout the calendar year, measures may be eliminated, as well as new measures may be added by the requesting agencies. As such, the scorecard may not reflect current measures. Contact Quality Assurance for an up-to-date scorecard.

H. PMH's Organization

The Board of Commissioners

The Board of Commissioners (BOC) makes up the governing body for PMH and are ultimately responsible for the quality of care the organization provides. The BOC requires and supports the maintenance of continuous quality improvement as defined in this plan.

The responsibilities of the Board of Commissioners include, but are not limited to:

- Annually review and approve the Quality Program Plan.
- Assure the provision, through the CEO, of the resources necessary to conduct quality improvement activities.
- Receive quarterly reports of quality program findings, actions, and results.
- Annually review the evaluation of the quality program's effectiveness, including any recommendations for organizational changes to improve performance.

Joint Conference Committee, has a charter to perform the following:

The quality program involves senior leaders in the review of services rendered in the hospital, both retrospectively and prospectively, in order to improve quality of patient's medical care. The Joint Conference Committee that has a charter to perform this function will oversee and coordinate the quality improvement program and shall ensure information gathered is pursuant to continually enhance quality of patient care, service, and experience.

The Joint Conference Committee meets monthly and is chaired by a member of the Board of Commissioners. Members include three Board of Commissioners, Chief Executive Officer, Chief of Staff, MSQIC Representative, "At Large" Physician from Medical Staff. Staff members include Chief Nursing Officer and Chief Quality Officer.

The responsibilities of the Joint Conference Committee include, but are not limited to:

- Review the annual Quality Assurance Program Plan
- Review quality program metrics
- Review process improvement activities
- Report to the Board of Commissioners quarterly
- Support quality and process improvement initiatives
- Monitor implementation of improvement strategies determined through Root Cause Analysis of Adverse Events

I. PMH High Level Organizational Structure

Vision

Patients
Employees
Medical Staff
Quality
Services
Financial

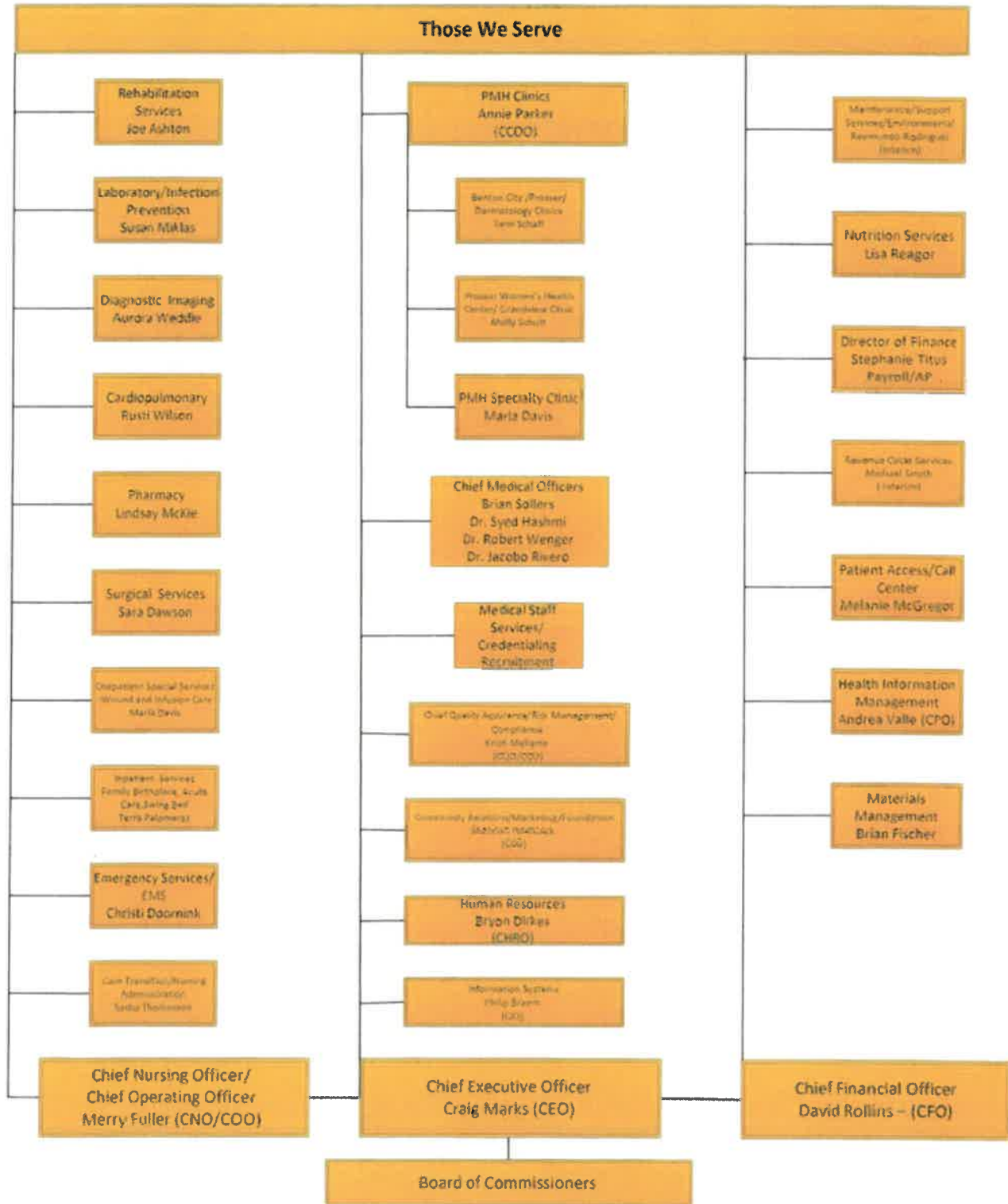


Prosser
Memorial Health

Mission: To improve the health of our community.

Values

Accountability
Service
Promote Teamwork
Integrity
Respect
Excellence



J. Quality Assurance Program Roles and Responsibilities

Quality Assurance

Quality Assurance responsibilities include, but are not limited to:

- Maintain PMH's Quality Program in accordance with related policies and procedures.
- Enhance organizational capacity for quality and process improvement.
- To ensure flow down of information from the PMH's Quality Committee.
- To facilitate compliance with regulatory standards for organizational improvement and patient care.
- To prepare and distribute reports that provide adequate information for departmental and leadership decision-making.
- To assist directors in identifying and prioritizing opportunities for improvement in alignment with annual quality goals, as well as provide resources to support the management team with their quarterly reports.
- To assist directors in event management review and processing, as well as selecting appropriate and effective corrective actions for reported patient, staff, and facility safety issues.
- To monitor the implementation of the quality policies, the Quality Assurance Program Plan, and compliance monitoring activities, as well as recommend interventions or changes in the plans, policies, or practices to support a culture of continuous improvement.
- To protect the confidentiality of all quality-related data.
- To analyze patient satisfaction surveys or other patient care-related information to assure the "voice of our customers" is incorporated into quality improvement activities.
- Maintain and effectively manage the PMH Compliance Program in accordance with related policies and procedures.

Quality Committee

The Quality Committee (QC) serves as the steward for overall quality improvement for Prosser Memorial Health. The QC shall report to the Joint Conference Committee which is a committee of the Board of Directors and Medical Staff. The QC will assist in overseeing and ensuring the quality of clinical care, patient safety, regulatory preparedness and compliance provided throughout the organization.

The Quality Committee (QC) will introduce patient safety performance improvement projects. The topics or processes chosen for these will be selected according to the priorities established by the Committee with input from the Board of Commissioners, Joint Conference Committee, Medical Staff Committee, PMH Administration and Directors/Managers, and PMH employees as appropriate.

Directors

Directors are responsible for the continuous improvement of work processes that support patient care and services.

- Allocating adequate time and resources, departmental structure, and workflow to allow for collecting, measuring, and assessing data in support of Quality Improvement activities and projects.

- Seeking out Quality Improvement opportunities under the oversight of the departmental directors/managers and the Chief Quality Officer, taking initiative to improve identified problem areas, and collaborating effectively with other departments to assure improvement activities are consistent with the work of other areas of the organization.
- Collaboratively work with Quality Assurance to implement and keep current the process of continuous quality improvement by departments, a systematic reporting system has been established. Quality Improvement Plans/Goals should be updated annually into the Leadership Evaluation Management (LEM) Database.
- Implementation and oversight of Quality Improvement initiatives.
- Monitor and track Quality and Process Improvement metrics that support the following:
 - PMH's Mission, Vision, Values & Standards of Behavior
 - Fiscal Year 2023 Strategic Plan
 - Medical Staff Model & Provider Recruitment/Succession Plan FY 2017- 2025
 - Operating and Capital Budgets FY 2023

K. Approaches and Methodology

A key element to ensure the sustainability of continuous improvement is the teaming approach with process owners identifying and implementing process improvement strategies by using a variety of methodologies, such as (but not limited to):

- Lean
- Six Sigma
- Data Analysis
- Performance Monitoring and Evaluation
- Plan, Do, Study, Act (PDSA)
- Define, Measure, Analyze, Improve, Control (DMAIC)

L. Quality Program Evaluation

Consistent with continuous quality improvement principles, quality improvement activities at PMH will be reviewed on an ongoing basis by the Joint Conference Committee with final assessment by the Board of Commissioners. The Quality Assurance Program Plan will be reviewed for overall effectiveness of monitoring, evaluation, and problem-solving activities on an annual basis. A retrospective evaluation will be accomplished through the Critical Access Hospital (CAH) Annual Review.

Attachment 1: WAC 246-320-171


WAC 246-320-171

Improving organizational performance.

The purpose of this section is to ensure that performance improvement activities of staff, medical staff, and outside contractors result in continuous improvement of patient health outcomes. In this section "near miss" means an event which had the potential to cause serious injury, death, or harm but did not happen due to chance, corrective action or timely intervention.

Hospitals must:

Requirement
(1) Have a hospital-wide approach to process design and performance measurement, assessment, and improving patient care services according to RCW 70.41.200 and include, but not be limited to:
(a) A written performance improvement plan that is periodically evaluated;
(b) Performance improvement activities which are interdisciplinary and include at least one member of the governing authority;
(c) Prioritize performance improvement activities;
(d) Implement and monitor actions taken to improve performance;
(e) Education programs dealing with performance improvement, patient safety, medication errors, injury prevention; and
(f) Review serious or unanticipated patient outcomes in a timely manner;
(2) Systematically collect, measure and assess data on processes and outcomes related to patient care and organization functions;
(3) Collect, measure and assess data including, but not limited to:
(a) Operative, other invasive, and noninvasive procedures that place patients at risk;
(b) Infection rates, pathogen distributions and antimicrobial susceptibility profiles;
(c) Death;
(d) Medication use;
(e) Medication management or administration related to wrong medication, wrong dose, wrong time, near misses and any other medication errors and incidents;
(f) Injuries, falls; restraint use; negative health outcomes and incidents injurious to patients in the hospital;
(g) Adverse events listed in chapter 246-302 WAC;
(h) Discrepancies or patterns between preoperative and postoperative (including pathologic) diagnosis, including pathologic review of specimens removed during surgical or invasive procedures;
(i) Adverse drug reactions (as defined by the hospital);
(j) Confirmed transfusion reactions;
(k) Patient grievances, needs, expectations, and satisfaction; and
(l) Quality control and risk management activities.

 Prosser Memorial Health	Title: Risk Management Plan
	Department Manual(s): Risk Management
Owner: Chief Quality Officer	Review date: The last review date will be automatically printed on the last page of the policy when a printed version is required.
Implementation date: 3/1/2022	

Purpose:

Prosser Memorial Health (PMH) Risk Management Program exists to protect the human and financial assets of the organization against the adverse effects of accidental losses, effectively managing losses that occur, and ongoing process improvement that reinforces an organizational culture of safety.

Authority:

The Board of Commissioners has the ultimate responsibility to assure the provision of a safe environment. The Board of Commissioners delegates authority for the establishment of a comprehensive, organization wide risk management program to PMH administration.

Scope:

The Risk Management Program is designed to identify, assess, prevent, and control losses that arise from employee work-related injury, liability, property, regulatory compliance, and other loss exposures arising from operations.

The Risk Management Program involves loss prevention, control, and continuous quality improvement activities. Team effort to implement the risk management program will include physicians, administration, directors, supervisors, nurses, support services and front line employees to identify, review, evaluate, and control risks that interfere with quality patient care, safety, and services rendered at PMH and to take the appropriate corrective and preventative actions necessary.

Program Elements:


The Risk Management Program at PMH will utilize a five-step process which includes:

1. Identification of potential loss exposures.
2. Assessing the feasibility of alternative techniques to treat the exposure identified;
3. Selecting the appropriate risk management technique;
4. Implementing the chosen technique; and
5. Monitoring the effectiveness of the action taken.

Objectives:

The objectives of the Risk Management Program are to preserve the assets, reputation, and quality of care of PMH by utilizing a process to identify, reduce, or eliminate the risk of loss. To meet these objectives, the Risk Management Program will undertake the following activities:


1. Administer all insurance or self-insurance programs to maximize coverage and minimize expenses.
2. Inspect all PMH premises to discover and correct potentially hazardous conditions and minimize expenses;
3. Review the performance of all persons providing care to patients to identify and correct practices which may present unnecessary risks to employees, patients, and others.
4. Review policies and procedures to update, amend, edit, and revise to reflect appropriate care, legislative requirements, and minimize or prevent liability ramifications.
5. Investigate adverse occurrences to assess and determine how similar occurrences

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- might be averted and to control the loss related to the adverse occurrence.
6. Handle complaints and grievances to resolve disputes and improve patient care and associated services.
 7. Coordinate the local management of claims against PMH in a timely, organized, and cost effective manner as required by coverage documents.
 8. Organize education programs on risk management topics to promote awareness of risk management issues and safer practices.

Program Plan:

1. Board of Commissioners
The Board of Commissioners has the ultimate responsibility to assure that a Risk Management Program is established and implemented. The Board of Commissioners will delegate responsibility for the Risk Management Program to the Chief Nursing Officer, who will provide the Board of Commissioners with the following:
 - a. Assurance that a comprehensive, ongoing, and effective Risk Management Program is in place.
 - b. Assurance that significant deficiencies identified by the risk management process are corrected.
 - c. Recommendations for the financial and administrative support necessary for the effective implementation of the Risk Management Program.
 - d. Periodic reports on the Risk Management Program activities described in the plan.
2. Administration
PMH administration actively supports the Risk Management Program. Administration is responsible for the general management of PMH and authorized to act on behalf of the Board of Commissioners to ensure the implementation of the Risk Management Program and related activities.
 - a. Assign accountability for risk management activities as follows:
 - Clinical Risk-Patient Safety Officer: quality assurance, utilization review, pharmacy and therapeutics, medical staff credentialing and committees, and clinical practice standards and guidelines.
 - Business Risk-Compliance Officer: EMTALA, HIPAA, Compliance Auditing Plan
 - Environment of Care Risk-Safety Officer: Safety Management, loss control, employee accidents, department hazard analysis, equipment management, plant safety and management including fire suppression, Safe Medical Center Device Act compliance, and OSHA compliance.
 - Risk Program Management-Risk Manager: Claims administration, event reporting system, patient complaints & grievances, contract review, regulatory reporting, risk management data analysis and reporting to all key stakeholders, facilitates integration of all aspects of the Risk Management Program.
 - b. Support the integration of the Risk Management Program into the overall management control system used to evaluate the delivery of quality care and services.
 - c. Participate in the review and evaluation of patient care and safety within PMH.

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- d. Identify, implement, and support corrective action plans for PMH related to the Risk Management Program; and
- e. Monitor results for effectiveness of techniques employed to manage risks for PMH, and make any adjustments necessary to the corrective action plan.
3. Professional Staff (Physicians, Advanced Practiced Clinicians, Nurses, and other licensed health care practitioners) The professional staff are responsible for providing diagnostic and therapeutic medical care, and:
 - a. Actively participating in the functions of the Risk Management Program by monitoring, evaluating, and maintaining applicable standards of care within his/her licensure and position.
 - b. Report variances in care to responsible individuals in order to identify and resolve clinical risks.
 - c. Identify, recommend, and implement corrective action needed.

Integration of Key Aspects of Operations:


The Risk Management Program interfaces with other key aspects of operations and shares pertinent information as appropriate with organizational function/committees such as, but not limited to the following:

1. Quality Committee
2. Compliance Committee
3. Medical Staff Services
4. Human Resources
5. Community Relations/Marketing
6. Employee Health
7. Utilization Review
8. Environment of Care/Safety
9. Emergency Preparedness
10. Infection Control
11. Health Information Management
12. Health Information Technologies
13. Patient Financial Services
14. Utilization Review
15. Social Services
16. Security
17. Pharmacy and Therapeutics Committee
18. Safe Patient Handling Committee

Confidentiality:

Risk Management documents and records include information which relate to sensitive patient and provider information. It is the intent of this Risk Management Program to apply all existing legal standards and state or federal statutes to provide protection to the documents, proceedings, and individuals involved in the program.

Any and all documents and records that are part of the internal Risk Management Program, as well as the proceedings, reports, and records from any of the involved committees, shall be maintained in a confidential manner. Disclosure to any judicial or administrative proceedings

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will occur only under a court order or legal mandate. The Risk Management Program will ensure:

1. Documents/records generated as part of the organizational Risk Management Program, as well as the proceedings, reports/records are to be confidential and subject to state and federal laws protecting such documents from discovery.
2. Copies of minutes, reports, worksheets, and other data summaries related to risk management are stored in a manner to maintain strict confidentiality.
3. Employees, volunteers, and physicians/medical staff are obligated to maintain complete confidentiality of all pertinent information to protect patient rights, as required by state and federal law.

Evaluation of the Risk Management Program:

The Risk Manager shall submit to the CEO and the Board of Commissioners an annual review of the program to include the following elements:

1. Review of Risk Management Plan
2. Report on identified priority projects, status and results impacting patient safety and/or organizational risk
3. Internal claims and occurrence reports rates, trends and analysis
4. Summary of reviews from external agencies, benchmarking, and industry trends
5. Recommendations for priorities for following year, changes to risk management structure or resources, if indicated


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Prosser

Memorial Health

BOARD OF COMMISSIONERS SELF-EVALUATION QUESTIONNAIRE

Answer Key

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

		2016	2017	2018	2019	2020	2021	2022		
		Average	Average	Average	Average	Average	Average	Average	High	Low
1) Board Composition		Comments								
1. Board members are required to disclose possible conflicts of interest before their appointment and periodically throughout their term as Commissioners.		2.5	1.4	1.3	1.29	1	1.5	1	1	1
2. Board members are protected against the potential liabilities of governance through indemnity arrangements, insurance and other measures.		1.8	1.8	1.3	1.14	1.29	1.33	1.43	1	2
3. Board members regularly attend Board meetings in order to conduct business and make informed decisions.		1.8	1.6	1.2	1.29	1.14	1.33	1.14	1	2
		I feel that member attendance was better this year than any other year. Yes, but no attendance on yearly basis is given.								
4. The legal responsibilities and the potential liabilities of governance are clearly spelled out to the Board.		2.6	2	1.5	1.29	1.71	1.57	1.42	1	3
		We have not had our legal responsibilities ED session. Received a manual from AWPFD.								
		Comments								
		2016	2017	2018	2019	2020	2021	2022		
		Average	Average	Average	Average	Average	Average	Average	High	Low
2) Support for Commissioner Education										
5. The Board provides opportunities for development through:										
a. A formally established program for orienting Board Members.		3	2	2.25	1.5	1.33	1.66	1.33	1	2
		Don't know								
b. Continuing education sessions for all Board members, including discussions of local and national hospital issues.		2.2	1.83	1.5	1.57	1.33	1.83	1.71	1	3
		We get AHA & WHA publications. But no formal discussions of issues.								
c. Reimbursement of expenses for local, State and National conference and seminar attendance.		2.6	1.4	1.4	1.29	1.67	1.16	1.14	1	2
d. Subscriptions to periodicals on health care management and trusteeship.		2	1.5	2.33	1.83	1.33	1.16	1.43	1	2
		All email or online We are provided with these digitally								
6. Members are encouraged to identify areas where further Board education is needed or in which additional information would be helpful.		1.8	1.6	1.5	1.33	1.5	1.5	1.43	1	2
3) Board Committee Procedures										
7. The hospital/system has one or more statements/documents that are periodically reviewed and revised that identify the hospital/systems direction and role (e.g. Mission, Vision, Values, philosophy statements).		1.88	1.33	1	1	1.29	1.16	1	1	1
8. The Board has a written set of bylaws that are periodically reviewed.		1.6	1.33	1.33	1.14	1.29	1.16	1.14	1	2
		Not reviewed for quite a while. These are reviewed annually.								
		Comments								
		2016	2017	2018	2019	2020	2021	2022		
		Average	Average	Average	Average	Average	Average	Average	High	Low
9. The roles, responsibilities, functions, relationships, and authorities of the Board members and officers, the CEO, and the Medical Staff are in a written statement (e.g. Bylaws, policy, job descriptions, and procedures).		1.6	1.33	1.33	1.29	1.29	1.16	1	1	1

10. The Board conducts business using formal procedures such as "Roberts Rules of Order".		1.8	1.83	1.67	1.43	1.43	1.16	1.14	1	2
11. Board meetings are scheduled at appropriate intervals.	Board meetings are monthly, with additional meetings scheduled as needed.	1.8	1.5	1.67	1.14	1.43	1.16	1	1	1
12. The length of Board meetings is realistic and based on planned agendas.		1.8	1.83	1.33	1.29	1.29	1.16	1	1	1
13. The Board has the necessary information to arrive at responsible decisions.		2	1.4	1.83	1.29	1.43	1.16	1	1	1
14. The Board conducts its deliberation in a thoughtful and objective manner.		1.8	1.67	1.33	1.29	1.43	1.33	1.28	1	2
15. The bylaws provide for a committee structure with Board member participation allowing the Board to fulfill its responsibilities.		1.5	1.67	1.67	1.29	1.29	1.33	1	1	1
16. Standing ad hoc committees report regularly to the Board.	None used recently. No Ad Hoc Comm I know of.	2.1	2	1.5	1.4	2	1.4	1.43	1	3
17. Committees are reviewed annually with regard to composition, goals, responsibilities and performance.		3	2	1.6	1.86	1.6	1.66	1.71	1	2
Comments										
4) Scope of Responsibility		2016	2017	2018	2019	2020	2021	2022	High	Low
		Average	Average	Average	Average	Average	Average	Average		
18. The Board exercises its authority to make those policy and other decisions that the Board should make.		2.1	1.67	1.67	1.14	1.29	1.33	1	1	1
19. The Board effectively fulfills its responsibility for establishing and maintaining the organization's long-range or strategic plan.	This is regularly discussed throughout the year.	1.6	1.67	1.67	1.14	1.29	1.33	1	1	1
20. The Board reviews the organizations' financial position on a regular basis, using budget reports and other documents in order to ensure long-range financial stability.	Monthly finance meetings are held and the CFO gives a financial report at the regular meeting of the Board monthly.	1.8	1.5	1.67	1	1.43	1.16	1	1	1
21. A performance evaluation of the CEO is done annually.		1.8	1.66	1.67	1.14	1.17	1.16	1	1	1
22. The Board has policies, a process and guidelines for reviewing contracts for professional services, leases, etc.		3	1.6	2.5	1.43	1.67	1.5	1.14	1	2
23. The Board makes informed decisions on Medical Staff appointments, reappointments and clinical privileges and fulfills its responsibility for a properly functioning Medical Staff.	Before voting on these issues we receive a report on each provider for CMO.	2	1.5	1.67	1.14	1.43	1.33	1	1	1
24. The Board effectively monitors and evaluates all areas of performance, including quality of care.	Quality reports are given monthly in addition to patient satisfaction.	2.1	1.33	1.67	1.29	1.43	1.33	1.14	1	2
25. The Board refrains from making decisions related to the implementation of policy that should be made by the CEO and Management Staff.		2.1	1.5	1.33	1.43	1.43	1.33	1	1	1
Comments										
		2016	2017	2018	2019	2020	2021	2022	High	Low
		Average	Average	Average	Average	Average	Average	Average		
26. The Board seeks opportunities to communicate with the community regarding hospital/system services and programs and to inform and seek input to determine unmet health care needs.	Done a good job promoting the new hospital. Planning for a new hospital has brought on many more chances to interact with the community in an official setting.	2.6	1.83	2.17	1.71	1.83	1.66	1.36	1	2
27. The Board effectively represents the hospital/system in the political arena, influencing the decision making process.	Have not gone to Olympia or DC in a while. Again, with the news of the new hospital being planned, the community has taken an interest in the hospital and its future.	3.1	2.6	2.17	2.14	1.67	2	1.64	1	2.5
28. The Board actively participates in the fund-raising and development programs.	Not all members do	3	2.33	2.17	1.67	1.67	1.66	1.43	1	2

29. The Board receives an accurate record of deliberation made during its meetings through the timely distribution of minutes.		1.8	1.33	1.17	1.14	1.14	1.16	1	1	1
30. Board members receive meeting notices, written agendas with appropriate materials well in advance of meetings.	Packets are sent digitally and are available "hard copy " upon request.	1.8	1.33	1.17	1.17	1.14	1.16	1	1	1
31. Background material is supplied early enough for study before Board meetings.	The addition several years ago of a planning session has helped out with this greatly.	2	1.33	1.33	1.43	1.43	1.33	1	1	1
32. Board members routinely receive relevant hospital/system publications, such as magazines, newsletters, bulletins, press releases, brochures and announcements.	Missing some all staff emails.	2.3	2.17	2.17	1.86	1.71	1.5	1.5	1	2
33. The Board has adopted a policy and process to manage and reduce risk.	Don't know	2.3	1.6	2	1.43	1.29	1.33	1.16	1	2
34. The Board receives sufficient status reports on the implementation of Board actions and decisions.		1.8	1.5	1.5	1.43	1.43	1.33	1.14	1	2
	Comments	2016	2017	2018	2019	2020	2021	2022	High	Low
		Average	Average	Average	Average	Average	Average	Average		
35. The Board has established an effective means to promote open communications between the Board, Medical Staff and hospital staff.		2.8	1.6	2	1.57	1.29	1.33	1.14	1	2
36. The Board receives feedback from the elected or appointed head of the Medical Staff on the implementation of Board decisions affecting the Medical Staff, and generally shares information, ideas or concerns with the Board.	We hear from the CMO monthly at our meeting	1.8	1.67	1.33	1.33	1.43	1.33	1	1	1
37. To facilitate communication among the Board, the administration and the Medical Staff, various means are used such as:										
a. A representative of the Medical Staff attends Board Meetings		1.8	1.5	1.17	1.33	1.29	1.16	1	1	1
b. A Joint Conference Committee		2.1	1.5	1.17	1.17	1.17	1.16	1	1	1
c. Medical Staff membership on Board committees		2.1	1.5	1.67	1.67	1.2	1.33	1	1	1
d. Board membership on Board Committees	not sure	2.8	1.6	1.2	1.33	1.2	1.16	1	1	1
e. Exchange of Board and Medical Staff activities.		2.5	2.2	2.17	1.6	1.4	1.33	1	1	1
f. Special ad hoc committees formed to deal with issues affecting the Board, Administration and Medical Staff.	No Ad Hoc Comm that I am aware of. I am unaware of this ever happening, but I am sure that the need would be met if necessary.	2.5	1.75	1.6	1.4	1.8	1.2	1.66	1	3

**PROSSER MEMORIAL HEALTH
BOARD ACTION PLAN - 2022**



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 Board of Commissioners were given a Legal Manual produced by attorneys working for the Association of Washington Public Hospital Districts (AWPHD) in August. The Manual provides a basic source of information about the legal requirements affecting Washington's Public Hospital Districts (PHDs).</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, membership, goals, responsibilities and performance.</p>	<p>Full Board</p>	<p>The PMH Board reviewed its committee structure and committee membership at the January 2022 Board Meeting and will review them again at the January 2023 Board Meeting.</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>	<p>Beginning in January 2022, the CEO began sending an email to all PMH Team members (Employees, Medical Staff) the day after each monthly Board Meeting, which communicates the actions taken by the Board each month. This practice will continue throughout 2023.</p>

**PROSSER MEMORIAL HEALTH
BOARD ACTION PLAN - 2022**



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>We held a Board Medical Staff and Leadership Team social event at Wit Cellars, which was well attended. We also hosted our Annual Holiday Party at the HAPO Center in Pasco for the first time in three years. The Party provided an excellent opportunity for Medical Staff, Board and staff to engage with one another. We continue to conduct monthly Joint Conference Committee Meetings which are very informative and collaborative.</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>PMH IT has and continues to work with individual Board of Commissioners to ensure that they are able to receive Trustee Insights and Becker's Hospital Review publications on their hospital and/or personal email accounts.</p>
<p>Continuing education is a high priority for all Board members.</p>	<p>Board Members will be encouraged to attend state and national Board education conferences. Management will also present educational materials at Board Work Sessions throughout the year.</p>	<p>Full Board</p>	<p>One PMH Board of Commissioner was able to attend the AHA Annual Rural Healthcare Leadership Conference in 2022 and four Commissioners are planning to attend in 2023. In addition, educational materials were included in Board Packets and often discussed informally at Board Meetings.</p>



**PROSSER MEMORIAL HEALTH
BOARD ACTION PLAN - 2022**

BOARD INPUT	ACTION PLAN/RECOMMENDATION	RESPONSIBLE COMMITTEE	ACTION TAKEN
<p>Board members have not routinely received relevant PMH announcements, press release, publications, etc.</p>	<p>Board members will be added to appropriate email lists for relevant PMH announcements (e.g. from the CEO), press releases, publications, etc. They will not be included in routine daily emails.</p>	<p>Full Board</p>	<p>Board members have now been placed on appropriate email lists and should now be receiving CEO emails, PMH announcements, press releases, etc.</p>

CONFLICT OF INTEREST DISCLOSURE

BOARD OF COMMISSIONERS

Name: _____

Occupation: _____

Place of Business: _____

Phone: _____ E-Mail: _____

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

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

None

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


None

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

None

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

Signature of Board Member

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

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

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

Check here if continued on attached sheet.

4 CREDITORS

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

AMOUNT (USE CODE)

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

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

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

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

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

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

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

Signature _____ Date _____

Contact Telephone: () *

Email: _____ (work) *

Email: _____ (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE


Regulating Candidates, Campaigns, and Lobbyists

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F-1 Personal Financial Affairs Statement

Purpose

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

Due Date

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

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

Electronic Filing Option

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

Download Forms

 [F1.2015.pdf](#)

 [F1.2015.doc](#)

Public Disclosure Commission

711 Capitol Way #206
PO BOX 40908
Olympia, WA 98504-0908

Toll Free 1(877) 601-2828
Phone (360) 753-1111
Fax (360) 753-1112
Email pdc@pdc.wa.gov

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- 5.11 Annual Meeting.** At the annual meeting of the Board of Commissioners in each year succeeding an election year, new Commissioners shall present their commission to the Secretary, and the roll call shall include the names of new Commissioners, if duly qualified, as members of the Board of Commissioners. The annual meeting may be a regular meeting of the Board of Commissioners.

ARTICLE VI – OFFICERS AND DUTIES

6.1 Election of Officers and Term.

- 6.1.1** The Board of Commissioners shall organize by electing from its own members a President, Vice President, and Secretary at its first regular meeting each calendar year, such election to be passed by majority vote of the Commissioners in each case.
- 6.1.2** The terms of these offices shall be for one (1) year or until a successor assumes office.
- 6.1.3** The President, Vice President, and Secretary shall have a vote on all matters coming before the Board of Commissioners.

6.2 Duties of President. The President shall:

- 6.2.1** Confer and advise with the Chief Executive Officer between meetings, and shall report such action to the Board of Commissioners at its next regular meeting;
- 6.2.2** Have the authority to execute such contracts, as the Board of Commissioners shall direct, when such authority has not been given to the Chief Executive Officer of PMH Medical Center; and
- 6.2.3** Perform all duties usually pertaining to the President's office.

6.3 Duties of Vice President. The Vice-President shall perform the duties of the President, in the absence of the President and shall perform such other duties as may be delegated from time to time by the Board of Commissioners.

6.4 Duties of Secretary. The Secretary shall:

- 6.4.1** Send or cause to be sent, appropriate notice to the members of the Board of Commissioners and other interested parties;
- 6.4.2** Prepare or cause to be prepared, minutes of regular and special meetings of the Board of Commissioners; sign the same and keep them in a proper book for that purpose;
- 6.4.3** Affix or cause to be affixed the official seal of PMH Medical Center to any document requiring it; and

2022 PMH Board Officers, Committees and Membership

PMH Board of Commissioners

Steve Kenny, PH.D., President
Sharon Dietrich, M.D.
Glen Bestebreur, Secretary
Susan Reams
Keith Sattler, Vice President
Brandon Bowden
Neilan McPartland

PMH Foundation Board Members

Steve Kenny, PH.D.
Glen Bestebreur
Susan Reams
Keith Sattler

Joint Conference Committee

Steve Kenny, PH.D.
Sharon Dietrich, M.D.
Susan Reams (Chair)

Finance Committee

Keith Sattler (Chair)
Brandon Bowden
Neilan McPartland

Corporate Compliance Committee

Susan Reams

EMS Ad Hoc Committee

Steve Kenny, PH.D.
Glenn Bestebreur



Prosser Memorial Health

Board of Commissioners Roster

Steve Kenny, Chair (Position 6)
814 Brown Street
Prosser, WA 99350
skenny@prosserhealth.org
509-882-7066 w
509-786-7658 h
509-303-0617 c

Neilan McPartland (Position 3)
10401 N. McDonald Rd.
Prosser, WA 99350
ncmpartland@numericacu.com
509-339-3141 c

Glenn Bestebreuer,(Position 5)
930 Parkside Drive
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gbestebreuer@prosserhealth.org
509-786-7990 h
509-840-9306 c

Susan Reams,(Position 1)
89002 W 119 PR NW
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509-832-0781 c

Brandon Bowden, (Position 4)
22002 N Pioneer Road
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bbowden@prosserhealth.org
509-378-5170 c

Keith Sattler, (Position 2)
1223 Sheridan St., Ste. F - Office
1112 Concord Way - Home
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ksattler@prosserhealth.org
509-786-1101 w
509-781-1090 c
509-786-7331 h

Sharon Dietrich, (Position 7)
1311 Sunset Drive
Prosser, WA 99350
sdietrich@prosserhealth.org
509-786-2031 h
509-303-8003 c